

## NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

### MINUTES

<b>Meeting:</b>	NJR Steering Committee	<b>Date:</b> Monday 14 <sup>th</sup> October 2013
<b>Location:</b>	Princes Gate Room, RCGP, 30 Euston Square, Euston, London, NW1 2FB	
<b>Members Present:</b>	Laurel Powers-Freeling	LPF Chair
	Mick Borroff	MB Orthopaedic Device Industry Representative
	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
	Keith Tucker	KT Orthopaedic Surgeon
	Andrew Woodhead	AW NHS Management Member
<b>Attendees:</b>	Richard Armstrong	RA Programme Director, Northgate [arrived 11.30 am]
	Emma Clarke	EC Bristol
	Dr Crina Cacou	CC Medicines and Healthcare products Regulatory Agency (MHRA) [left 2.30 pm]
	Alex Henderson	AH Committee Administrator, Healthcare Quality Improvement Partnership (HQIP)
	Peter Howard	PH Chair, NJR Regional Clinical Co-ordinators' Network
	Khalid Razak	KR MHRA
	Robin Rice	RR Welsh Government Representative
	Peter Rottier	PR Northgate
	Andy Smallwood	AS NHS Procurement Representative
	Melissa Wright	MW Development Officer (NJR), HQIP
	Elaine Young	EY National Development Lead, HQIP
<b>Apologies:</b>	Rebecca Beaumont	Rbe NJR Communications Lead, HQIP
	Ashley Blom	AB Bristol
	Mary Cowern	MC Patient Representative
	Carolyn Naisby	CNa Practitioner with Special Interest in Orthopaedics
	Mike Swanson	MS NJR Principal Consultant, Northgate

REF	ITEM	ACTION
1	<p><b>Welcome and apologies for absence</b>            LPF opened the meeting and welcomed those present. Apologies were noted. It was MB's last NJRSC meeting before his term of membership expired. Thanks were given for MB's contribution and service to the NJR over the past 11 years. Thanks and best wishes were expressed to MW who was leaving HQIP early November.</p>	
2	<p><b>Minutes of the previous meeting held 26<sup>th</sup> July 2013</b>            The minutes of the previous meeting were approved.</p>	
3	<p><b>Business Update</b>            The newly formatted 'business update' report had been formerly circulated for information.</p>	
3.1	<p><b>Best Practice Tariff (BPT)</b>            Following PG's absence at the previous NJRSC, he expressed his disappointment at the &gt;75% compliance threshold which he felt was too low. Members were mostly in agreement that the threshold should be higher as the NJR had been mandated for three years, and data quality was vital to ensure good practice and increase patient safety, however, JG was supportive of the 75% compliance level.            The NJRSC appreciated the difficulties involved in organising the BPT and that the ultimate decisions would be made by the DH and NHS England, however, it was noted that the tariffs would be revisited for 2015/16 and it was the NJRSC's intention to move towards full compliance over time.  <b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>MPO on behalf of the BOA, and PG on behalf of the NJR Data Quality Working Group, would write to express concern over the 75% compliance threshold, suggesting an increase to 95-100%. EY would express the NJRSC's views to Jake Gommon, DH.</b></li> <li>• <b>PG would raise the compliance concern at the next Data Quality meeting.</b></li> </ul>	<p><b>MPo/PG</b>  <b>EY</b>  <b>PG</b></p>
4	<p><b>NJR Structure and Governance Review:</b></p>	
4.1	<p><b>NJRSC member advertisements</b>            EY gave an update on the appointments processes:</p> <ol style="list-style-type: none"> <li>a) <u>Medical Director</u>: Interviews were scheduled for 31<sup>st</sup> October.</li> <li>b) <u>Epidemiology/Public Health</u>: Interviews had been delayed whilst an independent assessor was sought. Dr David Cromwell, Director of the Clinical Effectiveness Unit at the Royal College of Surgeons was now confirmed on the panel and interviews would be arranged by the DH Appointments Team.</li> <li>c) <u>Implant Manufacturer/Supplier x 2</u>: Interviews were held on 1<sup>st</sup> October and recommendations for the 2 available positions were made to the DH Appointments Team who would produce a submission for Sir Bruce Keogh's final approval.</li> <li>d) <u>NHS Management</u>: AW's term would expire in January, and discussions were underway with the DH Appointments Team to draft a submission for a new member.</li> <li>e) <u>Membership extensions</u>: To assist with transitions and handovers during the appointment process, extensions had been agreed for the following members with terms due to expire on 21<sup>st</sup> October, with formal confirmation to follow from the DH Appointments Team.               <ol style="list-style-type: none"> <li>i. Paul Gregg: 4 – 6 month extension;</li> <li>ii. Alex MacGregor: 4 – 6 month extension;</li> <li>iii. Mick Borroff: 2 – 3 month extension.</li> </ol> </li> </ol>	
4.2	<p><b>NJR Medical Director/NJRSC Vice Chair</b>            LPF clarified that the new NJR Medical Director (MD)/ NJRSC Vice Chair position would report to the NJRSC Chair, who in turn reported to the NHS Medical Director. The new NJR MD position would be an independent appointment carried out by the DH Appointments Team. Clarification would be welcomed by members on the authority levels and reporting lines of NJRSC members.  <b>Agreed: Reporting lines for NJRSC members would be clarified to members.</b></p>	<p><b>HQIP</b></p>

