



NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting:	NJR Steering Committee	Date: Tuesday 26 th July 2011
Location:	Princess Alice Room, MIC, 81-103 Euston St, London, NW1 2EZ	
Members Present:	Laurel Powers-Freeling	LPF Chair
	Prof Paul Gregg	PG Vice Chair, Orthopaedic Surgeon
	Mick Borroff	MB Orthopaedic Device Industry Representative
	Dr Crina Cacou	CC Medicines & Healthcare Products Regulatory Agency (MHRA)
	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
	Dean Sleigh	DS Orthopaedic Device Industry Representative
	Andy Smallwood	AS NHS Supply Chain Representative
	Keith Tucker	KT Orthopaedic Surgeon
Attendees:	Richard Armstrong	RA Programme Director, Northgate
	Robin Burgess	RB Chief Executive Officer, Healthcare Quality Improvement Partnership (HQIP)
	Alex Henderson	AH Committee Administrator, HQIP
	Peter Howard	PH Chair, NJR Regional Clinical Co-ordinators' Network
	Nicky Pearson	NP Programme Manager, Northgate
	Robin Rice	RR Welsh Government Representative
	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
Apologies:	Andrew Woodhead	AW NHS Management Member

REF	ITEM	ACTION
1.	<p>Welcome and Apologies for Absence LPF opened the meeting and welcomed those present.</p> <ul style="list-style-type: none"> • She introduced herself as the new Chair and gave a brief background of her interest in the NJR and her experience as a hip replacement patient. • It was noted that for this meeting only, general business would be conducted in the morning to allow NJR Strategy discussions to be held in the afternoon. • Apologies were noted. 	
2.	<p>Minutes of the previous meeting held 18th January 2011</p> <ul style="list-style-type: none"> • Typographical correction made to item 7.1.a (RCC Network meeting held 7th December 2010), first bullet point: <i>The NJRSC were satisfied that the compliance rate would be against a benchmark of 95%. (Not 59% as noted in the minutes).</i> • The minutes were then accepted as a true and correct record. 	
3.	<p>Matters Arising (not appearing elsewhere on the agenda)</p>	
	<p>3.1. NJRSC minutes correction: 28th October 2010, item 8.5 MR clarified that reference made to the 'University of Bristol' was incorrect and should have read 'Bristol University'. Agreed: The minutes would be amended accordingly and apologies offered to the University of Bristol.</p>	MR
	<p>3.2. Incorporation of Northern Ireland (NI) [previous minute ref: 3.4] EY reported on the latest development whereby on 27th May she had travelled to NI with Peter Kay and Mike Kimmons (BOA), to meet with the Chief Medical Officer, Dr Michael McBride and Gavan McAlinden, Consultant Orthopaedic Surgeon. Both had expressed their enthusiasm for NI to be incorporated into the NJR, but requested further information, particularly regarding the benefits and cost implications. Since this meeting EY had been contacted by the Commissioners in NI and provided relevant information for their consideration.</p> <p>In addition it had been agreed with the BOA to take the opportunity to hold a dedicated workshop session with colleagues from both NI and Southern Ireland at the BOA Congress in Dublin in September. This session would include an open meeting to explain the value of registries and benefit to Ireland of joining the NJR, and then a closed meeting to discuss detail with interested parties.</p>	
	<p>3.3. HES Revision Audit [previous minute ref: 3.5] NP reported that the pilot had been successfully completed, and thanked MPo for his assistance. Permission had also been granted from the Welsh Government for PEDW data to be used. Agreed: Northgate would send correspondence to Wales.</p>	Northgate
	<p>3.4. NJRSC vacancies [previous minute ref: 3.8] EY confirmed that adverts had been placed for the vacant Patient Representative and Independent Sector positions on the NJRSC. The closing date for applications was 11th August with interviews due to be held w/c 12th September.</p>	
	<p>3.5. HES Data [previous minute ref: 3.6] PG enquired about progress with the IC on streamlining processes with the NJR. RA confirmed that a meeting with the IC was being scheduled. Agreed: RA would keep the NJRSC informed of progress.</p>	RA
	<p>3.6. BMI – The London Independent Hospital [previous minute ref: 3.9] MS confirmed that he was still waiting for clarification from the Care Quality Commission (CQC) about guidance and wording on mandation for the private sector. Agreed: Following confirmation from the CQC, Northgate would liaise with PG</p>	Northgate/

