

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	Steering Committee Meeting	Date:	Thursday 26 April 2007
Location:	MLS Venue, 130 Shaftesbury Avenue, London W1D 5EU		
Present:	Bill Darling	BD	Chair
	Mick Borroff	MB	Orthopaedic Device Industry Member
	Mary Cowern	MC	Patients Representative Member
	Patricia Durkin	PD	Patients Representative Member
	Paul Gregg	PG	Vice Chair, Orthopaedic Surgeon Member
	Alex Macgregor	AM	Public Health and Epidemiology Member
	Carolyn Naisby	CN	Practitioner with Special Interest in Orthopaedics Member
	Martyn Porter	MP	Orthopaedic Surgeon Member
	Keith Tucker	KT	Orthopaedic Surgeon Member
	Andrew Woodhead	AW	NHS Management Member
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Andy Smallwood	AS	NHS Supply Chain
	Ramila Mistry	RM	Department of Health
	Kate Wortham	KW	Department of Health
	Richard Armstrong	RA	Northgate Information Solutions, Programme Director
	Kathryn Lehner	KL	Northgate Information Solutions, Service Manager
	Ian Mulcahy	IM	Northgate Information Solutions, Technical Support Analyst
	Claire Newell	CNe	Northgate Information Solutions, Data Quality Manager
	Kirsty Smith	KS	Northgate Information Solutions, Programme Support Manager
	Mike Swanson	MS	Northgate Information Solutions, Principal Consultant
Apologies:	Patricia Cassidy	PC	Independent Sector Member
	Christine Miles	CM	Welsh Assembly Government

	Meeting to be scheduled between MB/AW/BD as per proposal by MB, in order to establish code of practice in general and to identify the department responsible for approving and implementing the code of practice.	MB
1 1a	<p>Welcome and Apologies</p> <p>The Chair welcomed all those present and started the meeting at 11.35am.</p> <ul style="list-style-type: none"> Apologies from: <p>Christine Miles Patricia Cassidy</p>	
2	<p>Approve minutes of previous NJR SC meeting (31 January 2007) – SC0407-02</p> <p>The following amendments to the previous minutes were requested:-</p> <p>NJRSC Nov 06 (17)</p> <p>RM requested that the list of the 30 worst performing units and the escalation process be laid out as separate issues, to reflect the accuracy of the discussion that took place at the 31 January 2007 meeting.</p> <p>Title for Item 11 was to be amended to read “Quarterly Statistics Report Q3 (1 October-31 December 06)”, not Q4.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (02)</p> <p>Minutes to be amended by NJRC as per requests and re-circulated to NJRSC.</p>	NJRC
3	<p>Update on Actions from Previous Meeting – SC0407-03</p> <p>NJRSC Nov 06 (07). DH legal expert had advised that patient consent for surgery and consent for entering data onto NJR could be on the same form and that they would need to approve the actual statement to be used for NJR consent. NJRC was asked to formulate a statement requesting patient consent for NJR data.</p> <p>NJRC had not actioned as agreed on 31 January 2007 meeting, NJRC was asked to draft a statement as a matter of urgency and send it to DH for legal approval.</p> <p>NJRSC Jan 07 (07). At the 31 January 2007 NJRSC meeting MS and MP were asked to draft a full response to Mr Timperley;s letter. MS had sent an acknowledgement letter but had not drafted a response. RM requested MS to urgently draft a response and send it to DH for approval.</p> <p>NJRSC Jan 07 (09b). Outline Contents and Project Plan for the 4th NJR Annual Report to include comparison costs of cemented versus cementless procedures although the Registry does not record costs.</p> <p><i>31.1.07 - NHS Supply Chain holds information on prices paid for the majority of products at more than half of all trusts performing joint replacements. The NJR has highlighted the sheer volume of differing combinations of components that are used in procedures. A ‘standard’ procedure for each type of fixation would need to be selected before such a comparison could be performed i.e. modular or monobloc, ceramic or poly or metal, etc. NHS Supply Chain is more than happy to provide such an analysis once the Steering Committee has selected the make up of each ‘standard’ procedure or even procedures.</i></p>	NJRC NJRC

