

MAY 2021

# Be Part Of Research



Welcome to the latest edition of the 'Be Part of Research' newsletter, offering you a snapshot of research within the Trust. This newsletter is brought to you by the Leicestershire Partnership NHS Trust Research & Development Team.

## CONTENTS

- Team announcements
- How LPT Research & Development is supporting COVID-19 Research
- GLAD and COPING Studies
- One in 3 Campaign
- 'Publishing papers from my PhD Research - My Experience and a Few Words of Advice' - Dolly Sud
- 'Revitalising Community Nursing Research' - Claire Armitage
- My Experience of Being a PI (Principal Investigator): Headaches, Highlights and Horizons - Lynn MacDiarmid
- International Clinical Trials Day 2021
- Research Stars of the Month
- Upcoming Research Forums and Workshops
- Keep Up to Date

# WELCOME TO THE R&D TEAM, SHARAN!

Hi, I'm Sharan Aujla and I joined the team in January as a Clinical Research Practitioner.

I have always been interested in research since University and learning about clinical trials and the importance of them in delivering new interventions/treatments that could enhance a person's quality of life. I got into research after I left University and my first post being a part time research assistant. I developed more knowledge around trials and then got a post as a research officer working within mental health.

I learnt so much in the role of how to deliver research studies to participants with mental health conditions and I believe the learning never stops as research and therapies are constantly evolving, so I am excited to learn more!



I LOVE going for nature walks and boxing to keep fit! I also am a bit of a hobbit and like me time but also like to spend time with my family and friends (occasionally!)

I am grateful for this opportunity to be part of a fabulous team at LPT and look forward to this journey.



# SIREN

SARS-CoV2 Immunity & Reinfection Evaluation

LPT's Research and Development team are proud to be involved in delivering Public Health England's SIREN (SARS-CoV-2 Immunity & Reinfection Evaluation) study.

The Public Health England Team have released some preliminary results from the SIREN study. The study involved antibody and PCR testing of 44,365 healthcare workers from 135 Trusts, including LPT. Antibody testing shows if someone has been infected with COVID-19 before, whereas PCR testing will show if someone is currently infected with COVID-19.

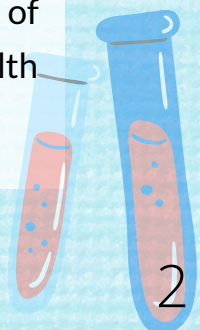
The SIREN study identified 8,278 healthcare workers who were positive for COVID-19 antibodies when first recruited. Interestingly, 155 of those people with antibodies were later re-infected with COVID-19. This suggests that the natural immunity from past COVID-19 infections provides an 84% rate of protection from re-infection. Results from the SIREN study have highlighted that antibody protection lasts for around 7 months, after which someone might become vulnerable to catching COVID-19 again.

There was no indication that the B.1.1.7 (British) variant of the virus has a negative impact on re-infection rates.

Once NHS staff started to be vaccinated, the SIREN study was able to explore the efficacy of the virus. Results showed that compared to unvaccinated adults, there was a 70% decrease in the risk of COVID-19 infection after receiving the first dose of the Pfizer-BioNTech vaccine. This increases to 85% after the second dose. This may mean that the vaccine could help to interrupt the transmission of COVID-19. Further studies will be needed to show this.

A related study called PITCH ("Protective Immunity T cells to COVID-19 in Healthcare workers") showed an increased immune response after receiving the Pfizer vaccine. This is comparable to someone who has previously had COVID-19.

A huge **THANK YOU** to the 142 SIREN participants from LPT. Your contributions have helped to both increase our understanding of COVID-19 and inform public health policy.



# ISARIC CCP-UK



ISARIC's (International Severe Acute Respiratory and emerging Infection Consortium) purpose is to prevent illness and deaths from infectious disease outbreaks. The CCP (Clinical Characterisation Protocol) is designed for any severe or potentially severe acute infection of public health interest and feeds into the data collated by ISARIC. It was initiated in 2020 for COVID-19.

