

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting: NJR Steering Committee **Date:** Friday 24th October 2014
Location: Princes Gate Room, RCGP, 30 Euston Square, Euston, London, NW1 2FB

Members Present:	Laurel Powers-Freeling	LPF	Chair
	Mary Cowern	MC	Patient Representative
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative
	Peter Howard	PH	Orthopaedic Surgeon
	Sue Musson	SM	Patient Representative
	Martyn Porter	MPo	NJR Medical Director
	Prof Andrew Price	AP	Orthopaedic Surgeon
	Keith Tucker	KT	Orthopaedic Surgeon
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Rebecca Beaumont	RB	Senior Communications Officer-NJR,(HQIP)
	Emma Clark	EC	Bristol [<i>on behalf of Ashley Blom</i>]
	Alex Fletcher	AH	Executive Assistant-NJR, HQIP
	Mike Kimmons	MK	CEO, British Orthopaedic Association (BOA) [<i>on behalf of Colin Howie</i>]
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Eve Riley	ER	Research Officer-NJR, HQIP
	Robin Rice	RR	Welsh Government Representative
	Andy Smallwood	AS	NHS Procurement Representative
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Elaine Young	EY	Director of Operations-NJR, HQIP
Apologies:	Ashley Blom	AB	Bristol
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT)
	Dr Jean-Jacques de Gorter	JJ	Independent Healthcare Sector Representative
	Colin Howie	CH	President, BOA
	Rob Hurd	RH	NHS Management Representative
	Jane Ingham	JI	CEO, HQIP

REF	ITEM	ACTION
1	<p>Welcome and apologies for absence</p> <p>LPF opened the meeting and welcomed those present. Apologies were noted.</p> <ul style="list-style-type: none"> • Prof Andrew Price and Peter Howard were welcomed to their first NJRSC meeting since their appointments on 27th May 2014 as Orthopaedic Surgeon representatives. [Peter Howard previously attended as RCC Network Chairman] • Mark Wilkinson was welcomed back following his period of ill health. • Congratulations were extended to Mary Cowern for her recent appointment to the Bevan Commission in Wales, and Sue Musson on her recent appointment as Chairman of Southport and Ormskirk NHS Trust. • Thanks and best wishes were expressed to AF who was leaving NJR team/HQIP late November. 	
2	<p>Minutes of the previous meeting held 23rd April 2014</p> <p>The minutes of the previous meeting were approved.</p>	
3	<p>Re-tendering of NJR Contracts</p> <p>Carol Pilcher (CP), Head of Procurement, HQIP attended for this item to outline the tendering process for NJR Contracts Lot 1: Data Collection, Management & Associated services (currently Northgate Information Solutions) and Lot 2: Statistical Support, Analysis & Associated Services (currently University of Bristol). Contract representatives left the meeting during this item.</p> <p>Timescales for tendering of the NJR contracts to begin from April 2016 was noted; the aim was to formally award the contracts in September 2015 to allow a 6 month transition period should the contracts be awarded to a new supplier. New EU regulations would be taken into account for the tendering process. CP outlined the four procurement procedures, but due to timescales and workload recommended the NJR opted for The Restricted Procedure; a two-stage process whereby suppliers completed a pre-qualifying questionnaire before an Invitation to Tender was sent to the shortlisted suppliers.</p> <p>A series of contract options were discussed to be considered as part of the specification preparation and would be circulated separately to members.</p> <p>To prepare the specification, it was proposed there would firstly be an opportunity for further discussion with relevant/appointed NJRSC members before a stakeholder group meeting was held to finalise the specification. It was noted that as there were two Contracts this could involve two groups and significant time/work pressure.</p> <p>Agreed: EY would circulate the 'next steps' for preparing the specification, and identify who wanted to be involved in the process.</p>	EY
4	<p>Business Update:</p> <p>EY highlighted key issues from the Business Update report previously circulated for information. Further discussion occurred on the following items from the report:</p>	
