

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: 23rd October 2015
Location:	Epworth Room, The Wesley Hotel, 81-103 Euston Street, London, NW1 2EZ		
Members Present:	Laurel Powers-Freeling	LPF	Chair, NJRSC
	Martyn Porter	MPo	NJR Medical Director
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, NJRSC Chair, Research Sub-Committee
	Gillian Coward	GC	Patient Representative, NJRSC
	Rob Hurd	RH	NHS Management Representative, NJRSC
	Prof Amar Rangan	AM	Orthopaedic Surgeon, NJRSC
	Hussain Kazi	HK	Co-opted Orthopaedic Surgeon, NJRSC
	Peter Howard	PH	Orthopaedic Surgeon, NJRSC Chair, Surgeon Outlier and Implant Scrutiny Committee
	Matthew Porteous	MP	Chair, Regional Clinical Coordinator Committee
	Robin Rice	RR	Welsh Government Representative, NJRSC
Attendees:	Elaine Young	EY	Director of Operations-NJR, HQIP
	James Thornton	JT	Senior Communications Officer-NJR, HQIP
	Saskia Dean	SD	Executive Assistant-NJR, HQIP
	Prof Ashley Blom	AB	University of Bristol
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Carol Harrison	CHa	Data Quality Project Manager
	Mike Kimmons	MK	CEO, BOA [<i>Representing Timothy Wilton, President, BOA</i>]
Apologies:	Prof Andrew Price	AP	Orthopaedic Surgeon, NJRSC
	Sue Musson	SM	Patient Representative, NJRSC
	Jean-Jacques de Gorter	JJ	Independent Healthcare Sector Representative, NJRSC
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative, NJRSC
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative, NJRSC
	Andy Smallwood	AS	NHS Procurement Representative, NJRSC
	Jane Ingham	JI	CEO, HQIP
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT) National Director, Clinical Quality and Efficiency, DH
	Tim Wilton	TW	President, BOA

1 **Welcome and Apologies for Absence**

LPF welcomed all members and introduced the new members – Gillian Coward, Hussain Kazi and Amar Rangan. It was noted that there were many apologies for this meeting.

2 **Minutes of the Previous Meeting**

The minutes of the meeting held on 21.07.15 were noted and approved.

3 **Business Update**

EY updated members on the following issues on the business update:

NJRSC expenses policy

It was noted that the drafted expense policy would be circulated pending discussion with BOA about managing the expenses of co-opted members from specialist societies.

PHIN

MK noted the BOA had met with PHIN, via FIPO, to raise BOA and NJR's concerns about transparency of their governance, methodology and aims; potential duplication of NJR information with PHIN publications; costs to surgeons if they had to subscribe to PHIN and publication of COP via PHIN. Further discussion was required, but it was verified that PHIN had a legal mandate from the Competition & Markets Authority, funding from providers, a board with a medical Chair, and an obligation to publish by 2017 - so a PHIN/ NJR Data Sharing Agreement would be required.

Action: to arrange PHIN/BOA/NJR meeting to discuss data sharing, ensuring the NJR received benefits [e.g. information from PHIN to measure compliance from the independent sector and establishing a mechanism to report on NHS patients being treated by independent providers], did not incur extra costs [e.g. due to integrating with their system, TABLO] and arrangements for co-branding any publications).

BOA

NJR Patient Network

EY noted that a patient network meeting was being organised for members to meet with NJRSC representatives to discuss key NJR initiatives, greater patient involvement and regular communications.

4 **Consultant Outcome Publication [COP] 2015**

4.1 **HQIP Consultation on COP manual - NJR Response**

MPo informed members that the NJR had reviewed the updated HQIP COP Technical Manual and identified concerns – mainly that:

- Previous consultation feedback had neither been acknowledged nor addressed;
- Standards/processes should have been set *before* COP started and that only when audits were fit for purpose should they be asked to deliver COP;
- the NJR was compromised because it could not currently comply with the standards/processes and would thus be in danger of breaching legal advice as:
 - the NJR was set-up to monitor implants not individual surgeons - NJR data quality was unlikely to be able to comply with the standards set for COP;
 - the NJR could not fund the indemnity figure the manual required;
 - the NJR would require funding/resources/mandate/authority to undertake the level of regulation which the manual required, e.g. mandating individuals/units to validate their data, regulating individual/unit outliers, etc.

MK added that the BOA supported the transparency agenda but via *unit level* outcomes, because, having consulted David Spiegelhalter, it was believed that the data quality was statistically unsafe for individual surgeon level data publication. LPF added that BK had approved the NJR DQ Strategy and accepted that the NJR would need three years to review recent (not all) data.

It was agreed that the NJR response to HQIP should include reference to the above issues. It would also be pointed out that the NJR was one of the first audits to deliver on COP with one of the biggest groups of surgeons, had already made significant achievements and would continue to work to make progress for COP (e.g. in terms of implementing the NJR Data Quality Strategy, publishing, enhancing and refreshing surgeon and hospital profile dashboards, and having an established, advanced and leading system to identify and manage surgeon and unit outliers). Further, it was noted that NJR publications thus far were popular with patients and website hits were high.

