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Agenda Item	**NJRSC Jan 2007 (01)**
Title	**Final Minutes for Meeting Wednesday 8 November 2006**
Status	**For Discussion and Decision**

Background:

Approved Minutes from Wednesday 8th November 2006

Action by NJR Steering Committee:

Author: NJR Centre

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National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting: Steering Committee meeting Date: Wednesday 8th November 2006

Location: MLS Venue, Providian House, 16 – 18 Monument St., London EC3R 8AJ

Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Orthopaedic Surgeon Member
	Martyn Porter	MPo	Orthopaedic Surgeon Member
	Tim Wilton	TW	British Association for Surgery of the Knee Member
	Alex Macgregor	AM	Public Health and Epidemiology Member
	Mick Borroff	MB	Orthopaedic Device Industry Member
	Mary Cowern	MC	Patients Representative Member
	Carolyn Naisby	CN	Practitioner with Special Interest Orthopaedics Member
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Andy Smallwood	AS	NHS Supply Chain
	Christine Miles	CM	NHS Management
	Ramila Mistry	RM	Department of Health
	Kate Wortham	KW	Department of Health
	Gary Clements	GH	Department of Health
	Chris Roebuck	CR	Department of Health (Head of Output – Information Centre)
	Richard Armstrong	RA	Northgate Information Solutions, Healthcare Practice Manager
	Kathryn Lehner	KL	Northgate Information Solutions, Service Manager
	Claire Newell	CN	Northgate Information Solutions, Data Quality Manager
	Mike Swanson	MS	Northgate Information Solutions, Principal Consultant
	Judith A Mason	JAM	Northgate Information Solutions, Programme Support Manager
	Martin Pickford	MP	Northgate Information Solutions, Orthopaedic Consultant
Apologies:	Colin Thomson	CT	Patient Group Representative - Member
	Tony Lowther	TL	Orthopaedic Device Industry Member
	Domenic Worsey	DW	National Assembly of Wales

Item		Action
1	**Welcome and Introductions** The Chair welcomed all those present particularly MC who, having taken up her appointment on 1 October 2006, was attending her first Steering Committee meeting. The Chair informed the meeting that the selection of the Vice Chairman would take place at the next meeting of the Steering Committee in January 2007. CM (NHS Management) attended this meeting at the specific request of the Chair.	
2	**Minutes of Steering Committee Meeting 25th July 2006** The minutes of the meeting held on 25 July 2006 were approved. The approved minutes were to be posted on the NJR website.	 **NJRC**
3	**Matters Arising from Previous Minutes** It was agreed that a paper should be prepared for future meetings listing the actions from the previous meeting with their current status. BD apologised that a Regional Clinical Coordinator (RCC) representative had not been invited to the meeting but referred to agenda item 12, where this would be discussed more fully. It was also noted that the current RCC Network Chair, PG, was present at the meeting. NJRC 2006/10 – TW asked whether the NJRSC would see all requests for papers to be published using NJR data and what the approval process would be. The Department of Health (DH) would approve each application individually, referring to the NJRSC as necessary. A full list of applications would be shared with the NJRSC. It was agreed that a policy paper would be required, with a protocol for access to NJR data for research and other purposes.	 **NJRC** **DH/NJRC**
4	**Progress of NJRSC Appointments** KW advised that Ros Gray (Independent Healthcare Provider Member) had resigned her post, having taken up a NHS post in Scotland. KW advised that recruitment was underway for members to fill the NHS Management and the Independent Sector vacancies. There had been 5 applications for the NHS Management post and 1 application for the Independent Sector post. Interviews were scheduled for November 24th. The recommended appointments would be submitted to the Appointments Commission Board for approval on 13 December 06. It is planned that the successful applicants will take up their posts in January 2007.	
5	**NJRSC Nov 2006 (05) Statistics Report** CN presented the statistics report for the period 1 August - 31 October 2006 (2nd quarter). There had been increases in the consent rates. Whilst the increase in consent rates was noted, both compliance and consent were still major concerns and the following issues were raised:	

