



**NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)**

**APPROVED MINUTES**

**Meeting:** NJR Steering Committee **Date:** Thursday 29 January 2009  
**Location:** MLS Venue, 130 Shaftsbury Avenue, London W1D 5EU

<b>Members Present:</b>	Bill Darling	BD	Chair
	Prof Paul Gregg	PG	Vice Chair, Orthopaedic Surgeon
	Mick Borroff	MB	Orthopaedic Device Industry
	Christopher Brittain	CB	MHRA
	Peter Howard	PH	Chair, Regional Clinical Coordinators' Network
	Alex Macgregor	AM	Public Health & Epidemiology
	Carolyn Naisby	CN	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MPo	Orthopaedic Surgeon
	Andrew Smallwood	AS	NHS Supply Chain
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member
	Mary Cowern	MC	Patient Representative
	Patricia Durkin	PD	Patient Representative
	Dean Sleigh	DS	Orthopaedic Device Industry
<b>Regular Attendees:</b>	Elaine Young	EY	National Development Lead, HQIP
	Yvonne Tse	YT	Development Officer (NJR), HQIP
	Richard Armstrong	RA	NJR Programme Director, Northgate Information Solutions (Northgate)
	Charlotte Humphry	CH	NJR Programme Manager, Northgate (Minutes)
	Claire Newell	CNe	NJR Data Quality Manager, Northgate
<b>Meeting Invitees:</b>	Robin Burgess	RB	Chief Executive, HQIP
<b>Apologies:</b>	Patricia Cassidy	PC	Independent Healthcare Sector
	Mike Swanson	MS	Principal Consultant, Northgate

REF	ITEM	Action
	<b>AGENDA</b>	
1	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed all attendees and introduced Yvonne Tse from HQIP. Yvonne would be working with EY as the Development Officer on the NJR.</p> <p>Apologies were received from PC and MS. BD explained that MS had been involved in a road traffic accident and asked for the Committee's best wishes to be forwarded to MS for a speedy recovery.</p> <p>Apologies were received and noted.</p>	
2	<p><b>Minutes of the Previous Meeting</b></p> <p>Item 11: MPo asked that the figures recorded on the levels of under-reporting in HES and the NJR were removed as they were not based on any analysis or research. This was agreed.</p> <p>Subject to the change above, the minutes of the meeting held on the 21<sup>st</sup> October 2008 were approved as an accurate record. <b>The minutes were to be published on the NJR website once the corrections had been made.</b></p>	<b>NJRC</b>
3	<p><b>Matters Arising (not appearing elsewhere on the Agenda)</b></p> <p><b>3.1 NJR Collaboration with NHS Choices (previous minute reference 4)</b></p> <p>RA updated the meeting on the discussions that had taken place with Lisa Robinson after her presentation at the previous committee meeting.</p> <p><b>Agreed that: A further meeting between the NJRC, NHS Choices, and HQIP would take place in February.</b></p> <p><b>3.2 PROMs (previous minutes reference 5)</b></p> <p>EY informed the meeting that the Department of Health (DH) had chosen a preferred bidder for PROMs but had not yet released any further details: members would be informed of the decision once it had been made public. It was reported that PROMs was due to commence on 1 April 2009.</p> <p>KT raised concern about exactly how the patient questionnaires were to be completed and expressed his view that significant support would be required by hospitals in order to make PROMs a success. EY confirmed that that the Committee's concerns would be fed back but that it was not within the remit of the Committee to agree to provide support from the NJR. BD directed that these views should be expressed to the DH directly.</p> <p><b>3.3 US Food and Drugs Administration (previous minutes reference 8)</b></p> <p>EY reported that there had been difficulties in deciding on the potential charge that should be made to the FDA for the data. EY had informed the FDA of the likely charge for the preparation of the data by Northgate and that there was likely to be a further charge for the data itself as they were outside of the UK. The FDA had acknowledged that these costs exceeded the original budget but that they are still interested in obtaining the data. They have requested that the additional charge for the data be quantified. EY stated that HQIP still needed further advice on the actual charge to be made.</p> <p>MB asked if the members were still supportive of the request considering the FDA's potential use of the data. EY confirmed that no formal agreement had been entered into and that the precise contract terms and details of the intended use of the data were required before any agreement could be reached.</p> <p>It was queried whether the data request should still be on the formal agenda.</p> <p>MPo sought clarification of what the FDA were asking for and suggested that further consideration of the request was necessary in light of the Editorial Board policy and the significant influence of the FDA.</p>	<p style="text-align: center;"><b>NJRC/YT</b></p> <p style="text-align: center;"><b>EY</b></p> <p style="text-align: center;"><b>EY</b></p> <p style="text-align: center;"><b>EY</b></p>