## The Role of LPT Research & Development Staff:

- All patients admitted to the Trust with a diagnosis of COVID-19 are enrolled in the study.
- The LPT R&D Team gather data about these patients such as: demographics, co-morbidities, signs, symptoms, treatments and outcomes.
- This data is then combined globally in the hope to provide answers to many urgent questions about the virus in real time. This includes establishing who is most at risk, common signs and symptoms and potential treatments.



**BASIL**  
Behavioural Activation  
in Social Isolation

**NIHR** | National Institute  
for Health Research

**The BASIL study aims to investigate whether a remotely delivered psychological intervention is effective at preventing or reducing depression and loneliness in older people with long-term health conditions who have self isolated.**

As a result of the COVID-19 pandemic, enforced isolation may lead to disruption of daily routine, loss of social contact and loneliness, which may in turn impact on mental health.

Behavioural Activation (BA) is a brief psychological intervention which has been shown to reduce or prevent depression in high risk groups. The intervention involves supporting older adults to stay active, basic monitoring of depressive symptoms, and facilitating communication with the older adults' healthcare team as part of a collaborative care framework.

For the BASIL study we will be recruiting participants from GP surgeries.

**If you would like to find out more about this study, please contact Deborah.Glancy@leicspart.nhs.uk or Rebekah.Pole@leicspart.nhs.uk**



University Hospitals of Leicester  
NHS Trust

# DIRECT:

**Determining the Immune Response in Ethnic minority  
Healthcare workers to COVID-19 infection.**

## Dear Colleague,

We are writing to invite you to take part in DIRECT: Determining the Immune Response in Ethnic minority healthcare workers to COVID-19 infection (a substudy of UK-REACH).

This is an important study that as an LPT employee, you could help to protect the health of your fellow health and care workers. We hope you will consider taking part.

DIRECT aims to determine whether there are differences in immune responses to COVID-19 infection and vaccination between ethnic groups.

### Who can take part?

DIRECT needs to recruit people of all ethnicities but is particularly keen to involve people from ethnic minority groups and those who have previously had confirmed or suspected COVID-19.

You can take part regardless of whether or not you have had a COVID vaccine.

### If I take part, what will I be asked to do?

1. Visit the website or scan the QR code will take you directly to the registration page.
2. After registering and consenting, you will be asked to complete a short online questionnaire.
3. DIRECT will ask for your consent to securely link questionnaire information to information from your healthcare records to capture any future episodes of COVID-19.
4. The DIRECT team will then contact you to arrange a convenient time to collect blood samples. Which will tell us about how your immune system responds to COVID-19.
5. DIRECT will then ask you to complete very short monthly questionnaires for 6 months which ask about changes in infection or vaccination status.
6. After 6 months DIRECT will contact you again to repeat blood sampling.

### How can I find out more about the study?

Visit <https://direct.uk-reach.org/lpt> or scan the QR code below (or on the other side of this leaflet) will take you to a website where you can read a full description of the study.



If you have any further questions then please contact the research team.

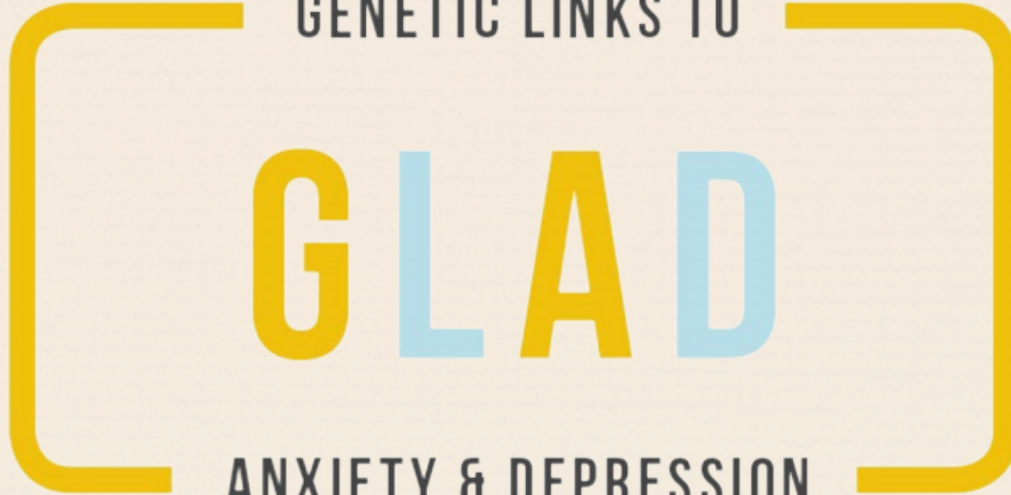
Email:

