

## NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

### MINUTES

<b>Meeting:</b>	NJR Steering Committee		<b>Date:</b> Tuesday 24 July 2007
<b>Location:</b>	MLS Venue, 130 Shaftesbury Avenue, London W1D 5EU		
<b>Present:</b>	Bill Darling	BD	Chair
	Mick Borroff	MB	Orthopaedic Device Industry Member
	Patricia Cassidy	PC	Independent Healthcare Sector 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
	Keith Tucker	KT	Orthopaedic Surgeon Member
	Andrew Woodhead	AW	NHS Management Member
	Anne Macleod	AMa	Department of Health
	Kate Wortham	KW	Department of Health
	Elaine Young	EY	Department of Health
	Charlotte Humphry	CH	Northgate Information Solutions, Programme Manager
	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
	Martin Pickford	MP	Northgate Information Solutions, Orthopaedic Advisor
	Kirsty Smith	KS	Northgate Information Solutions, Programme Support Manager
	Mike Swanson	MS	Northgate Information Solutions, Principal Consultant
<b>In Attendance:</b>	For NJR 4 <sup>th</sup> Annual Report (Item 19) only:		
	Nokuthaba Sibanda	NS	Royal College of Surgeons, Clinical Effectiveness Unit
	Jan van der Meulen	JvM	Royal College of Surgeons, Clinical Effectiveness Unit
<b>Apologies:</b>	Peter Howard (NJRRCC Chair), Colin Esler (NJRRCC Vice Chair), Andrew Crosbie, Andrew Smallwood, Martyn Porter, Christine Miles.		

REF	ITEM	ACTION
	<b>AGENDA: PART 1</b>	
1	<p><b>Welcome and Apologies for Absence</b></p> <p>The meeting commenced at 10.30am.</p> <p>The Chair welcomed all present, particularly Patricia Cassidy (Independent Healthcare Sector Member) and Anne MacLeod (Department of Health), attending their first meeting.</p> <p>Apologies were received and noted.</p>	
2	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the meeting held on Thursday 26 April 2007, were approved as an accurate record with the following amendments;</p> <p><b>Outliers</b></p> <p>Page 2, 6<sup>th</sup> paragraph- Delete BHS (British Hip Society). Replace with BOA (British Orthopaedic Association).</p> <p>Chair's request- that the minutes record that the BOA had not raised the issue of indemnity with either himself or the Vice Chair.</p> <p><b>Agreed:- That the minutes be amended as requested.</b></p>	NJRC
3	<p><b>Matters Arising (not appearing elsewhere on the agenda)</b></p> <p><b>a. Update on Access to HES and PEDW data Issues (prev min ref. Item 6c)</b></p> <p>PG noted that agreed action to undertake an audit within centres, to compare data recorded by HES, had not been listed on the action summary. MS confirmed that this work was being progressed by the NJRC.</p> <p><b>Agreed: To record and monitor this action. Action Ref. July 07 (3a)</b></p> <p><b>b. Timperley Letter (prev ref. Jan 07(07))</b></p> <p>EY confirmed that a response would be sent by the end of the week.</p> <p><b>Action Ref. July 07 (3b)</b></p> <p><b>c. Comparison Costs of Cemented versus Cementless Procedures (prev min ref. Jan 07 (09b))</b></p> <p>AW reported that work was being undertaken to look at different tariffs. The NJRSC would be kept updated. <b>Action Ref. July 07 (3c)</b></p>	<p style="text-align: center;">NJRC</p> <p style="text-align: center;">NJRC/ DH</p> <p style="text-align: center;">AW</p>
4	<p><b>Minutes of the Regional Clinical Coordinators Meeting held on 15 May 2007</b></p> <p>Draft (unapproved) minutes of the Regional Clinical Coordinators meeting held on the 15 May 2007, were received and noted for information.</p>	
5	<p><b>5.1 Appointment of Regional Clinical Coordinators and RCC Network Chair</b></p> <p>KW reported the appointment of Peter Howard as RCC Chair, and Matthew Porteous</p>	