	<p>EY reminded members that this request had already been agreed in principle, and that the expectation had been set with the FDA.</p> <p><b>3.4 US Registry Barcode Interest (Previous minutes reference 10)</b></p> <p>This item was not considered.</p>	
<p><b>4</b></p>	<p><b><i>NJR Clinician Feedback System</i></b></p> <p><b>4.1 Progress Report</b></p> <p>BD summarised the current situation with <i>NJR Clinician Feedback</i> and the original catalyst for the development of a system. The development of such a system had been supported by the Steering Committee. In discussion with the previous President of the BOA, Mr Stephen Cannon, it was proposed to incorporate, into <i>NJR Clinician Feedback</i>, a report that enabled a surgeon to identify whether or not they were moving towards potential outlier status. Again, this had been agreed by the Steering Committee. Incorporating this functionality into the system had not been as easy as previously thought with result that the surgeons on the Steering Committee had not had time to trial the system before it was demonstrated at the BOA Congress by RA and where it received wide acclaim.</p> <p>However, feedback was subsequently received from a senior surgeon querying how their plot was displayed on the funnel plot implemented on the Patient Time Incidence Report on <i>NJR Clinician Feedback</i> and a review was undertaken with MPo. It was considered that the issue may be one of interpretation of the funnel plot and it was agreed that Northgate should temporarily disable the Patient Time Incidence Rate report within the system. This was done with the agreement of BD.</p> <p>Northgate had immediately appointed an independent statistician to review the implementation and a meeting took place on the 7th of January to discuss the findings of that review. At that meeting there was agreement that the implementation supported the method agreed by the Steering Committee. After MPo's reading of a 2005 paper produced by Professor Spiegelhalter of Cambridge University, it was felt that there may be other further options to consider. Subsequent conversations led to an agreement with HQIP that Royal College of Surgeons Clinical Effective Unit should review both methods using NJR data and provide recommendations. BD reported that, at the last RCC meeting, there had been comment to the effect that the current funnel plot was too difficult to understand and that a simpler version should be considered. BD stressed that it was important that stakeholders retain confidence in the NJR.</p> <p>PG expressed his satisfaction that the issue was being progressed correctly. MPo considered that one of the issues arose from the lack of understanding in how the broader definitions would be represented on the funnel plot. He stated that the meeting with the independent statistician, Daniel Eayres, had been extremely useful but that it had to be ensured that the method was correct and he suggested that the funnel plot required improved labelling and explanatory text. He supported the review and test by the Clinical Effectiveness Unit but recognised that it would lead to a delay in re-enabling the report on the website. He was also mindful of the Annual Meeting of the British Hip Society at the beginning of March.</p> <p>AW supported the need to ensure that the method was correct and asked if the use of the statistical method to identify outliers had been suspended. BD that the method was not suspended, reiterating that it was only one mechanism by which to determine <u>potential</u> outlier performance. BD expressed his concern that the matter may become an ongoing issue and fail to reach a satisfactory outcome.</p> <p>BD referred to a related article about work at the James Cook University Hospital in Middlesbrough that reported that the method was not an exact science and was not '100% foolproof'. The method is, however, a useful mechanism for initiating further investigations of potential outlier performance.</p> <p>In response to a query from EY, RA confirmed that the NJRC continued to monitor the data for potential outlier performance.</p> <p>In response to a question from PD about the issue relating to the entry of data by a surgeon, RA explained that the concern related to the representation and interpretation of the data on the funnel plot. MPo agreed that that further clarity on the funnel plot was required and that this should</p>	