[DIRECTstudy@uhl-tr.nhs.uk](mailto:DIRECTstudy@uhl-tr.nhs.uk)

Tel: 07425611865



GENETIC LINKS TO



ANXIETY & DEPRESSION

The **GLAD** Study is a project set up to explore risk factors in individuals who have experienced depression and/or anxiety.

The **GLAD** Study aims to better understand depression and anxiety in order to find effective treatments and improve the lives of people experiencing these disorders. The majority of this study is online, and would require you to collect your own saliva sample (kit provided).

By participating in the **GLAD** Study, you can choose to be involved in the **COPING** study, investigating the effect of COVID-19 on mental and neurological health.

If you do decide to take part, remember to register under **Leicestershire Partnership NHS Trust** when signing up!

**COPING**  
COVID-19 Psychiatry and Neurological Genetics study

To find out more about these studies or to register to take part please visit  
[www.gladstudy.org.uk](http://www.gladstudy.org.uk)



Scan me



**One in three people with a history of depression have Treatment Resistant Depression. Research aims to overcome this.**

The One in 3 campaign strives to promote and increase recruitment into studies which are being delivered for people with Treatment Resistant Depression. These studies include RESTORE-LIFE, BRIGHtMIND and PAX-BD. This research is important to increase the number of treatments offered in hope of improving people's lives in the future.

With the One in 3 campaign comes a research register which will hold the names of people interested in hearing about or taking part in research related to Treatment Resistant Depression. We would like you to identify and refer patients from your caseloads with a diagnosis of Treatment Resistant Depression to our research register.

After joining, a member of the research team will be in touch to ask the patient for some more details.

Alongside the Principal Investigators, the researchers will also assess if the patient is eligible to take part in any of the studies being delivered.

## How to make a referral:

- Receive verbal consent from patient to be contacted by an LPT researcher
- Direct patient to One in 3 page on LPT website:  
[www.leicspart.nhs.uk/about/research-and-development/onein3/](http://www.leicspart.nhs.uk/about/research-and-development/onein3/)
- OR give the patient a copy of the the 'One in 3' Research Register Leaflet

## One in 3 Promotional Materials

You can support us in promoting the One in 3 campaign by requesting virtual/physical promotional materials.

These include:

- Clinician Referral Guides
- One in 3 Poster
- One in 3 Ad Bugs
- Participant 'One in 3' Research Register Leaflets
- One in 3 Notebooks
- Study Information Sheets

If you would like to request the promotional materials or if you have any questions please get in touch with the research team by contacting:  
[research.delivery@leicspart.nhs.uk](mailto:research.delivery@leicspart.nhs.uk)

## Publishing papers from my PhD research: My Experience & a Few Words of Advice

*Dolly Sud (Senior Mental Health Pharmacist/Leicestershire Physical Health Register Lead/Final Year PhD student)*



**Academic writing has not come easily to me. Learning to write, like most things, is something we never really stop doing and is a craft. Undertaking a PhD has given me a wonderful opportunity to think about and improve how I write for academic publication.**

I am the first author on two papers recently published from my PhD research:

### The role of pharmacy in the management of cardiometabolic risk, metabolic syndrome, and related diseases in severe mental illness: a mixed-methods systematic literature review

<https://doi.org/10.1186/s13643-021-01586-9>

Individuals with severe mental illness, e.g., schizophrenia have up to a 20% shortened life expectancy compared to the general population. Cardiovascular disease, due to cardiometabolic risk and metabolic syndrome, accounts for most of this excess mortality. The mixed methods literature review was conducted in two stages, first a mapping review and then a detailed analysis of implementation strategies used to implement the study intervention. Impact of the study intervention on the process (e.g., rate of diagnosis of metabolic syndrome) and clinical outcomes (e.g., diabetic control) were analysed. Findings indicate that implementation strategies involving face-to-face interaction of pharmacists with other members of the multidisciplinary team can improve process outcomes when used as the sole strategy. The use of reminders e.g., electronic alerts do not have significant impact on outcomes for patients.

