



THIN Data now includes data from a total of 326 practices and 5.5 million patients.

There are a total of almost 212 million medical records.

There are 348 million therapy records and now BNF codes have been incorporated.

There are over 250 million AHD records, including over 8.8 million weight records.

There are now over 21 million blood pressure records.

THIN Data 326 can provide nearly 32.6 million years of computerised data.

No more paper from AIS. Scanned, anonymised and all electronic

Recent activity

Has the QOF Scheme impacted upon General Practitioners' clinical practice...

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THIN Data updates

Socioeconomic and Environmental Indicators (Patient Variable Indicators) now available...

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Recent Publication

***Blak BT** - Data quality of THIN, **Gulliford MC** - Diabetes & Glucocorticoids, **Gribbin J** - idiopathic pulmonary fibrosis, **Lewis J** - Validations using THIN.....*

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THIN Making IM&T DESirable

One of the challenges for THIN is to promote good quality data recording among its contributors while keep the practices motivated.

THIN has developed a package of incentives designed to help practices achieve high standards of record keeping and to support them on a day to day basis.

Practices who contribute to the THIN scheme get regular feedback on the quality of their data, benchmarked against other THIN practices, in a num-

ber of areas such as causes of death, CHD and diabetes. They also receive funding for in-house training (provided by their system supplier, inps) or towards a three day residential course in Data Quality developed by THIN and the University of Central Lancashire. All contributors are also invited to attend free, regional training seminars (described by an attendee recently as "the best data quality training – ever!"). All these training initiatives support practices in their contract with the NHS

and, more recently with the new IM&T DES (Information Management and Technology Directed Enhanced Service).

Together with a newsletter and an annual Data Quality Award, THIN continues to provide its practices with valuable training and the opportunity to contribute to an invaluable research resource.

For more information, please visit the THIN website: www.thin-uk.com

Recent Activities

Betina Blak, who joined EPIC after completing her PhD in May 2006, presented her dissertation work at the International Society of Pharmacoeconomics and Outcomes Research (ISPOR) in Copenhagen, Denmark, October 2006. She gave a podium presentation on the "Trends in Angiotensin II Receptor Blocker (ARB) Prescribing among General Practitioners in the UK" and presented a poster on the "Antihypertensive Drug Budget Impact of the Angiotensin II Receptor Blockers (ARB) in the UK". THIN data were used for both studies. The poster was among the finalists. In November, Betina presented a EPIC research team project entitled "National Representativeness and Data Quality of the THIN Database of Primary Care Information for Epidemiological Research" at the 9th Annual Conference of the UK Federation of Primary Care Research Organisations in Liverpool. At the National Institute of Health and Clinical Excellence (NICE) conference in Birmingham, December, the team presented a poster on whether the Quality and Outcomes Framework (QOF) Scheme has impacted upon General Practitioners' Clinical Practice. Ongoing research includes evaluation of death recording over time within the THIN practices in comparison to gender/age standardised national death rates and how the prevalence of the 11 QOF diseases within THIN compares to the 2005/06 national QOF prevalence figures.

Andrew Maguire is currently working from the London School of Hygiene and Tropical Medicine (University of London). He is developing a PhD project on the quantification of risks and benefits of pharmaceuticals in the general population. This work follows on from a recent publication on risk-benefit of celecoxib versus traditional NSAIDs (Varas-Lorenzo, Maguire, Castellsagué, Pérez-Gutthann. Quantitative assessment of the gastrointestinal and cardiovascular risk-benefit of celecoxib compared to individual NSAIDs at the population level. *Pharmacoepi Drug Safety*, early view published on-line Aug 9th). The aim of the project is to elaborate and validate statistical methods of risk-benefit models and to highlight the areas of best application as a

risk management tool and for decision makers. The methods include simulation techniques which require input parameters for which THIN data will be used in order to define patient populations and to estimate input risk parameters as well as the covariance between risks.

Michelle Page has been busy with the free training seminars aimed at our contributing GPs. These are held several times a year at various venues around the UK and are a part of the service offered to the contributors. These 1 day courses are designed to help practices improve the quality of their electronic data recording by better utilisation of their clinical software. A qualified Vision trainer shows the delegates how basic data recording can be improved with the use of simple recording protocols which will ultimately lead to better quality data. Feedback from the attendees is always very positive and we aim to continue the seminars into the New Year.



