

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES - FINAL

Meeting:	NJR Steering Committee		Date: Thursday 28 th January 2010
Location:	MWB Venue, 130 Shaftesbury Avenue, London W1D 5EU		
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	CN	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MP	Orthopaedic Surgeon
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member
Regular Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Alex Henderson	AH	Committee Administrator, Healthcare Quality Improvement Partnership (HQIP)
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Yvonne Tse	YT	Development Officer (NJR), HQIP
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Meeting Invitees:	Peter Howard	PH	Chair, NJR Regional Clinical Coordinators' Network
	Khalid Razak	KR	Medicines & Healthcare Products Regulatory Agency (MHRA)
	Robin Rice	RR	Welsh Assembly Government Representative
	Andy Smallwood	AS	NHS Supply Chain Representative
Guests:	Dr Crina Cacou	CC	MHRA
Apologies:	Robin Burgess	RB	Chief Executive, HQIP
	Andy Crosbie	AC	MHRA
	Patricia Durkin	PD	Patient Representative
	Joan Heuston	JH	Research Development Officer (NJR), HQIP
	Charlotte Humphry	CH	Programme Manager, Northgate
	Patricia Lee (Cassidy)	PL	Independent Healthcare Sector
	Dean Sleight	DS	Orthopaedic Device Industry Representative

REF	ITEM	Action
1.	<p>Welcome and Apologies for Absence</p> <p>PG opened the meeting and welcomed Dr Crina Cacou, who was attending the meeting with Khalid Razak from the Medicines & Healthcare products Regulatory Agency (MHRA).</p> <p>PG also welcomed Melissa Wright, who was attending her first Steering Committee meeting since she joined HQIP as an NJR Development Officer.</p> <p>Apologies were received and noted.</p>	
2.	<p>Changes to the minutes of the previous meeting</p> <p>Changes were required to the minutes of the meeting held on 20th October 2009. MPo and MB would forward their suggestions to AH, who would adjust the minutes accordingly and resend to members.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. MPo and MB would send the reworded sections to AH. 2. AH would amend the minutes and send the updated version to members. 	<p>MPo & MB AH</p>
3.	<p>Matters Arising (not appearing elsewhere on the Agenda)</p> <p>Previous minutes – 2 – Addition of Temporomandibular Joint Replacement (TJR) to the NJR</p> <p>RA reported that he had discussed the proposal with NICE, and the proposed cost to design, build and implement TJR joining the NJR would be approximately £150,000. The ongoing service charge would be minimal. The next stage would be a full business case with a list of detailed costs and requirements. RA asked the Steering Committee members whether they felt it was cost effective to progress to the next stage. PG and PH felt that it was a lot of money for such a small number of procedures. EY stated that the NJR needed to consider developing its strategic plan, and if TJR was not added at the present time, it would be a possible project to include in future plans, but with an updated and detailed business case and cost proposal.</p> <p>Members remained supportive in principle of TJR joining the NJR, but agreed that further discussion was required before a decision was made.</p> <p>The NJR would consider including TJR in the strategic plan, but would need to take into account the other joints that were already in the process of being included in the NJR.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. RA would gather further information and would investigate whether the cost could be further reduced. 2. The Steering Committee would discuss the matter again at the next meeting in April. <p>Previous minutes – 4.1. NJR Extension to Northern Ireland</p> <p>EY reported that she still had not received formal confirmation for Northern Ireland to join the NJR from the Department of Health, Social Services and Public Safety. Further action could not be taken until written confirmation had been received. KT offered to contact James Nixon to follow up on the process.</p>	<p>RA HQIP</p>

