

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting: NJR Steering Committee

Date: 21st July 2015

Location: Rooms G4&5, RCGP, 30 Euston Square, Euston, London, NW1 2FB

Members Present:	Laurel Powers-Freeling	LPF	Chair
	Martyn Porter	MPo	NJR Medical Director
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative
	Mary Cowern	MC	Patient Representative
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative
	Rob Hurd	RH	NHS Management Representative
	Prof Andrew Price	AP	Orthopaedic Surgeon
	Peter Howard	PH	Orthopaedic Surgeon
	Matthew Porteous	MP	Chair, RCC Committee
Attendees:	Elaine Young	EY	Director of Operations-NJR, HQIP
	Rebecca Beaumont	RB	Senior Communications Officer-NJR,(HQIP)
	Saskia Dean	SD	Executive Assistant-NJR, HQIP
	Eve Riley	ER	Research Officer-NJR, HQIP
	Prof Ashley Blom	AB	Bristol
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Andy Smallwood	AS	NHS Procurement Representative
	Colin Howie	CH	President, BOA
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Carol Harrison	CHa	Data Quality Project Manager
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT)
	Jane Ingham	JI	CEO, HQIP
Apologies:	Sue Musson	SM	Patient Representative
	Dr Jean-Jacques de Gorter	JJ	Independent Healthcare Sector Representative
	Amar Rangan	AM	Orthopaedic Surgeon
	Hussain Kazi	HK	Co-opted Orthopaedic Surgeon
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative
	Robin Rice	RR	Welsh Government Representative

REF	ITEM	ACTION
1	<p>Welcome and Apologies for Absence</p> <p>It was noted that MC's term of office expired at the end of September. LPF thanked her for her significant and valuable contribution to the Committee. She also thanked RB, leaving her role as NJR Senior Communications Manager, for all her hard work. CHa, Data Quality Project Manager, was welcomed to the NJRSC. Apologies were noted from AR, RR, MG and HK.</p>	
2	<p>Minutes of the Previous Meeting</p> <p>The minutes of the previous meeting held on 29.04.15 were noted and approved.</p>	
3	<p>Business Update</p> <p>The business update was noted, in particular:</p> <ul style="list-style-type: none"> • DH had been contacted about appointment of a new independent healthcare sector representative and practitioner with special interest in orthopaedics (GP); • A member induction session was now planned to follow the October NJRSC when new members would be in post/present; • A follow-up survey regarding Patient Implant Cards was in progress; • PHIN, FIPO and the BOA were in contact about the PHIN NJR data request and the BOA would report back to the NJR shortly. CH reported that among other concerns, the BOA required clarification on data governance and protection; • HSCIC had approved the NJR data access request and required NJR to sign a data sharing agreement before release of the information. This would be closely monitored. 	
4	<p>NJR Contracts</p> <p>It was noted that the re-tender process for NJR Lot 1 and Lot 2 contracts was underway and Lot 3 [Communications] was being reviewed.</p>	
5	<p>Consultant Outcome Publication [COP] 2015</p>	
5.1	<p>Meeting with NJR Chairman and NHS Medical Director</p> <p>LPF summarised the outcome of her meeting with Bruce Keogh as follows:</p> <ul style="list-style-type: none"> • Understanding that the NJR had not been established to report on individual surgeon level data and was having to adapt to this new requirement; • Support for the NJR Data Quality Strategy, with request to know how long before data was robust enough to support publication of individual surgeon revision data, which he would support delaying for 2-3 years if the NJR i) provided detailed progress reports to demonstrate improvements in data quality and in the interim ii) further developed other publications such as the NJR unit level dashboards; • Sympathetic to the difficulties of obtaining data access through the HSCIC; • Enthusiastic about publication of NJR unit level dashboards which he considered an excellent example for development across the national audit programme; • Support for the NJR Quality Data Provider Certification Scheme (see item 6.1) and publishing details of non-compliant hospitals/Trusts on NJR dashboards and NHS Choices, but not of sanctions such as withdrawal of access to data for non-compliant hospitals/Trusts. <p>Members discussed potential opportunities for improving NJR compliance i.e. a) mandating payment-by-results at a procedure level, so that Trusts had to demonstrate that procedures were entered to receive payment b) use of CQUINs or c) mandating within local commissioner contracts in connection with the NJR Quality Data Provider</p>	

Certification Scheme. It was agreed that ideas should be further developed.

CH reported that the BOA had met with David Spiegelhalter to discuss issues around the standard of data quality necessary to statistically support individual surgeon outcome publication. The importance of robust data for this purpose was recognised.

Actions:

- **To provide DQ update to BK;**
- **Members to contact EY with further suggestions for developing an options framework for NJR compliance improvement for BK.**

**NJR
All**

5.2 NJR Indicators for COP 2015

NJR indicators for the 2015 COP were noted, including surgeon level compliance rates, which it was noted would be reliant on obtaining HES data and also surgeons being given adequate opportunity to validate their data before publication.