4.1	<p>NJR-Private Healthcare Information Network (PHIN)</p> <p>Noted that the Director of PHIN had attended the NJR Medical Advisory Committee where members had expressed concern over some of their proposals and the establishment of PHIN. It was also noted that the Data Sharing Agreement which the NJRSC had previously approved be drawn up with PHIN had not yet been finalised and further consideration was necessary now in the light of feedback from MAC.</p> <p>Agreed: Consideration would be given to approaching the Competitive Commission for further information</p>	EY/MPo
4.2	<p>Minimum Data Set [MDSv6]</p> <p>Northgate reported that the SCCI had given notification that the NJR application had been positively reviewed and formal approval would be confirmed on 29th October. Go live date for MDSv6 was set for 14th November and communication had already been sent to Trusts.</p>	

<p>5</p>	<p>NJR Structure and Governance Review</p> <p><u>Isle of Man:</u> EY informed members that details were being finalised for the Isle of Man to join the NJR.</p> <p><u>Northern Ireland:</u> Northern Ireland representation on the NJRSC was confirmed.</p> <p><u>NJRSC member appointments and extensions:</u></p> <ul style="list-style-type: none"> • SM and JJ's appointments had been extended for two years each. • The Practitioner with Special Interest in Orthopaedics membership position would be advertised as a GP. • LPF and EY would organise an induction/review session for the benefit of members, in the light of new appointments and a change to ToR of the NJRSC and establishment of the Executive Committee and the Medical Advisory Committee. 	<p>EY</p> <p>EY/LPF</p>
<p>6</p>	<p>Consultant Outcomes Publication (COP) 2014</p> <p>EY reported that the government had postponed the publication date, originally set for 16th October. Data would be live through NHS Choices and the 'njrsurgeonhospitalprofile' website on 19th November. There was no proactive media announcement planned, however MC suggested the NJR liaised with the patient organisations to raise awareness. RR highlighted a disadvantage for Welsh patients as searches for Welsh consultants produced no results on the website. Northgate clarified that data could only be published if the consultants had given their permission. However, RR suggested that an explanation be added to the website to provide clarity to patients.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • RB would liaise with MC and SM about communication of the publication date to patient organisations. • RR would liaise with Northgate regarding an explanation for Welsh patients. 	<p>RB/ MC/ SM RR/ Northgate</p>
<p>6.1</p>	<p>NJR Publication of Unit Level Results - Dashboards</p> <p>EY outlined that the Secretary of State had expected that the NJR would report on surgeon revision rates as a second stage of the 2014 COP. However following a meeting of NJR and BOA representatives with Sir Bruce Keogh [BK], NHS Medical Director, it was accepted that this would not be possible this year because of data quality issues, but that the NJR would instead publish a Data Quality Strategy to address this, and would also publish unit level outcomes as dashboards, as an alternative approach.</p> <p>It was noted that both work streams were underway and draft documents were due to be circulated for stakeholder consultation and BK would be kept updated about progress</p> <p>Agreed: Further discussion would be held at the next MAC meeting to gain the views of the professional societies and associations.</p> <p><u>Linking the outlier processes with the data request process:</u> It was briefly mentioned that unit outliers were requesting NJR data to investigate why their unit had been identified as an outlier, and that the process could be streamlined.</p> <p>Agreed: RR would liaise with PH and ER and provide an example of the data a unit outlier trust would request.</p>	<p>MPo/EY</p> <p>RR/PH/ER</p>
<p>7</p>	<p>NJR Data Quality Strategy</p> <p>MPo outlined proposals for a six stage process for the NJR's data quality validation Strategy. The strategy was currently being reviewed internally and would go out for external consultation in November to MAC and other key NJR stakeholders. It was anticipated that the strategy would be submitted to NHS England in December with the implementation and pilot studies starting early new year. It was envisaged that it would take approximately one year to undertake the process in full but it was hoped that Stage 1 related to surgeon validation could be well underway to facilitate the 2015 COP.</p>	
<p>8</p>	<p>Shoulder PROMs</p>	