### Utilising dyads in medicines optimisation and illness management research

<https://doi.org/10.1016/j.sapharm.2021.02.018>

There has been much growth in the interest in and use of family-level and dyadic level theories and methodologies to explore the influence of social relationships on health and the influence of health on social relationships. Social relationships include those with romantic partners, friends, siblings, children and care professionals; these individuals play a significant role in the physical health, mental health and well-being of a patient. Studying medicines optimisation and illness management and consideration of both partners in the context of these close social relationships is clearly important in health research. Both partners become the unit of study – also known as a dyad. The aim of this paper is to provide an introduction and overview as to how dyads might be used in medicines optimisation and illness management research.



## Getting to know yourself as a writer includes:

1. Finding the conditions that make writing a joyful and productive process for you (this might include scheduling for solitude and a peaceful time to write).
2. Discovering the things that help you personally to write well (e.g., sub-headings should be constructed so that your paper flows logically)
3. Finding ways to apply feedback that suit you (e.g., tackling the more straightforward edits first)

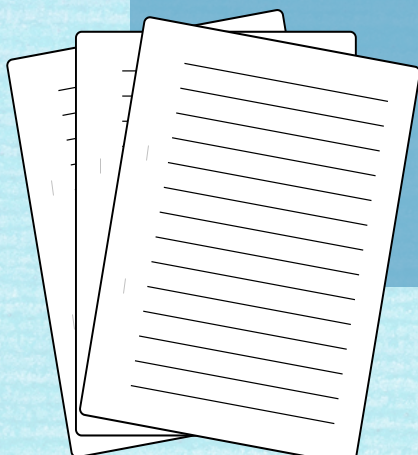
## Here are my top tips:

1. Enjoy writing and do a little bit every day or at least regularly!
2. Academic writing is a form of professional writing.
3. Accept that you won't get it right the first time and there will always be things you could improve even once you've published an article.
4. Think of it in parts.
5. Use every opportunity to learn.
6. Writing leads to insight.
7. You will get feedback in parts.
8. Find a critical friend, particularly if you are struggling.
9. Develop your style and know yourself.
10. Know your audience.

**It is a wonderful feeling to have published these papers! They have relevance to clinical practice and the care we provide within our services. Not possible without the support of the both LPT and my esteemed supervisors from Aston University. More recently I was the recipient of the Excellence in Research Award as part of the 2021 LPT Celebrating Excellence Awards which was an honour.**

Sud, D., Laughton, E., McAskill, R., Bradley, Eleanor and Maidment, I. (2021) The role of pharmacy in the management of cardiometabolic risk, metabolic syndrome and related diseases in severe mental illness: a mixed methods systematic literature review. *Systematic Reviews*, 10 (92).  
<https://doi.org/10.1186/s13643-021-01586-9>

Sud, D. (2021) Utilising dyads in medicines optimisation and illness management research. *Research in social and administrative pharmacy*.  
<https://doi.org/10.1016/j.sapharm.2021.02.018>



# Revitalising Community Nursing Research



The last 12 months have highlighted the vital contribution that nurses have made in treating and caring for patients during the COVID-19 pandemic and this dual focus on nurses and clinical research creates a real opportunity to raise the profile of research within the nursing profession. However, in the community nursing setting, this opportunity to embed research within this area of clinical practice may prove particularly challenging due to a lack of national research funding.

Two years ago four National Institute for Health Research (NIHR) 70@70 Senior Nurse Research Leaders working in different community NHS trusts across England (one of which is LPT) joined forces to raise the profile of community nursing research at a national level. The NIHR 70@70 programme aims to strengthen the research voice and influence of nurses and midwives in health and social care settings. With that in mind, the aim of the community nursing collaboration was to revitalise research within the community nursing setting on a national level and in partnership with a wide range of community nurses, patients and carers. Funding was obtained from the NIHR Applied Research Collaboration to undertake a Priority Setting Partnership (PSP) in Community Nursing with the James Lind Alliance (JLA). The aim of the PSP is to identify the top 10 unanswered research questions for community nursing, from the perspectives of community nurses, patients and carers.

