

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES – Friday, 14th October 2016

Meeting:	NJR Steering Committee		Date: Friday, 14 th October 2016
Location:	Princes Gate Room, RCGP, 30 Euston Square, Euston, London		
Members Present:	Laurel Powers-Freeling	LPF	Chair, NJRSC
	Martyn Porter	MPo	NJR Medical Director
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Gillian Coward	GC	Patient Representative
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, Chair, Research Sub-Committee
	Nicholas Wishart	NW	Orthopaedic Implant Manufacturer Representative
	Rob Hurd	RH	NHS Management Representative
Co-opted Members:	Hussain Kazi	HK	Orthopaedic Surgeon
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, DH
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Andy Smallwood	AS	NHS Procurement
	Tim Wilton	TW	Immediate Past President, BOA
Attendees:	Elaine Young	EY	Director of Operations-NJR, HQIP
	Carolina Arevalo	CA	Associate Director-Operations & Contracts-NJR, HQIP
	James Ludley	JL	Senior Communications Officer-NJR, HQIP
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Adrian Sayers	Asa	University of Bristol
	Modupe Oshikoya	MO	Assistant-NJR, HQIP [Minutes]
Apologies:	Sue Musson	SM	Patient Representative, NJRSC
	David Macdonald	DM	Independent Healthcare Sector Representative, NJRSC
	Michael Green	MG	Orthopaedic Implant Manufacturer Representative, NJRSC
	Matthew Porteous	MP	Co-opted Member, Chair, Regional Clinical Coordinators Committee
	Robin Rice	RR	Co-opted Member, Welsh Government Representative,
	Ian Winson	IW	Co-opted Member, President, BOA
	Eve Riley	ER	Associate Director of Research and Governance-NJR, HQIP
	Jane Ingham	JI	CEO, HQIP
	Prof Ashley Blom	AB	University of Bristol

REF.	ITEM	ACTION
1	<p>Welcome and Apologies for Absence</p> <p>LPF welcomed members and noted apologies from Ashley Blom, Michael Green, Jane Ingham, David Macdonald, Matthew Porteous, Robin Rice, Eve Riley, Sue Musson and Ian Winson.</p>	
2	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 19.07.16 were noted and approved with one minor clarification: Remove AS as an attendee and add to apologies.</p>	
3	<p>Business Update</p>	
3.1	<p>Getting It Right First Time [GIRFT]</p> <p>TB provided an update on GIRFT in relation to the NJR's economic model and support for using NJR Clinician Feedback for surgeons' appraisal process. He noted that he and the GIRFT team would benefit from access to a limited version of the NJR outlier data in order to have meaningful conversations with NHS Trust Clinical/Medical Directors and learn what actions had been taken with outlier units and surgeons. This would support the uptake of NJR data as a tool for surgeon appraisal, and the proposal to Prof. Sir Bruce Keogh (BK) regarding an alternative approach to public reporting of surgeon-level performance data. TW indicated that there had been communication from the BOA to MDs informing them of the availability of the NJR data to be used in surgeon appraisals.</p> <p>TB also highlighted the benefits of GIRFT having NJR EMBED information. The principle of sharing pricing data was accepted, but it was noted that the NJR would need to assess the financial implications given EMBED was part of the economic model</p> <p>Action: Review EMBED and notify TB of outcome and implications</p>	EY/LPF
4	<p>NJR Data Quality/COP</p>	
4.1	<p>NJR proposal for submission to NHSE Medical Director</p> <p>LPF provided an update on the discussion with Prof Sir David Spiegelhalter and a subsequent meeting with Prof. Sir Bruce Keogh, in relation to NJR data quality issues and the proposal for an alternative approach to public reporting of surgeon-level performance data. It was noted that the proposal would focus on unit-level data, supported by robust processes for identification and management of surgeon outliers and use of NJR data for surgeon appraisal.</p> <p>EY gave an update regarding surgeon outlier escalation to the Care Quality Commission (CQC) advising that discussion was required to define a process for data sharing requirements. She also reported that HQIP was also liaising with CQC regarding outlier escalation processes for other National Clinical Audits and further guidance may be available that would assist the NJR. TB added that NJR should ensure that it uses the same definition of unit as the CQC.</p> <p>Action: EY, PH and MPo to arrange to discuss with CQC.</p>	EY
4.2	<p>National NJR Data Quality Audit</p> <p>RA presented the updated results of the Year 1 audit, with 75% of NHS Trusts completing the audit for a 95.8% Compliance rate. Units with low compliance had been highlighted, and MPo had started liaison with the MDs of those units, with positive reactions, and suggested sharing the Annual Clinical Reports with them to aid to the conversation. Members also discussed the process for the Year 2 audit, which would include the Independent Sector for the first time.</p> <p>Members discussed ongoing issues that affect compliance rates and challenges going</p>	