	Updated on 26/04/07 – AW suggested including comparison of costs between cemented and cementless. AS to speak out of committee with AW.	AS/AW
4	Other Matters arising from Minutes No further comment.	
5	Update on NJRSC and RCC appointments KW confirmed the appointment of Patricia Cassidy as an Independent Sector Member. RCC appointments – Three outstanding, East of England, South Central and Yorkshire & Humberside. RCC Chair – Interviews scheduled for 15 th May by BD, RM and Judy Murray. SC to be updated with any decisions. RCC meeting on 15 th May – to be chaired by BD.	
6	<p>Annual Report</p> <p>a. Draft Section 1 – for discussion and amendment – SC0407-04</p> <p>Points raised and agreements reached:-</p> <ul style="list-style-type: none"> • It was agreed that Section 1 and 2 should not exceed the length of last year's document. • Section 1 was currently too long and needed to be much shorter. • It was agreed and accepted that there was a lot of repetition within Section 1 and this was to be amended. • When outlining developments for the forthcoming year, only those activities included in the Business Plan should be included. • Section 1 should be re-written professionally before it was circulated to Members. The planned release of the next version to Members scheduled for 2 May should be delayed until the paper had been re-written professionally. The next version should be submitted to DH for comment before distribution to members, so that the next version distributed to NJRSC members for comment should be the penultimate version or one version before that. <p>Actions:</p> <p>NJRSC Apr 07 (06a)</p> <p>Section 1 to be rewritten by NJRC as per the agreements noted above.</p> <p>b. Outline Section 2 – for discussion and approval – SC0407-05</p> <p>The four topics to be included are:-</p> <p>Mortality Hip Resurfacing Unicompartmental Knee Replacement An analysis of all Revisions</p> <p>PG asked that an analysis of thromboprophylaxis also be included when looking at both hips and knees.</p> <p>BD asked that the report provide details on how to find additional information not</p>	NJRC

	<p>included in the actual report, e.g. on the NJR website.</p> <p>BD stated that approximately half of the next NJRSC meeting would be devoted to this section of the report. Prior to that a meeting was being held on 25 June 2007 devoted to the clinical section of the report.</p> <p>Actions:</p> <p>NJRSC Apr 07 (06b)</p> <p>NJRC to prepare draft Section 2 document for discussion as part of next NJRSC meeting.</p> <p>c. Update on access to HES and PEDW data issues – SC0407-06</p> <p>Items raised and response:-</p> <p>PG suggested audit within centres to compare data recorded by HES data. It was confirmed by the NJRC that unit level comparison is being carried out.</p> <p>A status update was provided and noted on the availability of HES and PEDW data for inclusion in the annual report.</p> <p>d. Update and progress on Project Plan – SC0407-7a, SC0407-7b</p> <p>KW confirmed that there would be a meeting on the 25 June 2007, to address the clinical report. The meeting is open to everyone within the NJRSC to attend.</p>	NJRC
7	<p>NJR Business Plan – SC0407-08</p> <p>Approval sought on this document.</p> <p>Points raised:-</p> <p>An overview of the plan had been requested to see how different elements of the plan related to one another.</p> <p>An action plan was required with actions in chronological order for the NJRSC to monitor progress on the business plan.</p> <p>Linkability definition needed to be consistent, with the definition in the Business Plan to be the proportion of records on NJR with NHS number.</p> <p>DH had identified a few other areas that needed amending. It was agreed that NJRC amend the business plan incorporating DH and other comments and resubmit for any further comments and approval of the business plan would be deferred to next NJRSC meeting.</p> <p>Actions:</p> <p>NJRSC Apr 07 (07)</p> <p>NJRC to amend business plan incorporating all the points raised above and DH comments and resubmit for approval at the next NJRSC meeting.</p>	NJRC
8	<p>Stakeholder Engagement Strategy – SC0407-09</p> <p>Document noted.</p>	

<p>9</p>	<p>Data Sharing Protocol – for approval – SC0407-10</p> <p>Items raised and response:-</p> <p>It was commented that the outcome and follow up of the data provided is important. This could be achieved through feedback from the person requesting the data on the value of the data provided.</p> <p>The type of data requests received should form the development of future reporting available through stats online and reports online.</p> <p>All research requests need to be authorised by the NJRSC and DH.</p> <p>Timeline for data requests is approximately four weeks, dependant upon complexity of requirement.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (09)</p> <p>KW requested that specific reference to MDS versions be removed. It was agreed that NJRC would update this.</p> <p>NJRSC Apr 07 (09a)</p> <p>Previous versions of the MDS made available for reference on the NJR website.</p> <p>NJRSC Apr 07 (09b)</p> <p>NJRC to draft a one page summary to accompany the Data Sharing Protocol, as a Quick Guide.</p> <p>NJRSC Apr 07 (09c)</p> <p>Quarterly management report – reporting of data requests to include outcome information.</p> <p>NJRSC Apr 07 (09d)</p> <p>Password reminder. NJRC to remind surgeons of their username and password.</p> <p>NJRSC Apr 07 (09e)</p> <p>Research Policy: AM to prepare short paper for review at next NJRSC meeting for research request protocol.</p>	<p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>AM</p>
<p>10</p>	<p>Statistics Report – SC0407-11</p> <p>Points raised:-</p> <p>MDSv3 has either NHS number or postcode as being a mandatory field.</p> <p>Data quality reports detailing availability of NHS number and postcode are available to RC's.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (10)</p> <p>The Statistics Report uses the word 'linkability' to refer to the proportion of NJR records with an NHS number compared with number of operations undertaken (using the number of implants sold as a measure of operations carried out). It was agreed to only use the term 'linkability' to refer to the proportion of records on NJR with an NHS number. CNe/KW to discuss value of estimating the proportion of NJR records with an NHS number compared with the number of operations undertaken in England and Wales, obtained via the levy collection on implants sold. If the measure is relevant,</p>	<p>CNe/KW</p>

