National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

(Updated January 2012)

Meeting: NJR Steering Committee **Date:** Thursday 28th October 2010
Location: Princess Alice Room, MIC, 81-103 Euston St, London, NW1 2EZ

Members Present:	Prof Paul Gregg	PG	Acting Chair, Orthopaedic Surgeon
	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 – *attended morning session*
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member – *attended morning session*
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Robin Burgess	RB	Chief Executive Officer, HQIP
	Colin Esler	CE	Vice Chair, NJR Regional Clinical Co-ordinators' Network (Attended on behalf of PH)
	Alex Henderson	AH	Committee Administrator, Healthcare Quality Improvement Partnership (HQIP)
	Nicky Pearson	NP	Programme Manager, Northgate
	Robin Rice	RR	Welsh Assembly Government Representative
	Mike Robinson	MR	Research Officer (NJR), HQIP
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Meeting Invitees:	Jane Cameron	JC	Vice Chairman of the Independent Sector Project
	Dr JJ De Gorter	JDG	Chairman of the Independent Sector Project
	Sally Taber	ST	Director of Independent Healthcare Advisory Services
Apologies:	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Peter Howard	PH	Chair, NJR Regional Clinical Co-ordinators' Network
	Dean Sleigh	DS	Orthopaedic Device Industry Representative
	Andy Smallwood	AS	NHS Supply Chain Representative
	Mike Swanson	MS	NJR Principal Consultant, Northgate

REF	ITEM	Action
1.	**Welcome and Apologies for Absence** PG opened the meeting and welcomed Nicky Pearson who would temporarily be attending on behalf of Charlotte Humphry PG welcomed Colin Esler who was attending the meeting on behalf of PH. Apologies were received and noted.	
2.	**Minutes of the previous meeting held on 28th July 2010** The minutes were accepted as a true and correct record.	
3.	**Matters Arising (not appearing elsewhere on the Agenda)** **3.1. Reclassification of the NJR Steering Committee [Previous minute ref: Item 3]** Noted that PG had received formal notification from Andrew Lansley, Secretary of State, about the change of status of the NJRSC from 'Advisory Non-Departmental Public Body' to 'Departmental Expert Committee'. He had also expressed thanks and appreciation to NJRSC members for their contribution to the NJR. KT suggested that the DH lead for the NJR should be invited to an NJRSC for further discussion about implications of the new arrangements, and MC requested that the NJR website be updated to include details, particularly for patients. **Agreed: HQIP to invite DH to a future meeting and ensure update of the website.**	**HQIP**
	3.2. Component Management System [Previous minute ref: Item 4.1] RA reported that the project development stage was now complete, testing underway, and the system due for implementation early in 2011.	
	3.3. Supplier Feedback System [Previous minute ref: Item 4.2] RA reported that the development and technical infrastructure was complete and testing underway. MB and DS would participate in user acceptance testing during November, with system launch anticipated by the 8th December. RA confirmed that suppliers would be allowed access to prostheses funnel plots as time progressed. **Agreed: Northgate would notify suppliers**.	**Northgate**
	3.4. HES/NJR Linkage Audit [Previous minute ref: Item 6.3.] Noted: Approval to use HES data had been received from the Ethics and Confidentiality Committee, and was expected from the NHS Information Centre by the 15th December. Northgate would contact surgeons at the beginning of 2011, and allow 2-3 months for feedback. CE agreed that RCCs and RCs could assist with any non-responding surgeons. MPo offered to provide advice if required.	**Northgate**
	3.5. Incorporation of Elbow and Shoulder Joints [Previous minute ref: Item 5.5.1] MW reported that the database system would soon be ready for testing. However the project had been delayed due to a delay obtaining ROCR approval pending a government review of data collections. The committee would be kept informed of progress.	

