

GPRD welcomes Professor Kent Woods to the post of Chief Executive of the MHRA

Professor Woods took up his position as Chief Executive of the MHRA on 1 January 2004.

GPRD welcomes the inaugural MHRA Chief Executive in the form of Professor Kent Woods. Professor Woods qualified in medicine from Cambridge in 1972, followed by higher clinical training in Birmingham. After a period of laboratory based research as an MRC Training Fellow, he held an MRC Travelling Fellowship in the Department of Epidemiology at Harvard School of Public Health.

In 1984 he was appointed senior lecturer in clinical pharmacology at Leicester University, where he now holds a personal chair in Therapeutics in the Department of Cardiovascular Sciences. His clinical and research interests are in coronary heart disease. He was Regional Director of R&D, NHS Executive Trent, from 1995-99 before becoming Director of the NHS Health Technology Assessment Programme.

Professor Woods told Connect. "GPRD is the gold standard of patient databases and is widely used both in the MHRA and elsewhere, and I look forward to working with the team to create even greater success and benefits for public health in the future."



Prize at ISPE

Anoop Shah, a medical student at the Royal Free and University College Medical School, was awarded the prize for the best "Methods" abstract submitted by a student at this year's International Conference in Pharmacoepidemiology. The abstract (number 122) described work Anoop had conducted with the GPRD Division Research Services Team on developing a methodology for deriving a numerical daily dose from free text dosage instructions in the Full Feature GPRD. A new field will be included in the GPRD data warehouse to provide access to these values for our Level 4 customers and is available as an additional purchasable service for other users.

New GPRD On-Line User Group Workshops

The first of many GPRD on-line User Group workshops were held on the 1st September 2003 and the 4th March 2004 at the MHRA headquarters in London. Both meetings were tremendous successes.

The User Group workshops aim to provide an interactive forum for discussions between on-line users and the GPRD Division, thereby allowing the GPRD Division to better meet the needs of users. Prior to the first meeting, users were invited to give their ideas on the content and format of the workshop and to submit queries that they would like to have discussed. Topics covered at the two workshops included:

- best practice use of dictionaries;
- the mother-baby link;
- Structured data areas;
- release of additional clinical details and test results; and
- using the Full Feature GPRD to calculate person time in studies.

as well as a day of news, feedback, discussion and problem solving. In the mornings there were presentations on technical developments (including the new front end and document manager), research updates, and tool

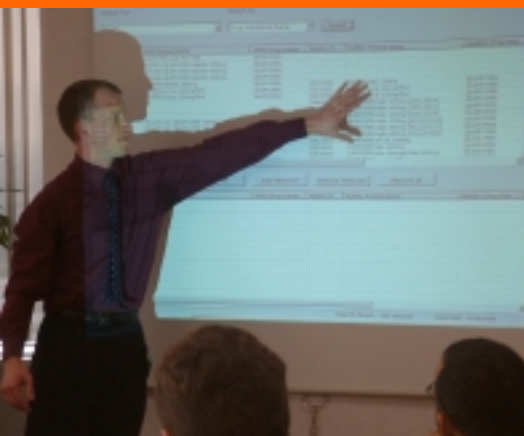
developments, as well as interactive group work on a range of research-based topics. Technical 'FAQs' and answers, further group topics and an 'open-question' session followed in the afternoon. Users

mentioned that they found the interactive group work and the 'open-question' session particularly valuable.

As a result of the workshops, the GPRD team will be looking at ways of improving the dissemination of information and updates to customers (such as on data loading, technical developments etc) as well as reviewing the process of responding to urgent queries. Because the problems encountered by users of GPRD are rarely unique, there was a strong consensus for developing a user-friendly manual including technical and research tips. Future workshops will also give users the opportunity to share information on pitfalls and tips, which can then be used to update the manual.

Facilitating more discussion and exchange of ideas between users was also identified as a priority and the GPRD team will investigate how this may be best achieved. Users also requested that the GPRD team provide an assessment of the impact on GPRD of the future introduction of SNOMED clinical terminology to general practice in the UK.

We are currently investigating how workshops could better accommodate our non-European users, such as holding workshops just before or after the ISPE meetings. We welcome your thoughts and suggestions. We will be expecting even more user participation at future workshops - watch this space!



New marketing materials

New marketing materials have been developed as part of the campaign to increase the profile of GPRD services amongst our clients, and these are receiving a warm welcome. The new materials consist of a new green folder highlighting the core values of GPRD, and a series of inserts looking at the various ways the GPRD data can be used to support such diverse areas as Clinical Research and Pharmacovigilance. The new materials have already been distributed to many of our clients both in the UK and internationally. In addition, the new brochures are being supported by a series of case history scenarios looking at the ways GPRD data has been used to support the overall aim of improving public health.

Over the next few weeks these current materials will be supplemented by a new web site, matching and bringing up to date all the information on GPRD, as well as allowing an easier and simpler interface for users.



Focus: GPRD Source Data Verification Services

Did you know that the GPRD Division at the MHRA has ongoing access to the general practices which have contributed data to the GPRD? This enables us to contact them for any additional or follow-up information which is not available in the data accessed by researchers. Whether a practice is still actively contributing or has left the scheme we are able to identify and contact them for information on patients identified as critical to a particular piece of research. We call this Source Data Verification.

