

**NATIONAL JOINT REGISTRY STEERING COMMITTEE**

**MINUTES**

Meeting:	Steering Committee meeting		Date: Monday 3 November 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)
	Sally Taber	ST	Independent Healthcare Forum (representing the independent sector)
	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)
	David Forsythe	DF	Stryker (representing the orthopaedic device industry)
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd (representing the orthopaedic device industry)
	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Philip Reardon-Smith	PRS	National Assembly for Wales
	Mark Noterman	MNo	Department of Health
	Ramila Mistry	RM	Department of Health
	Dean Jelfs	DJ	Department of Health
	Melissa Naylor	MNa	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
	Ian Calcutt	IC	NJR IT Manager
	Holly Firmin	HF	NJR Stakeholder Consultant
	Martin Pickford	MPi	NJR Orthopaedic Adviser
Apologies:	Christine Miles	CM	Representing NHS trusts
	Christine Edwards	CE	Arthritis Care (patient group representative)
	Dominic Worsey	DW	National Assembly for Wales
	Bill Reid	BR	Scottish Executive
	Alex MacGregor	AM	University of East Anglia (representing public health and epidemiology)

Item	Welcome and Introductions	Action by
1	<p>The Chair opened the meeting by welcoming all attendees and congratulating all involved for the successful delivery of the NJR 2<sup>nd</sup> Annual Report, whilst offering his apologies for being unable to attend the report's launch at the BOA Annual Congress 2005.</p> <p>The Chair raised an issue discussed in the NOPAG meeting earlier that day. There were concerns regarding the slow rate of identification of poorly performing doctors and prostheses. However, there were justifiable reasons for slow progress. It was agreed at the NOPAG meeting that the RCS CEU's early work on linking HES data to NJR data should progress. Also, that the NJR should contribute to international exchange of information, particularly in relation to early indications of poorly performing prostheses. It was important to keep all SC members informed of NOPAG's activities. In future, NOPAG minutes should be circulated to all SC members and there should be a NOPAG standing item on SC meeting agendas.</p> <p><b>NJRSC 2005/44a:</b> Minutes of NOPAG meetings should be circulated to the SC.  <b>NJRSC 2005/44b:</b> NOPAG to be a standing item on SC meeting agendas.</p>	<p><b>NJRC</b> <b>NJRC</b></p>
2	<p><b>Minutes of Steering Committee meeting 2005/No. 3 - NJRSC (05) 26</b></p> <p><b>a. Progress on actions</b>  Full details of progress on actions had been circulated ahead of the meeting. Three actions were discussed further.  <u>Action 2005/32:</u> At the previous NJRSC meeting on 18 July, a question was raised by some NJRSC members on the possibility of some variation orders being invoiced twice, (once in the last financial year and again in the current financial year). Subsequently there was correspondence and discussion between DH and the NJRC on this matter. RM on behalf of DH asked the NJRC to provide a breakdown of the invoices for the past two years in order to review all the figures and respond to the question raised by the NJRSC.  <u>Action 2005/36:</u> SC accepted recommendation not to amend guidance on surgeon default technique.  <u>Actions 2005/39 &amp; 40:</u> SC agreed that no further actions were required in relation to SSIS.</p> <p><b>b. Approval of minutes</b>  Two amendments were required.  1) 'Report back on action 2005/17' point (b):  <i>The criteria to be employed by the NHS Appointments Commission will specifically confirm that an applicant wishing to represent the surgical profession is currently or has been a practising surgeon and is able to speak on behalf of the profession <b>and the appropriate professional associations.</b></i></p> <p>2) In section 8, para 4 should be amended to reflect that 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>	

