

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting: NJR Steering Committee

Date: Wednesday 26th July 2013

Location: Burroughs Room, Wellcome Collection, 183 Euston Road, London, NW1 2BE

Members Present:	Laurel Powers-Freeling	LPF	Chair
	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Mary Cowern	MC	Patient Representative
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Ashley Blom	AB	Bristol
	Rebecca Beaumont	Rbe	NJR Communications Lead, Healthcare Quality Improvement Partnership (HQIP)
	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)
	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
	Dr Jean-Jacques de Gorter	JG	Independent Healthcare Sector Representative
	Prof Paul Gregg	PG	Vice Chair / Orthopaedic Surgeon
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Sue Musson	SM	Patient Representative
	Martyn Porter	MPo	Orthopaedic Surgeon
	Robin Rice	RR	Welsh Government Representative
	Peter Rottier	PR	Northgate
	Andy Smallwood	AS	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>Minutes of the previous meeting held 17th April A correction would be made under item 7.b of the previous minutes where 'Supplier Feedback' should read 'Clinician Feedback'. Otherwise the minutes were accepted as a true and correct record and would be uploaded to the NJR webpage.</p>	HQIP
3	<p>Matters Arising The 'matters arising' update report had been formerly circulated for information.</p>	
4	<p>Items for Information and Update The 'information and update' reported had been formerly circulated for information, however, EY gave further information on the following:</p>	
4.1	<p>National Ligament Registry (NLR) A meeting was being arranged with the NJR/HQIP and Prof. Andrew Price and his NLR colleagues, to further discuss the set up of the NLR and explore possible links between the NJR and NLR.</p>	
4.2	<p>Best Practice Tariff (BPT) The Payment by Results (PbR) team at the DH plan to implement the BPT from 1st April 2014 for primary hip and knee replacements, and would be conditional on performance against NJR consent and compliance. The NJR were working with the PbR team to finalise an operating framework for Commissioners. The NJRSC were disappointed to learn that compliance rate used would not be 100% compliance, however, they supported the tariff and appreciated the difficulties for the DH and the NJR in striking the right balance.</p>	
5	<p>NJR Structure and Governance Review:</p>	
5.1	<p>NJRSC member advertisements</p> <ol style="list-style-type: none"> Adverts for the following posts were placed with the deadline of midday 7th August: Epidemiology/Public Health Specialist x 1 member; Orthopaedic Surgeon Specialist x 1 member; Implant Manufacturing and Supplier Industry Specialists x 2 members. The NHS Management post would be advertised post summer along with the new Practitioner with Special Interest in Orthopaedics post (specifically GP or nurse). The job description for the NJR Medical Director (MD) was awaiting Sir Bruce Keogh's sign-off before the post could be advertised. Once an appointment had been made, work would commence for the NJR MD to establish the NJR Medical Committee. 	
5.2	<p>Remuneration LPF and EY met with NHS England on 22nd July where the following remuneration proposal for NJRSC members was signed off in principle. A paper outlining the proposal and estimated costs had been distributed to members ahead of the meeting.</p> <ul style="list-style-type: none"> Remuneration would be made to the NJRSC Chair and Sub-Committee Chairs in recognition of the associated responsibility, leadership and workload involved. Payment would be calculated in clinical sessions on a half day basis, and in future, the equivalent lay payment would be calculated. The NJR MD would be paid 2 days (4 clinical sessions) per week. Remuneration would not be made to those members appointed to represent a specific stakeholder category, or to attendees/co-opted representatives of key NJR stakeholders. Remuneration for the lay Chair and patient representatives would be reviewed separately in future. The remuneration model would reflect any future changes and development to the NJRSC and sub-committee structure and membership. <p>Agreed: The NJRSC supported the remuneration proposal for implementation. The system would be reviewed once in place, and any concerns addressed.</p>	LPF/EY

