

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	Steering Committee meeting		Date: Monday 18 July 2005
Location:	BOA, The Royal College of Surgeons, 35 – 43 Lincoln’s Inn Fields, London WC2A 3PN		
Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Judy Murray	JM	British Orthopaedic Association (representing the surgical profession)
	Jan van der Meulen	JvdM	Royal College of Surgeons (representing the surgical profession)
	Alex MacGregor	AM	University of East Anglia (representing public health and epidemiology)
	Martyn Porter	MPo	British Hip Society
	Tim Wilton	TW	British Association for Surgery of the Knee
	Mick Borroff	MB	DePuy International Ltd (representing the orthopaedic device industry)
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS Trust management)
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd (representing the orthopaedic device industry)
	Dominic Worsey	DW	National Assembly for Wales
	Philip Reardon-Smith	PRS	National Assembly for Wales
	Mark Noterman	MN	Department of Health
	Ramila Mistry	RM	Department of Health
	Fiona Davies	FD	AEA Technology (contractor)

The following AEA Technology staff were also present:

Leigh Mapledoram	LM	NJR Programme Manager
Claire Newell	CN	NJR Data Quality Manager
Holly Firmin	HF	NJR Stakeholder Consultant
Martin Pickford	MPi	NJR Orthopaedic Adviser

Apologies:	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Christine Edwards	CE	Arthritis Care (patient group representative)

Item	Welcome and Introductions	Action by
1	<p>The Chair opened the meeting by welcoming all attendees and paying tribute to the late Hugh Phillips, President of the Royal College of Surgeons and a founder member of the NJR Steering Committee.</p> <p>The Chair advised that in accordance with the levy collected by the NJR and the expenditure incurred there had had been a surplus in the levy account at the end of the 2004/05 financial year. The surplus was retained by the Department of Health and returned to the NHS. The Chair also reiterated the comments made by the former Minister, Lord Warner, that a surplus of funds in the NJR should in the future be avoided. However, the Steering Committee should ensure that funds must only be spent where they will further the aims of the NJR and provide value for money. The Chair was unable to provide details of the outcome with regards to levies paid by the independent sector.</p>	
2	<p>Minutes of Steering Committee meeting 2005/No. 2 - NJRSC (05) 15</p> <p>a. Progress on actions Report back on action 2005/17 b) The criteria to be employed by the NHS Appointments Commission will specifically confirm that an applicant wishing to represent the surgical profession is a practising surgeon and is able to speak on behalf of the profession and the appropriate professional associations. c) The Department of Health, Welsh Assembly Government and NHS PASA are observers on the NJR SC – this will be stated in the revised terms of reference. The DH also manages the NJR contract. d) Revised draft terms of reference were circulated during the meeting.</p> <p>NJRSC 2005/30: RM to amend draft terms of reference to include the Department of Health, the National Assembly for Wales and NHS PASA as observers.</p> <p>b. Approval of minutes The minutes of the SC meeting held on 28 April 2005 were approved with no changes.</p> <p>NJRSC 2005/31: Approved minutes to be posted on the NJR website.</p>	<p>RM</p> <p>NJRC</p>
4	<p>Quarterly Management Report - NJRSC (05) 16</p> <p>The Quarterly Management Report was accepted with no comments.</p>	
5	<p>NJR Financial Report - NJRSC (05) 17</p> <p>The financial report was presented. Responding to queries, it was confirmed that only April/May levy invoicing by the Department was represented – at the time of the report being prepared June figures were not available. Further explanation was requested regarding the payment schedules for two Variation Orders (VOs). This has been provided in writing by the NJR Centre and is included as Appendix 1.</p> <p>NJRSC 2005/32: NJR Centre and RM to check figures provided in the financial report. Details to be reported back in Appendix 1.</p>	<p>NJRC / RM</p>

