

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting:	NJR Steering Committee		Date: Wednesday 17 th April 2013
Location:	Burroughs Room, Wellcome Collection, 183 Euston Road, London, NW1 2BE		
Members Present:	Laurel Powers-Freeling	LPF	Chair
	Prof Paul Gregg	PG	Vice Chair / Orthopaedic Surgeon
	Dr Jean-Jacques de Gorter	JG	Independent Healthcare Sector Representative <i>[from 12.30 pm]</i>
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Sue Musson	SM	Patient Representative
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	Mpo	Orthopaedic Surgeon
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Rebecca Beaumont	Rbe	NJR Communications Lead, Healthcare Quality Improvement Partnership (HQIP)
	Dr Crina Cacou	CC	Medicines and Healthcare Products Regulatory Agency (MHRA) <i>[left at 2.30 pm]</i>
	Emma Clark	EC	Bristol
	Alex Henderson	AH	Committee Administrator, HQIP
	Peter Howard	PH	Chair, NJR Regional Clinical Co-ordinators' Network
	Khalid Razak	KR	MHRA
	Peter Rottier	PR	Northgate <i>[from 11.30 am]</i>
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Apologies:	Ashley Blom	AB	Bristol
	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Mary Cowern	MC	Patient Representative
	Robin Rice	RR	Welsh Government Representative
	Andy Smallwood	ASma	NHS Procurement Representative

REF	ITEM	ACTION
1	<p>Welcome and apologies for absence LPF opened the meeting and welcomed those present. Apologies were noted.</p>	
2	<p>Clinical Practice Research Datalink (CPRD) Dr John Parkinson (JP) [CPRD Director] was welcomed and gave an informative presentation and demonstration on how the CPRD would like to work in partnership with the NJR to maximise the use of data. The CPRD had approval from the DH for access to all Audit Datasets, and had approached HQIP who agreed that the CPRD should approach each audit individually. The CPRD required agreement from the NJR to join the initiative, and agreement for academic and commercial use of NJR data.</p> <p>The NJRSC raised the following points:</p> <ul style="list-style-type: none"> • Governance issues – the NJR already have the Research Sub-Committee and a research request process. The NJR dataset is big, but it is complex to use and consideration had to be given on how NJR data would be used. • Total transparency should be considered. • Cost – the pricing of data and rate cards should be considered. • It was noted that the NJR had previously linked with the CPRD (then GPRD) for a research request. • AM supported the partnership from the perspective of the NJR Research Sub-Committee, but agreed that the proposal needed to be reviewed in further detail. • There could be potential overlapping with the Beyond Compliance initiative which should be considered. <p>Agreed:</p> <ul style="list-style-type: none"> • The NJRSC were supportive of the initiative, pending further review of how this would work for the NJR, and the governance arrangements. • EY would liaise with John Parkinson to move the initiative forward. • A small working group would be established to develop a framework for how the NJR would work with the CPRD, including research protocols and pricing. • A MOU would be developed. 	<p>EY EY/LPF EY/LPF</p>
3	<p>Minutes of the previous meeting held 29th January The minutes were accepted as a true and correct record.</p>	
4	<p>Matters Arising The 'matters arising' update report had been formerly circulated for information, however, EY updated members on the following developments since its circulation.</p>	
4.1	<p>NJR Research & Governance Officer Interviews were scheduled for the 30th April. The NJRSC would be kept informed.</p>	
4.2	<p>Unique Device Identifiers (UDI) Discussions were ongoing with the NJR and the Australian Registry to undertake a comparison of knee data held by both registers. The NJR required clarity of the benefits, next steps and a straw-man proposal. Agreed: EY would contact S.Graves to request further clarity.</p>	<p>EY</p>
4.3	<p>CUSUM Following completion of the NJR Annual Report, Linda Hunt, Bristol, would conduct a study to investigate any advantages of using CUSUM, and it was suggested she should contact the Scottish Registry for their views on using CUSUM. Agreed: PG would suggest to Linda Hunt that she contacts the Scottish Registry.</p>	<p>PG</p>
4.4	<p>Device Audit The audit was ongoing, and further discussion would be held at the Data Quality Working Group scheduled for 23rd April.</p>	

