



QRESEARCH ADVISORY BOARD MEETING

Room 1313, 3th Floor, Tower Building
Division of Primary Care
University of Nottingham

Thursday 29 April 2010

Minutes

1. **Attendees:** Mr Jon Ford (BMA), Dr Charlie Stuart-Buttle (EMIS National User Group); professor Julia Hippisley-Cox (UoN and QResearch)
2. **Apologies:** Mr John Fox, Ms Patricia Wilkie, Dr Jonathan Meadows
3. **Minutes:** The minutes of the last meeting were accepted.
4. **Changes to the advisory board.** Dr Charlie Stuart-Buttle is Chair of the EMIS National User Group (NUG) and now the NUG representative on the advisory board.
5. JHC reported on the separate meeting on 16/10/2010 with Azeem Majeed (Chair of the Scientific Board) and Peter Holden (BMA) who were unable to attend the main meeting because of diary clashes.
 - a) Meeting with Professor Majeed: Professor Majeed is happy that all scientific proposals are being handled in accordance with agreed procedures including the annual report to Trent MREC. The Web tool should be useful for researchers to define queries. He advised that QResearch should:
 - Continue with the researcher data service as at present but aim to broaden use of the QResearch database by the research community.
 - Continue with ongoing data validation studies
 - Explore linkage of QResearch to other data sources such as HES and Cancer Registry.
 - b) Meeting with Dr Peter Holden: Dr Holden has now taken over as he BMA representative instead of Dr Laurence Buckman. JHC updated Dr Holden on the

background and current work involving QResearch and QSurveillance and he was supportive of this.

6. Update on QResearch Research database

JHC did a PowerPoint presentation to update members on progress and priorities:

- a) **Contributing practices:** Now have 600 practices contributing to Qresearch. There are 4 million current, 12 million ever patients. There is an ongoing linkage to ONS cause of death.
- b) **Focus:** There is a stronger focus on academic service now. Now up to about 100 research project/programmes since 2003. These projects have come from a wide range of researchers many universities.
- c) **Research governance:** all proposals reviewed in accordance with Trent MREC procedures. MREC approval process working well with no security breaches or complaints.
- d) **Validation:** There are ongoing validation studies which include comparisons with other data source. There is an ongoing collaboration with THIN for comparisons & also deaths data linkage. Overall shows database representative and results of studies likely to be generalisable.
- e) **Publications:** All research publications on website with >100 papers in total with a good number in high ranking journals from wide authorship from a range of universities.
- f) **Funding:** There is still no infrastructure funding for research. Ad hoc research grants have been awarded from the following bodies for individual projects:
 1. MRC
 2. HTA
 3. NIHR
 4. Dept Health
 5. National primary care school
 6. EU

We are considering application to the Wellcome Trust for infrastructure support similar to the MRC/GPRD scheme.

- g) **Data linkage:** QResearch database already linked to ONS cause of death and Deprivation data. We are considering linkage to other data sources such as HES and Cancer Registry subject to governance requirements and resources being met.
- h) **Development of research utilities:** QResearch is continuing to develop QWeb research utilities. These are designed to help to broaden access to the data; distribute work in defining queries; develop standard case definitions; allow re-use of code groups for other projects; ensure consistency with implementation of tools in clinical system where possible.
- i) **Priorities:** The board supported the current activities and also the priorities for QResearch which are to broaden research access; continue with validation studies; continue to try to identify infrastructure funding. The board raised no concerns.

7. Update on the practice feedback system

- The practice feedback system is being developed and should be available for practices towards the end of 2010. Practices will be able to compare their data contributed to QSurveillance with the anonymised data of 3,400 other practices also contributing to the scheme. The board was supportive of this development as it represents some value back to the contributing practices.

8. Update on QSurveillance

- QSurveillance is an infectious diseases surveillance system established in 2005.
- It formed a critical part of the response to the pandemic with daily reporting to the HPA and DH.
- The scheme is currently under resourced and in QResearch board has recently decided to commercialise it to ensure it's scalable, resilient, properly resourced.
- The board was supportive of this decision and advised there should be a separate advisory panel for QSurveillance clarity. There should be a small overlap with QResearch board for continuity. Jon Ford (BMA) and Charlie Stuart Buttle (NUG) agreed to act as advisors for both QResearch and QSurveillance.
- JHC and CSB to clarify arrangements with EMIS regarding vaccine data submitted to DH.

9. Update on QRisk

QRISK cardiovascular risk assessment tool is now in widespread use across the NHS and has been released as Open Source software to increase its reliable implementation and availability.

10. AOB

None

11. Date of next meeting

Winter 2010/11