	3.6. Incorporation of Northern Ireland (NI) [Previous min ref: Item 5.5.2] EY reported that there had still been no contact from NI since Sir Bruce Keogh wrote to their DH earlier in the year. She agreed to contact NI for a final time.	**HQIP**
	3.7. Items not listed on the agenda **3.7.1. NJR 6th Annual Report – Implant manufacturer data query** It was noted that this issue had been resolved, and the manufacturer had been very pleased with how the NJR had handled the matter which they considered exemplary. **3.7.2. Proposed NJR Outlier process** PG stated he had not heard from Northgate regarding arrangements for circulating a letter to private sector CEO's for comments on the outlier process. **Agreed: Northgate would liaise with PG.** **3.7.3. Best Practice Tariff** EY confirmed she would make enquiries about the NJR using a tariff arrangement for hip and knee arthroplasty to encourage compliance, and MPo would investigate with the BOA. PG suggested that DS may be able to provide advice.	**Northgate/ PG** **MPo/EY**
4.	**Independent Healthcare Advisory Services – 'Hellenic Project'** PG welcomed Sally Taber, IHAS Director, Dr JJ De Gorter, Project Chairman, and Jane Cameron, Project Vice Chair, to the meeting to discuss their 'Hellenic Project' and request the NJR to agree a process whereby the private data that they submitted to the NJR could be sent to Dr Foster so that their project could have access to both private and public NJR datasets. <u>JDG presented the following background to the project:</u> • Launched in 2009 by IHAS and NHS Partners Network in partnership with Dr Foster Research; • Enabled benchmarking of independent sector providers against each other and the NHS; • Anonymous clinical and non-clinical patient level information collected and compared; • Data was collected directly from hospitals, hospital groups and from submissions to third party agencies (Care Quality Commission, Health Protection Agency); • Supported the revalidation agenda; • Worked with Dr Foster on data feedback for providers; • Aimed to include additional datasets into projects which related to PROMs. <u>NJRSC queries included:</u> • From AW, how feedback of data would be used, shared and communicated. JDG clarified that organisations would only see their own data, benchmarked on private and NHS activity, and they would have discretion about making this public; • From MPo, whether the project was a clinical exercise to demonstrate safe practise within the independent sector, or whether it was a marketing exercise. JDG stated that the purpose was to aid clinical governance, benchmarking and support individual clinician's with appraisal and revalidation, but that information gathered was not for feedback to insurance companies; • Expressed concern from PG and MPo, about comparing private and NHS providers because of case mix differences, and releasing data unless it was clear how suitable adjustments for case-mix and case complexity would be addressed. JDG confirmed they would liaise closely with the NJR to agree on the use of NJR data; • From RR, about links with the Performance and Efficiency Delivery Unit in Wales. ST confirmed that contact with the Welsh Health Authority.	

	Independent Sector Representation on NJRSC ST enquired about the independent sector vacancy on the NJRSC. PG explained that reappointments had been pending due to the change in the status of the committee but this would be progressed as soon as possible. **Agreed:** • **In principle, to assist with the Hellenic Project, pending a formal request to the NJR and further meeting with IHAS/NJRSC representatives to discuss.** • **To appoint an NJRSC independent sector representative.**	**IHAS/HQIP** **HQIP**
5.	**Extension of the NJR** RA reported that following the successful launch of the 7th Annual Report at the BOA congress, there had been a notable increase in enquiries about other procedures being included into the NJR i.e. tumour prostheses, knee ligament reconstruction surgery, and hand and wrist surgery, details of which had been circulated for consideration. AM suggested that these procedures could be monitored as a research project rather than accepted into the NJR. **Agreed: Northgate would produce business cases for further consideration.**	**Northgate**
6.	**NJR and Cancer Registries** Received: a request to link NJR data with that of the UK Cancer Registries as part of a study to compare the incidence of malignant disease in patients with hip replacements. It was agreed to refer the matter to the research sub-committee for consideration.	**AM / MR**
7.	**NJR Strategic Plan 2009-2011 and 2011-2013** Received from EY, a progress report on the Strategic Plan 2009-11, with request that this be developed further to cover the period 2011-13. Members considered each SP project in the current SP and agreed: <u>Those which had not commenced and should be either deleted to reflect changing priorities and/or incorporation of responsibility into the new NJR contracts effective from 1 April 2011</u> • Improved information & pre-analysed data to stakeholders through the NJR website • Orthopaedic Competency Assessment Programme (OCAP) • Thromboprophylaxis • Data quality analysis: Variables <u>Those to be rolled forward for implementation during 2011/2013</u> • Enhance patient information & literature • Develop & refine statistical methodologies • Cost effectiveness study • Primary Care pilot linkage with the NJR • Data quality analysis: Trust audit • Extension of the NJR beyond England & Wales <u>The estimated budgets which required adjustment +/- to reflect final costs</u> • Development of a hospital based audit tool/management feedback • Development of a research support infrastructure • Component management • NJR Annual report • NJR PROMS • Data quality analysis: HES/NJR data	