6	NJR Strategic Plan & NJR Economic Model:	
6.1	<p>NJR Strategic Plan EY reported that work was ongoing to incorporate costs and priorities into the NJR Strategic Plan for 2012-16, as it was difficult to accurately plan for the 5 year period. It was therefore proposed that an annual strategic work plan would be produced each year to allow the Strategic Plan to be continuously developed, with work prioritised with agreed budgets. The NJRSC supported this and further discussion would take place outside of the meeting to implement this from 2014-15. Meanwhile, draft costs for 2013-14 were distributed to members for review.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Each year, from 2014-15, an annual NJR strategic work plan would be produced. • Draft costs for 2013-14 were reviewed and would be provided to HQIP. 	<p>EY, RA</p> <p>EY</p>
6.2	<p>NJR Economic Model It was proving difficult to have the NJR subscription funding model fully implemented by October 2013 (as previously agreed). The model had therefore been split into two phases, which was agreed in principle by NHS England on 22nd July during a meeting with LPF and EY.</p> <ul style="list-style-type: none"> • Phase 1 by October 2013: maintain the current NJR levy system, but with the removal of the Supplier Administration fee and the introduction of the VAT reclamation* process. • Phase 2 by April 2014: Supplier contribution to be confirmed and built into a financial model based on either a levy or subscription, dependent on further review. <p>*Work was ongoing to explore the potential of hospitals being able to claim back the VAT if the NJR element of the levy charge was described as a 'service'. This, in turn, could potentially reduce NJR costs to Providers.</p> <p>Agreed: Northgate would start work on the two-phase implementation of the NJR subscription funding model and would keep the NJRSC updated.</p>	<p>RA</p>
7	<p>Clinical Practice Research Datalink (CPRD) EY informed members that following the presentation at the previous NJRSC by CPRD Director, Dr. John Parkinson, AM had met with him to further discuss the terms of his proposal and the potential joint working relationship between the CPRD and the NJR. The benefits of establishing a fair and transparent charging mechanism for NJR data was discussed, and it was noted that there would be an opportunity for the NJR to be represented on the CPRD Scientific Committee. (Further information was provided in Paper E.) A potential overlap with Beyond Compliance was noted and would be raised at a further meeting.</p> <p>Once the proposal had been discussed and agreed, a formal Data Sharing Agreement between the NJR, HQIP and the CPRD would be signed.</p> <p>Agreed: A small working group would be established to formally discuss and take forward the proposal.</p>	<p>EY, AM</p>
8	<p>Gwen Fish Fund KT reported that a funding opportunity was available for NJR based research via the 'Gwen Fish Fund' charity, of which he was a trustee. The late Gwen Fish had left her estate for orthopaedic research, with approximately £40,000-60,000 made available each year in grants.</p> <p>Although the NJRSC thought it was a wonderful offer, the NJR did not grant awards for research and would therefore be unable to utilise the funding.</p> <p>However, it was felt appropriate that a paragraph could be included on the NJR Research webpage to advise applicants of the Gwen Fish Fund opportunity.</p> <p>Agreed: RB would liaise with KT to finalise the paragraph for inclusion on the NJR Research webpage.</p>	<p>RB, KT, AM</p>
9	<p>Horizon 2020 Horizon 2020 is the European Union's new funding programme for research and innovation for 2014-2020. KT had received correspondence from Alejandro Allepuz regarding the EU Commission's call for 'expressions of interest', with a deadline of May</p>	

	<p>2013. Other EU States with registries had signed up, and the NJRSC had registered their interest as 'provisional' pending NJRSC approval.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • The NJRSC would confirm its 'expression of interest'. • KT would be the NJR contact person for this topic. 	AH KT
10	<p>Unique Device Identifiers (UDI)</p> <p>KT presented the NJRSC with a diagram to explain the phased approach to establishing UDIs. Although useful, the NJRSC reiterated that they required review of the project plan, as previously requested.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • LPF would contact S.Graves to confirm that the NJR were interested in the initiative and committed to being part of an internationally standard approach, and to re-request that the NJRSC was sent a project plan to review. • KT, MB, Northgate and EY would liaise with S.Graves to produce a project plan for the UDI initiative. 	LPF KT, MB, EY, N'gate
11	<p>Development of NJR Clinician Feedback System (CFS)</p> <p>A proposal was discussed for development of the CFS to allow surgeons to print a report of their data stored on the CFS for use in their appraisal. This development had previously been discussed with the BOA by LPF, EY, PG and MPo. As this would be an additional, beneficial service to orthopaedic surgeons, a charge to use this extra facility was also under consideration.</p> <p>Many orthopaedic surgeons already used selected screenshots of the CFS for their appraisals, however, the addition of the report function would allow a surgeon's full working profile to be made available which would be beneficial for their thorough review. The detailed specification was not yet available, however, Northgate estimated the cost of the development would be approximately £60,000.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • The NJRSC agreed in principle (subject to receipt of a full business case with costs) that the CFS should be developed to incorporate the appraisal report function. However, options would be tested out with the BOA and charging would be further investigated. • RB and RA would discuss the possibility of having a demonstration on the NJR stand at the BOA Conference in September. 	LPF, EY, MPo, RA RA, RB
12	<p>NJR – Private Healthcare Information Network (PHIN)</p> <p>EY and RA had met with representatives from PHIN and received a proposal on behalf of the NJRSC for collaborative working between PHIN and the NJR. PHIN (a not for profit organisation) collects and publishes information about private and independent healthcare, including quality indicators, to help patients make informed choices. They wish to expand the range and specificity of its indicators for hip and knee replacement surgery.</p> <p>It was proposed that PHIN used the NJR private sector indicators and included them on the PHIN website, and in return, the NJR would have access to the PHIN dataset for independent compliance. Northgate had been contracted to work with PHIN, and could therefore provide the governance around data sharing. Additionally, the two datasets (NJR and PHIN) could be linked without disclosing patient data. With regards to whether Bristol would be required to analyse data, the NJRSC were assured that no additional workload would be involved.</p> <p>Agreed: The NJRSC were supportive of the collaboration for data sharing and providing expert advice and guidance on the use of the data to inform patient choice. EY and RA would liaise with PHIN.</p>	EY/RA
13	<p>DNA Biobank</p> <p>The NJRSC received the project progress report and letter for phase 2 funding from Prof. Mark Wilkinson. The NJRSC were supportive of the successful work to date on phase 1 and looked forward to seeing how phase 2 of the project progressed. A variation to contract (or a new contract), would be drafted to finalise the Phase 2 arrangements between HQIP, Sheffield and Northgate.</p>	

