

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)**MINUTES**

Meeting:	NJR Steering Committee	Date: Tuesday 28 th January 2014
Location:	Room G4.5, RCGP, 30 Euston Square, Euston, London, NW1 2FB	
Members Present:	Laurel Powers-Freeling	LPF Chair
	Mick Borroff	MB Orthopaedic Industry / Manufacturer Representative
	Michael Green	MG Orthopaedic Industry / Manufacturer Representative
	Prof Alex Macgregor	AM Public Health & Epidemiology
	Martyn Porter	MPo Orthopaedic Surgeon
	Keith Tucker	KT Orthopaedic Surgeon
	Nick Wishart	NW Orthopaedic Industry / Manufacturer Representative
	Andrew Woodhead	AW NHS Management Representative
Attendees:	Richard Armstrong	RA Programme Director, Northgate
	Rebecca Beaumont	Rbe NJR Communications Lead, Healthcare Quality Improvement Partnership (HQIP)
	Ashley Blom	AB Bristol
	Dr Crina Cacou	CC Medicines and Healthcare products Regulatory Agency (MHRA)
	Colin Esler	CE Vice Chair, NJR Regional Clinical Co-ordinators' (RCC) Network
	Alex Henderson	AH Committee Administrator, HQIP
	Jane Ingham	JI CEO, HQIP
	Khalid Razak	KR MHRA
	Eve Riley	ER NJR Research Officer, HQIP
	Peter Rottier	PR Northgate
	Andy Smallwood	AS NHS Procurement Representative
	Mike Swanson	MS NJR Principal Consultant, Northgate
	Elaine Young	EY National Development Lead, HQIP
Apologies:	Prof Tim Briggs	TB President, British Orthopaedic Association (BOA)
	Mary Cowern	MC Patient Representative
	Dr Jean-Jacques de Gorter	JG Independent Healthcare Sector Representative
	Prof Paul Gregg	PG Vice Chair / Orthopaedic Surgeon
	Peter Howard	PH Chair, NJR RCC Network
	Sue Musson	SM Patient Representative
	Carolyn Naisby	CNa Practitioner with Special Interest in Orthopaedics
	Robin Rice	RR Welsh Government Representative

REF	ITEM	ACTION
1	<p>Welcome and apologies for absence LPF opened the meeting and welcomed those present. Apologies were noted. Congratulations were expressed to Martyn Porter on his appointment as the NJR Medical Director from 1st February 2014. Michael Green and Nick Wishart were welcomed to their first NJRSC meeting since their appointments on 6th November 2013 as the Orthopaedic Implant Manufacturing/Supplier representatives; as were Jane Ingham (CEO, HQIP) and Eve Riley (temporary NJR Research Officer, HQIP). Noted that this would be Mick Borroff's last meeting as his membership had been extended to 31st January 2014 to facilitate a handover to the two new industry members.</p>	
2	<p>Minutes of the previous meeting held 14th October 2013 The minutes of the previous meeting were approved.</p>	
3	<p>Business Update EY highlighted key issues from the new style 'business update' report previously circulated for information. Members commended the document agreeing it provide a valuable overview of the scale of the workload and recommended it continued in this format. EY explained that it was her intention to implement similar updates for the NJRSC sub-committees in order to provide a comprehensive summary of the NJR work agenda. Further discussion occurred on the following items from the report.</p>	
3.1	<p>Beyond Compliance (BC) RA confirmed that companies were now able to upload their data to the BC initiative, and the pilot testing was coming to a close. KT outlined the process that was involved when manufacturers contacted the BC Advisory Group, details of which can be found on their website: www.beyondcompliance.org.uk. It was noted that a potential issue with the Advisory Group was whether Trusts would continue to allow their consultants the time they required to participate with BC.</p>	
3.2	<p>Knee Osteotomy Data CE confirmed that BASK were supportive of the proposal to set up an Osteotomy Registry, and EY would arrange a meeting for further discussion. Agreed: A meeting would be arranged with representatives of knee osteotomy.</p>	HQIP
3.3	<p>National Venous Thromboembolism (VTE) EY informed the NJRSC that she had been approached by the manager of the VTE team at NHS England to discuss aspects of setting up and running the NJR following approval to establish a VTE Registry.</p>	
3.4	<p>Musculoskeletal Patient Reported Outcome Measure (M-PROM) MPo reported that he had attended a meeting with ARUK where it was mentioned that M-PROMs were being developed to track non operative procedures.</p>	
3.5	<p>Gwen Fish Fund KT reported that the Gwen Fish Fund had allocated 3 separate grants to AM, Alister Hart and Jeya Palan.</p>	
3.6	<p>NJR/DH Price Benchmarking Pilot Study EY was pleased to highlight that the NJR was awarded the 2013 Benchmarking Award by the Best Practice Club and Benchmarking Institute for the Price benchmarking pilot study. Regarding the national roll out, this would commence from 1st April 2014, and under the Procurement Transparency Guidance section of the NHS Standard Contract, NHS organisations would be required to provide their orthopaedic pricing data to the NJR.</p>	
4	<p>NJR Structure and Governance Review EY provided an update on the following NJRSC member appointments: <ul style="list-style-type: none"> NJR Medical Director: Martyn Porter had been appointed for 3 years from 1st </p>	