The JLA brings patients, carers and clinicians together in PSPs and gives all stakeholders an equal voice in identifying the issues that are important to them. The community nursing PSP plans to identify and prioritise the evidence uncertainties, or 'unanswered questions' in this area. The PSP process includes two national surveys that are sent out to community nurses, patients and carers to ask them what are the questions that matter the most to them in relation to community nursing.

The final output will be a top 10 list of community nursing research questions which research funders can prioritise and support. In doing so, the JLA PSP can lead to the production of valuable and meaningful evidence that will contribute to the knowledge base for the community nursing profession. National research funders look to these for guidance on the appropriateness of a research question being submitted to them, thereby generating funding and subsequent research in this area. The outcome of this work will promote the highest research priorities for investigation by community based nurses.

## *Claire Armitage*

*Deputy Head of Nursing for Community Services,  
Adult Mental Health  
Nursing Research Leader, National Institute for  
Health Research*

**NIHR** | National Institute  
for Health Research

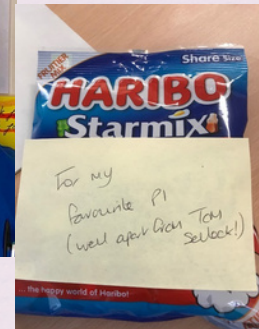


# My Experience of Being a PI (Principal Investigator): Headaches, Highlights and Horizons

\*not to be confused with Private Investigator (some of my colleagues immediately think 'Tom Sellick' as Magnum)

*Lynn MacDiarmid, Advanced Nurse Practitioner*

I am the Principal Investigator for a CTIMP (Clinical Trial of an Investigational Medicinal Product) at LPT. We (myself and the LPT Specialist Podiatry Team) are part of a multi-centre, national, commercial, open-label (we and patients know what treatment they are receiving), Randomised Controlled Trial of the RAPID TM\* Biodynamic Haematogel Wound Care Treatment in addition to Usual and Customary Care (UCC) compared to Usual and Customary Care alone in the management of adult patients with chronic Diabetic Foot Ulcers (DFU).



\*RAPID TM Restorative Autologous Platelet biotherapies for Injuries and Delayed wound healing

## What is a PI?



The PI is the person delegated to be responsible for the leadership and conduct of a research study at their site. They must ensure that the study is conducted in accordance with the protocol, sponsor instructions, Good Clinical Practice (GCP) and the relevant legislation; ensuring the dignity, rights, safety and well-being of subjects are given priority at all times. I have responsibility for everything that happens and all the associated documentation for anything that is remotely related to the trial. I also screen the patients for suitability from a clinical perspective in clinic and consent them to the trial if they are eligible and fit enough to participate. Part of this process is a clinical review and analysis of blood results and tissue sample results.

## Headaches



We use a web based Case Report Form (CRF), which we are the first site to use. As with any newly built technology, it has teething problems which has meant feedback to the company through the trial sponsors to reprogramme some aspects of the technology.

A key component (consumables) in the manufacture of the Haematogel was recalled by the manufacturers, which has stalled the trial for a short time. This has not impacted on the safety of our patients, thankfully. This has meant that we cannot recruit new patients until the product is available again.

## Highlights



Working with the Podiatry team is excellent – they are committed to providing high quality care for diabetic patients with foot ulcers and to be part of leading improvements nationally in diabetic foot ulcer management.

Being part of a national multicentre randomised controlled trial is very exciting for me personally and professionally, as I have a passion for all aspects of research. Being part of a wound care trial is also very exciting, given my long experience and expertise in wound care management with my Trauma Orthopaedic background, prior to moving to community hospitals and Advanced Practice.

Being PI for a CTIMP study is unusual for a nurse, however due to my normal role as an Advanced Nurse Practitioner, it means that I have oversight and I undertake the roles usually performed by medical staff. Prof Sudip Ghosh, our associate Medical Director is the person I can turn to within the organisation for advice on medical issues should I require it. He has a formal role in the trial as Sub-Investigator.

