

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting: NJR Steering Committee **Date:** Wednesday 28th July 2010

Location: Mary Ward House, 5 – 7 Tavistock Place, London, WC1H 9SN

Members Present:	Prof Paul Gregg	PG	Acting Chair, Orthopaedic Surgeon
	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Mary Cowern	MC	Patient Representative
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MPo	Orthopaedic Surgeon – <i>attended morning session</i>
	Dean Sleigh	DS	Orthopaedic Device Industry Representative
	Andy Smallwood	AS	NHS Supply Chain Representative
	Keith Tucker	KT	Orthopaedic Surgeon
Regular Attendees:	Alex Henderson	AH	Committee Administrator, Healthcare Quality Improvement Partnership (HQIP)
	Mike Robinson	MR	Research Officer (NJR), HQIP
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Meeting Invitees:	Robin Burgess	RB	Chief Executive Officer, HQIP
	Dr Crina Cacou	CC	Medicines & Healthcare Products Regulatory Agency (MHRA)
	Peter Howard	PH	Chair, NJR Regional Clinical Co-ordinators' Network
	Robin Rice	RR	Welsh Assembly Government Representative
Apologies:	Richard Armstrong	RA	Programme Director, Northgate
	Andy Crosbie	AC	MHRA
	Charlotte Humphry	CH	Programme Manager, Northgate
	Khalid Razak	KR	MHRA
	Andrew Woodhead	AW	NHS Management Member

REF	ITEM	Action
1.	<p>Welcome and Apologies for Absence</p> <p>PG opened the meeting and welcomed Mike Robinson, who was attending his first Steering Committee meeting since he joined HQIP as the new NJR Research Officer.</p> <p>Apologies were received and noted.</p> <p>PG congratulated MPo on his future appointment as President of the British Orthopaedic Association during 2012 – 2013.</p> <p>PG informed members that Andrew Lansley (Secretary of State for Health) had highlighted the work of the NJR during a recent speech to the British Medical Association as a good example of quality and outcomes measures.</p>	
2.	<p>Minutes of the previous meeting held on 27th April 2010</p> <p>The minutes were accepted as a true and correct record.</p>	
3.	<p>Action List from meeting held on 27th April 2010</p> <p><u>Action 1 from previous list:</u> EY informed members that she was still waiting for confirmation from the Department of Health (DH) that the Cabinet Office had approved the reclassification of the NJRSC from an 'Advisory Non-Departmental Public Body' to an 'Expert Committee'. Subject to this, the restructure of the NJRSC was pending.</p> <p>Agreed: EY would keep members updated on this matter</p>	EY
4.	<p>Matters Arising (not appearing elsewhere on the Agenda)</p> <p>4.1. Component Management System Project [Previous minute ref: Item 4.2]</p> <p>MS reported that the project should be finalised mid-September 2010.</p>	NJRC
	<p>4.2. Supplier Feedback System [Previous minute ref: Item 13.b]</p> <p>MS reported completion of the system by mid-September, in line with the Component Management System, and that it would be presented at the BOA Congress. He agreed to update MB and DS ahead of this.</p>	NJRC
	<p>4.3. NJR 6th Annual Report – Data Query [Previous minute ref: Item 4.4]</p> <p>MPo informed members that an audit had been carried out on the relevant HES revision cases. There appeared to be a discrepancy as to what was being classified as a revision, and in future, a definition would be included in the 7th (and ongoing) NJR Annual Reports. MPo had written to the manufacturer to explain the outcome of the data review and offered a meeting ahead of the BOA Congress in September.</p>	