	regarding the letter he had agreed to send to the CEO of the BMI on data quality.	PG
	3.7. NJR Mandation LPF confirmed that Sir Bruce Keogh had confirmed that the NJR was mandated.	
4.	Incorporation of Elbow and Shoulder Joints MW informed members that ROCR had approved the NJR's application to include elbows and shoulders and that Northgate were due to restart development in September. Referring to a request for incorporation of shoulder PROMs, she explained that the cost of undertaking this had not been included in the original business case, and costs had been quoted by Northgate as £94,130 for system development and £26,460 for ongoing costs to cover 2 yearly interval follow ups. Members expressed surprise at the high costs. KT suggested that with the inclusion of additional joints elbows, shoulders and ankles to the NJR, it should be considered whether these joints were seen as an 'add on' to the NJR or as equal status to hips and knees and, if the latter, whether the NJR should have representation at these joint association meetings. This would be considered as part of the review of NJR Governance arrangements. Agreed: That further detail was required regarding shoulder PROMs in liaison with the British Elbow & Shoulder Society (BESS).	HQIP/ Northgate
5.	NJR Data for Care Quality Commission (CQC) Quality and Risk profile EY presented a paper outlining proposed arrangements for data sharing with the CQC. RA confirmed that data provided to the CQC would be summary data only. EY requested members to consider and approve the following four NJR indicators which it had been suggested could be incorporated into the CQC quality & risk profile: <ol style="list-style-type: none"> 1. Compliance by Unit: Comment: The NJRSC supported use of this indicator. 2. Revision rates by Unit (suggested 1, 3 & 5 years): Comment: The NJRSC expressed concern about this indicator. 3. Use of thromboprophylaxis: Comment: The NJRSC required further definition for this indicator. 4. Volumes of activity by Unit: Comment: The NJRSC were unsure of how volume related to quality. It was considered that it would be beneficial to have NJR indicators incorporated into the CQC quality & risk profile, but that further discussion between the NJR and the CQC was required to agree which indicators should be used. Agreed: To support the principle of data sharing with the CQC but to discuss this in more detail prior to agreeing relevant indicators. EY would arrange a meeting with the CQC to include NJRSC representation. RR noted that unfortunately neither mandation (3.7 above), nor working with the CQC, were currently applicable options in Wales, but that extension of these initiatives would be beneficial to Wales.	EY
6.	Update from the NJR Sub-Committees	
	6.1. Regional Clinical Co-ordinators Network a) Minutes of the previous meeting (30th June 2011) PH raised a problem with the NJR measurement of compliance which had not been included in the draft RCC minutes, but would be incorporated into the final version, He outlined that patients who were sent from NHS Trusts to the private sector, for operations as NHS patients, were still recorded on HES as having their operation carried out in the NHS Trust. This had the affect of significantly lowering a Trust's compliance rate, i.e. a difference of 20-30% in Sheffield and Derby. Agreed: That PH would review in more detail and investigate whether there is a way of correcting for this. b) NJR Minimum Dataset	PH

