

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	Steering Committee meeting 2003/ No. 6	Date:	Wednesday 9 July 2003
Location:	The Royal Horticultural Halls Conference Centre, Greycoat Street, London SW1P 2QD		
Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Jan van der Meulen	JM	Royal College of Surgeons (representing the surgical profession)
	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Alex MacGregor	AM	St Thomas' Hospital (representing public health and epidemiology)
	John Timperley	JT	British Hip Society (deputising for Martyn Porter)
	Tim Wilton	TW	British Association for Surgery of the Knee
	Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Chris Dark	CD	Director of Clinical Services, BUPA Hospitals (representing the IHA)
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS trust management)
	Sally Couzens	SCo	National Association of Theatre Nurses
	Paul Woods	PW	Department of Health
	Stephen Chamberlain	StC	National Assembly for Wales
	David Carter	DC	NJR Project manager (deputising for Fiona Davies)

The following AEA Technology staff were also present:

Ian Calcutt	IC	NJR IT Project manager (deputising for David Pegg)
Sandra Hasler	SH	NJR Communications manager

Apologies Fiona Davies, AEA Technology (representing the contractor)
 Neil Betteridge, Arthritis Care (patient group representative)
 Mick Borroff (DePuy International Ltd) / David Forsythe (Stryker) / Ken Bateman (Smith & Nephew Healthcare Ltd), ABHI (representing the orthopaedic device industry)
 Martyn Porter, British Hip Society
 Colin Howie, Scottish Executive (observer status)
 Hugh Phillips, British Orthopaedic Association (representing the surgical profession)

Item	Welcome and Introductions	Action by
1	<p>The meeting opened at 10.30.</p> <p>BD welcomed all SC members present and introduced John Timperley who was deputising for Martyn Porter.</p> <p>BD reported that he had met with Health Minister Lord Warner who was extremely supportive of the NJR. Lord Warner expressed total confidence in the NJR SC and encouraged the SC to continue working in the transparent manner it has done to date.</p> <p>BD agreed to submit a bi-monthly NJR activity report to Lord Warner.</p>	
2a	<p>Progress on actions</p> <p>See Appendix 1. No issues were raised.</p>	
2b	<p>Approval of minutes – NJRSC (03) 31</p> <p>Minutes were approved.</p> <p>[Action 2003 /99] AEAT to make minutes available on the NJR website.</p> <p>Discussion took place relating to the bulk upload facility and whether hospitals who are currently entering data into other databases, including the Trent Registry, should also be completing the NJR paper proformas. TW pointed out that he knew of hospitals that were submitting data to the Trent Registry and were under the impression that the data would be uploaded into the NJR at a later date once the bulk upload facility had been made available.</p> <p>To be compliant with the NJR, other databases should:</p> <ul style="list-style-type: none"> • capture the complete NJR Minimum Dataset • relevant fields should be coded to the NHS Data Dictionary specification • have an internal management process which has the ability to resolve any data quality issues if data is rejected <p>A number of hospitals may feel that they are compliant with the NJR when in fact they are not.</p> <p>The SC confirmed that hospitals that were not collecting the complete NJR MDS electronically should complete the NJR paper proformas. BD asked that the NJR Centre inform hospitals again of this decision.</p> <p>[Action 2003/100] AEAT to inform all hospitals of the NJR MDS, management and technical requirements necessary to comply. AEAT to communicate with all hospitals who have expressed an interest in Bulk Upload to confirm that they are required to capture data on paper proformas or submit electronically via the NJR data entry system.</p> <p>It was agreed that PG and Colin Esler should continue to resolve specific issues around the Trent Registry, i.e. the need for the complete NJR dataset to be collected if hospitals were submitting data to Trent Registry in the</p>	<p>AEAT</p> <p>AEAT</p>