	<p>as RCC, East of England.</p> <p><b>Agreed: those potential candidates for remaining RCC vacancies, South Central SHA, and Yorkshire &amp; Humberside SHA, should be discussed with the RCC Chair, and any NJRSC nominations should be notified to the DH.</b>  <b>Action Ref. July 07 (5.1)</b></p> <p><b>5.2 NJRSC Member Resignation</b></p> <p>KW reported the resignation of NJRSC member Anthony Lowther.</p> <p><b>Agreed: That the DH would liaise with the Appointments Commission regarding member recruitment. Action Ref. July 07 (5.2)</b></p>	<p>NJRSC</p> <p>DH</p>
<p>6</p>	<p><b>Outlier Performance</b></p> <p><b>6.1 To receive and approve a reporting process, and statistical methods for monitoring NJR outliers</b></p> <p>CNe presented a document on recommended statistical methods for monitoring NJR Outliers, explaining that the aim was to be clear and concise, to ensure good communication with NJR stakeholders. She noted that the funnels were based on 'lead surgeons'.</p> <p>The NJRSC noted that while the technology was robust, and provided a methodology for identifying 'potential' outliers, the use of the funnel plot graphs would require further explanation and interpretation, due to the complexity of the information and need to communicate this methodology to stakeholders. MB also noted that further discussion about 'revision' was required before any approach was finalised.</p> <p><b>Agreed: That the document was good, but required revision to ensure clarity for all stakeholders. NJRSC surgeon members, JvM and AM to liaise with the documents authors regarding amendment. Action Ref. July 07 (6.1)</b></p> <p><b>6.2 Draft process for handling outlier performance</b></p> <p>PG enquired about progress regarding the development of a process for handling outlier performance, which had been due for circulation to the NJRSC for comment. EY confirmed that a procedure had been drafted, but now required further amendment to reflect CEO accountability for clinical governance, and the issue of indemnity for investigating surgeons. BD noted the increased relevance of these issues since initial outlier discussions had taken place. PG requested that the current draft procedure be made available to NJRSC members for information, and that an amended version be discussed further at the next meeting of the NJRSC.</p> <p><b>Agreed: The draft procedure for handling outlier performance be amended to reflect changes in responsibility for clinical governance and indemnity, and submitted for discussion to the next meeting of the NJRSC.</b>  <b>Action Ref. July 07 (6.2)</b></p> <p><b>6.3 To receive a verbal update regarding the establishment of a code of practice and responsibility for the investigation of outlier implants.</b></p> <p>Noted that a meeting to progress this matter had been arranged with BD/AW/MB/EY/AM/AC on the 15 August 2007.</p> <p><b>Agreed: That the NJRSC would be informed of progress.</b>  <b>Action Ref. July 07 (6.3)</b></p>	<p>NJRC</p> <p>NJRC/ DH</p> <p>MB/AW</p>

	<p><b>6.4 Supplier Information-Brand Usage (prev ref NJRSC Apr 07 (18c))</b></p> <p>MPI expressed concern about the DH decision from the previous NJRSC meeting, that Suppliers should not receive information on brand usage, as it was commercially sensitive, and would require the permission of individual hospitals. Suppliers argued that this information would inform manufacturers where their products were used and where they were failing, and reports would only pertain to an individual manufacturer and their product, and would not be shared commercially.</p> <p>KW confirmed that the DH had refused the request on the basis that information would be shared with all Suppliers. If Suppliers were only requesting information on their own products then approval could be given.</p> <p><b>Agreed: That in line with NJRSC discussion, suppliers could receive this information, but the data was not to be used for marketing purposes. Action Ref. July 07 (6.4)</b></p> <p><b>6.5 All Outlier issues</b></p> <p>Recognising the importance of resolving and finalising all outstanding 'outlier' issues, it was agreed that the afternoon session of the next NJRSC meeting, would be dedicated to this subject. Appropriate non-members would be invited to attend for their contribution.</p> <p><b>Agreed: To organise the agenda for the next NJRSC meeting on the 7 November 2007 to include this 'outlier' session, and liaise with the Chair regarding appropriate attendees. Action Ref. July 07 (6.5)</b></p>	<p>NJRC</p> <p>NJRC</p>
<p>7</p>	<p><b>Research Policy</b></p> <p>AM presented a paper on research issues for information and comment, and to form the basis of further meeting and discussion to formulate an NJR research policy.</p> <p>He drew attention to the importance of having an agreed protocol to inform stakeholders that NJR data was available for research, and stressed that published research would raise the profile of the NJR. The Vice Chair confirmed that he would once again highlight the availability of NJR data for research use, at the BOA congress in September, and invite comments to assist the NJRSC to come to a policy decision.</p> <p>Noted that there would be a cost associated with each request for data, and a protocol would be necessary to ensure that costs were made explicit. MB suggested that requests for HES data may also have a cost structure and should be investigated in the first instance.</p> <p><b>Agreed:</b></p> <p><b>That process and costing papers be drafted for submission to the next NJRSC. Action Ref. July 07 (7a)</b></p> <p><b>The Vice Chair would raise the availability of research data at the BOA congress. Action Ref. July 07 (7b)</b></p>	<p>NJRC</p> <p>PG</p>