	• Additional Joints: Ankles • Additional Joints: Elbows & Shoulders <u>Members also considered that the following should be prioritised for inclusion in the SP:</u> a. A budget to fund research as agreed by the Research sub-committee b. Funding to support international collaboration and NJR to explore membership of the International Society of Arthroplasty Registers. **Agreed: that the SP would be updated and regularly reported at NJRSC meetings, and also included as an appendix in future Annual Reports.**	**HQIP**
8.	**Update from the NJR Sub-Committees** **8.1. Regional Clinical Co-ordinators Network** **8.1.1. Meeting** CE reported that the RCC's supported the proposed new outlier process, and requested clarification about supporting surgeons notified as potential outliers. PG confirmed that further information would be provided. **8.1.2. Annual Data Set Review** a) <u>Process for Review</u> PG queried the process for taking forward the recommendations made by the RCCs. **Agreed: Northgate/PH would produce a paper charting Annual Data Set recommendations for NJRSC approval, and the NJRC would routinely update the data set.** b) <u>Thromboprophylaxis</u> CE reported whilst constructing the national thromboprophylaxis trials 'ETKAS' and 'ETHOS', it had become apparent that many patients were having different forms of chemical thromboprophylaxis in hospital and post-discharge at home. This meant that drawing conclusions for the current NJR data may lead to invalid conclusions. Additionally, Factor Xa inhibitors were not listed in the current MDS. In-patient and post discharge drugs were proposed. c) <u>Surgeon Default Technique</u> The RCCs had recommended that the Surgeon Default Techniques were no longer required, as the default could lead to poor data quality. Northgate were supportive of this, but NJRSC members felt an audit should be conducted to confirm that the default technique did not work before a decision was made. **Agreed: RCCs requested to review ten sets of patients' details from ten sites before the next RCC Network Meeting, and also review thromboprophylaxis data, and circulate details to the NJRSC for review.** d) <u>BMI – The London Independent Hospital</u> The RCCs had suggested that PG should write to the CEO of BMI regarding their data quality. PG confirmed he was happy to do this, and RA confirmed he would liaise with PG with further details. **Agreed: Northgate to liaise with PG with regards to writing to the CEO of BMI.**	**Northgate/ PH** **PH** **Northgate/ PG**

	8.2. Surgeon Outliers Sub-Committee The minutes of the meeting held on the 13th October were received and noted. PG reported that the letter to NHS Trust CEO's would be submitted to the DH with details of the new the process. A Welsh version of the letter would be drafted (HES-PEDW).	**HQIP**
	8.3. Implant Outliers Sub-Committee KT brought attention to the following points from the meeting on 14th September 2010. a) <u>Constitution of Implant Sub-Committee and definition of implant outlier</u> Referring to the new NJR contract arrangements, KT queried attendance of Northgate and/or Bristol representatives at future meetings. EY agreed to advise separately. Noted that an 'implant outlier' needed to be defined. KT and CC to discuss the issues b) <u>Confidentiality issues</u> KT informed members that it was proposed that a 'scrutiny sub-group' should be established comprising of KT, PH, CC, AS and the Lot 2 statistician, to enable potential outliers to be discussed and identified by brand without industry representatives present. MB and DS would still participate in sub-committee meetings where final decisions would be made. HQIP would notify MB and DS. c) <u>ASR implant</u> The recent ASR implant issue had highlighted the need for closer international collaboration and data surveillance between registries. CC had offered to investigate the datasets of other Registries for outlying products on behalf of the NJR. CE reported on MPo's behalf that the ASR implants would be revised, with the cost to be covered by DePuy. Concern was raised that there would be an issue with local revisions, and it was felt that only experienced surgeons should conduct the revisions. **Agreed: CC would investigate the datasets of other Registries for outlying products.**	**EY/KT** **KT/CC** **HQIP** **CC**
	8.4. Editorial Board a) <u>BOA Congress</u> Noted by EY that the NJR session at the Glasgow BOA Congress in September had been a success, with surgeons well represented at the session. She expressed thanks to the NJR surgeons on behalf of the NJRSC. b) <u>Annual Report</u> RCC's would be asked for their ideas for specialist topics, and to consider the topics of 'head sizes', 'bearing surfaces' and 'mobile bearings'. CE reported that 3 RCC's had volunteered to assist the Editorial Board with production of the next Annual Report, and would liaise with MPo. MC would liaise with her patient team for suggestions for special topics. She also suggested that a patient version of the Annual Report should be produced with more basic information and a patient summary of available on the website PG suggested that although MC was not a member of the Editorial Board, it would be beneficial for her to be involved when the draft versions were reviewed. PG suggested from the PROMs study, questions regarding wellbeing could be represented in data form. He also suggested that the length of stay data could be requested from HES, and an analysis into the length of stay versus general health and	**HQIP/MPo**

