

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting:	NJR Steering Committee		Date: Tuesday 29 th January 2013
Location:	Room 2, Friends House, 173 Euston Road, London, NW1 2BJ		
Members Present:	Prof Paul Gregg	PG	Vice Chair / Orthopaedic Surgeon
	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Mary Cowern	MC	Patient Representative
	Dr Jean-Jacques de Gorter	JG	Independent Healthcare Sector Representative
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Sue Musson	SM	Patient Representative
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics (<i>from 12 pm</i>)
	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)
	Ashley Blom	AB	Bristol
	Robin Burgess	RBu	Chief Executive Officer, HQIP (<i>morning session</i>)
	Alex Henderson	AH	Committee Administrator, HQIP
	Peter Howard	PH	Chair, NJR Regional Clinical Co-ordinators' Network
	Khalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
	Peter Rottier	PR	Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Apologies:	Dr Crina Cacou	CC	MHRA
	Martyn Porter	MPo	Orthopaedic Surgeon
	Laurel Powers-Freeling	LPF	Chair
	Robin Rice	RR	Welsh Government Representative
	Andy Smallwood	ASma	NHS Procurement Representative

REF	ITEM	ACTION
1	<p>Welcome and Apologies for Absence PG opened the meeting and welcomed those present. He had agreed to chair the meeting as LPF was unable to attend. Apologies were noted.</p>	
2	<p>Minutes of the previous meeting held 24th October 2012</p> <ul style="list-style-type: none"> • The minutes of the previous meeting were agreed with the following amendment: <u>Item 7.2: Unique Device Identifiers (UDI)</u> Second sentence to: "He reported that Johnson & Johnson (including DePuy)...". • <u>Item 7.3.b: Swedish Meeting of Registries</u> KT queried if information that the Swedish Registry had requested had been provided. EY confirmed that the request was being dealt with. 	
3	<p>Matters Arising The 'matters arising' update report had been formerly circulated for information, but EY updated members on the following developments since its circulation.</p>	
3.1	<p>Data Sharing with the Care Quality Commission (CQC) AB had met with the CQC to explain how the NJR identified unit outliers from the data, to assist the CQC when they engaged with units on their status. He would follow up by demonstrating an in-depth analysis of an outlier unit when the next outlier analysis was produced. EY thanked AB and his team at Bristol.</p>	
3.2	<p>Incorporation of Elbow and Shoulder Joints: Shoulder PROMs Following a meeting with the British Elbow and Shoulder Society (BESS) on 24th January, BESS agreed to a contribution of £15,000 for the set up costs of shoulder PROMs, and the NJR would fund the ongoing costs.</p>	
3.3	<p>Geographical Extension of the NJR Northern Ireland had signed the contract to join the NJR.</p>	
3.4	<p>Unique Device Identifiers (UDI) The NJR had agreed to work with the Australian Registry to undertake a comparison of knee data held by both registers, and that work was on-going.</p>	
3.5	<p>Freedom of Information [FOI] Request The FOI request remained on-going and members would be kept informed.</p>	
3.6	<p>Device Audit The audit continued to be closely monitored.</p>	
3.7	<p>MHRA EY reported that John Wilkinson, currently Director of Devices, at the MHRA would be acting Medical Director of Devices until a new appointment was confirmed.</p>	
4	<p>NJR Structure and Governance Review</p>	
4.1	<p>NJRSC and Executive Committee Terms of Reference (ToR) The committee ToR were agreed, pending any further amendment made by EY and MC in relation to Welsh and N.Ireland representation. EY also confirmed that the member handbook would also be updated Agreed: EY would submit the final ToR to the DH.</p>	EY/MC
4.2	<p>NJR Committee Structure EY confirmed that:</p> <ol style="list-style-type: none"> a. A new committee structure would be circulated separately to members, pending final decision on whether the annual reporting process should be managed through the existing Editorial Board, a new 'Stakeholder Group', or merged with the Research Sub-Committee. b. The DH had agreed in principle to the proposed new 'Executive Committee', and the appointment of an NJR Medical Director. A small working group would be set up to advise on the job specification for this new role. c. A process would be established for the recruitment of new members, and 	