<p><b>8</b></p>	<p><b>Hip Owners Manual and Patient Information</b></p> <p>MC and MS presented a summary of patient and hospital feedback on the Hip Owners Manual.</p> <p>It was noted that general patient opinion considered the manual useful, but hospitals thought it required considerable clinical input. It was recognised that the manual could not be all things to all people but should be revised to be shorter, provide an aide memoir for patients, and remove/decrease the need for clinical input. AMa mentioned that work had been undertaken within the DH on patient pathways, and this may inform the process.</p> <p><b>Agreed: That the manual be amended to reflect NJRSC discussion, and a revised format be submitted to the next NJRSC meeting. Action Ref. July 07 (8)</b></p>	<p><b>MC NJRC</b></p>
<p><b>9</b></p>	<p><b>MDSv3 – Height and Weight (or BMI) Data Fields</b></p> <p>NJRC raised concerns about making body mass index (or height/weight) fields mandatory, and requested approval to remove them from MDSv3. Noted that most units did not have this information readily available, and if the fields were mandatory it may result in a backlog of records, or erroneous data entry in order to submit the record.</p> <p>The Chair stated that RCC's should be aware of this request and their views obtained prior to a decision being made. Noted that the next RCC meeting, scheduled for the 11 September, would delay implementation of MDSv3 planned for the 1 October, and as such, it was agreed to circulate the paper to RCCs for comment and notify the NJRSC of their feedback.</p> <p><b>Agreed: That the paper is circulated to RCC's on the 25 July, with a request for comments by 1 August, and the NJRSC notified of feedback. Action Ref. July 07 (9)</b></p>	<p><b>NJRC</b></p>
<p><b>10</b></p>	<p><b>Bulk Upload</b></p> <p>KT noted issues with bulk upload and bar codes. The NJRC confirmed that this was under review, but no changes would be made until after the implementation of MDSv3.</p> <p><b>Agreed: That the NJRC would keep the NJRSC informed of progress. Action Ref. July 07 (10)</b></p>	<p><b>NJRC</b></p>
<p><b>11</b></p>	<p><b>Inclusion of Northern Ireland (NI) into the NJR</b></p> <p>PD enquired about plans and timescales for the inclusion of NI into the NJR.</p> <p>It was noted that reference to this had been made in the 4<sup>th</sup> NJR Annual Report and was included as an action within the NJRC Business Plan.</p> <p><b>Agreed: That over the forthcoming year, an evaluation would be undertaken, and business plan produced, for further consideration. Action Ref. July 07 (11)</b></p>	<p><b>NJRC</b></p>
<p><b>12</b></p>	<p><b>Communications Strategy</b></p> <p>The NJRSC received the first draft of a Communications Strategy for information and review. It was agreed that this should be discussed fully at a future meeting but the following comments and suggestions were noted:</p> <p>The Chair queried the job title of 'Regional Coordinator', which was easy to confuse with the title of 'Regional Clinical Coordinator'. KL confirmed that this would be reviewed, and invited alternative suggestions from the NJRSC.</p>	