Regarding surgeon/unit outlier management, EY noted that the NJR process had been the first for individual surgeon outliers and had subsequently been used as a template for other NCAs. She confirmed that a review and update of the process was currently underway and AW, ex NJRSC and NJR Outlier Committee member, was going to assist with this work. It was agreed that the update should include handling of mortality outliers, to include a Trust level audit, guidance about the NJR sign-off process, escalation arrangements and reference to implications for COP. It was noted that this would be discussed in greater detail at the next surgeon outlier committee and the BOA would be consulted.

Actions:

- to finalise response to HQIP on COP technical manual and request feedback;
- to arrange a meeting about COP with Bruce Keogh, PK, TW, TB, MPo, LPF & PH;
- to review the NJR outlier policy for submission to the next NJREC meeting.

NJR/BOA
HQIP
PH/EY

4.2 NJR Progress with 2015 COP Requirements

NJR COP publication deadline noted as end of November 2015, and end of January 2016 for NHS Choices.

5 Clinician Feedback Upgrade

RA presented changes to NJR Clinician Feedback. He noted surgeons were able to access 'My Profile' and 'COP Preview' pages, 'Total Activity' pages (where surgeons could see personal indicators in comparison to national averages e.g. data quality, counts of procedures, standardised revision ratios, funnel plots, etc.). 'Consultant Level Reports' could be downloaded as pdf documents for use in appraisals and pages could be filtered (e.g. to include/exclude withdrawn implants). Costed reports at a surgeon level were also available if the provider subscribed to NJR Price Benchmarking. The newest development was that surgeons could download a 'Surgeon Primary Procedure Report'. Future developments were considered, such as enabling surgeons access to:

- Surgeon Revision Procedure Reports;
- Surgeon level PROMs data;
- Surgeon level HES compliance data;
- Trust level reports (Annual Clinical Reports);
- Other information from HES data (e.g. dislocation and infection rates).

Ngate

6 GIRFT and NHS Procurement and Efficiency programme

6.1 GIRFT - Next Stage

RH informed members that the next stage of GIRFT was progressing well and the next publications would be in the new year. GIRFT would ensure to co-brand and synchronise any orthopaedic publications with the NJR and would align to the Lord Carter programme across specialities wherever possible as Lord Carter's programme would use GIRFT dashboards. Members suggested that GIRFT publications should be quality-assured and produced in consultation with professional bodies. AB explained that the new GIRFT NJR Data Request asked for analysis of 1 year revision/failure rates, and suggested looking at a longer time-frame. PH agreed, commenting that reviewing 5 year data had been useful and recommending reviewing at least 3 year data. AR

informed RH that a pilot dashboard for shoulders was to be reported shortly, and that it would be interesting to link with HES data.

6.2 Lord Carter: NHS Procurement and Efficiency Programme

EY informed members that the NJR had received a further request for NJR pricing data from Andy Brown, DH, to support the Lord Carter Programme. RH agreed to provide clarity the relationship with GIRFT and management of NJR data for both programmes.

Action: to liaise with Andy Brown about data request to the NJR.

EY/RH

7 Development of UDI & Component Data Base

MPo informed members that development of the UDI & Component Data Base was progressing well and would enhance the work of the Implant Scrutiny Committee. The NJR had worked closely with other registries (e.g. in Germany, the Netherlands and Australia) on the re-classification system and definitions, to allow for international comparisons and collaborations and to ensure synchronisation so that industry did not have to update their components on multiple different registries. RA explained that Northgate were developing the screens and the database to classify and maintain those components in the NJR. Piloting with industry would begin in December, with the aim to go live by March 2016, when industry would be asked to populate the new system. It was understood that industry would react at different rates, so both the old and new system would need to be kept going alongside each other – reporting would be done with the old system until the new system was adopted by all.

8 Finance

8.1 2014/15 Provider Subscription Update

Outstanding Subscription for year ended 31/03/15 was noted. It was reported that 'Chair to Chair' letters to those that had not yet paid 2014/15 subscription had been drafted and would be finalised with the input of RH.

8.2 2015/16 Provider Subscription

The update on Provider Subscription for 2015/16 was noted.

8.3 NJR Finance Report Q2 [1st July to 30th September 2015]

The Q2 Income and Expenditure Report was noted.

9 Communications/Events Update

JT gave a verbal update on NJR communications issues as follows:

- BOA Congress: the NJR session at the BOA congress had gone well, however MPo would negotiate a later time slot for next year. JT also suggested considering the possibility of accrediting attendance of the session with CPD points, reducing the number of speakers to allow more of a focus on research activities (NJRSC members could be available on the stand rather than speak at the meeting) and producing flyers that included the key headlines of the Annual Report for distribution;
- Annual Report launch: Agreed that pre launch communications should be organised earlier i.e. July Editorial Board meeting, for the NJR to consider its broad PR agenda/press releases, and specifics of the NJR session programme at the BOA;
- Regional events: noted that the event in Wigan had gone well and preparations were now underway for the next event in Cardiff in Feb. 2016;
- NJR Communications Officer : recruitment was underway.