	<p>PG suggested that the MDS working parties and the NJR research subcommittee consider the PFQ process, since the MDS and research activities are strongly related to collection of patient outcome data. The SC agreed, with feedback being provided for the next SC meeting on 29 September.</p> <p>[Action 2003 /108] MDS Working parties (PG) and the NJR research subcommittee (JM) to provide feedback on the PFQ process for the 29 September SC meeting, in order to allow AEAT to progress.</p>	PG & JM
7	<p>Reporting the NJR statistics and Annual Report – NJRSC (03) 34</p> <p>It was agreed that this paper would be addressed at the next SC meeting, on 29 September 2003.</p>	
8	<p>AOB</p> <p>(i) Feedback from RCC meeting</p> <p>PG provided a summary of the main issues that were raised at the last RCC network meeting:</p> <ul style="list-style-type: none"> RCCs requested SC approval for AEAT to conduct a scoping study into the use of barcode readers to aid entry of component data to the NJR <p>The SC agreed that the use of barcode readers should be examined.</p> <p>[Action 2003 /109] AEAT to conduct a scoping study for the use of barcode readers.</p> <ul style="list-style-type: none"> RCCs asked for confirmation of whether the Consultant has access to the surgeon’s data where that surgeon undertook an operation in their charge. <p>[Action 2003 /110] AEAT to clarify whether the NJR gives the Consultant in charge access to the lead surgeon’s data.</p> <ul style="list-style-type: none"> Confirmation was required on whether it was 3 or 4 clinicians who would have a seat on the NJR research subcommittee. <p>The SC agreed that there should be 4 clinicians, i.e. 1 knee specialist, 1 hip specialist and 2 others.</p> <ul style="list-style-type: none"> PG reported that he had received no feedback from RCCs with respect to the funding required for hospitals to participate in the NJR. The RCC membership of the MDS working parties had been agreed. PG reported that one RCC had offered his resignation due to a lack of support from his hospital management. <p>[Action 2003 /112] PG to write to the RCC and copy response to BD.</p> <ul style="list-style-type: none"> PG requested that a formal letter be written to the BOA for suitable 	<p>AEAT</p> <p>AEAT</p> <p>PG</p>

	<p>membership for the NJR Research subcommittee.</p> <p>[Action 2003 /113] JM to write a letter to the BOA requesting members to be put forward to sit on the NJR Research subcommittee.</p>	JM
(ii)	<p>Future Steering Committee meetings</p> <p>It was decided that the frequency of future SC meetings would be every two months for the foreseeable future. The meetings would aim to be no longer than half a day but would have a degree of flexibility in order to meet any outstanding issues.</p> <p>The next meeting will take place on Monday 29 September, from 10:30 to 13:00 at:</p> <p>BOA Boardroom British Orthopaedic Association 35-43 Lincolns Inn Fields London WC2A 3PN</p>	

Sandra Hasler
Communications Manager, NJR Centre
21 July 2003

APPENDIX 1

Action no.	Progress	Action holder
Actions from December 2002 meeting		
2002 / 57	<p>Completed Letters of appointment for RCCs were issued to those present at the 16 June RCC network meeting and sent to those unable to attend.</p>	
Actions from January 2003 meeting		
2003 / 16	<p>Ongoing The BHS and BASK to discuss how differences in epidemiological case mix for surgeons may be statistically addressed to ensure balanced reporting.</p> <p>It was agreed that both specialist societies (BHS and BASK) are well placed to consider whether there are any obvious omissions in the NJR MDS that would need to be addressed to take epidemiological case mix into full consideration for subsequent reporting.</p> <p>When reviewing the MDS, BHS & BASK should bear in mind that compliance with the NJR should not be hindered by a lengthy MDS.</p> <p>These considerations will also be addressed by the MDS working parties.</p>	MPo / KT & TW
2003 / 20	<p>On hold to late 2003 Preparation of a paper on the benefits and financial implications that a PKI system would bring to the NJR.</p>	AEAT
Actions from March SC meeting		
2003 / 44	<p>Ongoing 9 out of 15 suppliers have returned a central contact. A request has been issued to the remainder.</p>	KB
2003 / 45	<p>Ongoing The MOU content has been agreed by all parties involved. There is an outstanding issue with regards to VAT charges to charities. This issue currently resides with Custom and Excise.</p>	PW
2003 / 47	<p>Ongoing AEAT provided the SC with a list of queries and issues raised by the NJR training event delegates.</p> <p>Issues 1-5 were currently being addressed. Issues 6 – 13 required further consideration.</p>	All SC members
2002 / 52	<p>Completed AEAT presented and the SC accepted, a report format for reporting progress relating to the extent of data submission to the NJR SC.</p>	
2003 / 53	<p>Completed AEAT will use agreed reporting system (as in Action 2003 / 52 above) for progress on data submission to the NJR.</p>	
2003 / 60	<p>Completed Website links have been added to the NJR website.</p>	