	<p>February 2014;</p> <ul style="list-style-type: none"> • Implant Manufacturing/Supplier Industry: Michael Green and Nick Wishart were both appointed for 4 years from 6th November 2013, and Mick Borroff's term had been extended until 31st January 2014; • Orthopaedic Surgeons x2: Interviews were scheduled for 26th March 2014 for two appointments, pending which Paul Gregg's term had been extended until 30th April 2014; • Epidemiology/Public Health: Interviews had taken place and the new appointment would be announced as soon as the interview panel recommendation had been approved by NHS England. Pending confirmation of the successful candidate, Alex MacGregor's term had been extended until 30th April 2014; • NHS Management: Interviews were scheduled for 12th March 2014, pending which Andrew Woodhead's term had been extended until 3rd May 2014; • BOA President (Co-opted member): Prof. Tim Briggs (TB) had been appointed as a co-opted member for a period of two years from 6th January 2014. This would be as BOA President for year one, with subsequent BOA Presidents co-opted thereafter, and as lead for the national GIRFT project for year 2 which was relevant to the NJR; • Practitioner with special interest in orthopaedics (GP/Nurse): This appointment was pending completion of the current outstanding appointments mentioned above. <p>EY also reported that she was finalising membership and terms of reference for the new Executive and Medical Advisory Committees with both groups to be convened very soon. In addition she was liaising with the Appointments Team to draw up a process for co-opting external members to extend sub-committee membership beyond the NJRSC, to reflect the increasing workload.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Following the completion of the current outstanding appointments, representation would be made over the lengthy timescales involved. • TB would be invited to give an outline of the GIRFT project at a future NJRSC meeting. • A process would be developed for co-opting members onto the various committees and sub-committees of the NJR. 	<p>LPF/EY</p> <p>EY</p> <p>EY</p>
5	NJR Strategic Plan & Annual Plan:	
5.1	<p>Strategic Plan</p> <p>EY presented the updated Strategic Plan for 2013-16. The document would be refreshed on an annual basis but would continue to be the three-year plan.</p> <p>Agreed: The Strategic Plan for 2013-16 was approved for publication, pending corrections from MB.</p>	<p>MB/RB</p>
5.2	<p>Annual Plan 2014</p> <p>EY presented a draft Annual Plan with draft costs, timescales and KPIs. It was intended that this would set out the strategic priorities, timescales and budget, against which NJR activity could be monitored each year. This was very well received by members who thought it provided an excellent overview of activity, and would assist with prioritisation and monitoring.</p> <p>It was recognised that given the size of the NJR work agenda, and how far it had developed in recent years, there was a need to increase the resources required to move forward with the work programme. EY was currently finalising proposals.</p> <p>Agreed: The NJRSC approved the NJR Annual Plan for 2014.</p>	<p>EY</p>
6	<p>Economic Model</p> <p>EY reported that the new economic model would take effect from 1st April 2014, and a working group had been established with MB and other industry representatives to assist with the transition to the new model.</p> <p>RA gave a presentation to members on the new model and outlined the new charges</p>	