	• There are still NHS Trusts which are not complying or providing any information on to the NJR. The focus of the Regional Coordinators (RCs) efforts was to be initially on units not providing any data, followed by work with units with low levels of data entry and low consent rates. • A Trend Analysis Quarter over Quarter for the RC's is to be produced to enable the RCs to target the 'worst offenders'. • The issue of poor data quality was discussed. It was agreed a policy paper should be produced for the next meeting identifying the issues on data quality and proposals on how poor data quality should be addressed. • The issue of improving consent and compliance rates with actions to be taken by the RCs and RCCs is to be included on the Agenda for the next NJR RCC Meeting. CN confirmed that the National Strategic Tracing Service (NSTS) had provided conditional approval for the NJR to use its tracing services.	**NJRC** **NJRC** **NJRC** **NJRC**
6	**NJRSC Nov 2006 (06) use of Section 60. Patient Consent Exemption Application** Section 60 cannot override patient dissent, which was 6% over the last 6 months. However, it does allow for patient data to be captured where consent is recorded as 'Not Known' (13%) provided that efforts are made to obtain consent from these patients. Should any of these patients subsequently dissent, their personal data would have to be removed from the NJR. It was stressed that the RCs must work with RCCs to improve consent rates for those units with low levels of consent as a priority and with all units to achieve 95% consent rate. MS stated that changes would have to be made to the application in order to make use of the exemption Although PIAG had confirmed that NJR consent could be obtained at the same time as consent to treatment, it was unclear whether a separate NJR consent form should be used or whether the consent for NJR could be added to a unit's existing patient consent to treatment form. MS is to obtain an answer in writing from Karen Thomson at PIAG, which would then be passed to DH solicitors. It was also agreed that, in the event of permission for a single consent form, the NJRC would provide appropriate text to units to be included on their own forms. It was suggested that insufficient information was available to patients and that patient awareness campaign be considered. MC suggested that patient groups be used to increase awareness of the NJR.	**NJRC/RCC** **NJR/DH** **NJRC** **NJRC**
7	**NJR and HES linkage** CR attended to provide a high level overview of the work underway with regards to the NJR to HES (Hospital Episode Statistics) linkage. • HES is a database of episodes that includes procedures used, diagnosis information, patient identifiers, NHS numbers, date of birth, gender and local unit patient identifiers. The information on HES went back to 1989. • The Independent Sector activity is only included in HES where the activity	

	was commissioned by the NHS from 2004 onwards. • HES data is available - quarterly 2-3 months after the end of the quarter in which the activity was submitted and annual data 7-9 months after the year end, when the data has been rigorously validated. • RA provided details of the current activities underway on MDS2 (NJR Minimum Dataset version 2) data to HES linkage. The activity so far had shown an average linkage of 75% at record level NJR to HES though the variance was from 0% to over 90%. The importance of the quality of the local patient identifier is critical to ensure the success of the linkage. • PG asked if HES could be used to identify any revisions of resurfacing procedures that had taken place over the last three years. CR noted that the quality of data could be an issue, eg clinical coding, coding incompatibility, miscoding etc. The mapping of OPCS4 codes (codes for classifying operations and surgical procedures) from NJR to HES is being reviewed. • Once the algorithms for linking NJR and HES data had been refined, they could be used when looking at linking NJR and PEDW (Patient Episodes Database Wales) data. It was agreed that a paper on the use of HES data, linkability and additional outcomes was to be prepared for the next Steering Committee meeting.	**NJRC**
8	**NJRSC Nov 2006 (08) NJR System Security and Encryption** MS highlighted the current issues on data security and access to NJR data. He advised that currently the type of encryption is restrictive for the system to be useful, and outlined a proposal to encrypt the data using a different method. However, a risk assessment was required to ensure that the proposed changes did not increase the risk of data being compromised and met with the government required level of confidentiality.. MS reported that the discussions with PIAG were still ongoing. RM advised that PIAG were not the authority in this matter and MS was provided with the name of the apropriate person in the DH for MS to contact on the matter of system security.	**NJRC**
9	**NJRSC Nov 2006 (09) Finance Report** The income at the end of second quarter from April 2006 to Sept 2006, a levy income of £1,211,395 and an expenditure of £835,107 were reported, leaving a positive balance of £376,288. RM stated that the outstanding payment to be taken into account are; payment to be made to the NHS Appointments Commission for the NJRSC recruitment and to Northgate on completion of transition phase activity. BD stated that the use of the surplus for unplanned activities could only take place following the submission of a business case to DH and its subsequent approval as appropriate. Following discussion about the need to ensure the level of income matched expenditure, it was noted that the levy was reduced from £25 last year to £23 this year (2006/07) and it was planned to reduce it further to £20 from April 2007 onwards.	
10	**NJRSC Nov 2006 (10) Quarter 2 Management Report July – September**	