	<p><b>Action Ref. July 07 (12a)</b></p> <p>An effective Communication Strategy must encompass all stakeholders including patients, and patient representatives should be involved</p> <p>Consideration should be given to the cost of e-mail communication with CEO/Surgeons</p> <p>The Chair would write to thank Data Managers for their support.</p> <p>Provide all CEO/Clinical Directors/Medical Directors etc with a 'snippet sheet' highlighting the achievements of the NJR</p> <p>Consideration should be given to publicity of the 4<sup>th</sup> NJR Annual Report i.e. a one-page synopsis for the BMJ/Lancet</p> <p><b>Agreed:</b></p> <p><b>That the Strategy be reviewed in the light of ideas above and further discussion with the DH and patient representatives, and submitted to the NJRSC for further consideration. Action Ref. July 07 (12b)</b></p> <p><b>The NJRC to draft a letter for the Chair to send to Data Managers. Action Ref. July 07 (12c)</b></p> <p><b>That NJRSC members submit any ideas on communications to the NJRC. Action Ref. July 07 (12d)</b></p>	<p>NJRC</p> <p>NJRC</p> <p>NJRSC</p>
13	<p><b>NJR Business Plan 2007-2009</b></p> <p>The NJRSC received a copy of the NJR Business Plan 2007-09 with associated action plan and key milestones, and request to approve.</p> <p>Noted that the key milestones were currently indicative dates, which would be finalised once the Business Plan was approved. The NJRSC agreed that the milestones were a critical monitoring tool to ensure progress with Business Plan actions.</p> <p>Members queried why there was no reference in the Business Plan to PROMS. The Chair explained that a meeting had been held on the 3 May 2007, with the DH Corporate Analytical Team, who was carrying out a broad ranging study to examine patient response and reactions. In order to avoid duplication of work, they had agreed to explore the possibility of extending their study to address hip and knee outcomes. The Chair had offered to put forward the necessary funding for a joint piece of work if it was felt that an expansion of the study would be beneficial.</p> <p><b>Agreed:</b></p> <p><b>That the indicative milestones outlined in the Business Plan should be finalised within the next two weeks, and re-submitted for approval, Action Ref. July 07 (13a); and</b></p> <p><b>The DH would follow up the outcome of the PROMS meeting held on the 3 May and inform the NJRSC. Action Ref. July 07 (13b)</b></p>	<p>NJRC</p> <p>DH</p>
14	<p><b>Quarterly Statistics Report Q1 (1 April to 30 June 2007)</b></p> <p>The Quarterly Statistics Report Q1 (1 April to 30 June 2007) was received and noted.</p>	

15	<p><b>Quarterly Management Report Q1 (1 April to 30 June 2007)</b></p> <p>The Quarterly Management Report Q1 (1 April to 30 June 2007) was received. KL noted that the executive summary was outdated and required revision, and ROCR approval of MDSv3, had been postponed because of recent ministerial changes.</p> <p><b>Agreed: That the executive summary be amended as necessary, and that the NJRSC be kept informed of progress with ROCR approval of MDSv3.</b>  <b>Action Ref. July 07 (15)</b></p>	NJRC
16	<p><b>Finance Report Q1 (1 April to 30 June 2007)</b></p> <p>The NJR Quarterly Finance Report Q1 (1 April to 30 June 2007) was received, and a positive balance of just over £250,000 was noted.</p> <p>BD requested an estimate of the balance between income and expenditure, and forecast of levies at the new rate of £20, for the forthcoming financial year.</p> <p><b>Agreed: That the NJRC would provide relevant financial information to DH.</b>  <b>Action Ref. July 07 (16).</b></p>	NJRC
17	<p><b>Risk Register</b></p> <p>A copy of a Risk Register was received for information.</p> <p>The Chair raised a number of queries including, whether the Register included risk for the NJRSC and DH, how it was created, how it would be reviewed and how a risk would be subsequently managed. He requested that the afternoon session of the January 2008 NJRSC meeting be dedicated to this subject, with three/four agreed topics presented for discussion and brainstorm.</p> <p><b>Agreed: That the NJRSC meeting on the 31 January 2008 should accommodate an afternoon session on the Risk Register. Attendance to be compulsory.</b>  <b>Action Ref. July 07 (17).</b></p>	NJRC
18	<p><b>Any Other Business</b></p> <p><b>18.1 British Orthopaedic Association (BOA) Annual Congress and British Hip Society (BHS) Meeting.</b></p> <p>The following dates were noted:</p> <p>BOA Congress-26-28 September 2007, Manchester Central (GMEX/MICC)</p> <p>BHS Meeting-28-29 February 2008, St Andrews Hall, The Maids Mead Hotel, Norwich</p> <p><b>18.2 Consent Forms</b></p> <p>KT stated that if the request for NJR consent was included in the general consent to operation/treatment form, then the NJR would probably achieve 100% patient consent.</p> <p><b>Agreed: That KT and MS would discuss further. Action Ref. July 07 (18)</b></p>	KT/MS
<b>AGENDA: PART 2</b>		
	<p><b>Departure of Kate Wortham</b></p> <p>The Chair reported Kate Wortham's departure. On behalf of the NJRSC, he thanked her for her contribution to the NJR, and wished her every success for the future.</p>	