THIN 2005 Data Quality Award winners in Surrey

THIN Data Updates

Socioeconomic and Environmental Indicators (Patient Variable Indicators)

THIN data now includes deprivation scores by patient. The Townsend scores are based on property ownership, overcrowding, employment and number of cars. The calculations are by patient, in that the patient's postcode in conjunction with ONS 2001 National Survey data figures are used to calculate the score.

The scores are based on postcode rather than on individual patients, which obviously cannot be done for confidentiality reasons. Nevertheless, it is still a very useful addition to the data since people are likely to live in areas that reflect their socioeconomic status.

There are currently 256 practices in THIN Data that have a PVI file. We have now received over 300 PVI files which we will update and make available early in 2007.

Free text Comments associated with death

Free text comments (de-identified) associated with death of a patient are now ready in the THIN Database. Currently 15,000 anonymised death comments are available and a further 14,000 will be coming very soon.

Other comments in THIN

Should other free text comments be required for a project, these can be requested. As anonymisation is time-consuming, we ask that requests be

based on actual need and the sufficient time must be allowed in the project schedule for this work to be carried out.

Dosage instructions

We have analysed 15,000 more of the most frequently occurring dosage instructions in the THIN Data. We now have over 25,000 anonymised doscodes and this equates to 95% of all free text dosage instructions entered by the GP in the therapy records.

Registration status

Five new registration statuses have been incorporated into the Vision software and these are now being collected in the THIN Data.

Multi-centre Research Ethics Committee (MREC)

Why approval process is required

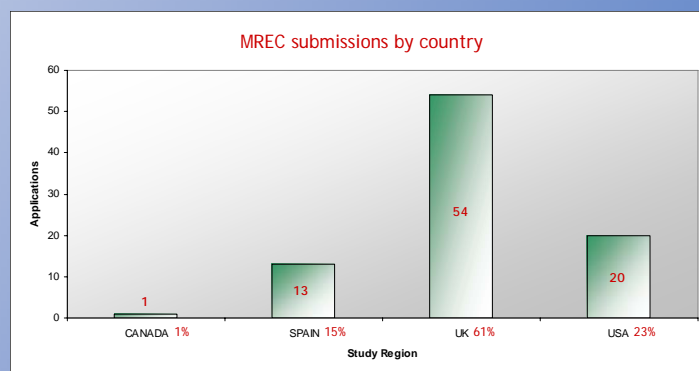
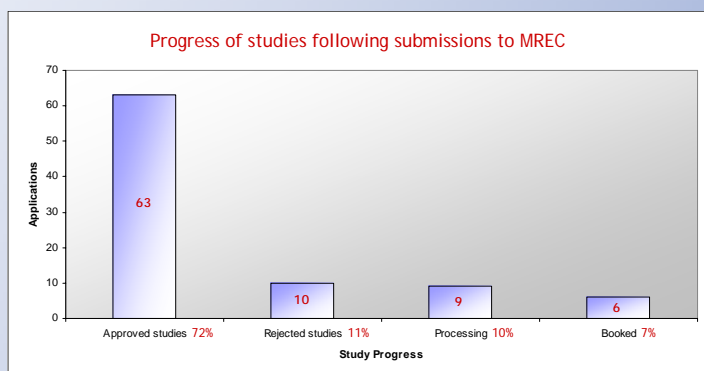
In the UK, all research involving data collected from National Health Service (NHS) patients must be approved by a Research Ethics Committee. Therefore all researchers planning to publish or broadcast studies using THIN Data will require ethical approval from a Department of Health Multi-centre Research Ethics Committee (MREC).

The Research Ethics Committee have a remit to provide independent advice to participants, researchers, funding

bodies, sponsors, employers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The MREC review studies which involve patients drawn from several local areas.

EPIC are available to help with the protocol and can advise on the submission. We are pleased to report that almost 90% of the studies have either been approved or are being processed

TO DATE 88 STUDIES HAVE BEEN SUBMITTED TO MREC



Customer Satisfaction Survey

In November EPIC undertook a survey to ascertain what our clients think of us. The objective was to determine the level of satisfaction amongst our clients with the service provided by EPIC/THIN/AIS, where we are excelling and where we can make improvements.