	<p>Members expressed their regret at the Chairman’s decision to resign, particularly given the significant progress that the NJR had made with the outlier management process. It was noted that the NJR was an example of best practice in this respect compared with the progress of many other national audits. It was recognised that the hard work and determination of Bill Darling had ensured the NJR’s achievements to date.</p> <p>The Steering Committee wished to express their thanks and appreciation for the significant contribution and leadership made by Bill Darling since the inception of the NJR. PG confirmed that he would write to Bill Darling on behalf of the Steering Committee to convey these sentiments.</p> <p>Agreed that: 1. PG would respond to Bill Darling’s letter, on behalf of the Steering Committee.</p>	<p>PG</p>
<p>5.</p>	<p>NJRSC Membership</p> <p>It was reported that Patricia Durkin and Patricia Lee (previously Cassidy) would not be standing again as members of the Steering Committee when their membership expired on 28th February and 18th April, respectively. Two new membership appointments would therefore be made to these positions.</p> <p>PG wished to express his thanks, as acting Chair and on behalf of the Steering Committee, to PD and PL for their hard work and contribution to the Committee, and confirmed that he would write to thank them.</p> <p>Agreed that: 1. PG would write to both PD and PL to express thanks for their hard work and contribution to the Steering Committee. PD and PL had previously confirmed that they would not continue their memberships once their terms had expired.</p>	<p>PG</p>
<p>6.</p>	<p>Update from the NJR Sub-Committees</p> <p>6.1. Regional Clinical Co-ordinators Network</p> <p>PH gave an update from the RCC Network meeting held on 10th December 2009. He reported that the RCCs had confirmed that they would be happy to be involved in the outlier process with the NJR surgeons, and to assist with reviewing the draft Annual Report, and assist with the special projects if required. The Steering Committee agreed it would be useful for the RCCs to be involved in these areas of work. Further discussion would take place at the next Outlier Sub-Committee meeting and Editorial Board meeting.</p> <p>MPO had queries relating to the minutes of the RCC meeting, but would speak to PH outside of the meeting for clarification.</p> <p><u>Hemi-arthroplasty Revisions</u> PH referred to item 7 of the RCC Network minutes (dated 10th December 2009) and item 14 of the previous NJRSC minutes (dated 20th October 2009) regarding hemi-arthroplasty revisions.</p> <p>At the previous Steering Committee meeting, members had approved a proposal that conversion from a hemi-arthroplasty to a total hip replacement should be reported as a revision and recorded on the H2 form instead of the H1 form. The proposal had been submitted by PH, on behalf of the RCC Network as agreed at their meeting on 2nd September 2009.</p>	

	<p>However, at a subsequent RCC meeting on 10th December 2009, a query was raised by Claire Newell and Martin Pickford, whereby outcome analysis would be made impossible if the NJR classified hemi-arthroplasty as a revision procedure, as both HES and PEDW already classified the procedure as a primary procedure. The RCC Network suggested that the previously agreed change by the Steering Committee should not be implemented, and conversion of hemi-arthroplasty to primary total hip replacement (THR) should continue to be classified as a primary procedure.</p> <p>Members of the Steering Committee discussed the proposal but there were mixed views. PG felt that conversion of a hemi-arthroplasty to a primary THR was a primary procedure from a definition point of view, although it was a complicated procedure. Some members disagreed and felt that the procedure was only more complicated due to the implications of the patients. PH and MPo thought that the procedure should be classified as a revision. KT suggested that a second category, which would define the type of procedure, should be included on the revision form.</p> <p>Following further discussion, members generally were in agreement that ideally a hemi-arthroplasty procedure should be entered on to a revision form, but with a clearly defined category to state it was a hemi-arthroplasty. However, the views of Claire Newell and Martin Pickford were taken on board and members therefore agreed that further discussion was required outside of the Committee, and would be tabled again at the next Steering Committee meeting.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. The RCCs would be involved with the NJR outlier management process, and further discussion on their involvement would occur at the next Outlier Sub-Committee meeting. 2. The RCCs would be involved with the review of the draft annual report and would assist with the special projects if required. Further discussion on their involvement would occur at the next Editorial Board meeting. PH would confirm the names of the interested RCCs to MPo and AH. The RCCs would then be invited to the next Editorial Board meeting. 3. PH, in his role as RCC Chair, would ensure that all actions discussed at the Steering Committee meetings which involved the RCCs would be fed back to the RC Network, and he would provide the SC members with an update on those actions at Steering Committee meetings. 4. Further discussion was required between PH and Northgate, before a decision could be made on whether the H1 or H2 form would be used for hemi-arthroplasty procedures. 5. Hemi-arthroplasty procedures would be discussed at the next Steering Committee meeting. <p>6.2. Outliers Sub-Committee</p> <p><u>Outlier Reporting Timetable</u></p> <p>PG recounted the previous Steering Committee meeting when it had been proposed to change the frequency of reviewing the outlier data from Northgate from a quarterly basis to a bi-annual basis. The Steering Committee had agreed in principle, but as EY had noted at the time, the proposal needed to be discussed with the Chairman, Bill Darling. EY had spoken to Bill Darling about the proposal, but he was unhappy with the proposed agreement, and subsequently resigned.</p> <p>As a decision had not formally been made, PG asked members for their approval. It was noted that Jan van der Meulen was supportive of bi-annual reporting from a statistical point of view.</p> <p>Members felt that bi-annual reports and reviews would be appropriate, although the</p>	<p>PH / PG</p> <p>PH / MPo</p> <p>MW</p> <p>PH</p> <p>PH /N'gate</p> <p>PH /N'gate</p>
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process would be kept under review and changed if necessary in the future. It was noted that it would still be appropriate to explore the use of CUSUM to monitor potential outliers on a continuous basis.