<p>19</p>	<p><b>NJR 4<sup>th</sup> Annual Report</b></p> <p>The NJRSC received a draft copy of the 4<sup>th</sup> NJR Annual Report for comment and approval. The Chair expressed thanks to all involved with the production of the Report, who could be proud of the document. The document was reviewed page by page and amendments/comments noted as follows:</p> <p><b>Page 5-7-Executive Summary</b>-Consolidate Executive Summaries Parts 1 and 2</p> <p><b>Page 11-1.2/2<sup>nd</sup> para</b>-The Chair requested inclusion of a sentiment relating to outliers</p> <p><b>Page 14-2.2/3<sup>rd</sup> para</b>- Ensure consistency in reported number of units submitting data</p> <p><b>Page 30-2.6</b>-Include reference to StatsOnline being used frequently</p> <p><b>Page 34-4</b>-Redefine definition for The National Programme for IT (NPfIT)</p> <p><b>Page 39-2.2.1/2<sup>nd</sup> para</b>-Investigate how patient local hospital ID was used in achieving NJR/HES linkage and ensure accuracy of this information</p> <p><b>Page 49-4.1.2</b>-add 'Girdlestone <b>'type'</b> procedures</p> <p><b>Page 49-4.1.2.2</b>-add Girdlestone <b>'type' procedure</b></p> <p><b>Page 49-4.1.3</b>-Definition of socket Augmentation' and 'posterior lipped augmentation' to be added to Glossary</p> <p><b>Page 50-4.2.1-2<sup>nd</sup> para</b>-Amend to <b>'OPCS'</b> procedure codes and add definition of OPCS to the Glossary <b>4<sup>th</sup> para</b>- Reword 1<sup>st</sup> sentence. Currently too complicated.</p> <p><b>Page 57-4.2.2.2</b>-Remove reference to section 6.14 which does not exist</p> <p><b>Page 72-6.1.2</b>-Check accuracy of this section especially % figures</p> <p><b>Page 77-1.2</b>-Amend membership details for C. Naisby and R. Gray from 2007 to 2006</p> <p><b>Page 78-1.2-last sentence</b>-Amend to 'Mr Keith Tucker joins as Orthopaedic Surgeon from the 1 May 2007' <b>1.3</b>-Amend 'observers' to 'attenders'</p> <p><b>Page 79-Declaration of Interests</b>-The Chair requested review of whether NJRSC Declaration of Interests should be posted on the NJR website. <b>Agreed: That BD/EY review outside the meeting. Action Ref. July 07 (19a)</b></p> <p><b>Page 86-Appendix 6</b>-Accuracy of information to be checked. <b>Agreed: NJRC to draft letter for Chair to send to all non-compliant units. Action Ref. July 07 (19b)</b></p> <p><b>Page 89-Appendix 8</b>-Details to be moved to end of report</p> <p><b>Page 110-Table 4.5-Calcar Crack</b>-Move specified/non specified data lines to top of table with breakdown following to alleviate the high % figure</p> <p><b>Page 113-Table 4.9</b>-Remove 'Femoral bonegraft' and 'Acetabular bonegraft' data lines as optional fields</p> <p><b>All Tables- Section 2</b>-Replace all tables at the end of their relevant section and provide a list of tables indexed with relevant page numbers</p> <p><b>Page 153-Glossary-Annual Reports</b>-Delete this reference</p> <p><b>Page 157-Glossary-NICE</b>-Define NICE</p> <p><b>Agreed: That the NJRC would ensure the Report was amended accordingly. Action Ref. July 07 (19c)</b></p> <p><b>Annual Report-Journal Publication</b></p> <p>On behalf of the Royal College of Surgeons, JvM requested approval to summarise</p>	<p>BD/EY</p> <p>NJRC</p> <p>NJRC</p>
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	<p>sections 4 and 5 of the Annual Report for submission to publish in the BMJ or Lancet. Noted that a publication in a medical journal would give positive publicity to the NJR, and demonstrate the importance of the NJR database as a source of information.</p> <p><b>Agreed: That JvM (RCS) draft the proposed manuscript and submit it to the NJRSC/DH in line with standard data request protocol.</b></p> <p><b>Action Ref. July 07 (19d)</b></p>	<b>JvM</b>
<b>20</b>	<p><b>Date and Time of Next Meeting (previously notified)</b></p> <p>Wednesday 7 November 2007 (10.30am-4.00pm)</p>	
	The meeting closed at 3.25pm	