	<p>At April's NJRSC, it was agreed that the Year 3 of the shoulder PROMs pilot should not go ahead pending further consideration of format and poor compliance levels. EY and MPo had now had further discussion with BESS and supported the 3rd year of the pilot being undertaken given that PROMs was a vital indicator for shoulders. It was noted that:</p> <ul style="list-style-type: none"> • There had been errors with the questionnaires in the first 2 years and collection of correct data would improve the status of the pilot, and that BESS would <ul style="list-style-type: none"> ○ Work to maximise complete pre and post op PROM datasets; ○ Convene a BESS NJR/PROMs committee; ○ Actively participate in the NJR through the sub-committee structure; and ○ Contribute the £15,000 towards the cost of the PROMs pilot to include Year 3. <p>KT noted that he had invited a BESS representative to the Implant Performance meetings but the offer had not been taken up. EY confirmed that all the specialist societies were to be invited to nominate representatives on all NJR sub committees and this was being taken forward through the MAC.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • NJRSC approved the continuation of shoulder PROMs for year 3 of the pilot project based on the above points; and • A formal invitation would be sent to BESS for a representative at the Implant Performance committee. 	<p>EY/MPo</p>
<p>9</p>	<p>NJR PROMs</p> <p>EY reported that in 2009 the NJR had agreed to undertake PROMs at 1, 3 and 5 years, with year 1 complete and analysis currently underway for the data collected as part of year 3. Professor Alex MacGregor (previous NJRSC member) was leading the PROMs work and had drawn up a paper outlining the proposals for year 5.</p> <p>It was noted that year 3 questionnaires were only sent to those who had responded to the year 1 questionnaire and not to all those who had been sent a year 1 questionnaire which could affect results statistically. For the year 5 questionnaires, it was proposed that they should be sent to everyone who had received a year 1 questionnaire regardless of whether they had responded or not. This would mean a maximum of 50,000 questionnaires would be sent out in 2015. The cost for this piece of work would be £210,860 which was more than the £80,000 that had been provisionally budgeted for this propose although the cost would be from the 2015/16 financial year.</p> <p>It was noted that having successfully taken the study to the 3 year time point, the NJR had a unique opportunity to generate one of the largest and most comprehensive long term follow up studies of patient outcomes of joint replacement worldwide.</p> <p>The NJRSC were supportive of undertaking the year 5 questionnaires to the 50,000 patients, with patient representatives MC and SM emphasising that the PROMs section in the Patient Guide to the NJR's Annual Report had been well received and noted that patients were in favour of the PROMs work. However, it was suggested that electronic questionnaires may result in a higher response rate, and this would be investigated.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • £210,860 for sending year 5 questionnaires to maximum 50,000 patients but • Northgate to review costs based on issue of electronic questionnaires 	<p>Northgate</p>
<p>10</p>	<p>Risk Register</p> <p>During April's NJRSC it was agreed that a Risk Register would be reinstated for the NJR. A draft register for 2015 was circulated ahead of the meeting and EY requested that any further items for the register should be emailed to her. It was proposed that the register would cover a one year period and be reviewed and updated annually.</p> <p>MPo proposed the NJR also held a 'benefits register' to recognise the benefits from the NJR, and LPF suggested that it could be incorporated into the Annual Plan.</p>	

	Agreed: <ul style="list-style-type: none"> • Members to send comments/suggestions for the Risk Register to EY. • Future consideration would be given to profile of NJR 'benefits' 	All