Progress report on dealing with current outliers

At the previous Steering Committee, PG had reported that there were 4 surgeons who had not responded to the letter requesting them to confirm their data.

Since that meeting, one of the surgeons telephoned PG and confirmed that the data which the NJR held on them appeared to be correct. The surgeon explained that they were aware of the problem and would be altering their technique. Following that conversation, PG discussed the case with PH, and together they agreed that there was still a case to answer. PG telephoned the surgeon to alert him that their CEO would be contacted, and AW then spoke to the CEO. AW stated that he had a reasonable conversation with the CEO, and was awaiting feedback on what action the trust would take.

A follow up letter had been sent to the remaining 3 surgeons who had not responded.

KT felt that it was important that the Steering Committee should be made aware if any of the CEOs were to suspend their surgeons. PG mentioned that he was not aware of any surgeons who had been suspended completely, but was aware of one surgeon who had been suspended from all hip practices at a private hospital, but had not been suspended at another hospital on the agreement that he was not to conduct any resurfacing work.

Responses had still not been received from 2 CEOs who were written to, who each had a surgeon with a case to answer. A follow up letter would be written to both CEOs.

PG and PH met on 2nd November 2009 and discussed Northgate's October Potential Outlier Report, as there had not been time to discuss the report in full at the Outlier Sub-Committee meeting in October 2009.

17 surgeons were identified in the report as potential outliers for total hip replacement surgery, and PG and PH decided that 8 of these surgeons had a case to answer and would receive a written request to confirm their data.

19 surgeons were identified in the report as potential outliers for total knee replacement surgery. 18 of those surgeons would be written to for confirmation of their data, and a meeting to review those would need to be arranged.

KT asked the other members of the Steering Committee for their views on the progression of how potential outliers were handled. MC stated that she felt more confident in the system compared to a year ago, and was pleased that potential outliers had been identified, but was alarmed at the number. She also voiced her concern over the high workload involved for the NJRSC surgeons.

KR noted that the MRHA had requested further information on prostheses following October's report. It was confirmed that once a prosthesis outlier had been identified, KR would be informed.

A clear criteria was required for the individuals with the task of identifying the outliers, as a robust system was not in place, and the NJRSC surgeons were having to make their judgements with no set guidance.

PG queried whether outlying units were written to when the Northgate reports flagged them up. AW stated that as the NJR have access to the information, they had a duty to notify the management of any units that were flagged up as outliers.