	Agreed: £90,775 would be allocated for Phase 2 of the DNA Biobank Project, and Sheffield could use the budget allocation flexibly to redirect sufficient funds to cover the proposed genotyping.	
14	NJR 10th Anniversary Preparation was ongoing for the NJR 10 th Anniversary event on 25 th September. Agreed: <ul style="list-style-type: none"> • RB would invite Sir Bruce Keogh to the event. • Members to send any suggestions for the guest list to RB. 	
15	Update from the NJRSC Sub-Committees:	
15.1	Editorial Board:	
15.1.1	Minutes of the previous meeting held 5th July The 'naming and reporting of implants in the NJR Annual Report' (under item 3.a) was to be raised at the NJRSC meeting, however, in MPo's absence, this discussion was postponed. Action: Naming and reporting implants in the NJR Annual Report to be discussed at a future NJRSC meeting.	MPo
15.1.2	10th Annual Report The NJRSC formally approved the 10 th NJR Annual Report.	
15.1.3	11th Annual Report: digital formatting The Editorial Board were reviewing and developing the format of the NJR Annual Reports with the aim of moving towards digital formatting. An online survey was available for consultant orthopaedic surgeons to share their view on the current process and future format of the annual report, and invite suggestions for change and improvement. Agreed: A project management process for future annual reports would be brought to the next NJRSC for sign-off.	MPo/RB
15.2	Outlier Sub-Committee (Surgeon Data) The minutes of the previous meeting held 23 rd April 2013 were noted.	
15.3	Data Quality Working Group <ol style="list-style-type: none"> The minutes of the previous meeting held 23rd April 2013 were noted. The NJRSC were made aware that the group would be further discussing the issue of 'Revisions in HES missing from the NJR' in more detail at their next meeting on 1st August. 	
15.4	Research Sub-Committee <ol style="list-style-type: none"> The minutes of the previous meeting held 22nd May 2013 were noted. As part of the NJR restructure, it was anticipated that the membership of the Research Sub-Committee would be expanded to non-NJR members in the future. 	
15.4.1	Data Request – Prof. T Briggs The NJR were currently liaising with Prof. Tim Briggs to provide analysed data for his project, 'Getting it right first time', which had Ministerial approval. The T&Cs for the release of NJR data were being amended to reflect the unique nature of the request.	
15.4.2	Funding request from NJR Research Fellow The NJR Research Fellow, Jeya Palan, had requested £30,000 funding from the NJR towards his Oxford research study. The NJR did not fund research studies, however, it was felt that it would be appropriate if JP approached the Gwen Fish Fund. Agreed: The NJR would not grant funding for JP's research study, but would support his approach to the Gwen Fish Fund to request funding.	EY
15.5	Dates of planned NJR Sub-Committees <ul style="list-style-type: none"> • NJR PROMs Project Board: 30th July • Implant Scrutiny Group: 15th August • RCC Network: 5th December 	

16	NJR Finance Report Q1 (1st April – to 30th June 2013) The finance report was received and noted.	
17	Quarterly Statistics Report Q1 (1st April – to 30th June 2013) The QSR was received and noted.	
18	Quarterly Management Report Q1 (1st April – to 30th June 2013) The QMR was received and noted.	
19	Any Other Business:	
19.1	2014 American Hip Society In PG's absence, EY reported that he had been invited to be the Presidential Guest Lecturer at the American Hip Society in New Orleans in 2014 to talk about the NJR. Although PG would no longer be a NJRSC member next year, the NJRSC were fully supportive of the invitation to PG.	
19.2	2014 ISAR Congress KT reported that the annual 2014 International Society of Arthroplasty Registers (ISAR) congress was scheduled for 31 st May – 2 nd June in Cambridge, Massachusetts, US.	
19.3	2014 EFORT & BOA Combined Congress It was noted that the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) and the British Orthopaedic Association (BOA) will be holding a combined congress in London from 4 th – 6 th June 2014.	
20	Next meeting Monday 14 th October 2013, 10.30 am – 4 pm. RCGP, 30 Euston Square, Euston, London, NW1 2FB.	