

	<p>2a (i) Terms of Reference - NJRSC(02)02</p> <p>[Action 2002 / 01a] Complete. The revised Terms of Reference were posted to the NJR web site.</p> <p>2a (ii) Activity to date</p> <p>[Action 2002 / 03 and 03a] Complete. Neither the NHS Confederation's Interchange News or Interchange Alert were appropriate for disseminating NJR information within the health sector.</p> <p>[Action 2002 / 04a] Complete. The BAMB electronic bulletins were not an appropriate communication means for disseminating NJR information within the health sector. Flyers can be included in BAMB mailshots (for a charge).</p> <p>[Action 2002 / 05a] Complete. The IHA monthly bulletins is a good route for disseminating NJR information to the independent sector, both to IHA members and non-IHA members. Non-IHA members will continue to be included in relevant e-mailings.</p> <p>[Action 2002 / 06a and 06b] To be reopened Feb/ Mar 2003. This action will be reopened in late February/ early March 2003. AEAT will follow up the prospect of an editorial article to coincide with the launch of the NJR.</p> <p>[Action 2002 / 07a] On-going. AEAT to continue to pursue obtaining contact details for each orthopaedic hospital/ unit.</p> <p>A listing provided by the BOA indicates there are 224 NHS hospitals with orthopaedic units in England.</p> <p>To date, the number of relevant contact details received are shown below.</p> <table border="1" data-bbox="264 1079 1289 1388"> <thead> <tr> <th></th> <th>NHS England</th> <th>NHS Wales</th> <th>Independent England</th> <th>Independent Wales</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Hospital/ unit managers</td> <td>171</td> <td>2</td> <td>2 + (47 BUPA)</td> <td>0</td> <td>1 (MOD/ Services)</td> </tr> <tr> <td>HHCQ</td> <td>117</td> <td>2</td> <td>16</td> <td>2</td> <td>0</td> </tr> <tr> <td>IT contacts*</td> <td>205 (incl. Wales)</td> <td>-</td> <td>20 (incl. Wales)</td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p>*The IT contacts represent those that have completed a HHCQ (hardware health check questionnaire).</p> <p>[Action 2002/ 35] CD to confirm how many of the 47 BUPA hospitals carry out orthopaedic procedures.</p> <p>[Action 2002/ 36] AEAT to supply PG with a list of the hospitals/ units in England that have not replied to the HHCQ.</p> <p>[Action 2002/ 37] PG to write to the BOA Linkmen and Trust CEO to emphasise the significance of the information required.</p> <p>2a (iv) Minimum Dataset and Patient Feedback Questionnaires</p> <p>[Action 2002 /13a] To be reopened early in Year 1 of NJR operation The Patient Feedback Questionnaire (PFQ) is not required pre-April 2003.</p> <p>The SC agreed that AEAT should prepare the PFQ early in Year 1 of NJR operation.</p>		NHS England	NHS Wales	Independent England	Independent Wales	Other	Hospital/ unit managers	171	2	2 + (47 BUPA)	0	1 (MOD/ Services)	HHCQ	117	2	16	2	0	IT contacts*	205 (incl. Wales)	-	20 (incl. Wales)	-	-	<p>AEAT</p> <p>CD</p> <p>AEAT</p> <p>PG</p>
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	<p>2a (v) Regional Clinical Co-ordinators</p> <p>[Action 2002 / 16a] Complete. Relevant email bulletins have been circulated to the BASK and BOA members.</p> <p>[Action 2002 / 16b] Complete. Individuals have been informed of the availability of the positions by members of the SC. The number of applications received notably increased as a result.</p> <p>2a (vii) The NJR Web Site</p> <p>[Action 2002 / 18a] On-going ShC confirmed the definitive requirements with respect to the Welsh language. The general public areas of the NJR website must also be available in Welsh.</p> <p>AEAT to liaise with ShC to agree exactly what material will require translation and to obtain cost estimates. The Department of Health will meet all translation costs up to 31 March 2003. From 1 April 2003, translation costs will be covered by the levy.</p> <p>2a (ix) Suppliers' Day</p> <p>[Action 2002 / 20] Complete. The NJR Supplier's Day would be held on the afternoon of Thursday 9 January 2003 at the Department of Health. PG will chair the session. Representatives from all member companies of the ABHI (15) and non-member companies (2) will have been invited.