	<p>As part of the strategic plan, it had been agreed that Northgate would develop CUSUM, and would look at how to implement a real-time monitoring process. Northgate had started to investigate other specific NHS organisations which use the process. The topic would be brought up at the next Outlier Sub-Committee meeting to discuss the process. The aim was to establish the system as quickly as possible. An active update would be given to members at the next Steering Committee meeting. Members felt that the system would be appropriate and beneficial, as the system would notify the potential outlier to alert them that they may possibly be contacted to provide further information.</p> <p>PG was concerned over the number of trusts that appeared to have a low compliance rate when the overall compliance rate of trusts was reported at being 90%. RA confirmed that Northgate would investigate the matter. Members discussed how the NJR would deal with the low compliant trusts, and the overall consensus was that letters were helpful for alerting the trusts that they have a potential problem that would need to be dealt with. A possible idea was that the Regional Co-ordinators (RCs) would be able to advise which units were not performing well and would benefit from receiving a letter. Another idea was to look at the first 2 quarters of the current financial year (2009-2010), and write to those trusts with an overall compliance of less than 80%. The letter would include the compliance rate and the linkability rate of the trust. It was agreed that AW would draft a letter and would discuss with PG whether the letter would be a joint signatory from both AW and PG. The item would be discussed at the next Outlier Sub-Committee meeting and brought back to the Steering Committee in April.</p> <p>PG had a meeting arranged with Sir Bruce Keogh (DH) for the end of February to discuss the role of the NJRSC in the outlier management process and to seek Sir Bruce Keogh's advice. Members had felt that as the remit of managing potential outliers had not been in the Terms of Reference for the committee, it would be a reassurance to seek the approval of the DH. It was felt that as the Steering Committee was an advisory committee rather than an executive committee, they did not have enough time put aside for the level of work that the outlier process required. Although other committees may have allocated time to conduct their committee related work, the NJRSC surgeons carried out the work in their own spare time.</p> <p>PG mentioned that he would also like to discuss NJR mandation at the meeting with Sir Bruce Keogh.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. Northgate would change the frequency of generating the outlier reports from quarterly to bi-annually for the surgeon members of the NJRSC and the designated RCCs to review to establish any 'case to answer'. At the previous NJRSC, members had discussed the reports being produced in March and September. 2. Further meetings would be scheduled for the NJRSC surgeons and the designated RCCs to review the reports. 3. The MHRA would be informed when a prosthesis was identified as an outlier. 4. CUSUM and real-time monitoring would be discussed at the Outlier Sub-Committee meeting, and an update given at the next Steering Committee. 5. Trusts with a compliance rate of less than 80% during the first 2 months of the financial year (2009-2010), would be written to. AW would draft the letter. AW and PG would discuss outside of the meeting whether the letter would be sent from them both as a joint signatory. PG would add the item to the agenda for the next Outlier Sub-Committee and the agenda for the next Steering Committee. 	<p>Northgate</p> <p>HQIP</p> <p>HQIP PG</p> <p>AW / PG</p>
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6.3. Editorial Board

MPo met with Jan van der Meulen and Susan Charman on 20th January to discuss the progression of the topics for the annual report.

- HA Coating – MPo had seen the first draft, and the data for the topic was nearing completion. A query over the data in one of the tables had been investigated.
- Femoral neck fracture – Work on the topic was near to completion.
- Thromboprophylaxis in primary hip replacement – PG reported that an abstract was submitted to the BOA to be included in a presentation at the 12th Meeting of the Combined Orthopaedic Associations, in Glasgow in September. Mortality had been left out of the paper as the data had been incorrect. Susan Charman would work on the data and PG would work on an introduction with Mike Reed. The paper would be ready in a few weeks.

MPo was satisfied with the progress that had been made on the topics.

MPo raised the issue, again, of funding 2 'research fellows' to work on future projects. This would be discussed further at the next NJRSC.

MPo reported back to members on the 16 proposed topics for the 7th Annual Report that had been discussed at the previous Editorial Board held on 10th December 2009.

The sub-committee had agreed on 4 topics for the 'special topics' in the Annual Report which were:

1. Data Quality
2. Volumes and outcomes
3. Case mix analysis
4. Reasons for revisions.

3 other topics were identified and would also be included in the Annual Report, which were:

1. Comparison of cemented versus cementless hip
2. Fate of THA with large metal head
3. Outcomes after MIS.

MPo would contact Jan van der Meulen and Susan Charman to discuss the topics in detail.

Jan van der Meulen had suggested to MPo that the NJR should start to report on brand performance and identify any outlying brands in future Annual Reports.

Other suggestions that had been made included a study into revision rates, and identifying the risk factors in the variations in models of revision by prosthesis types.

In the long term the Editorial Board would look at channelling the Annual Report special topics to the Research Committee.

6.4. Research Sub-Committee

AM gave a report on the first Research Sub-Committee which was held on 14th October 2009. He acknowledged that membership of the Research committee was currently similar to the membership of the Editorial Board as the activities for both sub-committees currently merged, but he confirmed that they would diverge in the future.

Joan Heuston had joined HQIP as the Research Development Officer in December, and her work was focussed on research strategy, and monitoring the process of how the

research requests were handled. A document would be produced for the next Steering Committee to document the progress.

AM and RA discussed an issue whereby the Research Committee had not received research requests from Northgate. AM had hoped that Northgate would supply the Research Sub-Committee with the requests, but he had not yet received any. RA confirmed that all requests had been dealt with by use of the same process to date, but recognised that a different process would be developed for research requests once the Research Sub-Committee was fully established.

Agreed that:

- 1. JH and AM would produce a paper on the progress of the research process, for the next Steering Committee meeting in April.**

JH / AM

6.5. NJR Development Sub-Committee

YT gave an update on the NJR Development Sub-Committee on behalf of the joint chairs, MC and CN.

