



# **NJR Centre**

**Approved Minutes of 31.01.07 Meeting**

## **Paper – SC0407-02**

**Prepared for: Steering Committee Meeting**

**Version Final**

**April 2007**

**NATIONAL JOINT REGISTRY STEERING COMMITTEE**

**MINUTES**

Meeting:	Steering Committee Meeting	Date: Wednesday 31 <sup>st</sup> January 2007
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
	Tony Lowther	TL Orthopaedic Device Industry Member
	Mick Borroff	MB Orthopaedic Device Industry Member
	Mary Cowern	MC Patients Representative Member
	Carolyn Naisby	CN Practitioner with Special Interest Orthopaedics Member
	Andrew Woodhead	AW NHS Management Member]
	Andy Crosbie	AC Medicines and Healthcare products Regulatory Agency (MHRA)
	Ramila Mistry	RM Department of Health
	Kate Wortham	KW Department of Health
	Gary Clements	GC Department of Health
	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
	Fran Clark	FC Northgate Information Solutions, Programme Support
	Martin Pickford	MP Northgate Information Solutions, Orthopaedic Advisor
Apologies:	Colin Thomson	CT Patient Group Representative - Member
	Domenic Worsey	DW National Assembly of Wales
	Phil Reardon-Smith	PR National Assembly of Wales
	Andy Smallwood	AS NHS Supply Chain
	Alex Macgregor	AM Public Health and Epidemiology Member
	Richard Armstrong	RA Northgate Information Solutions, Healthcare Practice Manager

Item No.	Item	Action Owner
1	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed all those present and introduced AW to the Steering Committee meeting</p> <p>The Chair informed the meeting of the introduction of a microphone to record proceedings but assured members that recording would be stopped temporarily if the matter under discussion was not for recording. The taped information would be used for writing up the minutes and would not be used for any other purpose. No copies would be made of the tapes and the full information on the tapes would be permanently deleted as soon as Northgate had written the minutes.</p>	
2	<p><b>Minutes of Steering Committee Meeting – 8 November 2006.</b></p> <p>The minutes of the meeting held on 8<sup>th</sup> November 2006 were approved.</p> <p>The approved minutes were to be posted on the NJR website.</p>	
3	<p><b>Update on Actions from Previous Minutes</b></p> <p>MS advised that for all requests for information, the NJR data request form needed completing and would then be passed to The Department of Health (DH) for approval.</p> <p><b>NJRSC Nov06 (07)</b> - MS advised that the response email from Karen Thompson at PIAG had gone to DH solicitors. RM advised a response had been received</p> <p><b>31.1.07 – MS to contact Gladys Hall re letter from solicitors.</b></p> <p><b>NJRSC Nov06 (17)</b> - PG advised that the compiled list of the 30 worst performing units were to be reported in the BOA meeting of the 9<sup>th</sup> February.</p> <p>MS &amp; BD agreed that the involvement of the BOA for RC escalation on under-performing units was preferable with a draft of the formal escalation process being prepared for the meeting of the 9<sup>th</sup> Feb.</p> <p><b>31.1.07 - MS to draft formal escalation process.</b></p> <p><b>NJRSC Nov06 (26)</b> – RM explained that NJRSC’s remit was advisory and did not include the commissioning of any work. Within its remit, the NJRSC could advise Ministers and the Department of Health, for example on a PROMS study. However, it would be for the DH to decide, taking into consideration related activity in the DH, whether any work should be commissioned. Given that work on PROMS was to be undertaken in another directorate in DH, which had indicated it would welcome input from members of the NJRSC, the NJR PROMS2 study would not be commissioned.</p> <p><b>31.1.07 – To be Closed</b></p>	<p><b>MS</b></p> <p><b>MS</b></p> <p><b>NJRC</b></p>
4	<p><b>Other Matters arising from Minutes</b></p> <p>No further comment.</p>	