	<p>Two Welsh events were still included in the budget for FY2005/06 presented in the financial report. However, following the meeting, it has been confirmed with JM and DW that these events are no longer required, due to the greatly improved compliance and consent rates now seen in Wales.</p>	
6	<p>NJR Statistics Report: Summary - NJRSC (05) 18</p> <p>Members agreed that the presentation of statistics as a rolling 12 months compared to the previous 12 months (here 1 July 2004 to 30 June 2005 compared to 1 April 2004 to 31 March 2005) tended to mask the effects of progress made in the most recent quarter.</p> <p>NJRSC 2005/33: NJR Centre to revise the presentation of statistics in reporting to the SC so that it focuses on the latest quarter.</p> <p>Key facts highlighted included:</p> <ul style="list-style-type: none"> • patient consent has consistently been above 70% over FY2005/06 Qtr1 • 30% of all operations have been submitted with NHS numbers • 6% increase in operations submitted between FY2004/05 Qtr 4 and FY2005/06 Qtr 1 • 9 'nil returner' hospitals have been converted to data submitters in the quarter <p>Despite what has undoubtedly been good progress, there was increased concern that the levels of compliance and consent required for the NJR to deliver on its key aims would be unachievable if its status remained unchanged (i.e not mandatory in the NHS, and patient consent required to collect strong personal identifiers [including NHS number] without which an individual's records are not linkable).</p> <p>The Chair informed the SC that during the NOPAG meeting earlier in the day it was agreed that the Chair and the Department would work together to inform and organise a meeting with the Minister of State for Quality and Patient Safety, Jane Kennedy. The meeting would specifically address the concerns the Committee has regarding compliance, patient consent and the low levels of linkable data. In particular, a case would be put for the NJR to obtain Section 60 exemption, which would allow it to function without requiring patient consent to hold patient personal details.</p>	NJRC
7	<p>The NJR – Business Plan for FY 2005/06 - NJRSC (05) 11 rev.</p> <p>The Business Plan was presented in a revised format that provides greater clarity on targets, avoids repetition and only includes activity that has previously been approved by the Committee.</p> <p>The Committee and Department of Health agreed that further breakdown of related expenditure associated with the activities detailed in the Business Plan should be a key feature of the new format of the report. This would be required before the Department of Health could endorse the plan, ensuring that both the Department and the Committee can scrutinise whether the spend is value for money.</p> <p>In particular, the Committee wished to see further detail of the costs associated with the RAC team. The Department of Health has previously been provided with this level of information but the Committee also requested access to allow it to fulfil its responsibilities.</p>	

	<p>NJRSC 2005/34: Contractor to liaise with their senior management to determine what level of financial information could be made available to Committee members and what commercial confidentiality restrictions might need to apply to its use.</p> <p>NJRSC 2005/35: NJR Centre to redraft the Business Plan in line with Department of Health and Committee requirements ensuring that breakdown of costs is included for all elements. Revised draft to be circulated to Chair, Vice chair and RM initially, and then to all Committee members so that endorsement can be obtained without waiting until the next Committee meeting.</p> <p>To aid monitoring of progress against the Business Plan on a quarterly basis, the NJR Centre is preparing an action plan to a template provided by the Department of Health.</p> <p><i>Surgeon Default Technique</i> – A question was raised regarding why registrars carrying out surgery under the supervision of consultants are unable to submit operation details to the NJR database using the consultant’s default technique. The NJR records submissions against the lead surgeon’s name and so does not allow for the default of the Consultant-in-charge to be selected. In this situation, if the default technique of the Consultant-in-charge is routinely followed during training procedures, the Hospital Data Manager may benefit from re-entering the default technique under the lead surgeon’s name. It was agreed that the situation should be clarified on the NJR website.</p> <p>NJRSC 2005/36: NJR Centre to update the Surgeon Default Technique section on the NJR website to address issue raised in meeting.</p>	<p>NJRC</p> <p>NJRC</p> <p>NJRC</p>
<p>8</p>	<p>Delivery plan for stakeholder reporting - NJRSC (05) 19</p> <p>To date, the reporting delivered by the NJR is largely:</p> <ul style="list-style-type: none"> • the NJR Annual Report • NJR StatsOnline • CSV files for surgeons to download their information • Reports for RCCs • Ad-hoc reports in response to enquiries to the NJR Centre <p>Stakeholders have requested that reporting is made more flexible, with on-demand, interactive reporting. This requires a data warehousing system and online access facilities to be developed. The main costs are associated with the development required to bring stakeholder reporting online via the IT system. The informational needs of surgeons are significantly more complex than those of other stakeholders. However, it has been calculated that the cost of setting up the system is equivalent to a one-off cost for every surgeon of only £30 to be able access reports as frequently as they wish.</p> <p>The Committee was advised that due to the requirements of stakeholders exceeding initial expectations, the costs of development - specifically due to the data warehousing – exceed those included in the original contract. All members agreed that the additional costs were necessary to develop a flexible system that would be of particular support to surgeons during appraisal.</p> <p>The delivery plan and associated funding were approved by the NJRSC with no further comments. Since the meeting, the Department of Health has requested from the NJR Centre further breakdown of costs and the question is raised whether this</p>	