<p>5.</p>	<p>Update from the NJR Sub-Committees</p> <p>5.1. Regional Clinical Co-ordinators Network</p> <p>PH confirmed that the RCC minutes were draft only and highlighted the following issues:</p> <ol style="list-style-type: none"> I. Issues related to the 7th Annual Report had been raised at the Editorial Board. II. It had finally been agreed that a hemi-arthroplasty procedure would be classified as a primary total hip replacement. Ahead of the 8th Annual Report, discussions would be held as to whether the procedure should be handled separately in the report. III. Attendance at RCC meetings had improved. Regarding vacant RCC posts, Keith Ions would represent North-West SHA, and Marcus Bankes, London SHA . Written confirmation was being handled by HQIP. 	
	<p>5.2. Outliers Sub-Committee</p> <p>Following a query from PG, EY clarified the 4th action from the Outlier minutes dated 13th July stating '<i>Northgate would liaise with PG regarding the letter to be sent to the CEO's in the private sector.</i>' The term CEO related to the CEO of a private hospital group, and the letter would invite their comments on the outlier process</p> <p>Implant Outlier Group</p> <p>The NJRSC agreed that an Implant Outliers Group, reporting to the Outlier subcommittee, should be established.</p> <p>Membership of the group was agreed as follows: KT (Chair), MC, (with recognition that responsibility would be jointly shared when another NJRSC patient representative had been appointed), CNa, DS, AS, CC, MB, PH, HQIP and Northgate representatives,</p> <p>CC suggested involving an independent statistician in the group. EY mentioned Claire Newell, Northgate, fulfilled this role, but it was agreed that once the NJR Tender LOT 2 (Statistical Support) provider had been awarded, they should also be represented.</p> <p>KT confirmed that he was trying to organise the first meeting of the group at the BOA conference in Glasgow. EY noted that all members would not be present at the event, but it was agreed that most would probably be able to attend.</p> <p>Agreed: To review the membership after the initial meeting.</p> <p>Proposed New Surgeon Outlier Process</p> <p>Members reviewed a revised process which PG noted had been supported by the Outlier Sub-Committee, and following discussion with them, by Professor Sir Bruce Keogh and Jan van der Meulen, RCS/CEU. He explained the recommended changes as follows:</p> <ul style="list-style-type: none"> • From bi-annual to annual reporting, to alleviate the associated workload for the 	<p>KT</p>

- NJR, and to bring the reporting schedule in line with other national audits;
- To provide detailed reports to individual Trusts with data sent to CEOs directly and anonymously, except where a potential outlier(s) had been identified, when the surgeon identity would then be disclosed.

EY stated that although these principles had been agreed, work was required to establish a formal operational process for how this would be undertaken. She also expressed concern that annual reporting may be perceived as a backward step, because currently the NJR was considered an example of best practice of outlier management precisely because reporting was more frequent and undertaken at an individual clinician level. PG disagreed, as he did not feel that the bi-annual reporting process was effective, or the associated workload sustainable. MB also confirmed that the Swedish Joint Registry undertook annual reporting.

MC stressed that as the patient representative she wanted to feel confident in an annual reporting process, and feel assured that further problems would not arise from poorly performing surgeons continuing to operate as they were not being identified swiftly. PG suggested that there could be an interim review of the data at six months, and an escalating outlier surgeon that was identified could then be brought to the Trust's attention at an earlier stage. MC was supportive of this suggestion.

RB suggested that the NJR should liaise with the DH, because although Sir Bruce Keogh had personally expressed support of annual monitoring to PG, the DH as a whole had firmly expressed that annual reporting was not desirable. He stressed that any proposal should go through a verification process whereby patients could be reassured that annual reporting was not a weakening of control.

RB asked members if they had considered external publication of the anonymised annual report of outliers. He advised that the DH were currently driving to publicise all available data to patients. PG suggested that each Trust with an outlier surgeon could be publicised on the NHS Choices website, and the patient could then request further information from the Trust. CN stated that while patients can choose the unit in which they have their procedure; they are not able to choose the surgeon. RB agreed that the NJR were not in the position at the current stage to publish names of individual surgeons, but the units should be made known to the public and it was agreed the mechanism for this should be explored. Noted that the NJRSC approved in principal the submission of Trust level outlier data subject to the response of NHS Choices. MS reported that NHS Choices wanted to list detailed information about procedures conducted in each hospital. Members wished to see the specific data they proposed to publish, but approved in principal.