	<p>subject to agreement, it will be added to the report under a different title.</p> <p>NJRSC Apr 07 (10a)</p> <p>NJRC to amend future statistics report to reflect definition of NJR linkability (proportion of records on NJR with an NHS number).</p> <p>Report noted.</p>	NJRC
11	<p>Quarter 4 Management Report: January – March 2007 – SC0407-12</p> <p>Actions:-</p> <p>NJRSC Apr 07 (11)</p> <p>Once the statement has been received from the Healthcare Commission regarding use of NJR data within the annual health check process a letter will be sent out targeting individual Trust Chief Executives. Letter is to be drafted by RA for approval by NJRSC and DH. NJRC will distribute the letter following approval.</p> <p>NJRSC Apr 07 (11a)</p> <p>Full copy of the NJR risk register to be included as an item for information within the next NJRSC meeting.</p> <p>NJRSC Apr 07 (11b)</p> <p>RM requested that a new risk be raised on the NJR risk register detailing the actions to be taken forward from the NJRSC meeting with date for completion and consequences if the actions are not completed.</p> <p>NJRC is responsible for raising the risk.</p> <p>Report noted.</p>	<p>NJRC</p> <p>CNe/IM</p> <p>NJRC</p>
12	<p>Finance Report – SC0407-13</p> <p>The income at the end of 2006/07 (1 April 06 to 31 March 07) received was £2,618,626.37 (156,630 implants, not all income received yet). The expenditure for the same period for the NJR Contract and expenses was £2,057,800.38. This left a positive balance of £560,825.99.</p> <p>RM advised that there was currently a two month delay in the collection and receipt of payments. Not all expenses for the period had been received.</p> <p>The report was noted.</p> <p>Levy charge being decreased as of 1st June 2007 from £23 to £20.</p> <p>Report noted.</p>	
13	<p>Hip Owners Manual and Patient Information</p> <p>MC reported to the meeting that patient feedback had been very positive although a general comment was that the document was too much like a manual. Patients would also like to be able to complete much of the information themselves. The FAQ section also needed to provide more advice as currently it simply informs the reader about who to ask for information. Knee patients were also keen to have a similar document.</p> <p>MS reported that, from a hospital perspective, there was less enthusiasm for the manual. Reasons such as the need to store them had been cited.</p> <p>BD asked that MC and MS each produce a short report outlining patient group and hospital feedback respectively.</p>	

	<p>MP highlighted the potential conflict between the information requested by a patient and the type of information that a surgeon would want a patient to receive.</p> <p>It was agreed that CN should be involved from an after care perspective.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (13)</p> <p>MC to collate patient group feedback information on manual into single report and distribute to NJRSC prior to next meeting.</p> <p>NJRSC Apr 07 (13a)</p> <p>In addition to MC report, a one side of A4 report to be produced by the NJRC outlining hospital feedback on hip owners manual.</p> <p>NJRSC Apr 07 (13b)</p> <p>PG to review Hip Owner's Manual and to speak to Colin Esler regarding his input from the surgeon perspective.</p> <p>NJRSC Apr 07 (13c)</p> <p>PG requested booklet, to be sent to him from NJRC.</p> <p>NJRSC Apr 07 (13d)</p> <p>A copy of the Hip Owners manual to be posted to all SC attendees who requested one.</p> <p>NJRSC Apr 07 (13e)</p> <p>MS to meet with MC regarding content.</p>	<p>MC</p> <p>NJRC</p> <p>PG</p> <p>NJRC</p> <p>NJRC</p> <p>MS/MC</p>
14	<p>Patient Consent</p> <p>a. Section 60 changes</p> <p>b. Current position on consent process</p> <p>MS reported that the changes necessary to the application to enable the submission of patient details where a 'Don't Know' was recorded for consent had been completed and went 'live' on 1 April 2007.</p> <p>NJRSC Apr 07 (14)</p> <p>The NJRC would closely monitor the impact of the change.</p> <p>The report was noted.</p>	<p>NJRC</p>
15	<p>Communications Strategy</p> <p>NJRSC Apr 07 (15)</p> <p>MS informed the meeting that it was intended to try and distribute the first draft of the communications strategy within 2 weeks of the meeting.</p>	<p>NJRC</p>
16	<p>NJR Newsletter 13 – final draft – SC0407-14</p> <p>Noted Items:-</p> <p>MP queried the readership of the newsletter. RM questioned if the market research planned by Northgate on the content, style and different stakeholder requirement on the newsletter had been carried out. NJRC confirmed that to date this had not been done.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (16)</p>	