	<b>NJRSC 2005/45:</b> Approved minutes to be posted on the NJR website.	<b>NJRC</b>
<b>3</b>	<p><b>Draft Business Plan – for approval</b></p> <p>The Department highlighted that there are areas in the business plan where there appeared to be duplication and asked NJRC to review these areas of costings (and that some areas could be reprioritised), particularly in relation to new areas of work requiring additional funding. MPo posed the question whether there was an issue of probity, to which the Chair replied that there was no issue of probity and requested this sentiment be incorporated into the minutes of the meeting. The SC agreed that the NJRC would liaise with the Department to further discuss elements of the business plan and variation orders submitted following the July SC meeting. It was noted that any delay in delivering surgeon reporting to meet the January 2006 deadline for use in annual appraisals could undermine the surgical profession's continued support of the NJR.</p> <p>The SC concluded that, should they be required as an ANDPB to consider contractual issues related to work undertaken by the contractor, then they would need to familiarise themselves with the detail of the contract.</p> <p><b>NJRSC 2005/46:</b> DH to provide copies of the DH/AEAT contract to SC members highlighting roles and responsibilities of NJRSC.</p> <p>Outstanding issues on the Business Plan would be addressed by the Department of Health and NJRSC.</p>	<b>RM</b>
<b>4</b>	<p><b>Quarterly Management Report – NJRSC (05) 27</b></p> <p>It was clarified that section 7.3 refers to surgeons now being able to retrieve details (including patient data) of all procedures they have led. This facility was enabled via the development of a PKI Hardware Security Module. The data are provided in the form of CSV file downloads. This activity is not related to work on development of the Stakeholder Reporting System, which is currently on hold awaiting outcomes of discussion between the Department and the NJRC.</p> <p>The NJRC confirmed that the encryption of patient identifiable information was achieved through normal logon to the system and not as initially envisaged via a key system. Details of this additional functionality and the availability of reports to surgeons has been communicated through the website and via a mailing to surgeons.</p>	
<b>5</b>	<p><b>NJR Financial Report – NJRSC (05) 28</b></p> <p>The financial report indicated a negative balance of £400k at end of FY2005/06 Q2. This is due partly to a combination of delays in some levy payments being received, payments for September levy not yet being due, and forecasting of payment of AEAT's FY2005/06 Q2 invoice.</p> <p>The Financial report was received with no further comment.</p>	
<b>6</b>	<p><b>NJR Statistics Report: Summary - NJRSC (05) 29</b></p> <p>The statistics report has been reformatted to emphasise progression from the</p>	

	<p>beginning of the NJR up to the most recent quarter. Recent improvements in compliance and consent have resulted in continuing improvement in the linkability percentage.</p> <p>The HES / PEDW comparison figures provided by the Department for use in the report are higher than those used previously by the NJRC, particularly for Hips. However, these figures are similar to the number of implants sold.</p> <p><b>NJRSC 2005/47:</b> NJRC to compare the criteria set for provision of HES / PEDW data to the DH with that previously used by the NJRC and to determine where the discrepancies arise. DH/SC/NJRSC to agree coding to be used for future analysis.</p> <p>The SC was content with the new format of the report, which was received with no further comment.</p>	<b>NJRC</b>
<b>7</b>	<p><b>National Joint Registry Steering Committee as an Advisory Non-Departmental Public Body - NJRSC (05) 30</b></p> <p>Relevant papers were prepared in accordance with Cabinet Office guidance and were circulated to all SC members in advance of the meeting. Members were encouraged to provide feedback that could be incorporated into revised papers.</p> <p>The draft terms of reference refer to DH having responsibility for agreeing any significant changes to the contract. It was suggested that the SC also has a role in the development and writing of the contract and this should be reflected in the terms of reference. A statement on consideration of value for money should be also be added to the Terms of Reference.</p> <p>A new contract is currently being developed by the Department which took account of comments received from SC members on the recently circulated draft scope of work.</p> <p>It was agreed that the following amendments would be made to the membership of the NJR SC:</p> <ul style="list-style-type: none"> <li>• NHS Trusts and Independent Sector Hospitals / Treatment Centres will <b>each</b> have 1 representative</li> <li>• Public Health and Epidemiology should have 2 representatives</li> <li>• Paras 1 and 2 of the Declaration of Members' Interests – Code of Practice should be amended to only relate to orthopaedic prostheses</li> </ul> <p>The proposed terms of reference, rules, codes of practice and publication scheme were adopted with variations as agreed.</p> <p><b>NJRSC 2005/48:</b> MNa to take account of comments from the SC and incorporate into revised ANDPB papers.</p>	<b>MNa</b>
<b>8</b>	<p><b>Application for Section 60 Exemption – Verbal update</b></p> <p>MN confirmed that the status of the application is good. Initial feedback from PIAG indicates that the first draft submission is one of the best applications they have received and they have already used it in training as an example of best practice. Work is continuing on satisfactorily addressing all comments received from PIAG. The DH and the NJRC are making necessary amendments and additions to the application, which is due for resubmission on 11 November and consideration by the</p>	