DS raised the issue that as the NJR was not a mandatory data set, a danger was that a hospital that did not submit data could not be 'named and shamed' whereas a hospital that did submit data would be identified as having an outlier surgeon. He was concerned that the hospital may decide to stop submitting data to the NJR to avoid being publicly shamed and this would have a negative impact on the Registry.

MPO informed members that the BOA was willing to provide an extra tier of support to potential outliers. It provided surgeons with a view from an independent contact if they felt they had been managed badly. He stated that the function of the NJR was to provide the data, but it was not responsible for dealing with the issues it highlighted. The support of the BOA could be included in the report and letter to the Trust's CEO.

	<p>Agreed:</p> <ul style="list-style-type: none"> • The NJRSC supported in principle the proposal for a system of annual reporting, pending development of a detailed process for managing this to include liaison with the BOA about supporting outliers. • The proposal for a new annual reporting system would be submitted to the DH for approval. • A six-monthly interim report would be produced to highlight any poorly performing surgeons, and Trusts would be notified accordingly if necessary. • MS would contact NHS Choices and request clarification on which data would be published on their website. 	<p>PG/HQIP</p> <p>NJRC</p> <p>MS</p>
	<p>5.3. Editorial Board</p> <p>5.3.1. Meeting</p> <p>The minutes were received and noted.</p> <p>5.3.2. 7th Annual Report</p> <p>MPO reported that M&M were producing a draft version of the report for final review before printing began. He recommended that the members who had not yet reviewed the draft should do so.</p> <p>PG thanked MPO for the work he had put into producing the report.</p>	
	<p>5.4. Research Sub-Committee</p> <p>5.4.1. Meeting</p> <p>AM was pleased to announce the appointment of MR. The standard operating procedure for handling research applications had been approved by HQIP and was now in operation. There had been approximately 15 applications on hold and they had been requested to fill out the new forms, some of which had then submitted new applications.</p> <p>AM highlighted some discussions from the previous Research Sub-Committee meeting.</p> <p>a) Composition and constitution of the Research Sub-Committee</p> <p>The sub-committee's membership currently comprised of members of the Editorial Board, and membership would be reviewed at a later date.</p> <p>b) Research Strategy</p> <p>There was general consensus that the NJR required a general research strategy. A list had been compiled that incorporated topics in the annual reports and those included in the NJR strategic plan. The intention was to publish the list on the NJR website.</p>	