The results of this survey showed that

our clients rate us highly for our customer service, response times, flexibility etc. We are all absolutely thrilled with this finding and it makes our effort worthwhile.

We would like to thank all those who participated and your comments have been invaluable.

We would like to repeat this in 2 years for your updated view. However, we would like to emphasise that your views can be communicated to us at ANY-TIME and please do not wait for the formal survey.

Multi Country Research

As mentioned in our last issue of the newsletter we now have access to patient data from Italy and France. Thales data are collected from 1200 GPs in France and 700 specialists (including office-based gastroenterologists, gynaecologists, paediatricians, rheumatologists, psychiatrists and neurologists). The data from over 1.6M patients in a 12-month period are available for study. Italian data contains information from around 500 GPs and, in 12 months, over 500,000 patients. German and Belgian data are still being

evaluated and we are starting to collect data from Spain.

Researchers have started to use these data now in multi-national studies – the types of studies which can be done are driven by the healthcare system and data available within the software from which we collect data. As in the UK, GPs use their software to record most of their clinical practice. If you are interested in looking into the suitability of these data for your research, please contact Mary Thompson or Hassy Dattani.

Prospective Data Collection

Another feature that is exclusive to GP systems in order to collect prospective data by electronic questionnaires. This can, for example, be used to collect data not routinely included in patient records or can be used to alert GPs to situations where specific action or warnings are required. We have al-

ready started to use these additional screens in research in France and the UK software has been developed now as well. If you want further information please contact Mary Thompson or Hassy Dattani.

AIS Section

Additional information can be requested by researchers, which may be in the form of questionnaires/patient records/death certificates to GPs. From January 2007 AIS will forward responses to researchers electronically, thus speeding

up the whole process. For security reasons a password will be issued by AIS per study to access the documents. Our analysis has shown that over 97% GPs have responded to individual studies.

Recent Publications

Blak B T, Thompson M, Bourke A; National Representativeness and Data Quality of The Health Improvement Network (THIN) Database of Primary Care Information for Epidemiological Research. *9th Annual Conference of the UK Federation of Primary Care Research Organisations. Podium presentation. Liverpool, UK, Nov. 2006.*

Gribbin J, Hubbard R B , Le Jeune I , Smith C J P, West J & Tata L J; Incidence and mortality of idiopathic pulmonary fibrosis and sarcoidosis in the UK. *Thorax 2006; 61:980-985.*

Gulliford M C, Charlton J & Latinovic R; Risk of Diabetes Associated With Prescribed Glucocorticoids in a Large Population. *Diabetes care, vol. 29 (12) December 2006.*

Lewis J D, Schinnar R, Bilker W B, Wang X & Strom B L; Validation studies of The Health Improvement Network (THIN) database for pharmacoepidemiology research. *Pharmacoepidemiology and Drug Safety 2006 (online).*

New Staff

Since our last newsletter EPIC have 2 new members of staff.



Andy Maguire recently joined us. In recent years he has worked as a pharmacoepidemiologist at Pfizer's Drug Safety and Risk Management group and at the MHRA. He is also currently undertaking a PhD on drug safety at the University of London

Harshvinder Bhullar has joined us from IMS Health where she worked with longitudinal patient data. Ultimately Harshvinder will be locating to our New Jersey office to support our clients in US.

Our Contact Details

Subject	Contact
● Study Topics & Licensing	Mary Thompson (Mary.Thompson@epic-uk.org)
● THIN Training & Client Support	Fiona Hill, (Fiona.Hill@epic-uk.org)
● THIN Data Queries	Louise Pinder, (Louise.Pinder@epic-uk.org)
● Project Design & Specs	Kathryn Upton, (Kathryn.Upton@epic-uk.org)
● MREC Queries	Mustafa Dungarwalla, (Mustafa.Dungarwalla@epic-uk.org) Betina Blak, (Betina.Blak@epic-uk.org)
● Additional Information Services (AIS)	Anne Costello, (Anne.Costello@epic-uk.org) Shobhna Koria, (Shobhna.Koria@epic-uk.org) Nicky Gallagher, (Nicky.Gallagher@epic-uk.org)
● Practice Recruitment and Vision Training	Michelle Page (Michelle.Page@epic-uk.org)