5	<p><b>Minutes of RCC Meeting of 10<sup>th</sup> January 2007</b></p> <p>The Minutes of this meeting were noted and PG reminded the meeting that they were unconfirmed Minutes.</p> <p>It was noted that following discussion about inclusion of the manufacturer and brand of the removed prosthesis in the proposed MDSv3, 3 RCC Network members had voted against inclusion and 16 members for inclusion of prosthesis information</p> <p>34 people had attended the RCC Network meeting and the appointments of RCCs had been confirmed with few positions outstanding. The roles of RCs and RCCs were discussed and difficulties gaining compliance from some hospitals.</p> <p>It was agreed that the Chair of the RCC attend the SC Meeting instead of a rotating schedule of RCCs to attend</p>	
6	<p><b>Regional Clinical Co-ordinators Terms of Reference.</b></p> <p>The meeting adopted the revised Terms of Reference (ToR) subject to them undergoing a routine review and the inclusion of reference to the RCC Network Chair attending NJRSC meetings.</p> <p>TW queried the membership duration term of office which states: the term for all RCCs will be for two years, at the end of each term of office the RCC can reapply for another two year term of office. The maximum a RCC can serve is three terms of office'. TW was concerned about restricting the tenure to 6 years would limit the pool of people available and willing to take on the role of RCC. DH, MP and BD identified the need for succession planning, with other orthopaedic surgeons being given the opportunity to become RCCs. DH will review the term of office at the end of the six year term.</p>	
7	<p><b>Letter from Mr John Timperley of 11 June 2004.</b></p> <p>It was reported that the letter had been raised in the Jan 2005 meeting of the RCC Network where discussions answered all of Mr Timperley's queries. A formal reply was drafted in December 2006 but the letter had not received approval and therefore had not been sent. It was noted that it was remiss not to have provided an individual reply to Mr Timperley. It was agreed that actions had been raised in subsequent meetings and Mr Timperley's concerns had been addressed.</p> <p>It was agreed a response to Mr Timperley's recent reminder with regard to this 2004 letter would be drafted with a response to his original letter.</p> <p>RM stated that the letter needed swift acknowledgment and an update given within the response.</p> <p><b>31.1.07 MP and MS to draft a response to Mr Timperley's 2004 letter</b></p>	MP/MS
8	<p>Update on NJRSC and RCC appointments:</p> <p>The independent sector management post remained vacant. A new recruitment campaign was underway via the Appointments Commission which was expected to attract suitable applicants. Interviews were set for 28 March 2007.</p> <p>With regard to the RCC appointments, letters of appointment were being issued with the Terms of Reference and an invitation for RCCs to put themselves forward for the role of RCC Chair. Interviews were scheduled for the morning of the 28 March. The panel would include BD, RM and Judith Murray as Orthopaedic Surgeon Advisor.</p>	

