



QRESEARCH ADVISORY BOARD MEETING

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

Thursday 20 January 2011

Minutes

1. **Attendees:** Mr Jon Ford (BMA), Dr Charlie Stuart-Buttle (EMIS National User Group); Dr Caroline Mitchell (RCGP) professor Julia Hippisley-Cox (UoN and QResearch)
2. **Apologies:** Dr Azeem Majeed, Dr Peter Holden, Ms Patricia Wilkie, Dr Jonathan Meadows
3. **Welcome:** Dr Caroline Mitchell was welcomed to the board as the RCGP representative.
4. **Other changes to the advisory board.** Mr John Fox has retired from the Advisory Board following 5 years of membership and was thanked for his contribution. Dr Charlie Stuart-Buttle is stepping down as Chair of the EMIS National User Group (NUG) and the NUG representative on the advisory board following this meeting will be Dr Chris Frith. JHC will continue to liaise with Azeem Majeed as chair of the scientific board every 6/12 as agreed. The board decided it would be helpful to have an academic user represented on the group. **Action:** Dr Mitchell to send JHC suggestions for a suitable 'user' member.
5. **Minutes:** The minutes of the last meeting were accepted.
6. **Powerpoint QResearch Research database**

JHC did a power point presentation to update members on progress and priorities which will form part of the minutes for the meeting and will be posted

on the website once the minutes have been confirmed. Members are invited to circulate the finalised minutes and power point to their respective organisations.

7. Practice recruitment

There are currently 600 practices contributing to the QResearch database. A new recruitment is underway to increase the numbers to increase the around 1000 in order to:

- a) Increase the number of practices with longitudinal data, tracking back over a decade to enable us to develop new risk prediction algorithms such as QRISK, QDScore and QFracture. This data can then be integrated back into the clinical system.
- b) Enhance our ability to undertake research on rare diseases.
- c) Enable the rapid evaluation of the safety and effectiveness of newly introduced medication

Action: EMIS NUG happy to further support the recruitment with a link on the website and in the NUG magazine and at the conference.

JHC to send CSB a screen shot of the IS services page so that practices can tell if they are contributing or not to QResearch as well as QSurveillance.

8. Research governance:

All proposals reviewed in accordance with Trent MREC procedures. MREC approval process working well with no security breaches or complaints

9. Publications

All research publications on published website with >110 papers in total. There are a good number in high ranking journals from wide authorship from a range of universities.

10. Funding

There is still no infrastructure funding for research. Ad hoc research grants have been awarded from the following bodies for individual projects:

- a) MRC
- b) HTA
- c) NIHR
- d) Dept Health
- e) National primary care school
- f) EU

There may be an opportunity to get some funding to build capacity from the national primary care school which JHC is currently exploring

11. Data linkage to the QResearch database

The board discussed plans to link the QResearch database to hospital episode statistics and the cancer registry using the same methodology as was used for the ONS and deprivation linkage [where the linked data was sent to each practice and linked on site and then extracted onto the QResearch database without any strong identifiers]. The board advised the linkage was a very good idea and would help improve the completeness, quality and scope of the data for research and would also soon become expected by the research community. The methodology was highly unlikely to pose any security risk and it is likely to be supported by practices.

The Board also agreed that we a) should email all the practices to ask for views on this before the linkage is undertaken so that any concerns can be addressed and b) seek views from patient representatives and c) publish the linkage methodology

Action: JHC to apply for the relevant approvals from the MREC and the National Information Governance Board; to contact practices and patient groups; to publish the linkage methodology.

12. Migration to EMIS Web

The QResearch database will be migrated to EMIS web in the next year – this will also give an opportunity for practices which have previously been PCS to contribute

13. Update on the practice feedback system

The QFeedback system (version 1.0) has now been released to all 3300 EMIS LV practices who contribute to QSurveillance. This includes all the QResearch practices. The system is available for practices who contribute data for free. The Board suggested that QResearch practice could potentially benefit from additional utilities since more detailed patient level data is available. The principle of providing core utilities for practices who contribute more was very welcomed. Overall, the board was supportive of this development as it represents some value back to the contributing practices.

Action : JHC will explore technical options and also consider how to decide on what content would be valuable and consider using the EMIS NUG conference in 2011 to get ideas or writing an article in the EMIS NUG magazine.

14. 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.

15. AOB

- **Newsletter:** The board suggested a QResearch produce a 1-2 sided newsletter could be very useful for updating practices who contribute to the database on how the data are being used and also to encourage new practices to participate. This could include research outputs, the feedback system and also quotes from practices. This was considered an excellent suggestion. **Action:** JHC to organise and circulate a draft.

16. Date of next meeting
Winter 2011/2012