forward, particularly for the Independent Sector and Northern Ireland. For the Independent Sector, RH commented that linkage with PHIN would be important and should be looked into in detail. TW queried the use of HES linkage and if it should be used to measure compliance in lieu of the audit. RA and AS noted that although HES data was used for linkage, it could not be used as an audit tool because it did not record component data. Furthermore, AR commented HES data was currently inaccurate for shoulder surgeries.

TW raised issues with Northern Ireland and the inability to link NHS numbers and the possibility that NI would not engage with NJR if no reports were available to them. RA noted that NI currently received reports from the NJR but did not currently contain any outcome data. EY reported the reason related to a NI request for a Data Sharing Agreement between NI and the NJR before they would share information. The NJR had provided amendment to the NI draft DSA and their response was awaited.

5 Dr Foster: 'My Practice' Surgeon Platform

MPo presented the online Dr Foster 'My Practice' platform, a healthcare variation analysis and clinical benchmarking tool, which he currently used in conjunction with the NJR systems, to look at procedure and patient-specific information, linking to PAS and other sources. Members discussed the potential of this platform in terms of linking and/or collaboration. RH noted there would be danger of duplication with NJR data and that the NJR should focus on the quality of the data it provides in the first instance.

Action: MPo to meet with Dr Foster to discuss options and report back to the NJRSC MPo

6 Licensing of NJR 'Brand' and Intellectual Property

LPF informed members of discussion with RA regarding Northgate being able to make references to its work with the NJR and collaboration with this and the possibility of introducing a revenue sharing agreement that would pay the NJR a 'royalty' for contracts they successfully win, this being taken as an offset against payments to Northgate to avoid infracting NJR's non-profit status. LPF highlighted that such an arrangement could ultimately benefit the tax-payer by reducing the cost of the NJR.

Members discussed the importance of protecting the intellectual property rights of the NJR and how any proposed framework should include this within its structure. It was also agreed to keep NHS England and the Department of Health informed. LPF and EY noted that a test case was needed before any further assessment could be made.

Action: LPF/EY would present a case example to the NJRSC if/when this occurred. LPF/EY

7 Data Access: NHS Digital [NHSD]-HES/PROMS Access

MS updated members regarding ongoing issues with access to HES data from NHSD. Bristol and Northgate had both provided the necessary information and the NJR application was due to be finalised shortly. NHSD had extended the current NJR DSA until the 30th November 2016. LPF raised the possibility of having a collective paper to present to NHSE or Secretary of State, regarding the amount of bureaucracy involved in getting HES/PROMS data.

8 Finance

8.1 NJR Finance Report Q2 (1st July to 30th September 2016)

EY updated members on the NJR Finance Report.

8.2 2016/2017 Subscription Charges

EY updated members on the subscription charges for 2016/17.

9 Update from the NJRSC Sub-Committees

9.1 Executive Committee

Minutes were noted by members.

9.2 Medical Advisory Committee

Minutes to follow.

MPo and TW noted that the strategy of reporting surgeons who had not reviewed their NJR data for purpose of surgeon appraisal and revalidation would clearly only apply to those who perform arthroplasty procedures, and not all orthopaedic consultants was supported by the BOA.