<p><b>9</b></p> <p><b>9a</b></p> <p><b>9b</b></p>	<p><b>Annual Report:</b></p> <p>Feedback on 3<sup>rd</sup> Annual Clinical Report</p> <p>MS reported that this Report had been printed and distributed and was on the website.</p> <p>Outline Contents and Project Plan for the 4<sup>th</sup> NJR Annual Report:</p> <p>It was agreed that the 4 topics to be included in the Clinical Section of the reports would be:</p> <ul style="list-style-type: none"> <li>• Mortality</li> <li>• Hip Resurfacing</li> <li>• Unicompartamental Knee Replacement</li> <li>• Revisions</li> </ul> <p><b>31.1.07 MS to discuss with Andrew Woodhead the reporting requirements for NHS Management on the Performance Management System (PMS) NJR ReportsOnline</b></p> <p>Other Suggestions:</p> <ul style="list-style-type: none"> <li>• To have comparison costs of cemented versus cementless procedures although the Registry does not record costs.</li> </ul> <p><b>31.1.07 - AS to discuss what information was available on costs through NHS Supply Chain.</b></p> <ul style="list-style-type: none"> <li>• To review an age range where expensive prosthesis had been used on older people.</li> </ul> <p>It was noted that the content needed final agreement by mid-March in order to have a Draft Report available for discussion in the next NJRSC Meeting of the 26 April.</p> <p>The following issues were highlighted about the use of HES data for the NJR Annual Report:</p> <p>a. HES data could be used for analysis, but the aggregated HES (and PEDW) data used to estimate NJR compliance was not usually available for publication until after Ministerial approval which was generally 10/11 months after the reporting year. MS would check with the Information Centre on the process for using HES data prior to Ministerial approval being given and BD stated that he would assist in any approach to Ministers if required.</p> <p><b>31.1.07 –Approval process to be verified</b></p> <p>b. MS reported that the method of encryption used for patient sensitive data was delaying some of the HES linkage work, therefore the clinical analysis for the AR which includes HES data would be delayed. Approval was being sought from DH to change the encryption which was currently used to maintain data security and confidentiality. The current linkage work had not been able to use patient sensitive data. Northgate were confident that the current rates of linkage could be improved upon once the algorithms could incorporate patient sensitive data. As well as, the authority necessary to effect the changes being actively sought, the Northgate team was currently looking at workarounds.</p> <p>BD requested that MS advise what steps need to be taken within the next fortnight to meet the availability target of data linkage with HES for the next Annual Report. He advised that he and PG could support whatever action was necessary to obtain approval.</p> <p><b>31.1.07 MS to provide a paper to BD stating the issues and the potential resolutions for the next Annual Report within the next fortnight.</b></p> <p>It was suggested that Scotland should be asked how quickly they managed to get the</p>	<p><b>MS</b></p> <p><b>AS</b></p> <p><b>MS</b></p> <p><b>MS/BD</b></p>

	information <b>31.1.07 MS to discuss with Colin Howie</b>	<b>MS</b>
<b>11</b>	<p><b>Quarterly Statistics Reports Q3 (1 October – 31 December 2006)</b></p> <p>CN advised that PEDW data was incomplete resulting in unreliable NJR compliance figures.</p> <p>The statistics noted that patient consent was increasing by 1% each quarter. Where there is no NHS number recorded but the patient name, post code and date of birth is present, the NSTS trace will return 80% of NHS numbers from records submitted. NSTS data submitted was approved at the end of December 2006 and user accounts are currently being established.</p> <p>The 3.5 Comparison Chart (Page 7-16) was seen to be open to misinterpretation so will need to be clarified and a commentary included for future reports.</p> <p><b>31.1.07 CN to include the appropriate commentary for future reports</b></p> <p>The report was noted.</p>	<b>CN</b>
<b>12</b>	<p><b>Quarter 3 Management Report October – December 2006</b></p> <p>This Report was noted</p>	
<b>13</b>	<p><b>NJRSC Finance Report</b></p> <p>RM presented the Report for the 9 months 1<sup>st</sup> April to 31<sup>st</sup> December 2006, and reported the income at the end of the second quarter received was £1,938,905.07 (116,343 implants, not all received) whilst the expenditure for the same period for the NJR contract and expenses was £1,261,086.67. This left a positive balance of £677,818.40.</p> <p>RM advised that there was currently a two month delay in the collection and receipt of payments; and there was an outstanding payment to Northgate on completion of transition phase activity to be taken into account.</p> <p>The report was noted</p>	
<b>14</b>	<p><b>Memoranda of Understanding (MOU) with NJR Levy Proposal</b></p> <p>This document was noted and the levy reduction from £23 to £20 on hip and knee replacement implants was agreed for recommendation to the Minister.</p>	
<b>15</b>	<p><b>Information Governance: NJR Data Confidentiality</b></p> <p>The paper was withdrawn prior to the meeting.</p>	
<b>16</b>	<p><b>Information Governance: NJR Data Sharing Protocol:</b></p> <p>MS presented this document which advised on the protocol of NJR data sharing.</p> <p>MS reported that the first draft of the protocol was based on the latest HES Protocol and that further work on the protocol was still required.</p> <p>MS confirmed that patient and clinician confidentiality was still protected where requests were made under the Freedom of Information Act.</p> <p><b>31.1.07 - MS to complete draft NJR Data Sharing Protocol</b></p>	<b>MS</b>