5	NJR Structure and Governance Review:	
5.1	<p>NJR Committee Structure</p> <p>EY outlined the proposed new NJR structure to members, highlighting the following:</p> <ul style="list-style-type: none"> • Once the structure had been finalised, the new NJR Medical Director role would be advertised; • An additional post for an allied health representative would be advertised, specifically for a nurse or GP, to join CN's role as physiotherapist; • The RCC Network would be replaced by a Medical Committee which would include society and regional representatives; • All sub-committees would have membership and terms of reference reviewed, and NJRSC members limited to how many sub-committees they would participate in. Advertisements would be by open competition; • The Executive Committee would oversee the operational and financial business of the NJR. This smaller group would meet regularly, with the NJR Medical Director playing a key role. The committee would be established in the near future; • In 2014, the Editorial Board would be replaced by a Stakeholder Communications Sub-Committee. The production of the NJR Annual Report would be included within the remit of this sub-committee; • The Patient Network would be developed and used as a resource across the whole of the NJR, as and when appropriate. <p>Agreed: EY would liaise with each sub-committee Chair to review current structure and Terms of Reference per committee.</p>	EY
5.2	<p>Remuneration</p> <p>The accompanying paper (D) had not been distributed as discussions were ongoing regarding possible NJRSC member remuneration. LPF informed members that two payment plans were being reviewed, one which would reimburse surgeon's Trusts for the time their surgeon spent at NJR meetings, and another which would be a modest payment for each member attending a NJR meeting.</p> <p>PG noted that for the surgeons, it was actually the amount of time they spent on NJR work outside of the meetings that should ideally be remunerated, and while this point was understood by the NJRSC, it was clarified that payment would only be made for meetings attended, and not telephone calls or time spent on NJR matters outside of meetings, as that time would be difficult to monitor.</p> <p>Once the new NJR committee structure was in place, it was hoped that the workload would be evenly shared out by members, thus eliminating a small number of members spending an excessive amount of time on NJR work.</p> <p>The overall decision on member remuneration would be made by NHS England.</p> <p>Agreed: LPF would contact NJRSC members individually to request personal views on reimbursement and whether it was supported. Anonymised views would then be collated and fed back to members along with estimations of how much remuneration was likely to cost the NJR.</p>	LPF/All
6	<p>NJR Economic Model</p> <p>At the previous NJRSC, it was reported that the Department of Health (now NHS England) had agreed in principle that the NJR should move to a model of subscription funding, and it was understood that a central guidance would be produced which would instruct hospitals to pay the subscription.</p> <p>The NJRSC reviewed the proposed model on hospital and supplier subscription, whereby hospitals would be banded by the volume of procedures undertaken and allocated a band subscription price. The new process would simplify accounting and administration of the NJR and would reduce the cost from the current £20 levy to a £18.80 subscription cost. It was noted that the model was to be refined to ensure independent sector hospitals were not unfairly disadvantaged because they undertook fewer arthroplasties compared with larger NHS Trusts, and also to move to a 'cost neutral' impact on current levy payments across hospitals.</p> <p>Agreed: The NJRSC supported the change from the current NJR economic levy model to a hospital and supplier subscription funding model, and work would</p>	HQIP/ N'gate

	NJR's Strategic Plan would also now be included in the HQIP Corporate Plan.	
10	<p>NJR Communications Strategy & Plan 2013/14</p> <p>The NJR Communications Plan, which had been produced as a supplement to the NJR Strategic Plan, was positively received by the NJRSC.</p> <p>RB reported that the first NJR eBulletin had been circulated which would provide a useful way of sharing information and news on a regular basis.</p> <p>It was noted that an audit of the NJR website would be undertaken, and further media training for NJRSC members would be considered.</p> <p>Agreed: The NJRSC supported the NJR Communications Plan.</p>	
11	NJR 10th Anniversary:	
11.1	<p>Logo</p> <p>RB presented the proposed NJR 10th Anniversary logo to members.</p> <p>Agreed: The logo was approved in principle, however, members were invited to contact RB with any suggested alternatives to the 'strap line'.</p>	All / RB
11.2	<p>Event</p> <p>The NJR 10th Anniversary event would be held on Wednesday 25th September 2013.</p> <p>RB outlined the provisional programme, starting with the launch of the NJR Annual Report results (in advance of the annual BOA conference), guest speaker and question time, and finishing with a networking reception. RB had a list of suggested well-known joint replacement patients and would be contacting them to gauge their interest in participating in the event. Possible venues for the event were also being investigated.</p>	
12	<p>NJR Research Academy</p> <p>Members reviewed a proposal for the Research Sub-Committee to establish a NJR Research Academy. This would involve an online forum for previous and current users of NJR data for research purposes to engage and develop their skills, and AM reported that the former NJR Research Fellows were enthusiastic of the concept.</p> <p>The set up cost would be minimal as the current resources available on the NJR website could be utilised.</p> <p>Agreed: The NJRSC approved the concept of the NJR Research Academy. AM would work with the new Research & Governance Officer, when appointed, to set up the forum and invite members to join the Academy.</p>	AM / HQIP
13	International Collaboration:	
13.1	<p>International Society of Arthroplasty Registers (ISAR) – Chicago</p> <p>Noted that MPo and KT attended the recent ISAR meeting in Chicago on 21st March.</p>	
13.2	<p>2nd International Congress of Arthroplasty Registries: 1 – 3 June 2013</p> <p>The programme for the congress to be held in Stratford-upon-Avon was presented to members. KT reported that 100 people had registered so far. The provisional programme and further details were available on the ISAR website: www.isarhome.org</p>	
14	<p>NJR Finance Report (1st April 2012 to 28th February 2013)</p> <p>The finance report was received and noted.</p>	
15	Update from the NJRSC Sub-Committees:	
15.1	<p>Editorial Board</p> <p>Members were urged to make every effort to attend meetings or to send their apologies in advance.</p>	
15.2	<p>Dates of planned NJR Sub-Committees</p> <ul style="list-style-type: none"> • Implant Scrutiny Group – 18th April • Outlier Sub-Committee (Surgeon Data) – 23rd April • Data Quality Group – 23rd April • Research Sub-Committee – would be scheduled for May 	
16	<p>Quarterly Statistics Report Q4 (1st January to 31st March 2013)</p> <p>The QSR was received and noted.</p>	

17	Quarterly Management Report Q4 (1st January to 31st March 2013) The QMR was received and noted.	
18	Any Other Business MPo made a suggestion that for data quality purposes, it would be useful if each Regional Coordinator (for their responsible unit) directed surgeons to the Clinician Feedback System to check their data, and to give consent for sharing their data. Data Quality would be discussed further at the Data Quality Working Group on 23 rd April.	
19	Next meeting Friday 26 th July 2013, 10.30 am – 4 pm. Burroughs Rooms, Wellcome Collection, 183 Euston Road, London, NW1 2BE.	