	MS reported that all 6 RCs are now in post and that the NJR database had been updated to provide a link between each RC and their respective units. It was noted there was variable quality in the RC reports and that this would be addressed by the next meeting. A work plan for the RCs was requested by NJRSC members to ensure that they were targeting the right hospitals and were supported by their RCCs.	**NJRC**
	Performance Indicators The following indicators were either commented on or discussed: Indicator 1: It was requested that units not submitting information, should be named in the report (31 units in quarter 2) and how Northgate plan to ensure they address these units.	**NJRC** **NJRC/DH**
	Indicator 20: Northgate were questioned how they were managing the key risks. MS and RA stated that this would be discussed in the next Performance Management meeting between the DH and Northgate.	**NJRC**
	Indicator 25: AM informed the meeting that the PROMS 2 (Patient Reported Outcomes Measurement) study had not yet started. Further information on this was reported under agenda item 16.	**NJRC**
	Indicator 26: The PMS (Performance Management System) implementation was stated to be complete but DH stated that the response to their e-mail of 11th September on the confirmation of all the activities had not been received and Northgate stated that they would write a report and a demonstration to DH would be arranged soon.	**NJRC**
	Indicator 27: To be amended in the progress column to state: "*It was agreed at the last NJRSC meeting that a survey of surgeons would not be carried out this year*"	**NJRC/PG**
	Indicator 7: **MDS2 Forms Review** An initial review was underway by a small team consisting of PG, Mr Peter Howard, and Mr Colin Esler. DH asked Northgate to seek the opinion of all RCCs on dataset requirements. A request was made that details of prostheses removed during revisions were recorded to account for those with primary procedures not recorded on NJR e.g. before the implementation of the NJR.	**NJRC/MC**
	Indicator 12: **Hip Owners Manual (Ring Bound Version)** Issues had been raised about differing views about the clinical information in the Hip Owners Manual. It was agreed that advice would be sought from MC and patient groups about the need for the Hip Owners Manual and its contents.	
	Appendix A: **Regional Coordinators' Reports** MPo questioned the RC's activity with regards to visits to units, how this was being monitored and whether the RCs were targeting the worst offending units. It was noted that RCs have a shared responsibility to ensure an increase of compliance and consent rate is obtained from units and their success in achieving these goals should be monitored closely. MS informed the meeting that changes had been made to the database to link RCs with units. This would	**NJRC**

	enable Northgate management to monitor individual RC performance as well as enable the RCs to manage closely those units for which they are responsible. RM reported that an offer had been made by the President of the BOA, John Getty, to assist with the 30 worst performing units on a regular basis. Northgate to compile a list of these units and pass them to John Getty/David Adams (BOA CEO). Discussions had also taken place at the DH on how quality as well as activity could be built into Payment by Results (PbR), this may occur in 2-3 years time. There was also discussions about use of the ODEP ratings and compliance rates (Orthopaedic Device Evaluation Panel ratings based on NICE guidelines) for each NHS Trust for inclusion in the patient choice booklet. RM had planned to meet the DH 18 week Orthopaedic team and care closer to home team to look at ways on how they can promote the NJR within their work areas. BD noted the NJR quarterly management report and stated that DH's role was to performance manage the contractor and review the report closely.	
11	**NJRSC Nov 2006 (11) Minutes of RCC Meeting of 12th September 2006** The Minutes of this meeting were noted.	
12	**NJRSC Nov 2006 (12) Review of Terms of Reference and Membership of Regional Clinical Co-ordinators Network.** BD advised that the Chair of the RCC Network, who under the proposed revised terms of reference will be a RCC, should attend each NJRSC Meeting. The previous decision to have a rotating schedule of RCCs to attend was rescinded. PG made the following comments: • There should be a minimum RCC attendance required. A review of RCC attendance at previous meetings had been completed. It was noted that attendance at RCC Network meetings was a requirement of RCCs in the proposed terms of reference. • The process for becoming an RCC has been reviewed and formalised. • There must be a link between RC and RCCs for performance management reasons. There is a lack of documented deliverables for RCs working with RCCs which should be addressed. • Monthly reports about unit performance, grouped by SHA, would be sent to RCCs monthly basis by RCs. It was noted that the surgical members of the Steering Committee could not serve as RCCs but would be required to mentor groups of RCCs. They could attend RCC meetings to support the RCCs and RCs. PG confirmed that he would chair the January meeting of the RCC Network and that it would be his last meeting as Chair.	**DH** **NJRC** **PG**
13	**NJRSC Nov 2006 (13) Next NJR Newsletter and Process for Future Newsletters** BD confirmed Northgate's understanding that there would be 4 newsletters per year with a surgeon/trust management focus. The need for a patient focused newsletter would be considered separately. It was agreed that the draft Winter 2006 Newsletter should be amended to make	**NJRC**