</p> <p>2a (x) National Symposium on Joint Registers</p> <p>[Action 2002 / 21a] Complete. The following orthopaedic units (and contacts) that offered to be pilot sites were visited by the AEAT team:</p> <ul style="list-style-type: none"> • Sheffield (Reg Elson) • Norwich (Keith Tucker and colleagues) • Carshalton (Richard Field and colleagues) • Queens Medical Centre, Nottingham (Philip Radford) <p>The full listing of proposed pilot sites is discussed under item 10 on the Steering Committee meeting 2002/ No.3 agenda - NJRSC(O2)29.</p> <p>2a (xi) Other issues raised</p> <p>[Action 2002 / 22a] Complete. AEAT sent form and guidance to KB, RM and DF. The NJR expense form was updated and emailed to all SC members on 4.12.02.</p> <p>3. Summary of October management report - NJRSC(O2)12</p> <p>[Action 2002 / 24] Complete. Hospitals/ units have been encouraged to be pilot sites where relevant.</p> <p>4. Report on hardware healthcheck - NJRSC(O2)13</p> <p>[Action 2002 / 25] On-going. <i>Units/ hospitals need to consider what steps they will need to take to ensure the IT system is capable of connecting to the NJR database.</i></p> <p>AEAT were asked to highlight this need via the orthopaedic unit information package that was being compiled (entitled "An Introduction to the National Joint Registry (NJR) – What</p>	<p>AEAT/ ShC</p>
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	<p>does it mean for you?”).</p> <p>Subsequently, PW requested that AEAT delay the circulation of this document until after Steering Committee meeting 2002/ No.3. This was to allow the amount of the levy to be included in the information package. The levy figure for Year 1 of operation was to be agreed at the meeting.</p> <p>The levy figure for Year 1 of operation was agreed and discussed under item 4 of Steering Committee meeting 2002/ No.3 - NJRSC(O2)29.</p> <p>[Action 2002 / 38] Two documents should be distributed to Unit managers (19.12.02)</p> <ol style="list-style-type: none"> 1. “An Introduction to the National Joint Registry (NJR) – What does it mean for you?” 2. “An Introduction to the National Joint Registry IT System”. <p>[Action 2002 / 39] Both documents should be posted to the NJR website (19.12.02).</p> <p>[Action 2002 / 26] On-going AEAT is continuing to follow-up contact details for the IT Managers at orthopaedic hospitals/ units. Refer to [Action 2002/ 07a] for up-to-date position.</p> <p>AEAT has made a further emailing of the Hardware Health Check Questionnaire to IT contacts in England that have not returned a completed questionnaire. The Hardware Health Check Questionnaire designed for Wales (i.e. the same IT questions but with differing introductory text) is awaiting approval prior to emailing.</p> <p>[Action 2002 / 40] Once the questionnaire for Wales has been approved, AEAT should email all IT contacts in Wales that have not returned a completed questionnaire.</p> <p>[Action 2002 / 27] On-going The information package “An Introduction to the National Joint Registry (NJR) – What does it mean for you?” would be sent to all unit managers. It refers to the proposed data input proforma and its intended use.</p> <p>The SC agreed that it would be premature to design the proforma at this stage as there are still some outstanding issues to resolve around the MDS. AEAT to design the proforma in advance of the NJR pilot stage.</p> <p>[Action 2002 / 28] On-going Investigation is required into how AEAT may obtain complete sets of hospital and surgeon details to populate the NJR database ahead of 1 April 2003.</p> <p>Ideally, the names, GMC code, and all hospitals/ units at which all surgeons who carry out THR and/or TKR in England and Wales need to be pre-entered into the NJR database by <u>mid-February 2003</u> so that the NJR database is populated ahead of the March 2003 training events. Also, delaying this data entry until April would add considerably to the time needed for unit staff to get ‘up and running’ with the NJR, and potentially jeopardise obtaining their ‘buy-in’, which will be critical in the early days. Increased likelihood of errors and data entry duplication would be other potential problems.</p> <p>5. Work programme – Year 1 - NJRSC (02) 14</p> <p>[Action 2002 / 29] Complete. The paper on levy costs is discussed under item 4 on the Steering Committee meeting 2002/ No.3 agenda - NJRSC(O2)29.</p> <p>6. Research and the NJR – NJRSC(02)15</p> <p>[Action 2002 / 30] On-going. FD had drafted guidance on ‘How to apply to use the NJR for research’.</p> <p>It was agreed that discussion around this item should take place at the next SC meeting. Comments from SC members ahead of the meeting should be sent to FD.</p> <p>FD raised the issue that the guidance needed to be put the on the NJR website in January</p>	<p>AEAT</p> <p>AEAT</p> <p>AEAT</p> <p>AEAT</p> <p>AEAT</p> <p>AEAT</p> <p>All</p> <p>All</p>
