

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting: Steering Committee meeting Date: Wednesday 8 February 2006

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)
Christine Miles	CM	Representing NHS trusts
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)
Alex MacGregor	AM	University of East Anglia (representing public health and epidemiology)
Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
Ramila Mistry	RM	Department of Health
Kate Wortham	KW	Department of Health
Melissa Naylor	MNa	Department of Health
Fiona Davies	FD	AEA Technology (contractor)

The following AEA Technology staff were also present:

	Holly Firmin	HF	NJR Stakeholder Consultant
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Apologies:

Sally Taber	ST	Independent Healthcare Forum (representing the independent sector)
Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
David Forsythe	DF	Stryker (representing the orthopaedic device industry)
Dominic Worsey	DW	National Assembly for Wales
Ken Bateman	KB	Smith & Nephew Healthcare Ltd (representing the orthopaedic device industry)
Andy Smallwood	AS	NHS Purchasing and Supply Agency
Dean Jelfs	DJ	Department of Health
Mark Noterman	MNo	Department of Health

Item	Welcome and Introductions	Action by
1	The Chair opened the meeting by welcoming all attendees and introducing new attendees.	

	<p>Kate Wortham from the Department of Health was introduced to the SC. She has joined DH on part time basis to support DH NJR work. Kate is currently liaising with the NHS Appointments Commission on the appointments to the NJR Steering Committee following their designation as an Advisory Non-Department Public Body (ANDPB). Support to the DH NJR Team is also provided by Melissa Naylor.</p>	
<p>2</p>	<p>Minutes of Steering Committee meeting 2005/No. 4 – NJRSC (05) 38</p> <p>a. Approval of minutes</p> <p>One amendment was required under item 7, (National Joint Registry Steering Committee as an Advisory Non-Departmental Public Body – NJRSC (05) 30). It was agreed that generic terms should be used for the Independent Sector. Independent Orthopaedic Hospitals should be correctly referred to as Independent Sector Hospitals / Treatment Centres. DH agreed to review the wording and use a general form of words in future documentation.</p> <p>The SC minutes were approved with no further comment.</p> <p>NJRSC 2006/01: Approved minutes to be posted on the NJR website.</p> <p>b. Progress on actions</p> <p>Full details of progress on actions had been circulated ahead of the meeting. The following actions were discussed further:</p> <p><u>Action Agenda item 3:</u> before addressing this action, the Chair confirmed that both DH and the SC are responsible for monitoring the contractors work which included finance. He stressed that it was appropriate for DH to question the contractor about policy and finance at NJRSC meetings.</p> <p>DH provided a verbal report to the SC concerning the NJR Business Plan and potential duplicated costings. Duplicate costing was observed on steering committee expenses which was stated on the business plan but was invoiced on a separate item. NJRSC stated that this had been an error. In relation to exhibition costs, there was no duplication. However, DH did state that some of the costs quoted were high.</p> <p><u>Action 2005/32:</u> During the July SC meeting, questions were raised by NJRSC members concerning Variation Orders (VO) that may have been invoiced twice by the contractor. DH had requested that the contractor provide copies of invoices for the last 2 years. From this information it was confirmed that there had been no duplication.</p> <p>Concerns were raised in relation to the VO related to work on the surgeon reporting mechanism. DH stated that advice had been received which confirmed that continuous online analysed data should have been delivered as part of the contract and should not be subject to a VO. In DH's opinion the availability of an Annual Report online did not constitute continuous analysed data as this was only produced once a year. CSV files could not be regarded as analysed data and feedback from surgeons suggested this was not easy to use.</p> <p>The Chair confirmed that work on the VO's had not progressed due to the differing interpretations of DH and the contractor concerning the scope of the existing NJR contract. The contractor was asked to cease work on surgeon reporting in October</p>	<p>NJRC</p>