I have needed to undertake a number of courses (GCP, Principal Investigator and Valid Informed Consent) to comply with international research standards, all of which were short in duration (1/2 days to 2 full days) and provided free to NHS staff by NIHR (National Institute for Health Research). These courses will stand me in good stead for participating in future research

## Horizons



Having already undertaken short mandatory courses, this will enable me to undertake PI roles in the future (although GCP needs to be updated every 2 years in LPT).

This trial highlights the different roles Advanced Nurse Practitioners can have in clinical areas and be leaders in clinical research with medicinal products which have traditionally seen as roles for medical staff.

This trial also helps us within LPT's '**Step Up To Great**' priorities with high standards of patient care and quality improvement, and to be seen as a research active trust nationally and internationally with a diverse portfolio of research activities.



*...this May  
& June!*

# International Clinical Trials Day 2021



This year NIHR will be marking International Clinical Trials Day with a campaign to highlight the vital role of patients and the public in research.

Campaign Launch Date:  
Monday 17th May 2021

Awareness Day:  
Thursday 20th May 2021

The NIHR will be focusing on PPI, recognition for those who take part and raising the awareness of how important research really is!

You can get involved by sharing your own posts!

Be sure to include #BePartofResearch and tag @LPTresearch, @NIHRResearch and @NIHRtakePart on Twitter

# #RED4RESEARCH

Friday 18th June 2021

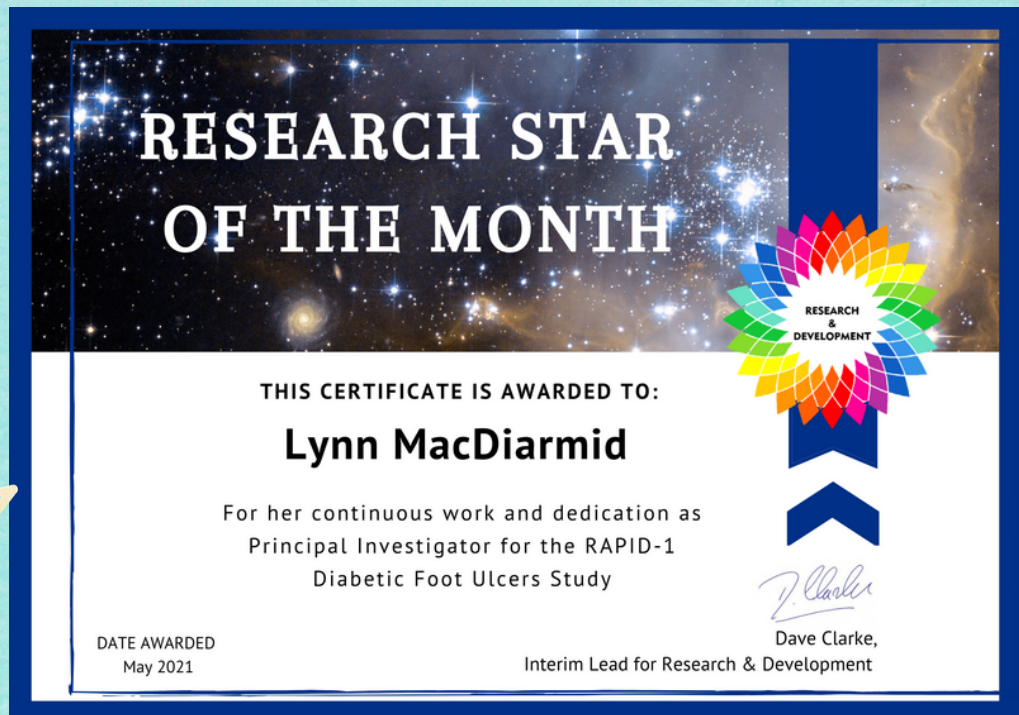
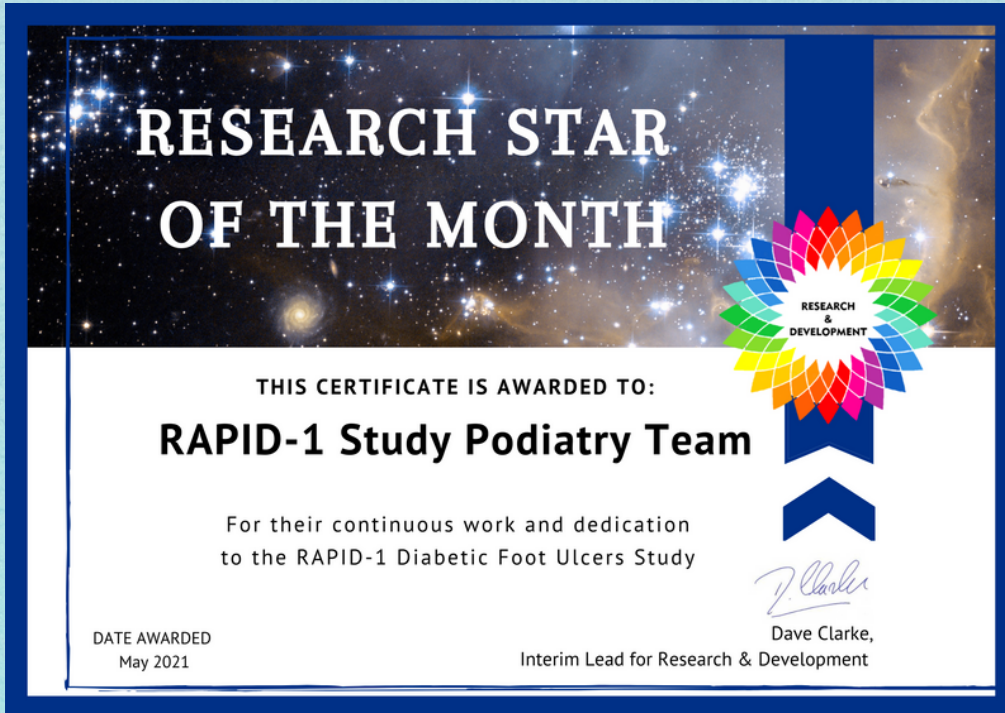
**People make research happen.**