	<p>BD suggested inclusion of a “snippet” section within the newsletter to increase volume of news items. NJRC to include in future newsletters.</p> <p>NJRSC Apr 07 (16a)</p> <p>NJR reports on line. KW queried the location of the information held regarding access to reports. KW was unable to find an example of reports available on line. CNe to draft summary of reports available through ReportsOnline for inclusion on NJR website.</p> <p>NJRSC Apr 07 (16b)</p> <p>KL suggested that feedback on the newsletter could be incorporated within customer survey. NJRC to asses the extent to which the newsletter is being read and the perceived value from its audience.</p>	<p>NJRC</p> <p>NJRC</p> <p>NJRC</p>
17	<p>NJR Newsletter 14 – contents for approval</p> <p>BD sought clarification regarding intention to produce patient focused newsletters. KL stated that, based upon previous discussions, it was intended to produce 4 annual newsletters targeted at hospitals.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (17)</p> <p>NJRC to review content in light of comments made on Newsletter 13 within NJRSC meeting.</p> <p>NJRSC Apr 07 (17a)</p> <p>MC/PD to liaise with NJRC regarding content and value of a newsletter targeting patients.</p> <p>NJRSC Apr 07 (17b)</p> <p>MC to review patient information leaflet from a patient perspective.</p>	<p>NJRC</p> <p>NJRC</p> <p>MC/PD</p> <p>MC</p>
18	<p>AOB</p> <ul style="list-style-type: none"> Feedback from British Hip Society <p>MP reported the following key points:-</p> <p>Enthusiasm for NJR was reported to be decreasing with the main concern being the availability of survivorship statistics. There was also a lack of awareness of the NJR reporting facilities available. However the surgeons accept that the fundamentals are improving.</p> <p>Points following forum discussion:-</p> <p>Statistical information regarding survivorship rates needs to be accurate; otherwise the validity of the reporting is brought into question.</p> <p>The tolerances defining what constitutes an outlier must be agreed, giving due consideration to similar work undertaken elsewhere, including the Scottish Arthroplasty Registry.</p> <p>Actions:-</p> <p>NJRSC Apr 07 (18a)</p> <p>BD highlighted the importance of ensuring the short and long term benefits of NJR are continually communicated to surgeons and updated. NJRC to produce a paper highlighting the achievements of the NJR over the past 12 months, immediate, medium and long term plans of the NJR and the benefits of NJR including survivorship.</p>	<p>NJRC</p>

	<p>NJRSC Apr 07 (18b) NJRSC to produce a short paper defining what survivorship analysis can be supported by NJR and timescales for delivery.</p> <p>NJRSC Apr 07 (18c) Brand usage for each hospital is not to be given to suppliers. RM stated this information would require individual hospitals permission to provide. RM/MB to discuss this further.</p> <p>NJRSC Apr 07 (18c2) Recording of ODEP ratings is only available for hip replacement implants at present. AS to review with RA out of committee and to report back at the next NJRSC meeting. Approval subject to the following amendments:</p> <ul style="list-style-type: none"> • removal of the information on brands by individual hospital from supplier information • addition of ODEP ratings for hips. <p>NJR StatsOnline additional report paper – SC0407-16 Actions:- NJRSC Apr 07 (18d) It was agreed to add annual NJR NHS Trust Compliance compared to HES and PEDW data to NJR StatsOnline when the HES and PEDW data is formally published, usually December following the financial year end.</p> <p>PROMS 1 Study PG informed the SC that the Journal of Bone Joint Surgery had accepted the paper: 'Role of Pain and Function in Determining Patient Satisfaction Following Total Knee Arthroplasty' presented to the January NJRSC meeting. Actions:- NJRSC Apr 07 (18e) PG to advise RM of date paper to be published.</p> <p>NJRSC Apr 07 (18e2) RM to distribute the date of publication in DH.</p>	<p>NJRC</p> <p>RM/MB</p> <p>AS/RA</p> <p>NJRC</p> <p>PG</p> <p>RM</p>
	<p>The next meeting is to be held on the 24 July 2007. Clinical Report review meeting to be held on 25 June 2007.</p>	
	<p>The meeting closed at 4.00pm.</p>	