	<p>PIAG Committee on 5 December.</p> <p>It was agreed that reference should be made in the application to the NAO report 'A Safer Place for Patients: Learning to improve patient safety' which criticises the NPSA for failing to establish reporting and monitoring systems quickly enough and for not sharing lessons learnt across the NHS.</p> <p><b>NJRSC 2005/49:</b> SC members are asked to provide any substantial comments on the Section 60 application to Clair Savage (DH) by 7 November.</p> <p>The NJRC clarified that, where patient consent is not provided, Section 60 exemption is being requested only for the purposes of linking a patient's records to allow them to be used in survival of implant analyses. At no time would the linked data be used to identify the patient for other purposes. Patients would retain the right to withhold their consent for:</p> <ul style="list-style-type: none"> <li>(a) potentially being contacted by the NJR Centre in future if the implant they received was subsequently found to be faulty and there was a need for urgent clinical review;</li> <li>(b) being contacted by the NJR Centre in future for the purposes of being involved in a patient-reported outcomes measurement study (PROMS) survey.</li> </ul> <p>Most importantly, the NJR consent process would continue to be in place so, if a patient withholds their consent as a whole, that would be honoured.</p> <p>It is also a prerequisite of exemption that the submitted application includes a consent based exit strategy with a specified timeline.</p>	<b>All SC</b>
<b>9</b>	<p><b>Evaluation of the role of the NJR Regional Audit Co-ordinators NJRSC (05) 31</b></p> <p>At the request of the SC at their July 2005 meeting, a paper had been produced evaluating the role of the RACs. In addition, direct feedback was sought from hospitals on the performance of RACs; this was very positive.</p> <p>The SC agreed that decisions should not be made at present concerning appropriate timing for a further evaluation of the RACs. However, the Chair wished to note the paper and expressed the Committee's appreciation of the contribution made by the RACs success they have achieved to date.</p>	
<b>10</b>	<p><b>NJR liaison with the Healthcare Commission – Progress Update – NJRSC (05) 32</b></p> <p>It was agreed that this is important work for the NJR. SC members were positive about the provision of data to the Healthcare Commission. However, it was seen as essential that a clinical interpretation of the data is provided by the SC. It was agreed that work should go ahead to the timescale proposed in the Project plan tabled at the meeting so that NJR-related indicators could potentially be used in the first round of assessments in Spring 2006. Further indicators could be identified / developed for the next round.</p> <p>To oversee this work the SC agreed that a working group should be established. PG, Mno and AS have volunteered to be part of the working group.</p>	
<b>11</b>	<p><b>NJR Dataset – Proposed Changes to the Postcode Field – NJRSC (05) 33</b></p>	

	<p>The SC agreed that making the postcode field mandatory would have a positive effect on linkability. Implementing a validation system will encourage data suppliers to submit the correct postcode and this in turn will increase the successful return rate of NHS Numbers from NSTS.</p> <p>The NJRC and the Department would discuss the proposed process used and costs associated with this project before a decision is made on implementation.</p>	
<b>12</b>	<p><b>Proposed Phase 2 of NJR StatsOnline – NJRSC (05) 34</b></p> <p>The prime focus of Phase 2 would be to make available data that are expected to have the largest impact on improving linkability. Proceeding with the proposed Project plan would allow for the launch of Phase 2 in February 2006.</p> <p>The SC approved Phase 2 of NJR StatsOnline with no further comments.</p>	
<b>13</b>	<p><b>The NJR Steering Committee Process – NJRSC (05) 36</b></p> <p>Process accepted with no comments.</p>	
<b>14</b>	<p><b>The NJR Newsletter Process – NJRSC (05) 37</b></p> <p>Process accepted with no comments.</p>	
<b>15</b>	<p><b>AOB</b></p> <p>There were no matters arising.</p>	
<b>16</b>	<p><b>Dates for future meetings</b></p> <p>The next SC meeting will be held on Wednesday 8 February 2006, in the Moynihan Room, Royal College of Surgeons.</p> <p>Timings will be:</p> <ul style="list-style-type: none"> <li>• NOPAG meeting – 9.00 to 10.45</li> <li>• Steering Committee meeting – 11.00 to 13.30</li> <li>• Buffet lunch – 13.30 to 14.30</li> <li>• Editorial Board – 14.30 to 16.30</li> </ul> <p>The second meeting of 2006 will take place on Thursday 11 May 2006.</p>	

**Holly Firmin  
NJR Centre**

**7 November 2005**