9.3 Data Quality Group

Minutes were noted by members.

LPF enquired about proposals for additional NJR resources to support the audit. EY noted that this was still under review and further details would be presented to the NJR Executive Committee for consideration

Action: Data Quality Resource proposal to NJREC

EY/RA

9.4 Editorial Board

Minutes were noted by members. MPo updated members regarding the NJR outputs and the Annual Report process.

9.5 Research Committee

Minutes were noted by members. MW gave an update as follows:

- Governance issues with the MoM/Cardiac research study were under review;
- The Research Ready Database and Data Access Portal projects were on schedule and beta testing of the RRD would commence shortly;
- HQIP was currently working on a standardised data access approval process. There was extensive duplication with current NJR forms but work was underway to align these and MW would follow up with David McKinlay, programme manager, HQIP and provide further update.

Action: MW to follow up on the standardised data access approval process with HQIP

MW

9.6 Regional Clinical Co-ordinators Committee

Minutes were noted by members.

9.7 Surgeon Outlier Committee

PH provided an update regarding the new outlier process as follows:

- Letters were sent to outlier surgeons and units where the revision rate was higher than expected and above the 99.8% control limit
- Letters were also sent, for the first time, to borderline outlier surgeons and units where the revision rate was higher than expected i.e. between 95% and 99.8% control limits. The process had identified a large number of borderline outliers [c.300] but no negative feedback had been received on the communications. Secondary alerts will be sent in approximately nine months

9.8 Implant Performance & Scrutiny Committees

PH reported on implant performance data being affected by changes in branding of implants and classification from industry e.g. the same implant having two entries in the registry due to a name change and analysis not capturing its true performance. LPH noted that despite safety nets, this issue should be fed back to industry, particularly where implants had been shown under different categories and were possibly not being flagged up as outliers. RA noted this issue would be minimised with the new component database.

Action: RA, PH and AS to prepare a paper with common implant classification issues,

RA/PH/

with an approach to engage industry and increase awareness.

AS

10 Quarterly Statistics Report Q2 [1st July-30th September 2016]

The Quarterly Statistics Report was noted by members.

11 Quarterly Management Report Q2 [1st July-30th September 2016]

The Quarterly Management Report Q2 was noted by members.

12 NJR Committee Meeting Schedule 2016/2017

The meeting schedule for 2016-2017 was noted for information.

13 Any Other Business

13.1 Beyond Compliance- It was mentioned that it would be helpful for TB and Beyond Compliance to know if there were implants classified as outliers, currently being used in hospitals. RH enquired whether there would be a higher benchmark for implants meaning they would need a full Clinical Trial to be accepted. KR mentioned that the medical device regulations included procedures for clinical investigations. LPF requested to incorporate this information into a review paper for discussion.

Action: PH/BOA to draft a paper regarding BC vs NJR data for discussion

PH/BOA

13.2 Shoulder PROMs-AR informed members that monitoring of the performance of shoulder replacements and revision rates was not done on an ongoing basis, and he had been informed that shoulder PROMs were no longer being collected. MS confirmed that the pilot for shoulder 6 month follow-up PROMs had been finalised. LPF said that the NJRSC should have been informed when the pilot was due to end for further discussion and engagement with BESS. TW also noted that he was aware that Oxford scores were no longer collected for hips and knees.

Actions:

- **RA to prepare a proposal for the continuation of NJR shoulder PROMs collection and analysis for approval by NJR Executive Committee.**
- **EY to investigate status of national Hip/Knee PROMs**

RA

EY

14 NJRSC Meeting Schedule

14.1 Date of next meeting

Thursday, 26th January 2017, 10:30am-4:30pm

14.2 Dates of 2017 Meetings

Wednesday, 26th April 2017, 10:30am-4:30pm

Tuesday, 18th July 2017, 10:30am-4:30pm

Friday, 13th October 2017, 10:30am-4:30pm