	<p>Agreed: Following annual review by the RCC's, changes to the dataset were accepted.</p>	
	<p>6.2. Outlier Sub-Committee (Surgeon Data) a) Minutes of the previous meeting (13th January 2011) The minutes were received and noted. CC requested a change to item 7, paragraph 2. Sentence to read as: <i>CC expressed a request from the MHRA for the NJR to look at the survivorship of all 36mm MoM heads. 'Cemented and uncemented, metal and ceramic' to be deleted from the sentence. This change was approved.</i> PG confirmed that dates for this sub-committee would be planned a year in advance. It was noted that all sub-committees would try to plan meetings in advance.</p> <p>b) Outlier Reports PG thanked MW for her work in producing the outlier progress reports. He noted that the reports emphasised the huge workload involved with identifying and managing potential outlier surgeons and that pending implementation of a revised process the NJR was providing the best service possible in reporting back to surgeons and Trusts.</p> <p>c) Revised process for the management of surgeon outliers PG reported;</p> <ul style="list-style-type: none"> • That Sir Bruce Keogh had now confirmed that the NJR could report outliers annually to Trusts. At the same time the NJR would also report other outcome data. Semi-annual outlier reviews would continue to be undertaken to support the new process. • That EY had produced a brief process document, previously circulated, which outlined the new outlier reporting process, but required further work to ensure the operational aspects of implementation were clear. • That the aim was to send the annual reports to Trusts just before Christmas, and letters to accompany the reports would offer the support of the NJR surgeons if required. MPo suggested that surgeons who had previously been identified as an outlier should be monitored to see whether their practice was moving in an improved direction. • That EY had alerted the CQC of the proposed process and would discuss further with them how they could assist the NJR to support the new process particularly with Trusts who had been asked to report back to the NJR, but failed to do so. <p>Agreed:</p> <ul style="list-style-type: none"> • That the NJR would approach the BOA to request that they notify surgeons that it was now mandatory to comply with the NJR, following which an annual report would be sent out November/December to all Trusts. The process would be finalised as soon as possible by email ahead of the next NJRSC. • That members would contact EY/PG with any suggestions on the process. 	<p>EY/LPF</p> <p>All</p>
	<p>6.3. Implant Performance Sub-Committee Received and noted a paper from KT, update on progress and request for the NJRSC to agree the following:</p> <ol style="list-style-type: none"> a. To adopt and develop PTIR supported by Poisson distribution analysis as the principle benchmark and discriminator in assessing the performance of a total joint replacement and only to use funnel pilots as an adjunct when thought indicated. b. To ratify the use of the Amber rating for initiating enquiries to the manufacturer of implants where the PTIR is more than twice the group average and where the Cohort size is less than 100 implants. c. To accept that poor performance of an implant is to be principally judged using NJR data and recourse to HES data should usually not be necessary. d. That when companies are informed that they are within or close to potential outlier status (MHRA informed at same time) they are furnished with detail of the units where the operations were carried out, the reasons for revision and the size of the cohort, details of what was removed and what was inserted. e. To endorse the 'Code of Practice for Implant Manufacturers'. 	

	Agreed: By the NJRSC to approve points a – e above.	
	<p>6.4. Editorial Board (EB)</p> <p>a) Minutes of the previous meeting (13th July 2011) It was noted that the minutes of the EB would be circulated separately. MPo also advised that following the EB, a meeting had been held to discuss working relationships between HQIP, Northgate, Bristol and NJRSC representatives and the NJR Research Fellows.</p> <p>b) 8th Annual Report (AR) An update on the 8th AR had been received and noted from MPo who provided a summary of key points arising from this year's report and noted the excellent analysis work that had been undertaken by Bristol University. EY stated that, for the first time, a patient and public friendly version of the report would be produced. Members were invited to raise any issues on the draft AR. CC explained that it would be useful if more details were included in the AR which referred to the MHRA withdrawals, and PH noted the huge increase in the number of primaries and thought that a paragraph should be included which referred to the data that was being used. Agreed: That CC and PH would contact MPo about these issues as should all members with any queries.</p>	CC/PH/All
	<p>6.5 Research Sub-Committee</p> <p>a) Minutes of the previous meeting (24th May 2011) The minutes were received and noted.</p> <p>b) NJR Research progress report Received from AM a paper outlining the following progress:</p> <ul style="list-style-type: none"> • That the NJR now had a process for handling research requests thanks to MR. • That ARUK had sent a report of the outcomes of the joint NJR/ARUK workshop held in March which would be published once the NJR had reviewed. • That the NJR extended PROMS study had received an excellent response rate of 80% providing an opportunity to increase the questionnaire sample from 35,000 to 50,000 at an additional cost of £42,000. <p>Agreed: To fund extension of the PROMs questionnaires to 50,000.</p>	
7.	<p>NJR Finance Reports: Q4 (2010/11); Q1 (2011/12); Annual Projection 2011/12 The Q4 and Q1 finance reports were received and noted. The Annual Projection for 2011/12 would be presented as part of the afternoon's strategic planning discussions.</p>	
8.	<p>Quarterly Statistics Report Q1 (2011/12) Received and noted.</p>	
9.	<p>Quarterly Management Report Q1 (2011/12) Received and noted.</p>	
10.	<p>NJR Lot 3 Communications contract LPF confirmed that the NJR 'Lot 3' Communications contract had been awarded to HQIP. EY outlined the benefits for the NJR, particularly with improved patient and stakeholder engagement, international collaboration and a raised profile. It was noted that HQIP would be recruiting a dedicated communications officer to support the NJR.</p>	
11.	<p>International Collaboration As part of the NJR's initiative to collaborate with international registries, it was noted that KT had attended the International Consortium of Joint Registries (ICOR) meeting in Maryland in May on behalf of the NJR, and MPo had attended a meeting of the International Society of Arthroplasty Registries (ISAR), held during the European Federation for National Associations Of Orthopaedics and Traumatology (EFORT) meeting in Copenhagen in June.</p> <p><u>KT and MPo noted the following:</u></p>	