	<p>succession planning for the current members at the end of their final term.</p> <p>Agreed: EY would set up the working group and notify members of the final structure proposals.</p>	EY
5	<p>NJR Economic Model</p> <p>EY reported that it was not necessary for the NJRSC to consider setting the levy rate for 2013/14, pending on-going work to review the current NJR economic model, and as such the rate would remain set at £20. She noted that the DH had agreed in principle to move to a model of subscription funding, and that this was under review. The NJR would be liaising with manufacturers to discuss this further.</p>	LPF/EY
6 6.1	<p>Publication of Surgeon Level Data</p> <p>Background and Process</p> <p>It was noted that David Nicholson, NHS Chief Executive had announced on 18th December 2012, that surgeon level outcome data for ten specialities, including orthopaedic surgery, should be published by June 2013. HQIP would be overseeing this development and assisting the audits through the specialist professional societies.</p> <p>MPO (as BOA President), the Orthopaedic Society Presidents and PG (as Chair of the NJR Outlier Sub-Committee), had met with Professor Keith Willett and other DH representatives on 28th January, to discuss their concerns, particularly related to data quality. A broader meeting of all clinical leads from the ten specialities had also been scheduled for 4th February with Sir Bruce Keogh.</p> <p>PG and EY confirmed that the NJR would draw up a draft plan of the data that could be ready for publication in June, and the data that could be made available in the future for further discussion with MPO and the professional societies.</p>	PG/EY
6.2	<p>NJR presentation of surgeon level data</p> <p>EY noted that prior to the announcement about the publication of surgeon level data, she and RA had already presented a proposed NJR surgeon information system to the BOA Counsel for their views. The system could now provide an ideal vehicle to support the publication of orthopaedic surgeon level data, although she noted that discussions were on-going between HQIP and NHS Choices about how surgeon level data from all the specialties could be published on the NHS Choices website.</p> <p>RA demonstrated how the data could be presented on the system, which members supported in principle, pending agreement of the indicators that should be used (as reported in 6.1) above, and the associated costs of implementing the system.</p> <p>Agreed: Members would be kept informed about development of the proposed system and the associated costs.</p>	EY/RA
7	<p>NJR Clinician Feedback Phase 2</p> <p>At the previous meeting, the NJRSC had approved the development of a set of requirements for the second phase of NJR Clinician Feedback and for the development of a road map for its continued development. The following user requirements would be updated:</p> <ol style="list-style-type: none"> Patient Time Incidence Rate (PTIR) Report – surgeons would be provided with a ‘track’ of plots on the funnel plot so that changes in performance could be observed; Revision Rate Report – revision rates at 5 and 7 years to be included and a filter for ‘Lead Surgeon’ as well as ‘Consultant in Charge’; Revision Procedure Details Report – a new report would provide surgeons with further detail of why and when the primary was revised; Surgeon Summary Report – a surgeon summary report for appraisal and assessment purposes (pre-formatted and unalterable by the user). <p>Reports would be updated quarterly, and funnel plots would be updated every six months. It was noted that the functionality of the CFS website would require further update in the future.</p> <p>Members were enthusiastic about the changes, noting that the appraisal summaries would be useful.</p>	

	Agreed: To make funding available and proceed with the updates.	N'gate
8	<p>Patient Implant Cards Members reviewed a proposal to run a pilot scheme to assess the appropriateness and interest in providing NJR patients with an implant card and online access to their own NJR record. This initiative had began after the ASR alert, whereby the NJR Centre received a high volume of calls from patients who did not know if they were affected. It was anticipated that a card would be given to implant patients with details on how they could access their record online. An online record would allow more information and details to be stored, and enable updates to be made quickly. Members supported this initiative and noted that Northgate would also engage with the BOA who had launched 'Orthocard', an implant identity card for patients with joint replacements and with patient groups. Agreed: To fund an initial pilot study and that Northgate would involve patient representatives MC and SM and keep members updated.</p>	N'gate
9	<p>NJR 10th Anniversary Consideration was given as to how the NJR should mark its 10th anniversary. It was agreed that a communications event should be held to highlight the achievements of the NJR and to look ahead to upcoming projects and plans. It would be valuable to gain celebrity endorsement, which MC would investigate. As many orthopaedic events were already scheduled for 2013, including ISAR, there was debate over holding the event this year or postponing to next year, but members agreed it should be 2013. Agreed: RBe would liaise with the '10th anniversary working group' consisting of MC, KT, SM, and AM to discuss further details of the communications event.</p>	RBe
10	<p>NJR Finance Report Q3 (1st October to 31st December 2012) The finance report was received and noted. It was acknowledged that the NJR would be funding various projects in the upcoming months. AB asked if the Bristol statistician could be funded to attend ISAR 2013 which was agreed.</p>	
11	Update from the NJRSC Sub-Committees	
11.1	Regional Clinical Coordinators Network The minutes of the previous meeting (6 th December) were received and noted, and PH raised the following topics that arose from discussion at that meeting.	
11.1.1 11.1.1a	<p>NJR & HES/PEDW Compliance/Revisions: HES Compliance for Revisions Instead of measuring compliance against HES for all procedures, the data was separated out for primaries and revisions. This identified that the compliance was worse in HES for revisions, which may be due to the greater combinations of HES codes for revision procedures than primary procedures, or that some of the revisions may be miscoded. PH proposed that the data should be separated for primaries and revisions for the NJR Annual Report and the Annual Clinical Report. It was noted that there would be an associated cost which had not yet been assessed. Agreed: The NJR would move towards separating primaries and revisions for the NJR Annual Report and the Annual Clinical Report and the costs would be discussed outside the meeting.</p>	EY/RA/PH
11.1.1b	<p>Revisions in HES missing from the NJR PH asked the NJRSC to consider the recommendation that all units were contacted annually to be asked to upload to the NJR any revisions of linkable cases present only in HES. KT suggested that a meeting was held to discuss the percentage of revision rates that the NJR was missing and discuss next steps. Agreed: The Data Quality Working Group would meet to discuss this further.</p>	HQIP/PG
11.1.2	<p>ASA Grade 5 patients To establish the accuracy of the ASA grading, the RCC Network recommended that an audit should be undertaken of procedures where ASA Grade 5 was indicated (where a</p>	

