



QRESEARCH ADVISORY BOARD MEETING

**University of Nottingham London Office,
41-42 Berners Street,
London W1T 3NB**

**Thursday 22 June 2006
Minutes**

1. Attendees

Laurence Buckman, Jon Ford, Julia Hippisley-Cox, Azeem Majeed, Jonathan Meadows

2. Apologies

Mike Pringle, Mike Heaps, John Williams

3. Overall progress

Very good. Demands still outstripping capacity despite scaling up team. Research outputs are good with increasing number of papers being published by the team and others using the database. Total income over the whole lifetime of the project (2003-2009) is approx 1.4m.

4. Technical and Staffing update

We are building capacity and scale up the team.

QRESEARCH now funds :

- four IT staff: Mike Heaps (Project manager); Alex Porter, Govind Jumbu; Richard Holland
- one statistician: Justin Fenty
- Plans to recruit 1-2 web developers/analyst

In addition, we have three statisticians working closely with us (Carol Coupland, Yana Vinogradova, Chris Parker) – two funded by the UoN and one by the NHS R&D.

We recognise a need to recruit a clinical academic and are hoping to put another proposal to the UoN over the next few months.

7. QPN, QVTP

In addition to QFLU we now provide to services to practices – this was developed in response to many requests from practices for the service. QVTP enable practices to submit their monthly returns for flu vaccine to the DH through the flu season and QPN is an annual service for submission of pneumococcal vaccine uptake. Practices can opt to take part in any or all of the following

- QRESEARCH (n=537)
- QFLU (n=2700)
- QPN (n=2100)
- QVTP (n=1400)

Overall 3,400 EMIS practices are taking part in at least one of the above projects

8. Practice feedback

We are making good progress with ‘practice feedback’ so practices can get comparative feedback on their data online. We are aiming for this to be ready later in the year

5. Health and Social Care Information Centre

This is a 4 years research contract which started in July 2005 and covers:

- GMS formula review (signed off though we have had a recent request for further work)
- Health economic analysis of consultations (the ‘York’ project)
- Regular consultations bulletin service (ongoing)
- Epidemiology of allergic and chest diseases

The current overall total value of this contract over the 4 years period is 610K.

In addition we have been asked to undertake some additional work during 2006/7. We are currently negotiating the scope of this work which may include the following:

1. Further work on consultations to categorise them by condition
2. Public health indicators (eg smoking, obesity, cholesterol)
3. Analysis of new QOF indicators
4. Clinical audit of osteoporosis care
5. NPSA – early discussion about analysis of background rates of medication errors in primary care (eg co-prescribing beta blockers and beta agonists)

The advisory board support us undertaking this work. There are some concerns about the utility of obesity data from GP systems as recording may be incomplete and this needs to be taken into account in any analysis.

6. MHRA

We are in discussions with MHRA and the DH about a study to evaluate the safety and effectiveness of a new flu vaccine in the event of a pandemic.

We are also putting in a proposal to the MHRA to help set up a unit to evaluate the safety and effectiveness of new and commonly used drugs. The unit would be entirely independent of the pharmaceutical industry in keeping with our constitution. There was good support for this initiative from the Advisory Board

9. NHS R&D: Best for Health

We are partners in a proposal to the NHS R&D for a Primary Care Centre for Safety and Quality. We have got through to the second round.

We have also joined a proposal for programme grant for diabetes research and another for stroke research. These are highly competitive.

10. Health Protection Agency

Our two year contract was renewed in April 2006 (145K per annum including all UoN and EMIS costs) for a further two years to undertake research analyses and also provide a infectious diseases bulletin service using QRESEARCH and also QFLU (a new online daily upload service to which 2,700 practices contribute).

QFLU is attracting international attention as the largest real time surveillance system in the world to alert to and help manage a flu pandemic

We plan to publish the minimum dataset for the surveillance work on the web (with appropriate interpretation from the HPA). There is no risk to practice or patient confidentiality as only summary count data will be published eg counts of flu by region etc.

11. National Audit Office

We successfully completed a report on primary care stroke services which was published in Nov 2005 (a copy of our report is on our website)

12. Disability Rights commission

We successfully completed two reports for the DRC looking at health inequalities in care and outcomes for patients with serious mental health problems compared with the general population. The first report was published in 2005 and is on our website. The second report to Parliament will be published in September 2006.

13. Researcher access

We are providing academics with datasets. Some academics are completing projects whereas others haven't managed to find time!

Requests have slowed down in the last few months. This is probably because the MRC have heavily invested in a free academic service for GPRD which is now providing an alternative to QRESEARCH and EPIC for academics.

Jon Ford suggested we might approach the Health Foundation for funding to set up an equivalent service as it is currently difficult without any support or infrastructure. JHC to explore.

The quality of applications from external academics we receive has been very variable in quality and a number of proposals have fallen at the peer review stage either because the question or study design was poor or the data would not support the analysis.

We discussed how much time and help QR should put into helping novice researchers refine questions, design studies and get data sets ready. The group advised that we should expect researchers to have the right level of expertise to make a good quality application and that it was not appropriate for QR to put a lot of energy into resource into helping with refining the question, study design etc.

14. Web publishing

We are continuing with our open publication strategy and aiming to get more information and minimum datasets (+ interpretations) on our website. There was good support from the board for this approach.

15. General discussion

We discussed how best to secure the future of QRESEARCH as an academic not-for-profit research and analysis service.

We are pleased to hear from JF and LB that we are now considered 'part of the furniture' and had the strong support of the profession.

We want to ensure that GPs can continue choose to contribute to QRESEARCH and related projects and would welcome the continued support of the BMA and GPC in the unlikely event that any threats arise.

All work is peer reviewed and all reports become public. The board can contact JHC at any time in relation to any of the projects.

16. Date of next meeting – Jan 2007