11	Patient Implant Cards-Pilot and Future Development <p>In January 2013 the NJRSC approved a pilot project providing implant cards to 5,000 patients. Now completed following delays, members reviewed the outcome report. It was noted that there had been a poor patient response rate and it was therefore difficult to form conclusions from the pilot. It was agreed a survey would be conducted to investigate the reasons for the patients who did not sign up to the card.</p> <p>MC and SM noted that during the pilot it had taken time to explain the registration process and answer questions from participants. However, they were fully supportive of the project as it was very valuable to patients.</p> <p>EY noted that another issue that had arisen during the pilot related to Northgate owning the IPR for the project, but EY confirmed this had been resolved and agreed that the IPR in the patient portal would be vested with the NJR.</p> <p>It was suggested that consideration could also be given to exploring a joint implant card project with the BOA/ARUK and other alternative approaches to this initiative.</p> <p>EY thanked MC, SM and RB for their hard work and involvement in the project.</p> <p>Agreed: Northgate would conduct a survey to investigate the reasons why patients had not signed up to the implant card.</p>	Northgate
12	Patient Engagement <p>Noted that this subject would be a standing agenda item going forward, and had stemmed from a discussion during MC's appraisal which reviewed how the patient representatives could engage more effectively with NJRSC members.</p> <p>Action: Members were invited to contact MC and SM with any ideas or topics they felt would benefit being included during the item.</p> <p>Members also felt it would be useful to understand how the NJR patient network worked and how it was engaged with the NJR, which would enable the NJRSC to specifically ask for their involvement on various projects. EY noted that the patient network would be scheduled to meet regularly and in a more structured way going forwards</p> <p>AP noted that it would be useful to provide a whole patient experience as he did not feel enough explanation was currently provided to patients as to how they may feel post-op.</p>	ALL EY/RB/S M/MC
13	Update from the NJRSC Sub-Committees:	
13.1	Executive Committee (NJREC) <p>The inaugural meeting was held 24th September 2014 with meetings scheduled every 4-6 weeks and alternating between a smaller group of LPF, MPo and EY, and a larger group where the sub-committee Chairs and contractors also joined.</p>	
13.2	Unique Device Identifiers (UDI) & Component Database Working Group <p>The minutes from the previous meeting held 6th August 2014 were received and noted.</p> <p>Agreed: The Contract Variation Request from Northgate for additional funding would be reviewed out of the NJRSC by the NJREC.</p>	NJREC
13.3.	Medical Advisory Committee (MAC):	
13.3.1	Minutes of the previous meeting <p>The minutes from the previous meeting held 15th August 2014 were received and noted.</p>	
13.3.2	MAC Terms of Reference & Membership <p>Received and approved.</p>	
13.4	Implant Performance Sub-Committee (IPC):	

	<p>KT reported that an NJR Implant Workshop was held on 12th September 2014 during the BOA Congress in Brighton, chaired by KT, MG and NW. The meeting was well attended with each manufacturing company represented. Discussions included the economic model, implant outliers resulting from surgeon related issues and how the NJR could provide further information to manufacturers.</p> <p>Agreed: A summary of the meeting, which was being drafted by MG and NW, would be circulated.</p> <p>KT also reported that the Implant Scrutiny Group had met on 23rd October 2014; discussions in the meeting included improvements that could be made to the NJR implant outlier reporting process and the implant outlier log.</p>	KT
13.5	<p>Editorial Board:</p> <p>The minutes from the previous meeting held 8th October 2014 were received and noted. MPo and MW would discuss the special topics outside of the meeting. AP expressed interest in a role with the Editorial Board.</p> <p>Agreed: MPo was going to discuss EB with AP, and special topics with MW</p>	MPo
13.6	Research Sub-Committee (RSC):	
13.6.1	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting held 13th October 2014 were received and noted. MW noted that the RSC was well represented by hip and knee practice and was looking to engage with ankle, elbow and shoulder practice as well.</p>	
13.6.2	<p>RSC Terms of Reference & Membership</p> <p>Received and approved; would be published on the research page of the NJR website.</p>	