	<p>include improved labelling of the funnel plot axes.</p> <p>EY confirmed RCS CEU costs (based on daily rates) and provided a minimum and maximum value based on work lasting between 10 and 14 days. The review could take longer if there were significant issues or queries raised as a result of the review.</p> <p>It was agreed that the review and testing of the two methods be based only on NJR data and not linked HES-NJR data as had been raised in the past.</p> <p>BD was concerned that the review may result in no single conclusion being drawn. BD summarised the work to be undertaken by the RCS CEU.</p> <p><b>Agreed that: MPo and PG agree the axis labelling with the RCS CEU. The work should result in a recommendation of which of the methods should be used as a report within <i>NJR Clinician Feedback</i>.</b></p> <p>KT considered that there was merit in considering the implementation of a report, as suggested by PH, that provided surgeons with basic statistical information. PH stated that this report should not replace the current funnel plot but should provide information about what procedures surgeons had carried out and what their revision rates were at 1 and 3 years. PH stated that it would be useful if rates could be compared. PH reported that the need for this type of report had been supported by the RCCs at their previous meeting.</p> <p>RA indicated that it would take at least 4 weeks to implement such a report in <i>NJR Clinician Feedback</i> but BD stated that, whilst it would be beneficial to have it completed in time for the BHS meeting, it should not be undertaken in haste at risk of introducing errors.</p> <p><b>Agreed that: The NJRC are to prepare a paper for the next NJRSC meeting, outlining a specification for a report providing surgeons with 1 and 3 year revision rates.</b></p> <p>The meeting agreed with AM's comment that other members of the SC should be informed of discussions and activities so that they are able to provide comment in future.</p> <p><b>4.2 Supplier Requirements</b></p> <p>RA reported that the Supplier Day held at the ABHI offices on 13<sup>th</sup> of January had been very useful. MB confirmed that agreement had been reached on the general types of information required for a supplier version of <i>NJR Clinician Feedback</i>. These included ODEP submissions, revision rates, and marketing type information.</p> <p>AS confirmed that information that would enable the completion of ODEP submissions would be a real benefit to suppliers</p> <p><b>Agreed that: The NJRC to work with MB in order to draw up a set of requirements for approval by the Steering Committee.</b></p>	<p>PG/MPo</p> <p>NJRC</p> <p>NJRC/MB</p>
5	<p><b>Meeting with the BOA President</b></p> <p>BD reported that he attended a meeting with the new President of the BOA, Clare Marx. The meeting, which had no formal agenda or minutes, took place at the request of the President and EY and PG attended with BD. The President had expressed a number of issues and concerns:</p> <p><b>1. 5<sup>th</sup> Annual Report.</b> In response to the delay in the publication of the 5<sup>th</sup> Annual Report, BD had explained that it was necessary to produce an accurate document and not one that would be open to questions. There had also been a significant increase in the volume of data that needed preparation. Whilst there had been a delay in the letting of a contract for the analysis of the data, further delays had been caused by protracted discussions over the accuracy of certain topics between statisticians. Members of the Steering Committee had agreed that it was essential to produce an accurate report.</p> <p><b>2. Link between the President of the BOA and the NJR.</b> The President suggested that MPo replace Mr Tim Wilton as the link between the BOA and the NJR as he was a member of both the Council of the BOA and the NJR Steering Committee and that 6 monthly meetings should take</p>	