6.5. A. Update on the Ankle Inclusion Project

The application to include the ankle joint in the NJR was sent to the Review of Central Returns (ROCR) for approval in December, and YT had since received a positive update. The final outcome of the application was due to be announced towards the end of February.

Northgate had arranged to conduct a pilot test during the first week of February at the Nuffield Orthopaedic Centre, Oxford. A financial projection had been compiled, although the figures were currently low, it was expected it would increase. It was felt that it would be useful to stagger the launch, data collection to start on 1st April and levy collection launch on 1st June, to provide Trusts and suppliers with maximum preparation time.

EY stated that there would soon be two member positions and the chair vacancy available on the Steering Committee, and that when the posts were filled, consideration should be given to representatives from the ankle, elbow and shoulder joints, and also to representatives from Northern and Southern Ireland.

The British Orthopaedic Foot and Ankle Society (BOFAS) and the British Elbow and Shoulder Society (BESS) had enquired how they would be represented on the Steering Committee, and how they would fit into research and the Annual Report process.

Members suggested and discussed two options:

1. A representative for ankles would attend the RCC meetings, and their views would then be conveyed to the Steering Committee through the RCC Chair (PH). If any specialised issues arose, the representative would then be invited to attend a Steering Committee meeting.
2. The future membership of the Steering Committee could include one surgeon from each joint.

It was decided that once the additional joints or regions were included in the NJR, the representatives would join the RCC Network meetings, and their views would be presented through PH, RCC Chair, to the Steering Committee. The relevant

	<p>representative would then be invited to attend the Steering Committee if discussion was required on a particular issue.</p> <p>It was confirmed that ankles would not be included in the 7th Annual Report.</p> <p>It had been anticipated that ankles would join the NJR in June/July 2010, while shoulders and elbows were expected to join in September 2010.</p> <p>MB referred to point 2.3.2 of the distributed committee paper and asked YT if she had a list of the mentioned ankle suppliers who were and were not familiar with the collection of NJR levy. YT agreed to discuss further with MB outside of the meeting.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. Once additional joints and regions were included on the NJR, each representative would be invited to attend the RCC Network meetings. Their views would then be presented through PH, as the Chair of the RCC Network, to the Steering Committee. If there was a particular issue for discussion, the relevant representative would be invited to attend the Steering Committee. 2. YT and MB would discuss ankle suppliers outside of the meeting. <p>6.5. B. Incorporation of Guernsey</p> <p>HQIP had distributed to Steering Committee members a copy of a letter from the Health and Social Services Department in Guernsey requesting to join the NJR. The Committee agreed that it was happy to follow through negotiations for the incorporation of Guernsey. It was noted that Guernsey had been included in the original NJR contract, that they used the same NHS numbers as England.</p> <p><u>Updates on further NJR development:</u></p> <ul style="list-style-type: none"> • Jersey had shown interest in the joining the NJR, but no further action had been taken. • The Republic of Ireland were interested in joining the NJR, and further talks were underway. • The Department of Health for Northern Ireland had not yet formally confirmed their wish to join the NJR, and further action was therefore pending. • The Isle of Man were yet to respond. <p>6.5. C. British Elbow and Shoulder Society (BESS)</p> <p>Formal notification had been received from BESS which confirmed that they would like to join the NJR. Preparation was underway for this to be finalised by September 2010. An action plan would be sent to members.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. HQIP would forward an action plan for the inclusion of BESS to the NJR, to members. 	<p>HQIP</p> <p>YT / MB</p> <p>MW</p>
7.	<p>NJR Finance Report Q3 (October – December 2009)</p> <p>The finance report was received and noted. YT informed members that it would also be referred to under item 8 (NJR Levy Rate for 2010).</p>	