	Related to Action 2003 / 95	
Actions from April SC meeting		
2003 / 63	Ongoing AEAT to provide a method of monitoring outstanding incomplete records' i.e. by hospital, and a plan of follow-up action. It was noted that this action would form part of the participation and compliance procedure.	AEAT
2003 / 64	Ongoing PW and DC to look at the value of using peripatetic nurses (or similar) as part of the audit and compliance procedure.	PW / DC
2003 / 65	Ongoing Preliminary discussions between DC, JM and AM have taken place about developing a suitable team for analysing the NJR data for SC consideration.	DC/ JM / AM
2003 / 67	Superseded by Actions 2003 / 101 and 102 Once the amended MDS has been approved by ROCR, AEAT to update the NJR system to incorporate the amended MDS and to develop the bulk upload facility.	AEAT
2003 / 68	Superseded by Action 2003 / 100 AEAT to inform hospitals that the bulk update facility is being developed, when its launch is anticipated, and to ensure that hospitals are aware of what they will be required to do in-house to comply with NJR bulk upload requirements.	AEAT
2003 / 70	Ongoing All SC members to provide FD with their relevant comments and experiences on audit and compliance.	All SC members
2003 / 74	Ongoing AEAT to draft an article to provide feedback to the surgical profession and include in the September issue of the NJR Newsletter.	AEAT
2003 / 75	Ongoing PG has contacted the European Arthroplasty Register (EAR) for more information on their programme. The co-ordinator of the EAR is due to visit the NJR Centre on 31 July, accompanied by PG.	PG
Actions from May SC meeting		
2003 / 78	Completed AEAT produced a summary report suitable for future SC meetings.	
2003 / 79	Completed AEAT identified and contacted the hospitals that are awaiting the bulk upload facility to inform them of the need to collect data in the interim. Related to Action 2003 / 100	
2003 / 80	Superseded Action transferred to MHRA.	AEAT => MHRA
2003 / 81	Completed AEAT will continue to contact MHRA with details of any new suppliers as they arise.	
2003 / 82	Ongoing AEAT issued the "Possible options for reporting framework" paper to RCCs	AEAT /

	on 17 June 2003. Feedback from RCCs requested by 31 August.	RCCs
2003 / 83	Superseded by Action 2003 /104 PG requested on behalf of the RCCs that they be provided with identifiable data (at the hospital level) for hospitals in their own SHA / Welsh health region to aid their activities of encouraging hospital participation. The SC agreed to the request.	
2003 / 84	Ongoing SC members to provide feedback on stakeholder group expectations and comments on the "Possible options for reporting framework" paper to FD by 31 August.	All SC members
2003 / 85	Completed JM will present a 3 rd paper on analysis and reporting at the September SC meeting.	
2003 / 86	Completed A meeting was held at the NJR Centre on 11 June 2003 between PW, AEAT, MHRA and PASA re access to supplier data.	
2003 / 87	Ongoing FD to report back to the September SC meeting on feedback received from the SC and RCCs (on options for reporting framework).	FD
2003 / 88	Ongoing SC members to provide details of further dissemination routes that could be used by the NJR. Details should be sent to FD directly.	All SC members
2003 / 89	Completed AEAT have confirmed with the BOA that the stand area at the BOA Annual Congress is still available to the NJR.	
2003 / 90	Superseded by Action 2003 / 113 PG to approach BOA and its specialist societies for orthopaedic representation on the research subcommittee.	PG
2003 / 91	Ongoing PW and FD to identify suitable patient and industry representatives for the research subcommittee.	PW & FD
2003 / 92	Ongoing AEAT revised paper NJRSC (03) 30 (Development of a participation and compliance network) to include a job description for the staff role and the costs of implementing such a network. AEAT to amend the job description to include data accuracy and completeness.	AEAT
2003 / 93	Completed FD has drafted a paper on the process for developing an NJR patient feedback questionnaire framework.	
2003 / 94	Ongoing AEAT are liaising with Guernsey to determine whether they wish to join the NJR (and accept the financial implications) or if they wish to collect the NJR dataset in a standalone form.	AEAT
2003 / 95	Ongoing All SC members to feedback to FD / SH any additional website links that should be included on the NJR website.	All SC members

2003 / 96	Superseded by Actions 2003 / 101 and 102 ROCR approval of 'Reoperation other than revision' is on hold until further changes to the MDS have been considered by the MDS working parties. ROCR approval will be sought following final changes.	
2003 / 97	Ongoing AEAT / PW and BD to review the NJR workplan to determine suitable future meeting dates.	AEAT / PW & BD
2003 / 98	Completed The next SC meeting will be held on 29 September.	