Over the past year we have been commissioned to undertake several projects including:

- simple and complex questionnaires completed by practices on patients identified in a particular disease area;
- supply of anonymised hospital discharge summaries and full paper notes for patients of interest;
- recruitment of patients for an arthritis awareness campaign.

PROCESS

Verification services are priced on a per project basis and typically last 8 weeks. The GPRD Division takes care of all project management. Timeframes for delivery to customers are agreed in advance and form part of the contract, as to service fees which depend on the scale of a project and number of patients/practices involved. Costs comprise payments to the General Practices involved in the verification and the GPRD Division administration fee. GP payments are dependant on the type of information we are requesting. For example a simple questionnaire (less than 5 questions) will attract a £30 fee per questionnaire, a more complex questionnaire will be £50. Anonymised copies of death certificates are £35, post-mortem reports are £50 and a full set of anonymised medical records costs in excess of £100 per patient. The GPRD administration fee is normally £30 per record request. All data received from a practice are checked by our Verification Services Team to ensure the preservation of confidentiality before despatch to the customer.

As an additional service, the staff at the GPRD Division can key in results into a bespoke Access database or spreadsheet to make customer analysis of results easier.

TRIALS AND STUDIES

At the beginning of the year we contacted all our contributing practices to ask them whether they were interested in becoming involved in new areas of research such as clinical trials and pharmacogenetic studies. Over 200 practices so far have responded that they would be interested in recruiting patients for trials and studies. Their involvement would include obtaining consent from patients for blood and buccal swab samples. We will be happy to discuss this further with interested researchers.

RESPONSE RATES

Timely and high response rates are vital to a successful verification exercise. We keep track of how our practices perform with regard to these projects. We recently finished a large project where 600 questionnaires were sent out. 554 completed questionnaires were received back from practices within the project timetable, demonstrating our effectiveness in reaching practices and obtaining information on behalf of our customers.

TEXT ANONYMISATION

The other service our Verification Services Team provides is text anonymisation. Free text received from our contributing practices is withheld from our customers because of the potential for it to contain identifying information. This text often contains useful additional information for research purposes. Upon request we can extract either the full text for a patient or selected text based around a key-word search. Our team then work through the extracted text to remove any potential identifiers. The text is then supplied to the customer on disk, usually in Excel format.

FURTHER INFORMATION

If you are interested in any of our verification services or would like more information please contact Mick Foy (mick.foy@gprd.com)

New Faces at GPRD



GPRD is also pleased to announce several new starters.

Martin Fagan (above photo) has joined the GPRD team as Head of Business Development. Martin will be responsible for increasing the profile of GPRD Division and the database, and promoting these to a broader range of research institutions. Martin joins GPRD from his own consulting company and has over 23 years experience in the healthcare support and service industry, both in the UK and Internationally. He started his career in clinical research based in Switzerland before following a commercial route in the healthcare industry. He is a member of the Institute of Direct Marketing as well as a speaker at Management schools.

Also starting at GPRD are **Nick Wilson** and **Keith Pryor**. Keith is working as the Research Tools Analyst for the Research Services Team developing applications to improve data extraction and manipulation. From New Zealand, where he graduated with an engineering degree in information engineering, he has spent the last five years there as an Application Developer for a telecommunications company. Keith is responsible for the new product and disease selection tools that are finding great favour with our clients and were the subject of the recent user group workshops.

Nick Wilson holds a position within the Operations unit as Senior Technical Analyst; a role that includes the automation, and update of current operating procedures within the department, as well as providing technical assistance to the Users of GPRD. Previous to this he worked in similar technical roles at both Research International and Warner Music, before studying a Masters in Computing and Information Systems at the University of Greenwich.

GPRD Division welcomes all our new starters and wishes them all the best.

GP ADVISOR

The data in GPRD and their relationship with UK medical practice are complex. Dr. Mike Lockwood, a recently retired general practitioner and data supplier, is available to assist researchers with information about the UK National Health Service system, medical practice in the UK including general practice, the coding and recording of data and some of the resulting potential pitfalls in the use of GPRD.



Mike teaches on our training courses, giving an overview of UK medical practice and the implications on GPRD data plus a demonstration of the use of the Vision clinical computer system.

Mike is a former member of the Executive of the National Vision User Group and a current member of the Scientific and Ethical Advisory Group for GPRD. He is not an epidemiologist.

Recruiting Practices for the GPRD

The GPRD Division continues to recruit new General Practices to contribute to the database. Our target number of active patients of 3 million was achieved last year, and we aim to maintain a representative sample across the United Kingdom as far as is possible. Practice recruitment is the responsibility of the GP Services Manager, Rod Lawes.

There are now over 380 Vision practices signed up to contribute data to the Full Feature GPRD. Many contributors have been with GPRD from the beginning of Vamp Medical and since the GPRD moved to the MCA/MHRA in 1999 nearly 130 practices have joined as new contributors, 31 of these in the last year.

A variety of methods are used to contact practices which might wish to contribute data. We work closely with the National Vision User Group, which is run by the General Practitioners themselves, and attend their annual meeting and 'roadshows'. A recruitment pack has been developed which contains all the information a practice considering joining GPRD will need, such as the Data Recording Guidelines and of course an application form. Once a practice has been accepted, the Data Collections Team takes over to initiate a Full Data Collection and provide feedback and ongoing guidance to support the practice in meeting the data recording standards required for the GPRD.



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