10 Update from the NJRSC Sub-Committees

10.1 Executive Committee

Draft minutes of the meeting held on 28.09.15 were noted and approved. It was

advised that Simon Swift, NHSE, was organising a meeting for EY, MPo, TB to meet with NHSE to discuss dashboard development and associated requests for use of NJR data.

10.2 Medical Advisory Committee

Draft minutes of the meeting held on 28.09.15 were noted and approved. MPo commented that he believed the MAC was working well in terms of building up trust with the profession which was supported by MK.

10.3 Data Quality Group

i) Meeting

Draft minutes from the meeting held on 09.10.15 were noted and approved. MPo explained that the NJR regional event at Wrightington had gone well. The DQ Group were now focusing on working with MP and the RCC Committee to roll-out implementation of the DQ validation audit, in particular to ensure there was a named individual surgeon identified at all units to act as NJR representative.

ii) Data Quality Strategy

CH presented an update on progress with roll-out of the data validation audit and NJR Quality Data Provider Scheme, taking place in 4 phases:

- Phase I Data supplied by Trust during Aug. 2015
- Phase II Data supplied by Trust during Sep. 2015
- Phase III Data supplied by Trust from Oct. 2015, or not yet supplied
- Phase IV Independents

It was noted that:

- The RCs were focussing on completing Phase I first - by the end of Dec;
- CH, EY and MPo would be finalising further Trust communications shortly;
- The RCs were keeping a clear audit trail of issues to ease the process going forward;
- CH was attending RCC committee in Nov. to gain support for further NJR engagement at the unit level;
- The DQ Group was discussing an escalation process for non-responders, which may require support from NHSE and would therefore be included in the DQ update to NHSE scheduled for early New Year.

RH encouraged examining what problems were being experienced by Trusts that could be improved by the NJR, such as the issue of capturing NHS procedures carried out by independent providers.

Members agreed that the DQ Group/Manager and RCs had achieved a lot in a short amount of time. CH was thanked for her work and presentation.

10.4 Editorial Board

Draft minutes of the meeting held on 09.10.15 were noted and approved.

10.5 Research Sub-Committee

i) Meeting

Draft minutes of the meeting held on 07.09.15 were noted and approved. MW informed members that:

- The RSC was in consultation with Bristol and Oxford to develop a NJR Data Analysis Guidance document;
- The NJR Annual Data Build and NJR Data Access Portal were in progress;
- MW, MS and EY would be meeting with HSCIC regarding sub licensing of HSCIC controller data sets;
- The NJR Data Access Charging Mechanism was being developed;
- Brand identifiers were in place.

ii) Guidance on sponsorship of internal collaborative research study proposals

MW presented a draft protocol for comment and agreement, which was approved by members (pending 'the guarantor' being changed to 'a co-guarantor'). LPF expressed concern that NJRSC members might not always be able to fulfil the work required, which should be considered going forward.

10.6 Regional Clinical Coordinators Committee

i) Meeting

It was noted that the next meeting was scheduled for 05.11.15.

ii) Committee Re-structure and Membership

MP informed members that RCC recruitment was now complete, that new recruits included foot & ankle and elbow & shoulder surgeons and that all new recruits would start at the meeting on 12.01.16.

10.7 Surgeon Outlier Committee

It was noted that the next meeting was scheduled for 09.11.15, where further consideration would be given to the NJR surgeon and unit outlier process, especially the escalation process for long-term, continuing and mortality outliers (see item 4 for additional discussion of review of the NJR outlier process for mortality outliers).

10.8 Implant Performance & Scrutiny Sub-Committees

Meetings held on 17.09.15 (at the BOA Congress) and on 16.10.15 were noted (minutes confidential). PH informed members that as withdrawn implants were excluded from analysis, which had been communicated to ABHI, it would mean that other implants may become outliers that were not previously. Members discussed the possibility of reporting implants that were 'giving cause for concern' in a similar way to the Australian registry, as it was acknowledged that surgeons using poorly performing implants were more likely to become outliers themselves without being aware of the performance of those implants. It was agreed that developing the NJR implant scrutiny process would need careful consideration.

Action: to draft an NJR policy on the publication of implant performance, taking into consideration trigger points, legal issues and appropriate publication in consultation with the Australian registry and in line with the NJR surgeon and unit outlier policy.

**PH/
NJR
ISC/HQIP**

11 Quarterly Statistics Report Q2 [1st July to 30th September 2015]

The Quarterly Statistics Report was noted.

12 Quarterly Management Report Q2 [1st July to 30th September 2015]

The Quarterly Management Report was noted.

13 NJR Meeting Schedule 2015 and 2016

The NJR meeting schedule was noted.

14 Any Other Business

14.1 FOI Act requests

EY updated members on current FOI requests and discussing the associated workload with NHSE.

14.2 Tender of NJR Contracts

Discussion notes to be circulated separately in confidence to members only.

15 Date of Next Meeting

Thursday January 28th.