	<p>request falls outside the normal contract before giving its approval for the variation order.</p> <p>It was confirmed that the the Steering Committee are responsible for setting the work plan for the NJR and the Department are responsible for setting the work plan with NJRSC and contractual arrangements. In relation to extra funding requested by the contractor, the Department will, in the first instance, establish whether the proposed work was already covered by the existing contract. If not, the Department and NJRSC will consider the request in detail including a breakdown of the proposed funding, whether the proposal represents value for money and any potential to reprioritise the workplan to absorb the additional costs.</p>	
9	<p>PROMS – Proposed Cohort Outcomes Study - NJRSC (05) 20</p> <p>Committee members were advised that the PROMS group proposes commissioning a prospective Cohort Outcomes Study. SC approval was sought, firstly for commissioning Phase 1 of the Cohort study (a pilot and preparation for the full study) and secondly in supporting in principle the full cohort study.</p> <p>The PROMS group had investigated the potential costs of the full study. Ordinarily, a study of such scale would cost in the region of £1 million. However, costs would be cut drastically through roll out with the NJR and involvement from the RAC and RCC networks. Before the full study can go ahead it is essential to pilot the methodology and determine whether the estimated sample size (based on power calculations by Ray Fitzpatrick and similar to that used in other studies) is correct.</p> <p>The Committee agreed that this is an important study that will help in investigating findings seen in analyses for the NJR’s 2nd Annual Report. The pilot study at an estimated total cost of £53,050 exc VAT was supported. The Committee would give full consideration to supporting preparation work for the full cohort study once sufficient supporting evidence is presented from the pilot study.</p> <p>During discussion the subject of MREC approval arose. It was confirmed that this would be required before embarking on the pilot study.</p>	
10	<p>The NJR Data Integrity Audit process – Findings of Pilot - NJRSC (05) 21</p> <p>The NJR Centre reported that, as at 15 July, 98 audit site visits had been initiated and 53 reports completed. Experience has highlighted the importance of these face-to-face interactions, which involve a wide range of staff. They allow problems to be tackled in a hands-on manner, and ‘hidden’ issues to be identified as it is easier to gauge the perceptions of the staff when visiting rather than over the phone or by email. As a result of the audit process it has been calculated that there has been a 6% increase in compliance during FY2005/06 Qtr 1. Also, 34 hospitals that were identified as being the worst in terms of obtaining NJR patient consent have been key targets for the RACs. This list was compiled in relation to data submitted between 1 April and 6 May 2005. Progress was measured against a second comparison period, from 6 June to 11 July 2005. Consent rose from 33% to 49% for the 34 hospitals. (The consent rate for the NJR as a whole rose from 65% to 71% during the same period.)</p> <p>Only 5 SHO audits have been initiated but no reports have been received by the RAC team. It was reported that the RCC network supports the continuation of SHO audits. During the May meeting of the RCC network it was agreed that the NJR</p>	

