

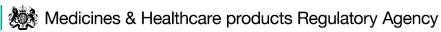
Using patient records to improve health

Presented by Hattie Boultbee, Primary Care Recruitment Manager

Longton Health Centre Patient Participation Group

14/03/2022



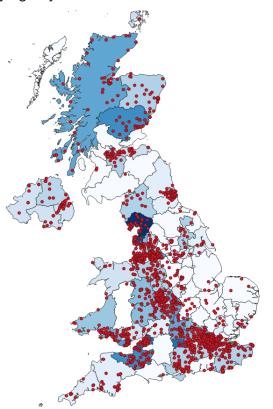




What is CPRD?



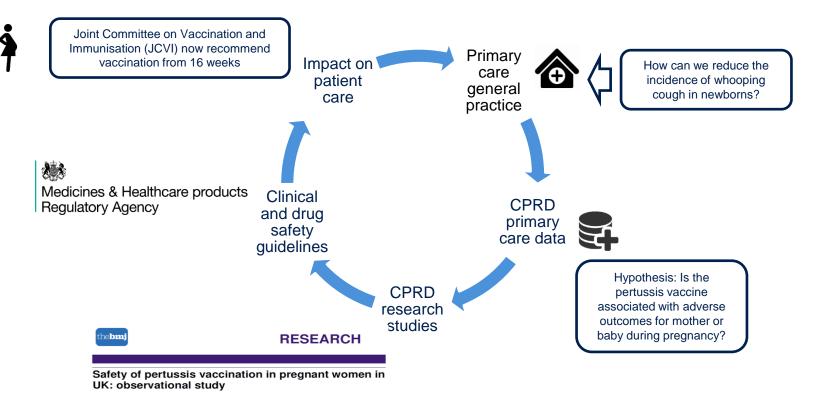
- CPRD (Clinical Practice Research Datalink)
- Part of Medicines and Healthcare products Regulatory Agency (MHRA) – public funding and not for profit, UK Government scientific research service
- Providing clinically coded patient and prescribing data for improving patient lives, medicines safety, public health research
- Working with GP practices for over 30 years
- >2,200 practices (~1 in 4) across the UK participate
- Practices sign up, patients can opt out







Vaccine Safety – Whooping Cough / Pertussis





Benefits for GPs contributing data to CPRD



Opportunity to contribute to evidence based medicine e.g. MHRA monitoring safety of COVID-19 vaccines



Improve delivery of patient care by receiving individual practice and patient-level drug safety prescribing reports



Practices can take part in clinical trials



Opportunity for patients to get involved with research



CPRD – Doing Research Differently

Established approaches to locating suitable patients



Print advertising



Social media



Contacting previously known Investigators



Local volunteer databases e.g. Covid Registry

- Many trials don't recruit enough patients
- Who is included and who misses out?



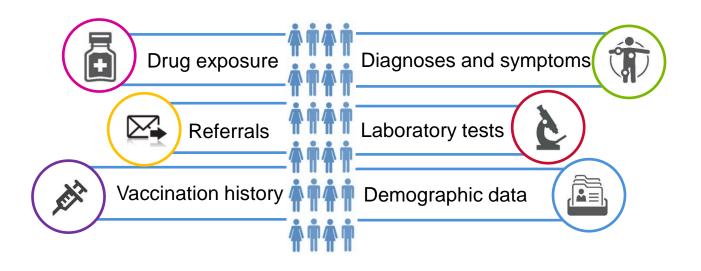
Cradle to grave information on UK population's health



- Universal healthcare provider free at point of care
- ~98% of 66m UK population registered at GP practice
- Primary care electronic health records (EHR) from GP practices are a rich source longitudinal representative population data
- Powerful tool for studying population health



All coded data collected from GP EHR except patient identifiers



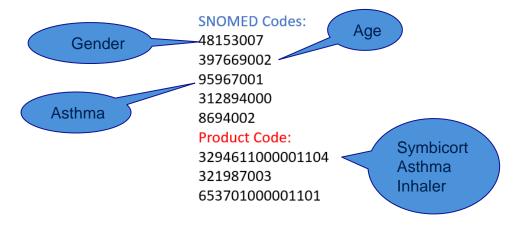
Don't collect name, address, full date of birth, NHS Number or text notes

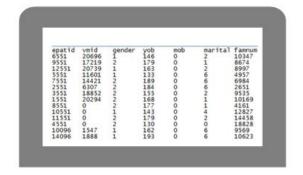


What does this data look like?