	<p>2005 and informed that this work should not have started without prior approval of the DH.</p> <p>On a separate note, DH advised that guidance states that the value of VOs should not exceed 50% of the contract value. This year the VO total is equal to 44% of the contract value to date. If the value of VOs rises above 50%, the contract has to be re-tendered.</p> <p>DH confirmed that the contract drafted for the new contract period would be tighter and more explicit in content to avoid any future problems in relation to exactly what it covers. It was also advised that feeding back analysed data to surgeons has been included in the specification for the new contract and the DH assured the SC that it will be developed on commencement of the new contract.</p> <p><u>Update on action to make postcode mandatory:</u> The contractor advised that the request to make postcode mandatory has been submitted to ROCR. Further feedback will be provided outside the meeting on the current status of this issue.</p> <p>NJRSC 2006/02: NJRC to report back to DH (DJ and RM) on the status of the action to make postcode mandatory.</p> <p><u>Update on NJR liaison with the Healthcare Commission:</u> The NJRC had produced a brief progress update that was circulated at the meeting. The Healthcare Commission had indicated, subject to approval of the SC, that they would like to use the following 3 key indicators in assessment of April 2006 declarations from acute trusts:</p> <ol style="list-style-type: none"> 1. Compliance with the requirement to obtain NJR patient consent 2. Usage of hip cup prostheses below ODEP rating 10 3. Usage of hip stem prostheses below ODEP rating 10 <p>The SC were asked to recommend representatives to attend a meeting with the Healthcare Commission. The meeting would have the aims of: (a) confirming the initial information required from the NJR; (b) establishing a working relationship to develop future indicators and an information sharing protocol.</p> <p>PG agreed to be involved in the meeting to take place on 23 February.</p> <p><u>Action 2005/49: SC membership, terms of reference and appointment process</u></p> <p>Following discussion at the November SC meeting, DH had reviewed the ANDPB papers and revised them in accordance with SC members comments. Additional proposals were highlighted on the papers circulated by DH ahead of the meeting. Following discussion, SC members agreed that the following changes should be made to the membership structure:</p> <ol style="list-style-type: none"> 1. The Surgical Profession – The SC supported a membership of five surgeons. The changes in recruitment were clarified. As NJRSC is an ANDPB posts must be advertised and applicants must apply through the NHS Appointments Commission application process. Organisations can support people who apply by providing references but they cannot nominate candidates for the SC. The application process will aim to reach surgeons who may be eligible to and interested in applying, which may include advertising through specialist organisations. It was agreed that all suitable candidates for these posts would be members of the British Orthopaedic Society and it was recommended that the wording of the application 	NJRC
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3	<p>Quarterly Management Report – NJRSC (06) 01</p> <p>The Quarterly Management Report was received with no comment.</p>	
4	<p>NJR Financial Report – NJRSC (06) 02</p> <p>DH explained that negative balance in terms of income and expenditure can be accounted for by the time lag in the invoicing and receipt of levy payments. DH confirmed that this would even out around May 2006.</p> <p>The Financial report was received with no further comment.</p>	
5	<p>NJR Memorandum of Understanding and Levy – NJRSC (06) 04</p> <p>DH advised that the NJR levy has generated a surplus over the past two years. The Government Accounting rules and DH Finance advise that this should not continue. DH advised that an analysis had been carried out of the levy remaining at year-end and projections made for the expected rise in implant sales over the next 3 years. Following analyses of different scenarios, DH recommend that the levy is reduced to £23 (inc. VAT) per joint for 2006/07 and £20 (inc. VAT) for 2007/08 and 2008/09, subject to annual review.</p> <p>Predictions illustrate that both scenarios will produce a surplus that will act as a sufficient cushion to the NJR should funding be required to support any additional spending identified by DH and the NJRSC. However, DH has included the support for a patient survey and study, such as PROMS, in the NJR scope tender specification. Patient information materials have also been included.</p> <p>ABHI had been presented with the proposals at their recent OSIS meeting held on 3 February and there was general acceptance of the recommended levy for 2006/07 and proposed levies for 2007/08 and 2008/09 subject to annual review.</p> <p>The Memorandum of Understanding and Levy was received with no further comment.</p>	
6	<p>NJR Statistics Report: Summary - NJRSC (06) 03</p> <p>The NJRC confirmed that the levy returns for Q3 of 2005/06 had been the highest received to date. However, the SC was made aware that this was partly the result of one large supplier submitting both September (2005/6 Q2) and October (2005/6 Q3) data in October. This therefore had a negative effect on the compliance versus levies figures for Q3.</p> <p>It was noted that the HES/PEDW data for 2005/06 quarters was estimated as the actual data was not available for the quarterly reports.</p> <p>DH requested that future NJR Statistics Reports should also contain figures for the number of primaries and revisions in each quarter for the last four quarters.</p> <p>Action 2006/05: NJRC to include data for total number of primaries and revisions per quarter in the next NJR Statistics Report.</p>	NJRC

	The NJR Statistics Report was received with no further comment.	
7	<p>NOPAG – Report on Progress (verbal)</p> <p>The Chair reported back on progress made by NOPAG. The group has recognised there were potential benefits and possibilities of utilising NJR data, HES data and Section 60 exemption in coordination to improve the linkability of data in the NJR. In the NOPAG meeting held earlier on 8 February, it had been agreed that a nominated team would look at the problems and benefits of utilising the data and investigate an appropriate course of action. It was agreed that DH, BD and PG would continue discussion outside the meeting and report back at the next SC meeting in May.</p> <p>NOPAG had agreed the draft NOPAG terms of reference subject to an additional statement reflecting the need to ensure a level playing field for all stakeholders, in the NHS and independent sectors.</p> <p>The Chair also reported back on a meeting held between NOPAG and orthopaedic suppliers on 3 February. The key outcome of the meeting was to agree to investigate how MHRA and suppliers could more easily gain access to hospital, surgeon and patient data when needed to support necessary investigations. Past experience illustrated that there had been some obstruction related to access to data – e.g. access to x-rays, radiographs, explanted prostheses and direct communications with surgeons – which is required to support such investigations by suppliers. As a result, ABHI proposed that a Code of Practice should be developed. The SC supported the establishment of a working party to take this forward.</p> <p>Action 2006/07: BD to initiate discussions with interested parties concerning the establishment of a working group.</p>	BD
8	<p>AOB</p> <p>The Vice Chair reported to the SC that Anthony Vivian (a member of the BOA Patient Liaison Group) had moved and thus resigned from the PROMS group. He was thanked for his valuable contribution to the group.</p>	
9	<p>Dates for future meetings</p> <p>The next SC meeting will be held on Thursday 11 May 2006. The venue for the meeting is yet to be confirmed.</p>	

13 February 2006