	<p>Centre would rework the format of SHO audits taking account of feedback received and pilot them in selected hospitals later in the year.</p> <p>The Committee agreed to support the continuation of the NJR Data Integrity Audit Process through site visits and new-style SHO audits.</p>	
11	<p>Evaluation of the role of the Regional Audit Co-ordinators - NJRSC (05) 22</p> <p>Committee members agreed that carrying out an evaluation of the RAC role is valid, particularly as the RAC positions were developed and approved since the original NJR contract was let. There was discussion related to the format for evaluation and agreement that being able to directly link cause to effect in all aspects of the NJR is not straightforward. It was agreed that the Committee would like to see details of what the RAC role encompasses, what aspects of it can be measured, and various ways of measuring the outcomes. At a later stage, interviewing Hospital Data Managers and RCCs might contribute to the picture. The NJR Centre was requested to prepare a summary report on RAC activity for the next Committee meeting. The report should provide initial evaluation of performance on both a quantitative and qualitative level. CM offered to provide advice to the NJR Centre on how this evaluation could be carried out. Meanwhile, the NJR Centre was asked to provide further breakdown of RAC team costs to Committee members, although it was understood that there would need to be controls on use of this information.</p> <p>It was stressed that the focus of the evaluation was at the level of the RAC team as a whole; assessment of performance at an individual level was a matter for the contractor's own performance management systems.</p> <p>NJRSC 2005/37: NJR Centre to provide Committee members with a more detailed breakdown of the RAC team's costs.</p> <p>NJRSC 2005/38: NJR Centre to produce a paper for the next Committee meeting that provides an initial evaluation of the performance of the RAC role.</p>	<p>NJRC</p> <p>NJRC</p>
12	<p>The NJR and Surgical Site Infection Surveillance - NJRSC (05) 24</p> <p>Committee members agreed that the procedures surrounding SSIS are complicated. Although data collection is mandatory in England, procedures did not appear to be uniformly embedded in hospital processes. Also, it was understood that SSIS data collection is not currently ongoing in England, although it might be restarted in the future. The situation would need to be confirmed.</p> <p>From the NJR's perspective, the main concerns were that hospitals in Wales were indicating that resources are insufficient to allow for the collection and submission of data to both SSIS and the NJR. With SSIS being mandatory, it was NJR compliance that might suffer.</p> <p>It was agreed that that merger of the NJR and SSIS datasets could not be considered – the Welsh and English situation are different for SSIS, SSIS is mandatory whereas the NJR is not, the datasets are distinctly different, and SSIS is not restricted to orthopaedics.</p> <p>NJRSC 2005/39: NJR Centre to obtain copies of current SSIS data collection forms for England and Wales, from JM and from a contact at the Royal Orthopaedic Hospital, Birmingham.</p>	<p>NJRC</p>

	<p>To address the situation in Wales and to obtain further detail of the actual effect of SSIS on NJR compliance, the Committee agreed to make further contact with WAG by letter. This should confirm that merging datasets is not a viable option. It should also investigate the background to why SSIS is, and NJR is not, mandatory in Wales.</p> <p>NJRSC 2005/40: NJR Centre to draft a letter to WAG for review by PG, DW and BD.</p>	NJRC
13	<p>The NJR and perioperative deaths - NJRSC (05) 25</p> <p>The Committee agreed that 'death on table' was the appropriate term as perioperative death covers a longer timeframe. The number of 'death on table' incidents occurring in NJR-related operations would be so small that there would not be any benefit in making related amendments to the dataset and the NJR data collection system. However, the MHRA are concerned that they may not be receiving reports of relevant incidents. Following discussion, it was agreed that the NJR Centre should make contact with the Coroners Association to see if information related to relevant incidents could, in principle, be made available to the NJR / MHRA.</p> <p>NJRSC 2005/41: NJR Centre to contact the Coroner's Association to see if the NJR / MHRA could, in principle, be made aware of relevant 'death on table' incidents.</p>	NJRC
14	<p>Contact from the National Blood Service</p> <p>A background paper was circulated during the meeting to provide detail of a recent NBS visit to the NJR Centre to discuss a forthcoming national comparative audit of blood transfusion. One element relates to blood use for primary, elective, unilateral hip replacement. The NBS are seeking support in principle for the NJR to interface directly with hospitals to: (a) identify relevant procedures held in the NJR database; (b) provide NJR-held data for 9 relevant fields from the NJR dataset.</p> <p>Committee members agreed that actions to allow the NBS to gain access to this data should be supported in principle. However, the implications of (withheld) surgeon consent need to be investigated.</p> <p>NJRSC 2005/42: NJR Centre to take forward discussions with the NBS regarding potential NJR involvement in the National Comparative Audit of Blood Transfusion.</p>	NJRC
15	<p>RCCs and the decision making process</p> <p>The Chair informed the Committee that during the last RCC network meeting concerns were raised by RCCs related to a recent Chair / Vice chair decision allowing the publication of data on NJR StatsOnline. RCCs were anxious that publication of statistics at this level could lead to the possible misrepresentation of data. While taking on board the anxieties of the RCCs, it was agreed that such decisions remain within the ownership of the Steering Committee and no further actions were required.</p>	
16	<p>AOB</p> <p>16a Use of endoprostheses</p> <p>The NJR Centre confirmed that information available via the NJR website and</p>	