	<ul style="list-style-type: none"> • ICOR: was sponsored by the Federal Drug Administration Bureau (FDA), who wished to establish a network of joint registries to help early detection of failing joint replacements. ICOR had secured 17 papers to be included as a supplement to the Journal of Bone and Joint Surgery (American Volume), to be published at the end of the year with authors from around the world. KT, MPo, PG and CC would be working on a paper entitled 'The UK National Joint Registry process: Collaboration with MHRA and metal on metal alert'. Agreed: That an invitation would be extended to ICOR to attend a future NJRSC meeting to discuss further collaboration, but that in the interim, any terms and conditions/participation requirements (e.g. signed confidentiality agreements) would be looked into and reviewed, and no forms would be signed until further discussion. • ISAR: MPo had been invited to attend the Executive Meeting of ISAR, who would welcome involvement of the NJR and PG and MPo had been asked to attend the ISAR meeting in Bergen next year. Agreed: The NJRSC should sign up for membership of ISAR. 	<p>LPF/KT/EY</p> <p>HQIP</p>
12.	<p>NJR data for publication on NHS Choices</p> <p>EY presented a paper requesting members to approve proposed indicators for publication on the NHS Choices web site. She reminded the committee about previous discussions, and the presentation made to the NJRSC by the DH Choices team in 2008. At that time it had been agreed that while publishing NJR outcome data via Choices was an initiative that should be pursued it was important to agree the correct data.</p> <p>It was noted that given the current move towards increased transparency and publication of clinical outcomes, the NHS Choices team, led by the Clinical Information Advisory Group (CIAG), were once again keen to publish NJR data on their updated web framework, As such two indicators of 'volume of primary procedures' and 'compliance' had been proposed as a start point.</p> <p>Members had concern about an indicator of 'volume of primary procedures' as the volume of procedures did not necessarily indicate the outcome of procedures, and the independent sector and NHS hospitals carried out different procedures so were not comparable.</p> <p>Members were supportive in principle of the 'compliance with NJR' indicator. However, due to the variations currently involved with how the NJR monitored compliance via HES/PEDW and levy returns, members felt that further discussion should be had with NHS Choices to ensure that the issues were understood.</p> <p>Agreed: That EY would advise the CHOICES team that the NJR wished to have further discussion on outcomes to be published.</p>	EY
13.	<p>Any Other Business</p>	
	<p>13.1. Arthritis Research UK</p> <p>It was noted that a meeting had been scheduled with ARUK to consider the outcomes of the joint NJR/ARUK workshop held in March, and agree 'next steps'. Members would be kept informed of progress.</p>	
	<p>13.2. British Hip Society: Femoroacetabular Impingement (FAI) Database</p> <p>KT reported that the BHS had recently set up a database to monitor patients undergoing FAI arthroplasty as recommended by NICE. They had originally approached the NJR about including this work in the register, but due to the revised NJRSC meeting schedule, it had not been possible to provide a decision within the prescribed timescale. It was noted that in future the BHS may request the NJR to consider database linkage opportunities.</p>	
14.	<p>Meeting dates for 2012</p> <p>The following dates were proposed: Tuesday 24th January; Monday 23rd April; Tuesday 24th July; Wednesday 24th October. Agreed: Members would respond to HQIP if there were any dates that were not convenient and alternative dates would be considered.</p>	All / HQIP

15.	Next meeting 25 th October, 10.30 am – 4.30 pm; MIC Venue, 81-103 Euston Street, London, NW1 2EZ.	
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