6 NJR Data Quality Strategy

6.1 Implementation Plan

CH outlined implementation plans for national roll out of the DQ Strategy as follows:

NHS Trusts had been categorised as:

- i) Early Adopters (22 well performing Trusts);
- ii) Requiring Support (22 poorly performing Trusts);
- iii) Remaining Trusts.

Introductory letters had been sent to all NHS Trust CEOs on 15th July 2015 and independent provider group CEOs would be written to at a later date. CEOs had been requested to nominate an NJR Clinical Lead and DQ Lead if not previously identified. These contacts would be sent the NJR Data Quality Audit Tool from August 1st starting with the early adopters. Once Trusts provided their HES/PAS data, the NJR would match it with NJR data and return for validation as part of the audit tool. It was hoped that there would be some good feedback in time for the BOA congress. Awareness would be raised via an NJR Regional Event, BOA and NJR communications and within Trusts (e.g. at Clinical Audit Meetings). Final Reports would be sent to Trust CEOs. CEOs had also been informed about the introduction of the "NJR Quality Data Provider Certification Scheme" and the qualification criteria which supported participation in NJR data validation and payment of NJR subscription.

LPF thanked CH for the presentation and members supported the value of the NJR communications which linked DQ validation, the importance of named NJR DQ leads and potential financial benefits. NJRSC would be kept updated.

**HQIP/MP
o/CH**

6.2 NJR Quality Data Provider Certification Scheme

See item 6.1 above.

7 GIRFT-National Pilot-Value for Money in Orthopaedic Procurement and NJR Price Benchmarking

EY and MPo thanked TB for the GIRFT launch held on 20th July 2015. It was noted that the NJR would provide updated data to support further development of GIRFT within orthopaedics. In addition TB explained that a 3 year grant had been secured by DH to further develop the project beyond orthopaedics to an additional 10 specialities where clinical leads were currently being recruited.

EY advised that a recent GIRFT communication to Trusts on hip and knee implant pricing had mentioned the importance of the NJR in relation to price benchmarking. This had been tremendously helpful in supporting the value of the NJR. As such she had also circulated a letter to CEOs to remind Trusts of the NJR 'INFORM' and 'EMBED' price benchmarking services. EY also advised that the NJR had provided data to support the Lord Carter Procurement and Efficiency project led by DH. Members agreed that these developments were helping to raise the profile of the NJR and the EMBED pricing service that could be purchased through subscription.

Actions:

- **To monitor uptake of the NJR EMBED Price Benchmarking service;** Northgate
- **GIRFT to inform Northgate of the additional 10 (from 22 to 32) Trusts participating in the Lord Carter review to enable contact about subscribing to the NJR EMBED Price Benchmarking service.** TB/RH

8 NJR Annual Work Schedule 2015/2016

EY presented a draft NJR Annual Work Schedule, the intention of which was to give a clear overview of planned NJR activity, both fixed and variable, and to show peak activity, in order to facilitate planning, resources and prioritisation. Members agreed that this was useful. LPF suggested additional detail about resources; capacity, milestones and deliverables for each work stream would also be helpful.

Actions:

- **To develop the Work schedule as an ongoing document;** HQIP
- **To produce outlier data in March rather than April, to avoid clashing with Annual Report production.** Bristol

9 Finance

9.1 2014/15 Provider Subscription Update

Subscription for 2014/15 was noted. 13 % of Trusts had still failed to pay subscription at year end. It was hoped that the NJR Data Quality Provider Certification Scheme would have a positive impact on subscription payment rates.

9.2 2015/16 Provider Subscription

Subscription to date for 2015/16 was noted. It showed an improved position on the same period last year. Securing payment would be supported by initiatives such as a) the NJR Data Quality Provider Certification Scheme making subscription payment an award criterion and b) GIRFT and the DH/Lord Carter Procurement exercise which supported the NJR price benchmarking service where Trust access to information was reliant on subscription payment (see items 5.1, 6.1, 6.2 and 7).

Actions:

- **Chairman to Chairman letter regarding unpaid 2014/15 and 2015/16 Subscription payments to be sent to relevant trusts;** LPF/EY
- **To discuss the processing of payment for NHS-commissioned procedures carried out by independent providers.** NJR/
N'gate/RH

9.3 Operational Budget Plan 2015/16

The Operational Budget Plan 2015/16 was noted.

10 Update from the NJRSC Sub-Committees

10.1 Executive Committee

The minutes from meetings held on 12.05.15 and 26.06.15 were noted. It was recognised that NJREC was fulfilling its role in stream-lining NJRSC business.

10.2 Medical Advisory Committee

The minutes from the meeting held on 08.06.15 were noted.

10.3 Data Quality Group

The minutes from meetings held on 12.05.15 and 08.07.15 were noted.

10.4 Editorial Board

i) Meeting

The minutes from meetings held on 20.05.15 and 03.07.15 were noted.

ii) Annual Report

RB noted that publication of the Annual Report was scheduled for launch at the BOA congress in September. MS presented the new on line reports which would be demonstrated at the BOA, explaining that:

- Each joint had its own section, with sub-sections and reports;
- Reports could be downloaded in full or in summary, with or without accompanying summary texts;
- Reports could be filtered, e.g. by country, by year, by component;
- Data points showed the descriptor/numbers when hovered over;
- There was an option to send comments about the reports back to NJR/Northgate;
- Comments and suggestions would be welcomed.