	the articles on Self Service Reporting and the HES Linkage activity more prominent. New sections should be written and placed at the front of the document. A separate communication about the Self Service Reporting, including instructions on how to use it, should be sent directly to Surgeons. The Chairman of the BOA had already offered to use their contacts database and this would be followed up by Northgate. KW outlined a new process for Newsletter production, based on the schedule for NJRSC meetings. The process, with dates, would be agreed by Northgate and DH. The plan promulgated to members.	**NJRC/DH** **NJRC** **NJRC/DH**
14	**NJR Annual Report 2005 – 2006 and NJR 3rd Annual Clinical Report** MS advised that both reports had been published on the NJR website. The NJR Annual Report 2005 – 2006 is available in hard copy and the NJR 3rd Annual Clinical Report would be available in hard copy from 17 November 2006. The NJRC will ensure all SC members RCC members, units, suppliers and other national registries are provided with the hard copy versions of both the reports. Both BD and KW congratulated all those involved in the publication of the Annual Report. The NJR Annual Report covering the performance of the NJR over the fiscal year 2006-07 and a report from the NJRSC would be required. It was noted that the NJR 3rd Annual Clinical Report demonstrated that there had been an increase in the procedures submitted to the NJR but little change in the data when compared with 2004. Whilst this was reassuring, it signalled that it was time to review the focus of future reports. It was proposed that the the Annual Report for next year should be changed to focus on a few topics in greater depth. Initial suggestions were: mortality, hip re-surfacing, and unicompartmental knee replacement. The RCCs and the NJRSC members would be asked for comments on both the recently published 3rd Annual Reports and their ideas for next year's report. Northgate to send a cover letter with the Annual reports requesting this information from RCCS and NJRSC members. BD confirmed that the Editorial Board would not be resurrected. A timetable for next year's Annual Reports was required urgently from NJRC.	**NJRC** **NJRC** **NJRC** **NJRC**
15	**Agenda item 15 Northgate NJR Business Plan 2006-07 Update** BD informed the meeting that he was disappointed with the Business Plan submitted by Northgate which was not a business plan and that a further meeting would be arranged between himself, DH and Northgate to discuss what a business plan consists of. RM reiterated BD's comments on behalf of DH and stated that a meeting had been arranged on the 7th November which Northgate were not able to attend. This will be re-arranged as soon as possible as it was essential for Northgate to produce a required business plan. BD proposed that the Business Plan should include key performance indicators from the quarterly management report and this would partly form the basis of the business plan.	**PG/DH** **NJRC/DH**

	PG, Senior Registrar, had produced a paper on a study of dissatisfied knee patients from the PROMS Interim Study. PG to submit the paper to DH for approval before publishing. The paper should be circulated to the NJRSC members for information and comments as appropriate.	
16	**Agenda Item 16 - NJRSC Nov 2006 PROMS, NOPAG and Research activities update** **PROMS** RM indicated that there was a potential overlap between the PROMS 2 study and work being undertaken within DH. PG felt that, after discussion with Jan van der Meulen who is working on the DH study, the 2 pieces of work differed significantly. RM would consult the appropriate DH personnel concerned internally and discuss with AM the recommendations. **NJR Research Study (Item 1.10)** MS had been unable to locate any protocol for access to data for research purposes. It was agreed that any such protocol should be included in the NJR Information Governance Sharing Protocol. BD had agreed to search his files and send a copy to MS/RA and DH.	**DH** **NJRC/DH**
17	**Agenda Item 19 - Information Governance Sharing Protocol update.** The Information Governance Sharing Protocol was still work in progress. There were a number of issues yet to be discussed with DH. MS reported that a new HES Protocol had recently been released and would be used as the blueprint for a similar NJR document.	**NJRC/DH**
18	**NJRSC Nov 2006 (20) – Type of NJR Feedback to Hospitals** MS stated that he would be consulting with unit managers, including senior NHS management, to determine the type of information that they would require from the NJR. He also outlined that whilst surgeons still had the ability to opt out of sharing their NJR data with management. This would not, however, impact upon the data likely to be required by management though there may be gaps depending on the management requirement of NJR data. Following a suggested application, AS advised the meeting that the NJR database and application would not be suitable for stock control and management.	**NJRC**
19	**Action Item 21 AOB – Demonstration of Self-Service Reporting** RA and MS demonstrated the Self- Service Reporting capability and confirmed that it had been available since 19 October 2006. It was agreed a targeted communication campaign, to advise units of the availability of this functionality, would take place.	**NJRC**
20	**Date for future meeting 31st January 2007. Agree dates for 2007.** The date for the next meeting is Wed 31 January 2007 Proposed dates for next year's meetings are as follows:	

	26th April 2007 (Thursday) 24th July 2007 (Tuesday) 7th November 2007 (Wednesday) 31st January 2008 (Thursday) Members were asked to note the dates.	

Judith Mason

10th November 2006