<p>8.</p>	<p>NJR Levy Rate for 2010/2011</p> <p>YT reported that the current levy rate was due to expire at the end of March 2010. The levy rate was reviewed with a projection for different sales figures, one at £20 (gross), and one at £18 (gross). She pointed out that the income projections were based on net rate. Members queried whether the state of the current economic climate had been considered when the rate was set for the upcoming year, and YT confirmed that all changes had been taken into account, and that all calculations were based on the current VAT rate. The Committee agreed that the rate would stay the same at £20 (gross).</p> <p>Agreed that:</p> <p>1. The Levy Rate for the upcoming financial year (2010-2011) would remain at £20 (gross), and would be recommended to the DH for formal approval.</p>	<p>HQIP/ YT</p>
<p>9.</p>	<p>NJR Strategic Plan 2009 – 2011</p> <p>RA reported on the new Strategic plan format, following an action from the previous meeting. All projects had been categorised into the following areas and were listed with a start date, end date, and space for comments:</p> <ul style="list-style-type: none"> a) On-Going Programmes of Work b) Projects In Development c) Projects Awaiting Approval to Proceed d) Projects Being Scoped <p>The plan would be regularly updated, and changes would be reviewed at subsequent Committee meetings.</p> <p>All projects categorised under 'Projects Being Scoped', would be overseen by the NJR Stakeholder Engagement & Communications Sub-Committee, once it had been established.</p> <p>EY pointed out that it would be helpful to consider progressing the plan to 2011/2012/2012-2013/2013 as a rolling programme, which would be discussed again at the next Steering Committee meeting. Members were invited to suggest ideas to develop the further strategic planning</p> <p>Agreed that:</p> <p>1. Members would email EY and RA with ideas for the further development of the plan.</p>	<p>All</p>
<p>10.</p>	<p>Supplier Feedback System</p> <p>MS reported that MB and DS had requested access to extract their own data from the Supplier Feedback System as a trial. The process was discussed whereby Northgate would work on an interface to allow suppliers to access the system and download their data.</p> <p>The issue of security was raised, but RA confirmed that the security would be at the same level which was used on the Clinician Feedback System, which the Steering Committee were satisfied with.</p>	

<p>11.</p>	<p>Mandating the NJR Project</p> <p>PG had written to Sir Bruce Keogh and Liam Donaldson for their response on mandating the NJR Project. Liam Donaldson replied to PG but stated that it was not appropriate for him to comment.</p> <p>PG hoped to discuss the issue at his meeting with Sir Bruce Keogh, and would update members at the next Steering Committee meeting.</p> <p>Members discussed their frustration over the issue, and compared mandation of the National Hip Fracture Database (NHFD) with the NJR. A suggestion was made that Cynthia Bower, CE of the Care Quality Commission (CQC) could be written to, but no further action was decided.</p> <p>1. Agreed that: PG would give an update at the next SC meeting on his meeting with Sir Bruce Keogh.</p>	<p>PG</p>
<p>12.</p>	<p>Component Management System Project</p> <p>RA reported that the Project Business case had been approved by HQIP, and work on the system was underway and due to be completed in May. The system would allow greater flexibility of how items were categorised.</p> <p>Members discussed the inconsistencies and difficulties of managing the different barcode systems that companies used. Members felt that further work should be invested on barcoding. Ideally, a master system should be in place that would recognise all the different barcodes which are currently in use.</p> <p>Agreed that:</p> <p>1. Northgate would investigate which companies do and do not use barcodes, and would give an update at the next meeting.</p> <p>2. AS, MB and RA would discuss the situation in more detail outside of the meeting, and would consider ideas to resolve it.</p>	<p>Northgate</p> <p>AS, MB, RA</p>
<p>13.</p>	<p>Bulk Upload</p> <p>RA informed the Committee that he had received an update from CH that Bluespier had contacted Northgate that morning to notify them that they had finished testing and were ready to function.</p> <p>KT stated that another company had become involved with hospital IT, and was working on a system which would eliminate the need to enter data twice.</p> <p>MS explained that although Bluespier had volunteered to do the exercise, no progress was made for a year due to a lack of resources. However, they hoped to get the main hospitals to submit again. Northgate had developed an interface, and Bluespier would progress with the development.</p>	
<p>14.</p>	<p>Study on Auditing Revision Rate Recorded on HES linked to Primary Procedures on the NJR database</p> <p>Following on from December's Editorial Board meeting, MPo and MS had discussed establishing a project which would involve an audit of revisions that had been identified on HES but not on the NJR.</p>	