17	<p><b>Data Quality Paper including HES and NJR data.</b></p> <p>This paper was received. It was noted that the main means of improving the quality of returns was to make all data fields mandatory, ensure that there was no ambiguity about what information had to be entered, and to provide error checking for such items as post code and NHS number. It was agreed that there was a need for periodic audits of data submitted to NJR against theatre records.</p> <p>The HES linkage paper outlining the reasons for carrying out the linkage was noted. The aim was to achieve at least 90% linkage between HES and NJR at the record level.</p>	
18	<p><b>NJR Newsletter 12 – to receive copy of Winter Newsletter</b></p> <p>MS confirmed that the website links used in the newsletter were correct. The Newsletter is to be published as soon as 2 minor corrections were incorporated.</p> <p><b>31.1.07 Amendments to Newsletter to be completed before publication</b></p>	NJRC
19	<p><b>NJR Newsletter 13 – to agree contents of next Newsletter</b></p> <p>It was agreed that the order of the suggested topics be changed so that the “Review of the Minimum Dataset ” was placed on the first page.</p> <p>It was noted that all four newsletters are to provide news and information for surgeons, hospital managers, and all other staff involved in the NJR.</p> <p>MS requested that Newsletter 13 be published before the next meeting. BD requested that the newsletters be reviewed by SC members and DH before publication.</p> <p><b>31.1.07 MS to circulate Newsletter 13 to SC Members and DH</b></p>	MS
20	<p><b>Election Process for Vice Chair</b></p> <p>BD requested nominations from the meeting for the Vice Chair Position.</p> <p>TW commented that from a surgeon’s point of view it should once again be an Orthopaedic Surgeon, and nominated PG for re-election. This was seconded by MB. and BD was welcomed PG back as Vice Chair. BD stated that the term of office would be for 12 months, from January to December 2007.</p>	
21	<p><b>AOB</b></p> <p>1. MDSv3 Papers K1, K2, H1, H2 with comparisons to MDSv2 papers.</p> <p>The Minimum Data Set (MDSv3) documents contain all 4 proformas required for the submission of all hip and knee operations to the NJR. It was noted that the forms were not in their final draft or format. The existing format had been retained for simplicity during the review process.</p> <p>The following items were agreed:</p> <ul style="list-style-type: none"> <li>• All fields to be mandatory using ‘either/or’ for fields with choice</li> <li>• There would be online guidance and explanatory notes added to the forms</li> <li>• Concerns about the potential for misunderstanding and ambiguity about the data to be entered would be fully addressed..</li> <li>• On the section ‘Primary Procedure Year or Date’ this should be reworded to ‘Primary Procedure Date (if known) or Year if not’</li> <li>• Asterisks should be removed from specific data fields if all data items are to be mandatory.</li> </ul> <p><b>31.1.07 - MS was tasked with the action to take on board the above comments and</b></p>	MS

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	<p><b>contact ROCR after submitting to DH for review</b></p> <p>2. Use of data for research.</p> <p>Paper Title - Role of pain and Function in Determining Patient Satisfaction Following Total Knee Arthroplasty Author - Paul Baker, Jan van der Meulen, Jim Lewsey, Paul Gregg</p> <p>The paper was noted and its acknowledgement of the use of NJR data.</p>	
<b>22</b>	<p><b>Date for future meetings:</b></p> <p>The date for the next meeting is 26<sup>th</sup> April 2007 (Thursday) Proposed dates for next year's meetings are as follows:</p> <p>24<sup>th</sup> July 2007 (Tuesday) 7<sup>th</sup> November 2007 (Wednesday) 31<sup>st</sup> January 2008 (Thursday)</p> <p>Members were asked to note the dates.</p>	
	<p>The meeting closed at 15.40.</p>	

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