4.3	<p><b>Remuneration</b> Following previous approval of the remuneration proposal, EY reported that discussions were ongoing to finalise the logistics of how payments would be made. <b>Agreed: EY would set up individual discussions with sub-committee Chairs.</b></p>	EY
4.4	<p><b>New NJRSC post: Practitioner with Special Interest in Orthopaedics – GP/Nurse</b> EY updated members on the draft submission that was being compiled for the new Practitioner post. It had been agreed that the post would be open to either a GP or a nurse. However, it was proving difficult to arrange the interview panel as the two roles were so varied. EY asked members if there was a preference as to which role should be advertised. Feedback was close with each role bringing depth to the NJRSC, and members ideally wanted both roles on the NJRSC. There was no conclusion, so EY would take the feedback received and liaise with the Appointments Team. <b>Agreed: EY would liaise with the DH Appointments Team to take forward.</b></p>	EY
5	<p><b>NJR Strategic Plan</b> EY reported that HQIP and Northgate met in September to review the existing strategic plan and discuss the planned NJR agenda. Following the meeting, the Strategic Plan for 2013-16 was updated and a 2014 Annual Plan 2014 was created (draft copies formerly sent to members). Members found the annual plan helpful, which would give an overview of the NJR's workload and budget when future projects needed to be considered and prioritised. <b>Agreed: KPI's and costs would be incorporated into the plans and updated versions would be presented at January's NJRSC meeting for approval.</b></p>	EY/RA
6	<p><b>Development of NJR Clinician Feedback System (CFS)</b> EY reported that at the previous NJRSC members had approved (in principle) the development of the CFS. The development would include an appraisal summary for surgeons to use in their revalidations, and provide further detail on patient revisions. A business case with costs was formerly distributed to members for review. Consideration was given as to whether the NJR should charge surgeons for the appraisal service, but it was agreed that this would be provided for free. SM highlighted that a lot of users would print the consultant level report in black and white rather than colour, and this should therefore be considered during design. <b>Agreed: The one-off development cost of £69,595 and the recurring annual licence fee of £8,830 were approved for the development of the CFS.</b></p>	N'gate
7	<p><b>NJR/DH Price Benchmarking Pilot Study</b> RA gave a presentation to members on the background and work involved for the implementation of price benchmarking to ultimately save the NHS money in procurement. Over the past 12 months a successful pilot study comprising 35 Trusts and 5 suppliers was undertaken for the Quality, Innovation, Productivity and Prevention (QIPP) team at the DH. Results showed that if all 35 trusts purchased hip and knee components at most paying the average price of all trusts, the annual saving across the trusts would be £1.98m, and at the best price the annual saving would be £7.76m. A summary report would be provided to each Trust that participated in the pilot and a central report would be provided to the DH. PG queried whether any of the participating Trusts had research funding, as that could be an important factor to consider when reviewing the costs of a Trust. It was noted that the pilot study had provided an opportunity for a scientific paper to be produced. Further discussion was due to take place with the DH and NHS England to discuss whether the funding for this scheme could be incorporated in the NJR Economic and Subscription Model for joint implants. Consideration would be given to whether this could be profiled nationally in the future in liaison with the DH QIPP team.</p>	
8	<p><b>NJR member appraisals</b> With the formation of NHS England, annual appraisals were now required for expert committee members, instead of only during the reappointment process. The appraisals would cover each financial year, with completed appraisals sent to the DH Appointments Team. The appraisal process was outlined to members, and the process would start</p>	