	<p>which would include a fixed fee and volume based pricing element (if volume exceeded over 5,000 units). The new pricing model had been out for consultation with manufacturers and responses had largely been in agreement with the new model, except for the pricing of cement which was difficult to apportion and price accordingly. The Supplier Feedback System would also change from 1st April 2014, with the current free service being removed and replaced with an option for manufacturers to pay for a number of extra services, including PROMs data and revision data. The extra services on offer would be primarily descriptive rather than statistical information.</p> <p>As part of the new model, Trusts and Private Groups would be invoiced directly from the NJR, removing the requirement to collect the NJR levy from suppliers. To achieve this, the NJR would be reviewing HES and NJR records for the last financial year. For Trusts with poor NJR compliance, both HES and the NJR datasets would be reviewed with a decision then made on which best represents that Trust's performance.</p> <p>As the Supplier Feedback System was being re-launched as a service, it would therefore be VAT reclaimable from 1st April 2014, but this was currently being explored with HMRC.</p> <p>The NJR website would be updated to reflect the new model and provide information for suppliers.</p>	
7	<p>Unique Device Identifiers (UDI) Following a meeting on 20th December 2013 with representatives of the NJR, MHRA and industry, it was recognised that the NJR must begin implementation of UDI legislation and the international classification of orthopaedic devices as this was an international project that was developing fast. It was noted that comparison work with the Australian Registry had already commenced. A proposed work plan was brought to the NJRSC outlining timescales and an estimated cost of £17,000.</p> <p>Agreed: The NJR would begin work to implement the UDI legislation, with estimated cost of £17k agreed.</p> <p>A detailed business plan and detailed costs would be brought to April NJRSC.</p>	Northgate
8	<p>Update from the NJRSC Sub-Committees: With the changes in NJRSC membership, it was noted that there would be a transition period for some sub-committees which were losing either the current Chairman and/or members. It was hoped that the transition would be undertaken to limit any detrimental effect on the work of the committees.</p> <p>Agreed: EY would provide details of new appointments and Chairmen to the next meeting.</p>	EY
8.1	Editorial Board:	
8.1.1	<p>Minutes of the previous meeting The minutes from the meeting held 20th November 2013 were received and noted.</p>	
8.1.2	<p>Digital Strategy for 11th NJR Annual Report The draft minutes from the teleconference held 15th January 2014 were received and noted.</p> <p>MS highlighted that the new electronic platform (Jaspersoft) would allow data in the graphs of the online Annual Report to be manipulated by readers. Discussion led to whether the outlier data could be handled in an automated/mechanised way, but it was noted that as outlier data was 'live' data, it would not be feasible.</p> <p>AB reported that Adrian Sayers had been appointed as a Research Fellow at the University of Bristol for 3 years, looking at the effect that surgeon and unit outliers have on each other and to improve the outlier analysis.</p>	
8.2	<p>Outlier Sub-Committee (Surgeon Data) The minutes from the meeting held 5th November 2013 were received and noted.</p>	
8.3	Data Quality Working Group:	
8.3.1	<p>Minutes of the previous meeting The minutes from the meeting held 5th November 2013 were received and noted.</p>	

	analysis for outlier surgeons.	PG, PH
9	NJR Finance Report Q3 (1st October to 31st December 2013) The finance report was received and noted.	
10	Quarterly Statistics Report Q3 (1st October to 31st December 2013) The QSR was received and noted.	
11	Quarterly Management Report Q3 (1st October to 31st December 2013) The QMR was received and noted. PR reported that the current patient consent rate was 91.6% and not 91.0% as stated in the QMR (page 5, item 2.1.2).	
12	Any Other Business:	
12.1	<p>Shoulder PROMs EY reported that the NJR and BESS had agreed to undertake Shoulder PROMs for 3 years (with a review following the second year before the third year commenced). BESS had been provided with the NJR data and would begin undertaking the analysis. The NJR agreed to fund Shoulder PROMs but had requested a contribution from BESS. BESS had agreed to make a £15,000 payment but had requested representation on the NJRSC in return. EY had since explained to Rohit Kulkarni (BESS President) that the NJR was currently undergoing a restructuring process, so discussion as to BESS's representation was still ongoing.</p> <p>It was noted that a survey in Nottingham on surgeon level reporting had outlined a 7% inaccuracy in shoulders. BESS were undertaking a study into the top ten contributing units for the inaccuracies and had requested further discussion with the BOA to discuss the definition and process of outliers in relation to shoulders. This required further discussion.</p> <p>KT suggested it would be useful to have BESS representation on the Implant Performance Sub-Committee.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Issues related to BESS PROMs and Surgeon Level Reporting for shoulder outliers would be discussed at the April NJRSC. • EY and KT would discuss membership (including BESS representation) of the Implant Performance Sub-Committee. 	MPo/EY EY/KT
12.2	<p>Surgeon mortality outliers In 2013 the NJR published surgeon-level outcomes data for orthopaedic surgeons as part of the 'Everyone Counts' plan from NHS England, and part of the data included was surgeon mortality outliers. The timescales for preparing the data for publication in 2013 were short. However, with more time ahead of the 2014 publication date, AB asked whether it was scientifically correct for the NJR to publish data on surgeon mortality outliers, instead of unit mortality outliers which would be more accurate. MPo supported this view but felt that further discussion was required with Sir Bruce Keogh via the BOA, BHS and BASK.</p> <p>Agreed: MPo and AB would initiate further discussion for publicising unit (instead of surgeon) mortality outliers with the BOA, BHS and BASK. Further discussion would then be held at April NJRSC.</p>	MPo, AB
13	Next Meeting: 10.30 am, Wednesday 23 rd April 2014, RCGP, 30 Euston Square, London	