	<p>data and would, therefore, be avoid to be detected.</p> <p>BD stated that there should be further discussion on RB's proposal for a form of NJR accreditation in place of making the NJR mandatory.</p> <p>KT highlighted the mandation of PROMs and the link to the tariff, and suggested that the NJR could consider a similar approach. With regard to outlier analysis, he felt that poorly compliant units should be treated more suspiciously and greater attention focused on them.</p> <p>RB rounded off the discussion by reassuring members that he fully supports a mandatory NJR and is actively considering other measures.</p>	
<p><b>7</b></p>	<p><b>NJR Editorial Board</b></p> <p>BD confirmed his action to appoint MPo as the Chair of the Editorial Board and reported that the appointment had not been contested. He explained that an afternoon meeting of the Editorial Board was the reason for the early closure of the Steering Committee meeting.</p> <p>MPo reported that the first meeting of the Editorial Board had been held on the 18<sup>th</sup> of December. The meeting had agreed the Board's Terms of Reference and agreed its attendees as: <b>MPo, KT, PH, PG, AM, EY, Northgate</b>. MPo outlined the proposed changes to the 6<sup>th</sup> Annual Report, the topics to be developed, and the expansion of those topics into short, medium, and long term projects. The topics for the 6<sup>th</sup> Annual Report were to be agreed that afternoon. In future, the Annual Report would be a shorter document with topics published separately on the website.</p> <p>MPo expressed his desire to make the Editorial Board responsible for discussing and handling research requests, rather than setting up a second board. He felt that the Editorial Board should be responsible for reviewing external project proposals to ensure consistency in approach and reporting. MPo recognised that the NJR would have to think more widely as other joints were added to the Registry and his view was that the Board should be there to facilitate rather than control. He also recognised the need to expand into pharmaceutical trials and become involved in genetic research and epidemiological studies as well as collaborating with other national and international working groups.</p> <p>BD thanked MPo for his update and his contribution to date and proposed that research and research proposals forms part of the Editorial Board's responsibilities. In proposing this, BD advised that any contracts for the analysis of research studies should be separate to the contract for the Annual Report. The meeting agreed BD's proposal and recommendation.</p> <p>RB confirmed that, as individual studies are identified, HQIP would put these out to tender: this would include future annual reports.</p>	
<p><b>8</b></p>	<p><b>Business and Finance.</b></p> <p>RB reported that he was keen to provide clarity with regard to the available funding and proposals on how it should be spent. HQIP would be administering all the NJR budget and have agreed with DH that any annual surplus should be retained by the NJR.</p> <p>In presenting the figures to the meeting, EY explained that the figures were to be used for planning further work and considering the level at which the levy should be set.</p> <p>The projected income for the year ending 31<sup>st</sup> March 2009 was £3.1M. EY outlined the cost allocation for the management of the NJR contract. There would be an inflationary uplift on the NJR contract extension and changes would be made to Northgate's resource profile.</p> <p>EY informed the meeting that whilst any surplus would remain with the NJR, securing the surplus was dependent upon a clear plan, tied to objectives, for spending it.</p> <p><b>8.1 NJR Strategic Plan 2008 - 2010</b></p> <p>EY reported that the Strategic Plan reflected the priorities identified during the facilitated workshop</p>	

	<p>held previously. There were some additions added around the extension of the NJR to Guernsey, Scotland and Eire. EY also stated that it was important for the Editorial Board to ensure that all research proposals were identified in order to make cost provision for them.</p> <p>EY asked members to consider how the 2009/10 surplus should best be allocated, so that a proposed plan be submitted to the next meeting of the Steering Committee. She requested members to email her with thoughts and suggestions. As it was essential that costs be included in the plan.</p> <p><b>Agreed that: Suggestions be forwarded to EY as soon as possible.</b></p> <p>RB informed members that a draft, Strategic Plan had to be submitted to DH as soon as possible but that it could be formally approved at the next meeting of the Steering Committee.</p> <p>MPO suggested that more RCs could be recruited to help sort out data quality issues in addition to rewarding units with high levels of compliance, consent, and linkability.</p> <p><b>Agreed that: The current plan was noted but the afternoon of the next Steering Committee meeting would be devoted to discussing and confirming the Strategic Plan.</b></p> <p><b>8.2 NJR Finance Report (September to December 2008)</b> The finance report for the reporting period was received and noted.</p> <p><b>8.3 NJR Levy</b> It was agreed to increase the current levy of £20 to £21 for the financial year 2009-10.</p>	<p><b>ALL</b></p> <p><b>HQIP</b></p>
<p><b>9</b></p>	<p><b>NJR Research Study Proposals</b></p> <p><b>9.1 Scottish Registry</b> At the previous meeting of the Steering Committee, members had expressed concern that there may be commercial interest in the request for a copy of the NJR component database. Further discussions did not indicate that this was the case. There were two questions to be resolved: firstly, was it appropriate to provide the Scottish Register with this data considering the cost involved in collecting it in the first instance? Secondly, how did this relate to the inclusion of Scotland in the NJR as outlined in the Strategic Plan?</p> <p><b>Agreed that: Further discussions were required and a meeting was to be arranged with Mr Colin Howie.</b></p> <p><b>9.2 Nuffield Orthopaedic Centre Data Request</b> RA reported that the proposed study did not require MREC approval and that no patient or surgeon identifiers would be given. It was estimated that it would take a day to prepare the necessary data. MPO raised concerns about the approach of the study and it was agreed that the NJRC should write to the NOC outlining the concerns and asking for more detail about the proposed study.</p> <p><b>9.3 Research Request: Mr Timperley</b> CNe provided an update and informed that a final meeting with Mr Timperley had been due to take place that week but had had to be re-arranged. The purpose of the meeting was to agree the proposed dataset required for the study, which had already been sent to Mr Timperley.</p> <p><b>9.4 Research Requests</b> It was agreed that these should be considered by the Editorial Board during their meeting that afternoon. BD reported that he had received a letter from a surgeon stating that he would no longer be submitting data to the NJR because he did not agree with the summary of a piece of research contained within a press release: the published research had involved members of the Steering</p>	<p><b>NJRC</b></p> <p><b>NJRC</b></p>