	with appraisals for 2012/13. <b>Agreed: Appraisal forms for 2012/13 would be sent out to members by 18<sup>th</sup> October, with a deadline for completion of 15<sup>th</sup> November 2013.</b>	AH/AI
9	<b>Classification of knee components in the NJR</b> KT reported that the knee component database had not been developed since the NJR began, yet many changes and developments had occurred within the knee component industry. Many manufacturers incorporate design changes into the brand name of existing product families, resulting in difficulties in assessing the specific performance of a new type of implant. It was suggested that an assessment was undertaken of the current NJR knee classification system with a view to how it could be updated to a newer model which would adapt with future product changes (the model used by the German Joint Registry was recommended). Extra fields in the database and a landscape view of the data would enable individual attributes to be looked at in greater detail. <b>Agreed: Northgate would conduct an appraisal of the current NJR knee classification system and would report back at the next NJRSC.</b>	RA
10	<b>Beyond Compliance (BC)</b> RA reminded members that the BC service was a clinical review service (on top of the CE Mark) for implant device manufacturers to support the safe introduction of new devices into the market. BC is managed and funded separately to the NJR, however, Northgate is the provider for both, which would enable a secure and simplified process for sharing data between the two services. The NJR would not be charged for any aspect of data sharing with the BC service, and an appropriate data sharing agreement would be drawn up. Members were satisfied with the patient consent process and data sharing links. The following comments were raised which KT would take back to the BC Steering Committee. <ul style="list-style-type: none"> <li>• Combined patient consent – it was suggested that NJR and BC consent could be requested at the same time on the same form, although, it was noted this may not be viable as consent may be required at different points in time.</li> <li>• Retention of records – it would be useful to keep the records beyond the life of the implant as the records could form a useful research database.</li> <li>• Patient information leaflet – could be clearer and more ‘patient friendly’.</li> </ul> <b>Agreed: The NJRSC approved the sharing of NJR data with the ‘Beyond Compliance’ service, on the basis that an appropriate data sharing agreement was in place.</b>	RA/EY
11	<b>Unique Device Identifiers (UDI)</b> KT updated members on how the UDI initiative was developing (of which the overall aim was to implement a global approach to a unique device identification system). Some of the larger manufacturers had moved over to bar-coding across their product ranges in anticipation of the UDI system going ahead. It was known if all Trusts had bar-code scanners at present, and there was concern that those that did not would have to manually input the bar-code numbers which would open a high risk of numbers being incorrectly inputted. KT suggested that the NJR should consider incorporating UDIs in the MDS. It was noted that the MHRA planned to complete a pilot study to look at the feasibility of recording UDIs within patient records. LPF was concerned that although there was support for the initiative, it appeared that no organisation was taking control or authorisation for it. KT and MPo advised that the subject would be discussed during an ISAR meeting the following week in Boston, US, which they were attending. LPF was considering joining the meeting for that item as she would be in the vicinity.	

<b>12</b>	<b>Update from the NJRSC Sub-Committees:</b>	
<b>12.1</b>	<b>Editorial Board:</b>	
<b>12.1.1</b>	<p><b>Naming and reporting of implants in the NJR Annual Report [Referred from Editorial Board minutes, 5<sup>th</sup> July 2013, item 3]</b>  KT and MPo raised the question of whether the NJR should consider publishing a list of the potential outlier implants in the Annual Report (implants with a PTIR either twice or 1.5 times the group PTIR, and that had been identified and reported to the MHRA). This would be for information/reporting purposes as the MHRA led on the monitoring of implant devices. It was noted that the Australian Registry were already reporting statistical implant outliers in their annual report.  Discussion ensued with mixed opinions and KT and MPo were requested to investigate further.  <b>Agreed: A paper would be developed between the Implant Sub-Committee and the Editorial Board proposing guidelines, and giving examples from other registries, on how implants could be reported in the NJR Annual Report.</b></p>	<b>KT/MPo</b>
<b>12.1.2</b>	<p><b>2014, 11<sup>th</sup> Annual Report: Digital strategy and plan</b>  RA outlined the developments for the updated publication of the NJR Annual Reports. The proposal was for the NJR to move towards a digital strategy for the Annual Report from 2014 and develop an NJR Online Reporting Platform which would allow charts, graphs and tables to be interactive (i.e. users could filter data) and updated on a quarterly basis. RA presented example screenshots of the proposed system.  It was proposed that Part 1 and 2 of the 2014 11<sup>th</sup> Annual Report could be produced in the digital format, with a move towards the majority of the report being digitalised the following year. An Executive Summary to the report would be produced which would direct readers to the extensive online resource.  <b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>The development of an NJR online Reporting Platform for 2014 onwards to support the digital strategy and plan for the annual report.</b></li> <li>• <b>Phase 1 one-off costs of £34,800; Phase 1 recurring annual cost of £35,980; and Phase 2 one-off costs of £54,200.</b></li> </ul>	
<b>12.2</b>	<p><b>Outlier Sub-Committee (Surgeon Data)</b>  EC reported that Linda Hunt wished to pass on some refinements of the analysis model to deal with trauma and conversion of hemiarthroplasties to THR. However, further discussion was required between PH and LH, so the item would be followed up at the next sub-committee meeting.  <b>Agreed: PH and LH would discuss the hip outlier analyses.</b>  <b>Hip Outlier Analyses would be added to the next Outlier Sub-Committee.</b></p>	<b>PH PG/MW</b>
<b>12.3</b>	<p><b>Data Quality Working Group</b>  PG suggested that it would be useful if the NJR visited Trusts once a year to help improve compliance and data quality. RA noted that the aim of the BPT was to increase compliance, so there should be an improvement over the next few years.</p>	
<b>12.4</b>	<b>Research Sub-Committee:</b>	
<b>12.4.1</b>	<p><b>Research requests and papers update</b>  The Research Sub-Committee met on 13<sup>th</sup> August and reviewed 10 research requests, with 4 approved, 3 approved in principal pending further detail, and 3 rejected. 5 papers were also reviewed and approved, with one for submission to The Lancet.</p>	
<b>12.4.2</b>	<p><b>NJR PROMs</b>  AM had received the 0, 6 month and 1 year NJR PROMs data for analysis. Data from the 3 year survey had been collected, with a response rate of 87%. AM was waiting to receive the 3 year data from Northgate.</p>	
<b>12.4.3</b>	<p><b>NJR Research Fellows</b>  Timescales would be reviewed when appointing NJR Research Fellows with a view to interviewing a year ahead of when the appointment would be made. This would ensure plenty of time for the fellow to obtain their required data, and for the mentors to guide</p>	