	<p>PH's Trust had conducted a pilot study during 2007/2008 on the issue, and the result had shown that the NJR had not picked up the emergency revisions from his Trust. The study had been very informative, and the Committee considered the possibility of extending the pilot study to three other major Trusts, which would include Sheffield.</p> <p>It was suggested that the NJR may seek the support from the British Orthopaedic Association (BOA). Further discussion would be required outside of the meeting to discuss the options for proceeding with the project and whether the Regional Co-ordinators could be involved to provide more support.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. PG, MPo and PH would discuss further options for proceeding with the project, outside of the Committee meeting. 2. Northgate would investigate the cost involved and gather further information. 	<p>PG, MPo, PH Northgate</p>
<p>15.</p>	<p>Metal on Metal Study</p> <p>KR gave a report on the Metal on Metal Study on behalf of Andy Crosbie. He reported that the MHRA-BOA Joint Working Group had met on the 11th September 2009, and following that meeting, a draft report of the Joint Working Group was circulated to all members of the group on 3rd November 2009 for their comments. The comments were then incorporated into an updated draft which was re-circulated to members of the group in mid-January 2010, and was due to be discussed and reviewed on Friday 29th January by the Joint Working Group. An update on the draft report would be given at the Steering Committee's next meeting in April.</p> <p>PG mentioned that the previous Steering Committee Chair, Bill Darling, had been concerned that the NJR had financially contributed to the study but had not been kept updated on progress as they had requested. PG informed the Committee that he had seen the first and second draft of the report, and the next draft should be available for members to read at the next Steering Committee. KT noted that he was very grateful for all the work that had been conducted and suggested repeating the study as there were still further questions around it. Further discussion would ensue once the report had been distributed.</p> <p>MPo informed members that he had spoken with Alister Hart, and would forward a copy of Alister's proposal to AM.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. The MHRA would give an update on progress with the report at the next Steering Committee meeting. 2. MPo would send AM a copy of the proposal by Alister Hart (London Implant Retrieval Centre). 	<p>KR/AC MPo</p>
<p>16.</p>	<p>Quarterly Statistics Report Q3 (October – December 2009)</p> <p>The Quarterly Statistics Report was received and noted. MS noted that the number of procedures with patient consent rates that had been entered on to the NJR Database had increased, which had resulted in improved data.</p>	
<p>17.</p>	<p>Quarterly Management Report Q3 (October – December 2009)</p> <p>It was noted, in reference to page 6 of the Quarterly Management Report (QMR) Q3, that under Regional Performance, Cheshire & Merseyside did not have a well recorded</p>	

	<p>consent rate. PG queried if there was a structure in place for the RCCs to investigate low levels of consent rate. MS confirmed that although the RCCs do have access to the performance management system to detect when incidents happen, they were limited on which management level they were able to communicate with. RA stated that the RCCs outline their areas of concerns at the RCC Network meetings where they request further help if required. PG felt that there should be an ongoing system whereby the Steering Committee would be informed if an RCC was having difficulty in following through a query, and either PG and AW would write to the CE of the hospital concerned.</p> <p>A discussion occurred over concern regarding a request (NJR RFC number: D708728) on page 20 of the QMR Q3. Although a request for data to be provided had been approved, the information that the NJR held would not actually have provided the requested information. Northgate confirmed that the approval had later been withdrawn, but the QMR had not been updated to reflect that.</p> <p>An action from the previous meeting had been for YT and CH to review the content of the QMR and Strategic Quarterly Report (SQR) with a view to reducing the size of both reports. However, YT informed the Committee that they had felt unable to make a general decision and reduce the content without consultation with Committee members. YT invited members to suggest what data could be reduced or removed from the report. PG noted that it was important to have a detailed report. YT stated that the version that members had reviewed was already a condensed version of the full report.</p> <p>Agreed that:</p> <p>1. Members would email YT with suggestions on the data they think should remain in the QMR and Quarterly Statistics Report, and the data that could be removed.</p>	All
18.	<p>Alternative dates for 2010 NJRSC Meetings</p> <p>The Steering Committee reviewed and agreed alternative meeting dates for 2010 as follows:</p> <ul style="list-style-type: none"> • Tuesday 27th April 2010, 10.30 am – 4.30 pm • Wednesday 28th July 2010, 10.30 am – 4.30 pm • Thursday 28th October 2010, 10.30 am – 4.30 pm <p>A date was yet to be confirmed for the next Outlier Sub-Committee meeting.</p> <p>Agreed that:</p> <p>1. HQIP would liaise with PG to set up a date for the next Outlier Sub-Committee meeting.</p>	HQIP
19.	<p>Any Other Business</p> <p><u>a) NJR 6th Annual Report, Data query</u></p> <p>Following the publication of the NJR 6th Annual Report, a joint supply company had contacted the NJR regarding joint performance findings which had been published in the report. They were concerned that the results did not accurately reflect the performance of their joint, and requested data clarification. The request was sent to Jan van der Meulen who did not want to release the data and referred the request back to Northgate. The company then stated that following a local audit, they had retrieved different figures to those that were published and requested to see the data upon which Jan van der Meulen had used to draw to his conclusion. It was acknowledged that there had been a delay in</p>	