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	<p>2003. It was agreed that since the NJR would not hold any data for the next few months that it was more important that the way in which this issue was going to be addressed was disseminated, rather than the actual guidance.</p> <p>9. NJR Newsletter - NJRSC(02)18</p> <p>[Action 2002 / 31] On-going. AEAT was compiling the first Newsletter. It was anticipated that it will be 6-8 pages long and issued in mid-January.</p> <p>Content would include contributions from Ministers and SC members.</p> <p>10. AOB</p> <p>10(iii) Patient representation</p> <p>[Action 2002 / 32] Complete. A Welsh patient representative had been identified and was likely to attend the next meeting (January 2003).</p> <p>10(iv) Pilot units</p> <p>[Action 2002 / 33] Complete A list of the initial proposed pilot units had been compiled and was discussed under item 10 on the Steering Committee meeting 2002/ No.3 agenda - NJRSC(O2)29.</p> <p>11. Minimum dataset</p> <p>[Action 2002 / 34] Complete. The minimum dataset final document was prepared and circulated to the SC on 21.11.02. Responses were received from PG, AS and AC.</p> <p>AC raised concerns over the length of the MDS. It was agreed by the SC that the MDS would remain as originally agreed at Steering Committee meeting 2002/ No.2. It was also agreed that the MDS would be reviewed at the end of Year 1 of operation.</p> <p>[Action 2002 / 41] Following the meeting, FD and HP would confirm all outstanding queries on data fields had been resolved.</p>	<p>AEAT</p> <p>FD & HP</p>
<p>2. (b)</p>	<p>Minutes of Steering Committee 2002/ No. 2 - NJRSC(02)19</p> <p>The minutes were accepted without any amendments.</p> <p>[Action 2002/ 42] Approved minutes to be posted on the NJR website.</p>	<p>AEAT</p>
<p>3.</p>	<p>November management report - NJRSC(02)21</p> <p>DC presented a summary of the key points. There were no disagreements.</p> <p>[Action 2002/ 43] The costs of using the National Strategic Tracing Service (NSTS) for the purpose of the NJR should be pursued by DoH, since the NSTS offers preferential rates to public sector customers.</p>	<p>DC & PW</p>
<p>4.</p>	<p>Levy costs - NJRSC(02)22</p> <p>PW presented the options for setting the amount of the levy in Year 1 of operation.</p> <p>It was agreed that the levy should include cover for the cost of relevant research and development, and the cost of Welsh translation for FY 2003-04.</p>	

	<p>The SC agreed that the levy be set at £25 for FY 2003-04.</p> <p>Any profit made on the levy in the first year of operation would be reflected in the subsequent year. No profit would be retained by DoH for any other purpose than that of the NJR.</p>	
5.	<p>Memorandum of Understanding - NJRSC(02)23</p> <p>PW presented the method that would collect and manage the levy. The SC were asked for comments.</p> <p>The amount of the levy is largely based on the number of prostheses used over the previous period, hence the levy for 2004–05 would be based on the number of prosthesis sales in 2003–04.</p> <p>AS raised the issue that the purchase of prostheses in a specific time period (e.g. in 2003–04) would not necessarily mean the prostheses would be used in that same time period (i.e. they may be bought in bulk and held as stock). Therefore, sales versus use should be considered when setting the amount of the levy.</p> <p>It was confirmed that there would be no levy placed on existing stock held by individual hospitals. Therefore, the number of THR and TKR stored in the NJR database over the first year of operation would not exactly reflect the number of prostheses bought in that same year.</p> <p>It was noted that the levy would not reach the DoH bank account for a period of 60-90 days from the date of purchase of the prosthesis.</p> <p>It was agreed that ABHI member comments would be collected following the ABHI OSIS meeting on 9 January 2003. Comments were also requested from the SC.</p> <p>[Action 2002/ 44] Comments to be sent to PW in early part of w/c 13 January 2003.</p>	All