Wear red on Friday 18th June to show your support and appreciation to all those undertaking, supporting and participating in COVID-19 research. Take a photo, and post on social media using #Red4Research



# Research Stars of the Month

It is with great pleasure that the Research and Development team present our Research Star of the Month Award to both the RAPID-1 Study Podiatry Team and Lynn MacDiarmid as PI for their continuous efforts, work and dedication to the RAPID-1 Diabetic Foot Ulcers study.



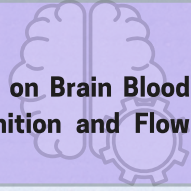
# Join Our Next Research Forums and Workshops:

9 JUNE  
2021

**DR LUCY BEISHON**

1 - 3PM | MS TEAMS

**The Effects of Brain Training on Brain Blood Flow: Results from the Cognition and Flow Study**



22 JUNE  
2021

**NIHR Research Design Service East Midlands**

2 - 3PM | MS TEAMS

**NIHR Fellowship Overview**



Email us at [research@leicspart.nhs.uk](mailto:research@leicspart.nhs.uk) for the link to join

## Learn More About Research:

The next run of the "Improving Healthcare Through Clinical Research" MOOC begins on 24th May 2021.

You can sign up for free using this link: <https://www.futurelearn.com/courses/clinical-research>

## Keep Up to Date:

Want to keep up to date with research funding or training opportunities available to LPT staff? Interested in hearing about the research being conducted in the Trust?

Email us at [research@leicspart.nhs.uk](mailto:research@leicspart.nhs.uk) to find out how you can be added to the research mailing list. Follow us on Twitter: [@LPTresearch](https://twitter.com/LPTresearch)

**Research changes lives!**

It's only through research that we can develop better treatments and care, as well as improve diagnosis and prevention.

[www.nihr.ac.uk/bepartofresearch](http://www.nihr.ac.uk/bepartofresearch)



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**BE  
PART OF  
RESEARCH**