	<p>Engagement with Arthritis Research UK (ARUK)</p> <p>ARUK was a major charity that supplied funding for musculoskeletal disorders in the UK. They had approached the NJR to find out what kind of data was held and to discuss potential collaboration with the NJR.</p> <p>Some members of the Research Sub-Committee attended a meeting with ARUK on 7th July to discuss organising a joint workshop in March.</p> <p>EY confirmed that the NJR would be able to contribute if it was felt there was merit in collaboration.</p> <p>It was felt that the workshop should badge both the NJR and ARUK as sponsors of the meeting if the NJR did contribute financially. AM suggested that the NJR should organise part of the programme for the workshop. The initial value forecasted was circa £20,000 which was seen as being excessive by the NJRSC.</p> <p>Agreed: In principle, subject to agreement of the programme organisational arrangements and costs, to collaborate with ARUK and contribute to costs for the workshop.</p> <p>5.4.2. Research Request</p> <p>A request from Paul Baker was received, and PG explained that it had been discussed at the Research Sub-Committee, and agreed in principle. As PG had an interest in the request, he offered to leave the meeting during its discussion, but members felt that as Acting-Chair, he should be present.</p> <p>It was noted that the NJR had previously agreed to contribute money to the DH PROMs study, and in return it was agreed that the NJR would be provided with the DH PROMs data for a specific project. David Nuttall, DH, had confirmed that national PROMs data would be available to the NJR at the end of September, and then at six-monthly intervals.</p> <p>Attention was drawn to the fact that the associated contract between the DH and NJR allowed the DH access to limited NJR data fields through the NJRC. PG stated that whilst the NJR contributed to funding of the DH PROMs study, he did not recall agreement to give the DH access to the NJR database.</p> <p>EY expressed concern that this continued to be a recurring issue at NJRSC meetings even though the NJR had now made two annual payments to the DH for this purpose. She stated that the contract, which included a list of the data fields the DH could access, had been circulated to all members for agreement when it was originally drawn up, and subsequently again for clarification.</p> <p>PG confirmed that it would be more appropriate to consider this further if necessary as part of the review and development of the NJR Strategic Plan at the next NJRSC meeting in October.</p> <p>Agreed: The strategy document would be reviewed at the next NJRSC in October.</p>	<p>HQIP</p> <p>HQIP/ALL</p>
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	<p>5.5. Development Sub-Committee</p> <p>5.5.1. Incorporation of Elbows and Shoulders</p> <p>MS reported that the development was complete, subject to testing, and the deadline to incorporate elbows and shoulders remained the end of September/beginning of October.</p> <p>However, he reported that the Review of Central Returns (ROCR) had put a hold on processing applications and submissions following the election. MS had forwarded Andrew Lansley's speech through to ROCR to highlight the Government's support for the NJR.</p> <p>5.5.2. Incorporation of Northern Ireland</p> <p>EY reported that although there was initial interest received from Northern Ireland with regards to joining the NJR, no formal response had been received despite attempts to facilitate the matter.</p> <p>It was noted that Mike Bell, President, BOA, had also written to recommend Northern Ireland joined the Register.</p> <p>Agreed: HQIP would write to David Betherford to explain that the NJR had not received confirmation that Northern Ireland wished to join the NJR, therefore the process would be put on hold until confirmation was received, or clarity about how the NJR could facilitate this matter further.</p> <p>5.5.3. Incorporation of Guernsey</p> <p>EY had written to Guernsey to thank them for their interest in joining the NJR. Further action would be put on hold until the end of summer when the NJR tender process had been completed.</p> <p>Agreed: HQIP would follow up with Guernsey in the autumn.</p>	<p>HQIP</p> <p>HQIP</p>
	<p>5.6. Stakeholder Engagement & Communication Sub-Committee</p> <p>MW reported that the first meeting of the sub-committee would be convened when the NJR tender process was finalised.</p> <p>The RCC Network had been supportive of this new sub-committee and Colin Esler (Vice-Chair) had agreed to be a member.</p>	
<p>6.</p>	<p>NJR Strategic Plan</p> <p>6.1. NJR PROMs Study Proposal</p> <p>AM reported on the proposal to extend the length of the PROMs study by conducting follow-up surveys at 1/3/5 years after the patient's procedure. The study would build upon the current DH National PROMs study that only conducted follow-up at six months.</p>	

	<p>It was estimated that 35,000 NJR patients would be sent the questionnaires. Once the relevant ethical and logistical approvals were received the questionnaires would be sent out in October.</p> <p>MC informed members that when she had spoken to her organisation, there was a consensus that it would be useful to focus on patient's experiences and their quality of life, and not just on clinical outcomes. PG thought it would be useful for MC to review the questionnaire and Northgate agreed to forward it to her. However AM explained that there was a limited timeline to include additional questions and thought that the questionnaire would be circulated in its current form.</p> <p>The 1 year follow-up form would initially be sent to patients who had returned the pre-operation and six monthly follow-up questionnaires.</p> <p>KT queried whether the questionnaires could be completed electronically, but MS confirmed that for confidentiality reasons the questionnaires would be sent by post with a barcode containing the patient's information.</p> <p>Agreed: Northgate would forward the PROMs follow-up questionnaires to MC.</p>	<p>Northgate</p>
	<p>6.2. DNA Biobank Study</p> <p>AM reported that following the previous NJRSC, the proposal had been referred to 3 people for external peer review. All 3 supported the proposal.</p> <p>Members thought the cost of the study was expensive and considered asking the University to review costs which were three times the funding allocated to this project in the Strategic Plan. However, after reviewing the breakdown of costs involved, AM did not think the costs could be reduced dramatically.</p> <p>PG queried what position the NJR would be in if it contributed financially. AM suggested splitting the project into two sections: a pilot study to confirm feasibility of the project and a full study if it was confirmed this should go ahead. There was also concern that by contributing, it could set a precedent that the NJR was a grant giving body.</p> <p>Agreed: AM would contact Mark Wilkinson to discuss the costing and strategy of the study in further detail.</p>	<p>AM</p>
	<p>6.3. HES/NJR Linkage Audit</p> <p>EY informed members that the business case for this project had been approved for action. MS stated that the aim was to have the audit complete by the end of February, and he would keep members updated on progress.</p>	
	<p>6.4. Extension of NJR Feedback to Hospital Management and Improvement of Clinician Feedback</p> <p>MS reported on the proposal to provide Trusts with a dashboard of key indicators which could be used to measure performance.</p>	