	<p>patient was not expected to survive 24 hours with or without operation), to determine if patients had actually died. Also, that for future group reports, ASA Grade 4 and Grade 5 should be grouped together.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • To support an audit into grading of ASA Grade 5 patients. • That the ASA Grades 4 and 5 should not be grouped together but reported as they were recorded, with a check included in the process before publication. 	PH/MPo/ N'gate
11.1.3	<p>RCCs Data Accuracy Audit</p> <p>RCCs had agreed to delegate the data accuracy audit to their Senior House Officers. The audit consisted of 5 hip and 5 knee procedures (randomly selected), and comparing the patients notes for each procedure with what had been submitted to the NJR.</p>	PH/RCCs
11.1.4	<p>Secondary Patella resurfacing and PLADs</p> <p>PH requested views about the definition of a revision, and whether or not patella buttons and PLAD should be included as revisions. It was noted that for resurfacing, a new primary could not be entered onto a form for a joint that had already been replaced, and that the insertion of a PLAD should not be recorded on forms as the NJR did not collect that data.</p> <p>Agreed: To discuss the issue further outside of the meeting, and review how the forms could be altered to resolve these issues.</p>	PH
11.1.5	<p>Minimum Data Set (MDS) upgrade</p> <p>It was noted that the proposed MDS upgrade would incur a cost, estimated at £135,000, and that Northgate was finalising a business case to confirm.</p> <p>Agreed: In principle to implement the upgrade, pending receipt and review by EY of costs.</p>	N'gate/EY
11.2	<p>Outlier Sub-Committee (Surgeon Data)</p> <p>PG updated members of discussions held at the previous meeting (held 23rd January) and confirmed that the minutes would be distributed.</p> <ul style="list-style-type: none"> • <u>Reset button:</u> Agreed that three years after a faulty prosthesis had been removed from the market, the data for the withdrawn implant would be removed from outlier analysis. Agreed: The NJRSC supported the introduction of the 'reset' button. • <u>Incorrect coding of Unit Results:</u> In Part 4 of the NJR Annual Report, poor results from one unit had been incorrectly shown against another. PG would respond and the data would be separated in the next NJR Annual Report. • <u>Reporting Unicondylar knee replacement/Professor Murray:</u> Following correspondence from Professor Murray who was concerned about the bad publicity of unicondylar knee replacements, it had been agreed to breakdown the funnel plots. AB raised concern of the accuracy of breaking down the funnel plots. Agreed: AB would liaise with PG regarding the breakdown of funnel plots. • <u>Data errors:</u> Following two recent data issues, extra safeguards had been put in place, but it was acknowledged that it was the responsibility of the hospital to ensure they selected and associated the correct surgeon with their hospital. • <u>Amendments to letters for annual clinical report to Trusts:</u> When reporting potential outlier surgeons, the NJR would write to the surgeon's current primary Trust, and send a copy of the letter to any other hospitals (including private) where the surgeon currently/previously operates/had operated. The hospitals receiving a copy of the letter for their information would all be listed in the letter. The NJR would ask the primary Trust to acknowledge receipt of the letter to the CEO identifying potential outliers, but would no longer ask for audit data from Trusts. This letter would include the GMC number of the surgeon. 	AB/PG
11.3	<p>Implant Performance Sub-Committee</p> <p>KT reported that the Implant Scrutiny Group met on 17th January, and following</p>	