The NJRSC agreed to sign off the final draft of the Annual Report.

10.5 Research Sub-Committee

i) Meeting

The minutes of the meeting held on 04.06.15 were noted.

ii) NJR Annual Data Build

MW explained that legal advice was being sought to ensure that adequate governance arrangements were in place to facilitate the necessary transfer of the NJR data set between Contractors. Once finalised the annual data build work would commence.

iii) Development of a Data Access Portal

It was noted that development of a Data Access Portal had been approved at the last NJREC meeting. Work was planned to commence by the end of July, to be ready for beta testing by February-March 2016.

iv) Patient risk calculator project – ARUK grant approval

MW noted that ARUK had awarded funding for a 3 year patient risk calculator project.

v) Other matters arising

- The new Research Fellow would commence in August and arrangements were being made to facilitate his research and supervision;
- Recruitment of a 2nd Research Fellow would be launched at the BOA congress;
- Letters to manufacturers re. implant branding had been prepared after legal advice;
- An NJR data charging policy was being drafted for consideration by NJREC;

- Data quality of revision data was under active discussion at RSC meetings. Once the next set of HES data was accessible, further analysis should be discussed/planned. MPo suggested also looking at the impact of missing data;
- Bristol had been looking at volumes: so far unadjusted analysis had been made and did not show expected results but adjusted analysis was yet to be done.

10.6 Regional Clinical Coordinators Committee

i) Meeting

The minutes of the meeting held 08.07.15 were noted.

ii) Committee Re-structure and Membership

MP explained that the committee's focus for the next 1-2 years would be supporting the roll-out of the Data Quality Strategy. Re structuring of the committee was underway and all members had received letters thanking them for their service and confirming their dates/terms of appointment. 7 new RCCs would be recruited this year and 7 next year. If necessary, interviews would be held in October. BESS made nominations but it was hoped that more individuals would apply and be representative of all the societies and geographical locations.

10.7 Surgeon Outlier Committee

The minutes of the meeting held on 08.06.15 were noted. PH reported that significantly 5 year data had been reviewed for the first time showing:

- 2 hip & 13 knee surgeons who were already outliers remained outliers for 5 years;
- 5 hip & 1 knee surgeons not already outliers were outliers for 5 years;
- That of 65 current outliers, 58 were not outliers for 5 years;
- That review of 5 year data revealed different reasons for revision compared to review of 13 year data (MoM was effectively excluded - 9 months hence, no MoM procedures would be in 5 year data);
- That if revision rates were published for 5 year data, outliers would remain.

It was noted that the NJR would be notifying a larger number of surgeons and units as a result of reviewing 5 year data. AP commented that how many surgeons were not outliers, and CH that some outliers identified earlier were no longer outliers, showed the system was working and that this should be communicated clearly. PH responded that he was drafting a paper about the NJR outlier process and would consider incorporating these points. EY confirmed that the outlier process required review and update. Members requested inclusion of possible escalation routes if surgeons/CEOs did not respond to outlier notification and CH offered the BOA's help in this regard.

AB commented that Bristol was working on ascertaining the 'unit effect' on surgeon performance/outliers. CH said that he believed there should be a move to focus on statistical quality control/the process, rather than on individuals and implants.

Actions:

- **To consider quantifying/analysing the changes in number of outliers and variation in performance - to produce a road map of NJR outlier analysis/processes;**
- **To review the outlier process.**

Bristol/
SOC

HQIP

10.8 Implant Performance & Scrutiny Sub-Committees

The meeting held on 15.05.15 was noted [minutes confidential].

11 Quarterly Statistics Report Q1 [1st April to 30 June 2015]

The Quarterly Statistics Report was noted.

12 Quarterly Management Report Q1 [1st April to 30 June 2015]

The Quarterly Management Report was noted.

13 NJR Meeting Schedule 2015

The NJR Meeting Schedule 2015 was noted.

14 Any Other Business

14.1 Dashboards – GIRFT, Method Analytics, and ARUK

- GIRFT – A request for updated NJR data to support GIRFT was noted;
- Method Analytics - MPo, TB and EY were to meet with Simon Swift to discuss the DH Specialised Services Dashboard Programme and request for NJR data;
- ARUK - Benjamin Ellis, ARUK, had advised MPo about the development of generic MSK outcome measures backed by NHSE funding. It had been agreed he should also liaise with the BOA about this. EY confirmed that an approach had been made to the NJR to discuss provision of data to support this work, so she stressed the importance of all parties being involved with discussion related to this agenda.

15 Date of Future Meetings

The next meeting on Friday 23rd October 2015 was noted and the following dates for future NJRSC meetings were agreed:

- Thursday 28th January 2016;
- Wednesday 27th April 2016;
- Tuesday 19th July 2016;
- Friday 14th October 2016.