	<p>newsletters is to be updated to make it clear that procedures involving use of massive tumour endoprostheses should be entered into the NJR. Note that procedures involving use of endoprostheses in hemiarthroplasty continue to be excluded from the NJR.</p> <p>16b Correspondence from The British Elbow and Shoulder Society The NJR Centre had recently received a letter from BESS (copies distributed to Committee members during the meeting) informing the NJR that the Council of BESS have taken the decision to go forward with implementing a shoulder register over the next 2 years. BESS are interested in exploring whether to move ahead with a register through the NJR and have begun to develop data submission forms following the format of the NJR dataset.</p> <p>Surgeon representatives indicated that the number of shoulder procedures being undertaken was increasing markedly. It was agreed that the Department of Health would review the aims of the NJR and whether this request fits within this.</p> <p>NJRSC 2005/43: Department of Health to review the aims of the NJR and whether the request received from BESS fits within this.</p> <p>16c MRI scanners and metal objects in or on patients Following a communication from NPSA Patient Safety Observatory (PSO), the NJR Centre sought the Committee's view on whether the NJR or individual Committee members could provide information concerning 'near misses' whereby metal objects have been identified in patients at the last minute before an MRI scan. The Committee agreed that the NJR is unable to assist but perhaps the PSO could be directed to the Royal College of Radiologists for assistance.</p> <p>16d Department of Health updates</p> <ul style="list-style-type: none"> • The Department advised that Northern Ireland had expressed an interest in joining the NJR. The Department will liaise further with N Ireland, the Committee and the NJR Centre. • For information, the Department advised that several Parliamentary Questions have been tabled recently, mainly concerning success rates of hip replacements. 	RM
17	<p>Dates for future meetings</p> <p>The original date for the next NJR SC meeting was Thursday 27 October. <i>This has been changed to Thursday 3 November.</i></p> <p>Timings will be:</p> <ul style="list-style-type: none"> • NOPAG meeting - 9.00 to 10.45 • Steering Committee meeting - 11.00 to 13.30 • Buffet lunch - 13.30 to 14.30 • Editorial Board - 14.30 to 16.30 <p>It is expected that the meetings will take place in the BOA's Robert Jones boardroom (to be confirmed).</p> <p>The first meeting of 2006 will take place on Wednesday 8 February 2006.</p>	

**Holly Firmin
NJR Centre
3 August 2005**

APPENDIX 1

Additional supporting information to Financial Report – NJRSC (05) 17

At the end of March 2005, two work packages relating to separate variation orders that were originally planned to be completed by financial year end were not. These were Variation Orders (VO) 9 Barcode Solution and VO14 PKI Hardware Security Module. As a result, these VOs were not fully invoiced in the FY2004/05. The remainder was invoiced in FY2005/06 Qtr 1 upon completion of the projects. The revised invoicing schedule was previously agreed by the Department and is in accordance with the Department's accounting procedures.

The expenditure reported for FY2004/05 is the actual amount invoiced during that year (inclusive of VAT) – i.e. it excludes the sums that remained to be invoiced on VO9 and VO14 at that time. Thus the totals finally invoiced against both VOs remained as originally agreed with the Department and the Steering Committee.

The remaining work to be undertaken on the Barcode Solution and the PKI Hardware Security Module is included in the Business Plan for FY 2005/06 with the associated costs, which gives the figure for the contract value to be invoiced upon completion of tasks for FY2005/06.