GP input (SNOMED Codes)

Researcher View







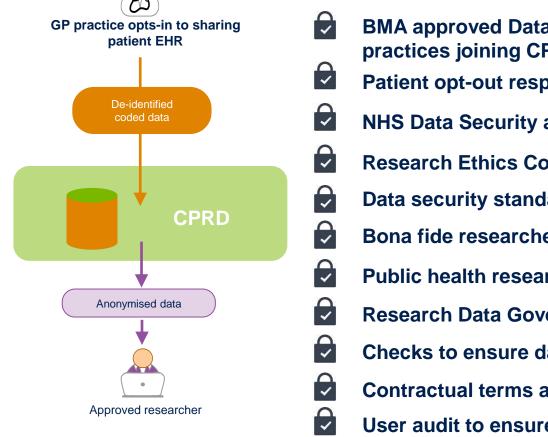
Impact of CPRD data on public health

Over 2,900 clinical studies, resulting in improvements such as:

- 2020 highlighting need to prioritise cancer survivors for COVID vaccination
- 2017 Rotavirus vaccine reduced hospitalisation for infants
- 2016 Benefits of flu vaccine for patients with Type-II diabetes
- 2014 proving safety of whooping cough vaccine in pregnancy
- 2012 safer blood pressure guidelines for diabetics, reducing deaths
- 2004 proving no link between combined MMR and autism



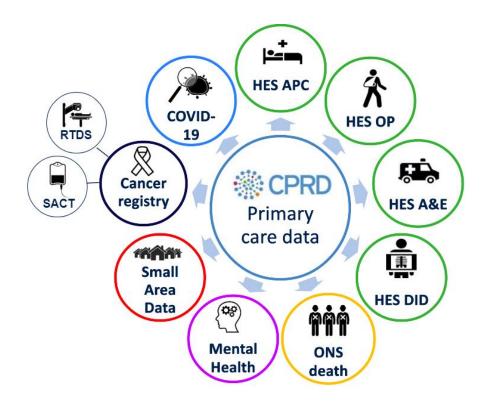
CPRD safeguarding anonymised patient data



- BMA approved Data Protection Assessment for GP practices joining CPRD
- Patient opt-out respected
- **NHS Data Security and Protection Toolkit**
- **Research Ethics Committee approval**
- Data security standards & due diligence checks on all users
- Bona fide researchers only
- Public health research only
- **Research Data Governance Committee review requests**
- Checks to ensure data released protects confidentiality
- Contractual terms and conditions
- User audit to ensure compliance

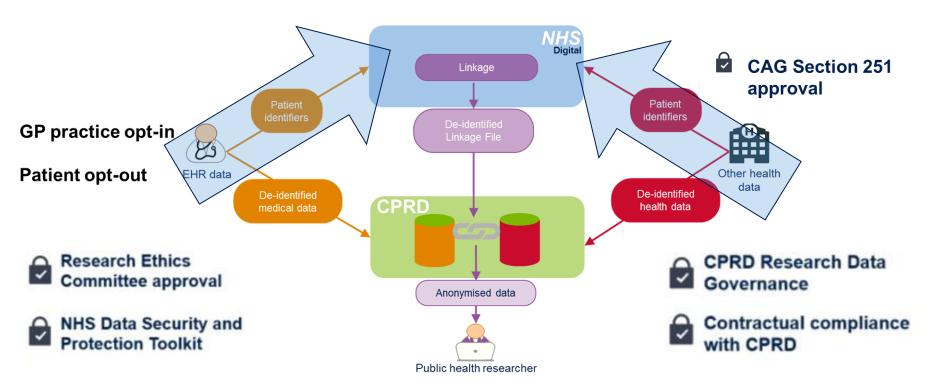


Extending scope of research through linkage





Data linkage enabled by NHS Digital





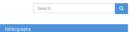
Who uses the data?