13.6.3	<p>Research Strategy</p> <p>MW thanked ER for updating the research pages of the NJR website with the strategy and new request process.</p> <p>He outlined the development of the research strategy for 2014 and highlighted the following points.</p> <ul style="list-style-type: none"> • CAG: new process whereby the RSC review all requests for NJR data and provisionally approve before forwarding to CAG for approval where necessary. • Training: Mark Taylor to attend December RSC to provide CAG training and MW to provide research ethics training. • Outlined the research priority themes. • NJR branding: new publication rules for internal and external projects using NJR data. <p>LPF and EY thanked MW for the extensive work he had undertaken with regards to NJR data and research.</p>	
13.6.4	<p>Research Portal</p> <p>MW updated members that a teleconference was held early September with Visakan Kadirkmanathan (Dept of Automatic Control & Systems Engineering, University of Sheffield) to discuss the logistics of the data access portal; a pricing outline was being obtained for portal setup, which would allow researchers access to data, without the need to release patient level data out of NJR to external organisations.</p> <p>Agreed: MW would keep the NJRSC updated on developments.</p>	MW
13.7	Outlier Sub-Committee (Surgeon Data):	
13.7.1	<p>The impact of MoM on surgeon and unit outliers</p> <p>Following discussions in the outlier committees and April's NJRSC, PH gave a detailed presentation demonstrating the impact on surgeons' data when their stemmed MoM hip replacement procedures remained in their records, compared to when they were removed. It had previously been suggested that MoM procedures should be removed from surgeons' records as current practice should be reflected, and past outlier status could be masking new poor performance. However, further investigation showed that this was not as clear as previously thought, and there was concern from the patient representatives about past</p>	

	data being removed from surgeons' records. Agreed: Further discussion was required and the views of the professional societies and associations would be sought at the next MAC meeting.	MPo/PH/ EY
14	NJR Finance Report month 6 (to 30th September 2014) The finance report was received. The Executive Committee would be closely monitoring the income/expenditure, and following issues regarding income (see point 14.1 below), there would be tighter control over spending outside of the budgeted plan.	
14.1	NJR Provider and Supplier Subscription Income LPF reported that a high number of Trusts had not paid their NJR subscription which was implemented this financial year. Trusts were required to provide HQIP with a purchase order before an invoice could be sent to them, and to date, 98 Trusts had not provided a purchase order. Discussions were being held with NHSE to investigate different avenues, however, in the interim it was agreed that a third chase letter would be sent to non-responsive Trusts. AS suggested that the letter sent to the Trust's Medical Director should highlight that the potential patient risk by the Trust's lack of compliance. Agreed: <ul style="list-style-type: none"> • Third chase letter would be sent to non-responsive Trusts. • EY would circulate the list of Trusts and their payment status to NJRSC members where they could potentially provide assistance 	EY EY
15	Quarterly Statistic Report Q2 (1st July to 30th September 2014) The QSR was received and noted.	
16	Quarterly Management Report Q2 (1st July to 30th September 2014) The QMR was received and noted.	
17	Any Other Business:	
17.1	International Society of Arthroplasty Registers (ISAR) 2015 MPo confirmed the 4 th ISAR congress would be held in Gothenburg, Sweden from 23 rd -25 th May 2015. Further details available online: www.isarhome.org .	
17.2	AdvaMed; Med Tech Conference 2014 LPF informed members that whilst she was presenting at the AdvaMed Conference in Chicago in October, there had been a discussion regarding the possibility of ICOR relocating to London and being more closely aligned with the NJR. The discussion had been well received and the NJRSC would be kept informed of any further discussions.	
17.3	Establishment of a National Joint Registry: Spain EY confirmed that a request had been received from the Spanish Government seeking advice on setting up and running a registry; MPo and PH were to attend a meeting in Madrid with AB in December.	
18	Next Meeting 10.30 am, Thursday 29 th January 2015, RCGP, 30 Euston Square, London.	