	discussions, a message was sent to the MHRA regarding several implants. The Implant Performance Sub-Committee had not met as there were outstanding issues that had been brought to the previous NJRSC but required further discussion at this NJRSC meeting.	
11.3.1	<p>Availability of declared Level 1 and Level 2 reports to other registries</p> <p>KT led a discussion on a proposed system of international alerts when prosthesis appeared unsatisfactory.</p> <p>Agreed: To support in principle an international alert system, dependant on the outcomes from ISAR, and to receive a further brief at a future meeting.</p>	KT
11.3.2	<p>Reset Button</p> <p>KT proposed a 'reset' button for implants, when the performance of a small number of surgeons using a specific implant gave the implant poor results, but if removed from a data analysis, would improve the implant results, and prevent an implant unfairly becoming an outlier. There was considerable debate and members wished to see a written proposal with clear examples.</p> <p>Agreed: KT would prepare a written proposal for the next NJRSC where this would be discussed further.</p>	KT
11.4	<p>Editorial Board</p> <p>The minutes of the previous meeting (16th November) were received and noted. RBe reported that the format of the 10th NJR Annual Report 2013 would remain largely the same, although Part 4 would be published online. The strategy for the 11th NJR Annual Report 2014 would be to publish the majority of the report online.</p>	
11.5	<p>Research Sub-Committee</p> <p>AM reported that there was currently a lot of interest in NJR data, and he was following up with several people who had expressed interest.</p> <p>He reported on the following items from the previous meeting (held 23rd January) and confirmed that the minutes would be circulated.</p> <ul style="list-style-type: none"> • <u>NJR projects list</u>: A list of projects being run within the NJR and externally was being compiled. • <u>Research Fellows vacancies</u>: Interviews were scheduled for Tuesday 5th February. • <u>Previous Research Fellows</u>: The output of work and excellent achievement of the two previous Research Fellows (Simon Jameson and Paul Baker) had been noted. <p>Agreed: A summary of the Research Fellows' output would be distributed to members for information.</p> <ul style="list-style-type: none"> • <u>Research Academy</u>: AM mentioned that he was proposing for the NJR's 10th anniversary to establish an academy to bring together a group of academics who were interested in the NJR. 	AH
11.6	NJR PROMs	
11.6.1	<p>NJR PROMs Project Board</p> <p>AM reported on the following items from the meeting held 23rd January, and confirmed that the minutes would be circulated.</p> <ul style="list-style-type: none"> • <u>Existing PROMs data from extended PROMs study</u>: AM and AB had discussed a strategy to bring data together with a view to having the analysis ready for this year's NJR Annual Report. The PROMs Project Board would be having monthly discussions. • <u>3 Year PROMs</u>: The 3 Year PROMs questionnaire was sanctioned at the previous NJRSC but 3 questions had been added and sent to the Ethics Committee who granted approval. The questionnaire was now being reformatted for print. 	
11.6.2	<p>PROMs on Implants</p> <p>KT reported that as part of the 'Beyond Compliance' initiative, PROMs on implants would be looked at as an indicator of performance, and suggested that the NJR could initiate a study to look at this, starting with implants where there were concerns. PG informed members that Simon Jameson was currently writing a paper on this topic.</p> <p>Agreed: Consideration should be given to look at whether 3 year PROMs could be</p>	KT/AM

	used as a hypothesis testing study. Further discussion would be required.	
12	Quarterly Statistics Report Q3 (1st October to 31st December 2012) The QSR was received and noted. Q3 had seen an increase in the number of submissions received.	
13	Quarterly Management Report Q3 (1st October to 31st December 2012) The QMR was received and noted. The Regional Coordinators had reported a lack of managerial engagement in Trusts.	
14	Any Other Business	
14.1	Streamlined Data Access (previous min ref 10.4.1) KT had previously requested streamlining data access when implants were identified as potential outliers, so that Northgate and/or Bristol could be contacted directly for assistance. The current process of approaching EY who would then instruct Northgate or Bristol for urgent data access was deemed to be appropriate to ensure monitoring of the workload related to both contracts, given increasing pressures. Agreed: To retain the current arrangements and that KT would continue to approach EY for data access.	
14.2	Patient and Public Guide to the NJR Annual Report SM requested statistics for online views and use of the PPG. Hard copies of the PPG were available to members. Agreed: RBe would advise members on the statistics at the next NJRSC.	RBe
14.3	British Medical Journal Article: McMinn (previous min ref 10.6.1) AB reported that Dr Branko Kopjar, Associate Professor who works at the Department of Health Services, Program Affiliations, had written to The Lancet regarding the McMinn research paper. Agreed: AM would contact the academic in the US to see if he was aware that the data he was working on had not been originally authorised for release by the NJR.	AM
15	Next meeting Wednesday 17 th April 2013, 10.30 am – 4 pm. Burroughs Rooms, Wellcome Collection, 183 Euston Road, London, NW1 2BE	