- CPRD data is used for public health research by medicines regulators such as the MHRA, government organisations with public health responsibilities, academic researchers and pharmaceutical companies
- Regulatory requirement for pharmaceutical companies to monitor the safety of their medicines
- Pharmaceutical companies use CPRD for drug safety monitoring
- Supports public health research by universities and charities
- This then enables clinical guidelines to better reflect the population, and the NHS to deliver better treatment



Transparency





Approved studies using CPRD Data

ISAC Approval Date ❤	Title
05/08/2020	Excess mortality during the COVID-19 pandemic
31/07/2020	Indirect acute effects of the COVID-19 pandemic on physical and psychological morbidity in the UK
30/07/2020	An investigation of excess mortality and end-of-life morbidity patterns before and during the COVID-19 pandemic. A retrospective analysis using primary care data
30/07/2020	Using linked primary care and viral surveillance data to develop risk stratification models to inform management of severe COVID-19
08/07/2020	Descriptive analysis of patterns of primary care demand in England during the COVID-19 pandemic
07/07/2020	Primary care service use towards end of life among patients who died before and during the COVID-19 epidemic: a nationwice cohort study using the Clinical Practice Research DataLink
01/07/2020	Evaluation of the drivers in heterogeneity in unplanned hospital admissions and mortality in frail and multimorbidity elderly patients before and during/after COVID-19
18/06/2020	Risk factors and outcomes of COVID-19 in individuals with Down syndrome
12/06/2020	Assessing factors associated with the COVID-19 risk in people with asthma
09/06/2020	Risk factors for and long-term outcomes in people with covid-19 admitted to hospital in England
02/06/2020	Clinical contact with health services for mental illness and self-harm before, during and after the COVID-19 pandemic



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CPRD - Summary

- Sharing clinically coded patient data helps directly improve patient care
- Practices taking part contribute to MHRA Drug Safety Updates, NICE guidelines and clinical research
- Patient data shared with the MHRA does not allow us to identify you
- Taking part in CPRD does not cost your practice time or money, or impede their offering appointments

Questions welcome



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CPRD (Clinical Practice Research Datalink)

- Part of the Medicines & Healthcare products Regulatory Agency
- UK Government, not for profit organisation
- Work with ~25% of the 8,800 GP Practices in the UK
- Collect clinically coded data on patients in volunteer practices
- Why does this matter?



Cycle of Evidence

NICE guidelines now recommend that patients presenting with blood in the urine over 40 years should be referred for further tests to rule out bladder cancer

Impact on §

Could persistent urinary tract infections indicate a more serious condition?



patient care

Primary care general practice





Suspected cancer: recognition and referral

NICE guideline [NG12] Published date: June 2015

Clinical

and drug safety guidelines

CPRD primary care data





Br J Gen Pract. 2012 Sep; 62(602): e598-e604. Published online 2012 Aug 28. doi: 10.3399/bjqp12X654560 PMCID: PMC3426598

CPRD research studies

Aim: To identify common primary care symptoms that are strong indicators of bladder cancer

Clinical features of bladder cancer in primary care



How are electronic health records used in research? Example of type 2 diabetes (T2D)



Measure the frequency of disease

e.g. How many people have a new diagnosis of T2D?



Describe how patients use medication

e.g. How many people with T2D are prescribed metformin, two therapies or insulin?



Compare medicine effectiveness

e.g. Is treatment with metformin more effective than glipizide in controlling blood sugars?



Drug and vaccine safety

e.g. Does metformin have more side effects than glipizide?



Describe outcomes of ill-health

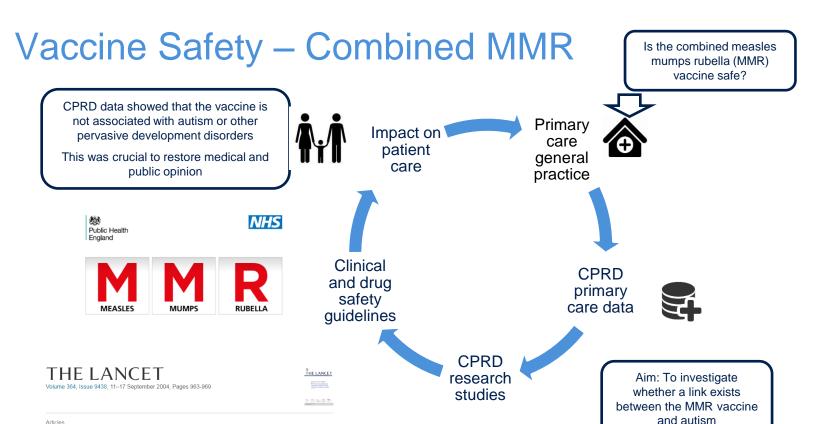
e.g. Is the risk of heart disease among patients with T2D higher than among non-diabetics?



Inform clinical guidance development or evaluation

e.g. Do clinicians follow clinical guidelines when prescribing medication for T2D?





Articles

MMR vaccination and pervasive developmental disorders: a case-control study