6.	<p>NJR national training events – scoping paper NJRSC(02)24</p> <p>DC presented the key points, and asked the SC for their comments regarding the duration of any one training day. It was agreed that Option 1 (10am to 8pm) would offer the greatest flexibility to attendees.</p> <p>It was noted that if an attendee wanted to have PC training only, they would be expected to attend for approximately 1 hour. BD requested that it be indicated to individuals on their invitation how long they would be expected to stay.</p> <p>[Action 2002/ 45] AEAT to make clear on the invitations to the training events how long the training would expect to take.</p> <p>PG requested that senior surgeons be present at each of the training events. PG proposed that he be present at four of the events, HP be present at two others and for other senior consultants to be appointed to the remaining events. FD raised the point that the appointed Regional Clinical Co-ordinators will tend to be senior consultants. There were likely to be two or three involved with each event. The SC agreed.</p> <p>Action 2002/ 46] FD & PG to liase with regard to contacting additional senior consultants.</p> <p>NB stressed the importance of 'first impressions' of the training days. It was agreed that the training days should not be directly aimed at inviting patient groups since there would not be anything of direct benefit to them. The purpose of the training events should be to inform the people who had to actually use the NJR.</p>	<p>AEAT</p> <p>FD & PG</p>

	<p>Concerns were raised over the possibility of too many attendees wanting to receive PC training at any one time and therefore having to wait.</p> <p>[Action 2002/ 47] AEAT to devise a system to manage the PC training, e.g. appointment slots.</p> <p>It was agreed that Regional Clinical Co-ordinators (RCCs) and Strategic Health Authorities (StHAs) should be invited to the events.</p> <p>DC asked for ideas about suitable venues for training events.</p> <p>[Action 2002/ 48] AEAT to ask RCCs and StHAs for ideas of possible venues</p> <p>[Action 2002/ 49] SC ideas for possible venues should be emailed to DC</p> <p>It was noted that a web training event for those that could not attend one of the training roadshows would be a good idea.</p> <p>The SC adopted the paper with the issues outlined above to be taken into consideration.</p>	<p>AEAT</p> <p>AEAT</p> <p>All</p>
7.	<p>NJR IT system specification - NJRSC(02)25</p> <p>DP presented the core input data screens that had been developed.</p> <p>Concerns were raised over the length of time it would take to complete the data input. It was agreed that the opportunity be given to members of the SC who wished to trial data input.</p> <p>[Action 2002/ 50] AEAT to make the system available to SC members to trial data input.</p> <p>It was noted that all mandatory data fields would need to be completed before submission was allowed, but that partially filled forms would be able to be saved prior to submission. This would ease completion if not all the required information was to hand.</p> <p>A data field within the MDS 'Surgeons notes' would allow surgeons free text entry (to capture specific information outside the predetermined MDS). To facilitate local research, up to 5 free text fields could be made available for individual hospitals/ units to populate as they see fit (i.e. in a local predetermined way). It was agreed that this should be disseminated to surgeons, e.g. via the NJR Newsletter.</p> <p>[Action 2002/ 51] AEAT to disseminate via the first NJR Newsletter</p> <p>It was noted that no provision was being made for reading barcoded information within the NJR database. AC is attending a Manufacturer's event in January 2003 (in Brussels) which is looking at barcoding prostheses.</p> <p>[Action 2002/ 52] All SC members to send questions or issues to AC that they would like AC to raise on the behalf of the NJR. AC to provide FD with background material.</p> <p>The NJR would be able to identify incompatible datasets at the time of data entry. Martin Pickford (MP) had proposed a set of validation rules. These proposed rules were to be delivered to DP on 18.12.02. KB, for ABHI, and CD, for the Independent sector, asked to see the proposed rules.</p> <p>[Action 2002/ 53] AEAT to circulate the proposed set of validation rules to DF, CD and Mick Borroff.</p>	<p>AEAT</p> <p>AEAT</p> <p>All & AC</p> <p>AEAT</p>