<p>replying to the company. The company had requested NJR and HES linked data, but RA confirmed that Northgate had only provided the company with the NJR data. They were unable to provide the HES data as they did not have the authority to do so. MS had a meeting scheduled with the company to discuss the situation, and would report back to the Steering Committee. Action would be followed through immediately rather than waiting until April's Steering Committee meeting. MS and MB would also discuss the matter further outside of the meeting. Members discussed the situation and the issues that could arise from publishing audited data in the public domain.</p> <p>The Annual Report did not contain a disclaimer, and members felt that it would be beneficial to include one on future reports. Members agreed to seek legal advice to produce the disclaimer and MPo suggested that the amendment should be noted on the NJR website.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 1. MS would update the Steering Committee after his meeting with a joint supply company who had queried the data that had been published about them in the NJR Annual Report. 2. MS and MB would discuss the issues in further detail outside of the meeting. 3. A legally advised disclaimer would be included in future NJR Annual Reports and would be added to the NJR website. <p><u>b) NJR Data request</u></p> <p>MS reported that Northgate had received a request from Scotland to access the NJR component data. Northgate had been asked to investigate the cost of developing the data to Scotland, and it was estimated that it would cost approximately £25,000. It would primarily be a bulk load, rewritten as part of the component management work. EY suggest that the NJR should approach Scotland to enquire whether they would want to join the NJR following on from their request.</p> <p><u>c) Advisory Committee on Clinical Excellence Awards (ACCEA)</u></p> <p>KT informed members about the work of the Advisory Committee on Clinical Excellence Awards (ACCEA). The Clinical Excellence Awards were given to recognise and reward the exceptional contribution of NHS consultants. Various organisations including the British Orthopaedic Association (BOA) and the British Hip Society (BHS) had given reports to the ACCEA on the consultants who work with them. KT suggested that HQIP might like to consider providing feedback on the consultants connected with the NJR. The Steering Committee agreed that it would be a positive step, and EY and KT would discuss further outside of the meeting.</p> <p>Agreed that:</p> <ol style="list-style-type: none"> 4. KT and EY would discuss how HQIP would give feedback to the ACCEA on behalf of the consultants. <p><u>d) British Orthopaedic Trainees Association</u></p> <p>A letter had been received from an academic at the British Orthopaedic Trainees Association (BOTA) who was aware of the decision to include Specialist Registrars as named surgeons on the NJR data collection system. PG agreed that he would respond and provide RA's contact details who would then provide further clarification. Members discussed the GMC numbers that each registrar was issued with, and it was confirmed that when registrars transfer to another hospital, they must register the change of hospital with Northgate. It was suggested that an article could be included in the BOTA newsletter which would give clarity on the issue.</p>	<p>MS</p> <p>MS / MB Northgate</p> <p>KT / EY</p>
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	<p><u>e) National PROMS</u> PG reported that the NJR had contributed financially to National PROMS to enable the NJR to access data from PROMS for specific projects. The first project was still undecided. An external request had been received to look at the patient perceived outcome across 5 of the most commonly used knee implants. As the request was research related, it was handed over to AM, Chair of the NJR Research Sub-Committee, who would respond following a discussion at the next Research Sub-Committee meeting on 17th March. AM would send an email to advise them that a formal response would follow after the Research Sub-Committee meeting.</p> <p>Agreed that: 5. AM would deal with an external request which related to patient perceived outcomes on 5 of the most commonly used knee implants. AM would reply and inform them that a formal response would follow, following the Research Sub-Committee meeting in March.</p> <p><u>f) Public Relations (PR)</u> MPo reported that he had received feedback from various contacts who had praised the NJR and enquired how they could become involved. Members discussed how they wanted the NJR to reach different stakeholders and it was agreed that an article should be placed in the NJR newsletter and on the website.</p> <p>KT reported that the article that he had written to the British Orthopaedic News (BON) did not get published, but he confirmed that he would resubmit the article.</p> <p>Agreed that: 6. Northgate and HQIP would consider an article for publication on the NJR website and in the NJR newsletter. 7. The article written for the British Orthopaedic News would be resubmitted by KT.</p>	<p>AM</p> <p>N'gate/ HQIP KT</p>
<p>20.</p>	<p>Date and Time of Next Meeting</p> <p>Tuesday 27th April 2010, 10.30 am – 4.30 pm</p>	