	wellbeing after a joint replacement could be conducted.	
	8.5. Research Sub-Committee Research system AM and PG thanked MR for his work with finalising the research request process. A research page would be added to the NJR website early next year to publicise this. National PROMs AM noted he had been informed that access to NJR/HES linked data was available through the NHS Information Centre. (IC). He had discussed the issue with David Nuttall, DH, and agreed that the IC would monitor access to NJR PROMs linked data, to ensure that any NJR related requests would be forwarded to the NJR. He was currently agreeing amendment to the NJR/DH MOU which would reflect this revised arrangement. Arthritis Research UK (ARUK) The date for the NJR/ARUK conference had been proposed for the evening of Tuesday 15th and Wednesday 16th March. The purpose was to discuss ways in which research might take place on registry data. AM would compile a research strategy document, and arrange for the Research group to meet ahead of the next meeting with ARUK. Misuse of NJR data **Update, January 2012: It was later clarified that the data requestor was not associated with the University of Bristol. Apologies were given for any misrepresentation.** Noted: an issue regarding data which had been released from the NJRC ~~to Bristol University~~ in response to a data request, and then used by them in a presentation without the consent of the NJR.As the data request had stated that the data would be used for research, the request should have been referred to the Research Sub-Committee, However MR confirmed that the new research process should prevent this in future. Meanwhile he had contacted Bristol but received no response. Members felt that this issue highlighted the need to publicise the new research request process, and it was agreed that AM should draft an article for publication in British Orthopaedic News (BON). **Agreed:** • **MR would forward his correspondence with Bristol University to PG and EY.** • **AM would draft an article to be published in BON to advertise the Research process**	**AM** **MR** **AM**
9.	**NJR Finance Report Q2 (July – September 2010)** The Finance Report for Q2 was received and noted. EY confirmed that future reports would incorporate further detail relating to the Strategic Plan.	
10.	**Quarterly Statistics Report Q2 (July – September 2010)** The QSR for Q2 was received. Noted, the volume of activity was the highest ever recorded for the NJR.	
11	**Quarterly Management Report Q2 (July – September 2010)** The QMR for Q2 was received and noted. Regarding compliance, PG noted he had received a query from an implant company about the compliance number of PFC knees and Corail hips which were less than expected sale figures. It was noted that this could be caused by a delay between purchase and use of the implant but should be reviewed .It was also felt that compliance figures should be published on both the NJR and NHS Choices websites. It was agreed	**HQIP**

	that HQIP would explore this, and the subject be referred to the next RCC Meeting.	
12.	**Any Other Business** **12.1. Millionth NJR record** EY had previously notified members with details of the millionth NJR record. She confirmed that James Thornton, HQIP Communications Lead, was putting together an associated communications plan which would be circulated to NJRSC for information.	**HQIP**
	12.2. Presentation of NJR data CC queried if it would be possible for the NJR to investigate how other registries presented their data to enable the NJR to present its data more effectively. She felt it was currently difficult to compare the data across the registries. MW highlighted item 3.B in the Editorial Minutes which stated that MB had already agreed to review the Swedish Registry's Annual Report to compare presentation, layout and content in comparison to the NJR Annual Report.	
	12.3. Great Ormond Street Hospital (GOSH) RA reported on an enquiry from GOSH about recording hip and knee replacements carried out on children. CC considered that all implants should be recorded, even if bespoke, as the manufacturers should be kept informed of the outcomes. **Agreed: Northgate would contact GOSH to confirm that the NJR would like all implants to be recorded, and agree whether existing NJR documentation was adequate.**	**Northgate**
	12.4. Hip fracture study KT explained he had experienced difficulty obtaining outcome information for patients involved in a hip fracture study. For NJR patients he was able to obtain the hospital ID and patient number and so could contact the surgeon, but for HES only the HES ID could be released. KT was advised that it was possible to request release of the hospital ID and RA agreed to advise KT on the process.	**Northgate/ KT**
	12.5. Physiotherapy on post-operative knees CN reported that MPo had made a presentation at the CSP Conference in October which had been well received and raised awareness of the NJR. He had raised the issue about the impact of physiotherapy as aftercare for patients who underwent knee operations, and CN suggested that this may be an area of possible research. AM suggested that a data request could be made to the NJR on this topic.	**CN**
13.	**Date and Time of Next Meeting** Tuesday 18th January 2011, 10.30 am – 4.30 pm Princess Alice Room, MIC, 81-103 Euston St, London, NW1 2EZ	