8.	<p>Proposal for auditing aspects of the NJR - NJRSC(02)26</p> <p>It was agreed that this paper be deferred to the next meeting.</p>	
9.	<p>Proposed Regional Clinical Co-ordinators - NJRSC(02)27</p> <p>The number of responses to the RCC invitation on 17 December 2002 was:</p> <ul style="list-style-type: none"> • 22 full applications (i.e. including CV and reasons why suited to the role) • 4 candidates have put their names forward but CVs are awaited <p>The initial review of applications was carried out by a BOA/ NJR sub-committee, led by PG.</p> <p>PG proposed the following:</p> <ul style="list-style-type: none"> • where only one applicant had been put forward for a region by the sub-committee, that they be accepted • where two applicants had been put forward by the sub-committee, that they both be accepted and share the role (e.g. one be made responsible for hips and the other for knees) • wait until CVs have been received before making any of the remaining recommendations for posts <p>SC agreed to all proposals.</p> <p>[Action 2002/ 54] Those applicants who were not accepted, should be contacted initially by PG & HP.</p> <p>[Action 2002/ 55] SC members to continue to suggest suitable candidates for the regions where no applications have been received.</p> <p>[Action 2002/ 56] FD to notify successful applicants by telephone. Any written queries should be forwarded to PG.</p> <p>[Action 2002/ 57] Letters of appointment to be drawn-up and signed by BD and PG. Letters were also to be sent to unsuccessful candidates, following initial contact by PG or HP.</p> <p>FD proposed a RCC workshop and asked for SC members comments. It was agreed that an initial RCC meeting should be held but should be run as an informal session. It was suggested that it run soon after the next Steering Committee meeting (i.e. in late January if possible).</p> <p>[Action 2002/ 58] AEAT to arrange the first RCC network meeting and invite all appointed RCCs.</p>	<p>PG & HP</p> <p>All</p> <p>FD</p> <p>PW, FD, PG & BD</p> <p>AEAT</p>
10.	<p>Potential pilot sites - NJRSC(02)28</p> <p>DP introduced the list of initial sites and why they had been proposed.</p> <p>PG requested some on-line testing be carried out by a surgeon prior to trial at pilot sites (i.e. a pre-pilot test phase). The data input proforma should also be tested.</p> <p>The SC agreed to the pre-pilot test phase.</p> <p>[Action 2002/ 59] DP & PG to trial data input on-line and completion of the paper proforma.</p>	<p>PG & DP</p>

<p>11.</p> <p>11 (i)</p>	<p>AOB</p> <p>Position on existing registries and audit databases</p> <p>It was agreed that Professor WM Harper/ Mr C Esler should be invited to consider proposing Glenfield hospital, Leicester as a pilot site.</p> <p>[Action 2002/ 60] AEAT to invite Glenfield hospital to be an NJR pilot site</p>	<p>AEAT</p>
<p>11 (ii)</p>	<p>Agenda items for January 2003 Steering Committee meeting</p> <p>Immediately following the meeting, it was agreed by BD, PW & FD that the December 2002 management report would be circulated ahead of the January meeting and would not be discussed at the meeting unless there were any issues arising.</p> <p>Agenda items include:</p> <ul style="list-style-type: none"> • validation and verification issues • patient consent form • an update on development of the IT solution • training events update • list of pilot sites for approval • auditing – detailed proposals for approval • discussion on access to data and reporting requirements • surgeon league tales – the issues <p>It was agreed that the next meeting would be held on Monday 20 January 2003.</p> <p>The meeting will be held at the Department of Health's offices at:</p> <p>Skipton House 80 London Road London SE1 6LH (next to Elephant and Castle tube station)</p> <p>Please note that this will be a full day meeting, starting at 10.30. It is expected that the meeting will close by 16.00.</p>	

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20 December 2002