	<p>The data could be made available online to enable patients or managers to review how a Trust was performing. A quarterly email with the indicators would be sent out to hospital management at Trusts.</p> <p>KT stated that the system provided a convenient way of holding departmental meetings as the Clinical Director of the Trust would be able to run a report prior to their monthly audit meeting.</p> <p>It was noted that the project was still in its development stage and would need to be trialled.</p> <p>Agreed: The business plan for the Extension of NJR Feedback to Hospital Management and Improvement of Clinician Feedback was approved in principal, but further development was required and the NJRSC would be kept informed.</p>	<p>NJRC</p>
	<p>6.5. Recruitment of NJR Research Fellows</p> <p>Members reviewed the proposal submitted by PG and MPo, to fund 2 NJR research fellows.</p> <p>EY confirmed that funding was available for the posts, although stated that an understanding was needed about how the posts would fit in with the NJR Lot 2 tender (statistical service), and about the job description and accountability and arrangements.</p> <p>Agreed: The NJRSC approved the proposal and HQIP would liaise with PG and MPo to move forward with recruitment.</p>	<p>HQIP/PG/MPo</p>
<p>7.</p>	<p>NJR Finance Report Q1 (April – June 2010)</p> <p>The Finance Report for Q1 was received and noted.</p> <p>EY informed members that future finance reports would contain further detail relating to the Strategic Plan to enable members to monitor its development.</p> <p>It was noted that development of the Strategic Plan for 2011-2013 was required.</p> <p>Agreed: The Strategic Plan development would be an agenda item at October’s NJRSC.</p>	<p>PG/HQIP</p>
<p>8.</p>	<p>Quarterly Statistics Report Q1 (April – June 2010)</p> <p>The QSR for Q1 was received and noted.</p> <p>MS explained that the slight drop in the consent rate was due to some hospitals that had started to submit data, but did not yet have a process in place for collecting patient consent.</p>	
<p>9.</p>	<p>Quarterly Management Report Q1 (April – June 2010)</p> <p>The QMR for Q1 was received and noted.</p>	

<p>10.</p>	<p>Any Other Business</p> <p>10.1. British Orthopaedic Trainees Association (BOTA)</p> <p>KT had spoken to Howard Cottam (President, British Orthopaedic Trainees Association - BOTA) and met with MS to discuss how to involve Orthopaedic trainee surgeons with the NJR. It was established that trainee surgeons were not being registered and more publicity was required to make the trainees aware of the NJR which would be conducted through BOTA and the Royal College of Surgeons (RCS).</p> <p>10.2. Metal on Metal</p> <p>CC confirmed that the Metal on Metal report had been presented to the BOA and the indemnity issue had been resolved.</p> <p>10.3. Best Practice Tariff</p> <p>DS suggested the NJR could engage with the DH team who are managing the Best Practise Tariff project to see if the NJR could use a similar arrangement for hip and knee arthroplasty data to encourage more participation, as the NJR was currently not at a mandatory stage. This would be explored.</p>	
<p>11.</p>	<p>Date and Time of Next Meeting</p> <p>Thursday 28th October 2010, 10.30 am – 4.30 pm Venue to be confirmed</p>	<p>HQIP</p>