	and provide advice as necessary. <b>Agreed: Arrangements would be made for the second Research Fellow position to be advertised in line with reviewed timescales.</b>	<b>EY/AM</b>
<b>12.5</b>	<b>Dates of planned NJR Sub-Committees</b> <ul style="list-style-type: none"> <li>• Outlier Sub-Committee: 5<sup>th</sup> November</li> <li>• Data Quality Working Group: 5<sup>th</sup> November</li> <li>• Editorial Board: 20<sup>th</sup> November</li> <li>• Annual Report Online Working group: 20<sup>th</sup> November</li> <li>• Implant Scrutiny Group: 22<sup>nd</sup> November</li> <li>• RCC Network: 5<sup>th</sup> December</li> <li>• Research Sub-Committee: 5<sup>th</sup> December</li> </ul>	
<b>13</b>	<b>NJR Finance Report Half Year (2013-14)</b> The finance report was received and noted.	
<b>14</b>	<b>Quarterly Statistics Report Q2 (1<sup>st</sup> July – to 30<sup>th</sup> September 2013)</b> The QSR was received and noted.	
<b>15</b>	<b>Quarterly Management Report Q2 (1<sup>st</sup> July – to 30<sup>th</sup> September 2013)</b> The QMR was received and noted.	
<b>16</b>	<b>Any Other Business:</b>	
<b>16.1</b>	<b>ODEP – Total Knee Replacements</b> KT informed members that ODEP expected to be assessing Total Knee Replacements from January 2014, with manufacturers using their supplier feedback portal for ODEP submissions.	
<b>16.2</b>	<b>Knee Osteotomy Data</b> EY and PG had been approached by osteotomist, David Elson (DE), on behalf of the UK Knee Osteotomy Registry Steering Committee, who were keen to set up a osteotomy registry with links to the NJR. A meeting would be arranged with EY, HQIP and DE to discuss setting up the registry. Linkage between the NJR and the Osteotomy Registry would be discussed at a future NJRSC once set up was underway. Members suggested it would be useful if DE approached and discussed his proposal with BASK. <b>Agreed: EY &amp; HQIP would meet with David Elson to discuss setting up an Osteotomy Registry, and EY would suggest DE approached BASK.</b>	<b>EY</b>
<b>16.3</b>	<b>2014 ISAR Congress</b> KT reported that the annual 2014 International Society of Arthroplasty Registers (ISAR) congress, scheduled 31 <sup>st</sup> May – 2 <sup>nd</sup> June, would be held at Hyatt Regency Cambridge, Boston, US. Details available at <a href="http://www.isarhome.org">www.isarhome.org</a>	
<b>17</b>	<b>Next meeting</b> Tuesday 28 <sup>th</sup> January, 10.30 am – 4 pm. RCGP, 30 Euston Square, Euston, London, NW1 2FB.	