	<p>Committee. BD's suggestion was accepted.</p> <p><b>Agreed that: A disclaimer be provided for research that contained conclusions that were not endorsed by the NJR and that this be included in the responsibilities of the Editorial Board.</b></p>	<b>MPo</b>
<b>10</b>	<p><b>MDSv3 Dataset Review</b></p> <p><b>10.1 MDSv3.1 Business Case</b></p> <p>The Business Case for the development of MDSv3.1 was received and approved.</p> <p><b>Agreed that: The proposals for the inclusion of additional surgeon grades was to be discussed with the surgeon members of the Steering Committee outside of the meeting.</b></p> <p>Post Minute Note: From discussions between the surgeons, it had been agreed to provide two additional surgeon grades of F1-ST2 and Specialty Doctor/SAS and to change the SPR/ST3+ to SPR/ST3-8. The NJRC are now to formalise the request and implement as part of MDSv3.1.</p> <p><b>10.2 Individual Surgeon Portfolios</b></p> <p>RA informed the meeting that providing reports as records of procedures undertaken was technically feasible and that it would be best deployed through <i>NJR Clinician Feedback</i>. The reports would be designed to support the appraisal process and would be printable. The proposal was generally supported although it was clear that further discussion was required.</p> <p><b>Agreed that: The NJRC were to discuss the requirements further with KT.</b></p>	<p><b>NJRC/PG /MPo/KT/ PH</b></p> <p><b>NJRC</b></p> <p><b>NJRC</b></p>
<b>11</b>	<p><b>Quarterly Statistics Report</b></p> <p>PG queried the proportion of primary hip replacement procedures being undertaken in independent healthcare sector units and CNe was asked to confirm the figures quoted.</p> <p>The report was received and noted.</p>	<b>NJRC</b>
<b>12</b>	<p><b>Quarterly Management Report</b></p> <p>BD suggested that, as we were nearing the target compliance figure of 95%, the RCs could spend some time auditing the quality of the data submitted. This requirement was already under consideration by the NJRC.</p> <p>The report was received and noted.</p>	<b>NJRC</b>
<b>13</b>	<p><b>Election of NJRSC Vice Chair</b></p> <p>PG was re-elected, unopposed, as the Vice Chair of the Steering Committee.</p>	
<b>14</b>	<p><b>Any Other Business</b></p> <p><b>14.1 Metal on Metal Study.</b> Concern was raised about the lack of information about the study coming into the Steering Committee. CB confirmed that the data provided through the NJRC was currently being analysed and that a teleconference had been arranged for a follow up discussion.</p>	<b>PH</b>
<b>15</b>	<p><b>Date and Time of Next Meeting and Meeting Schedule for 2009/10:</b></p> <p>The next meeting would be at 1030 on Wednesday, 22<sup>nd</sup> of April.</p> <p>The following meeting dates were agreed:</p> <p><b>Thursday, 9<sup>th</sup> of July 2009</b>  <b>Tuesday, 20<sup>th</sup> of October 2009</b>  <b>Thursday, 28<sup>th</sup> of January 2010</b></p>	