

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: Wednesday 27 th April 2016
Location:	Princes Gate Room, RCGP, 30 Euston Square, Euston, London		
Members Present:	Martyn Porter	MPo	NJR Medical Director [Chaired this meeting]
	Peter Howard	PH	Orthopaedic Surgeon, NJRSC Chair, Surgeon Outlier, Implant Scrutiny and Implant Performance Committees
	Prof Andrew Price	AP	Orthopaedic Surgeon, NJRSC
	Prof Amar Rangan	AM	Orthopaedic Surgeon, NJRSC
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, NJRSC Chair, Research Sub-Committee
	Gillian Coward	GC	Patient Representative, NJRSC
	David Macdonald		Independent Healthcare Sector Representative, NJRSC
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative, NJRSC
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative, NJRSC
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Tim Wilton	TW	President, BOA
Robin Rice	RR	Welsh Government Representative, NJRSC	
Attendees:	Andy Smallwood	AS	NHS Procurement
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Elaine Young	EY	Director of Operations-NJR, HQIP
	James Ludley	JL	Senior Communications Officer-NJR, HQIP
	Eve Riley	ER	Research Manager-NJR, HQIP
	Saskia Dean	SD	Assistant-NJR, HQIP
	Adrian Sayers	ASa	University of Bristol
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
Apologies:	Laurel Powers-Freeling	LPF	Chair, NJRSC
	Sue Musson	SM	Patient Representative, NJRSC
	Hussain Kazi	HK	Co-opted Orthopaedic Surgeon, NJRSC
	Rob Hurd	RH	NHS Management 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
	Prof Ashley Blom	AB	University of Bristol

REF.	ITEM	ACTION
1	<p>Welcome and Apologies for Absence MPo welcomed members, including new IS member David Macdonald, to the meeting.</p>	
2	<p>Minutes of the Previous Meeting The minutes of the meeting held on 28.01.16 were noted and approved.</p>	
3	<p>Business Update The business update was noted. EY summarised that:</p> <ul style="list-style-type: none"> • NJRSC and sub-committee chair succession planning was to be discussed and members would be contacted about this as appropriate; • HQIP COP Guidance was soon to be re-circulated and the NJR/BOA would liaise to review and respond to this; • Proposed NJR Clinician Feedback updates and the related business case were under review by NJREC; • Data sharing between PHIN and the NJR was still under discussion but supported. <p>Action: Write to Matt James/PHIN to commit to the sharing of NJR data but request having a meeting to discuss the details further (e.g. what data the NJR could receive from PHIN, how PHIN intended to present NJR data and avoid duplication/contradictions, PHIN plans for data validation, the implications of potential publication of individual surgeon revision rates via PHIN).</p>	<p>EY/ MPo/ DM/ TW- BOA</p>
4	<p>NJR Strategic Mapping: Defining the role and responsibilities of the NJR</p> <p>i) Use of NJR Data Members received overview information on how NJR data was made available.</p> <p>ii) Workshop Follow-Up-Mapping Group EY updated members on the outcomes of a mapping group meeting held on 18.04.16. Although this meeting had not addressed all the issues and questions arising from the workshop held in January, it had resulted in some clear actions that the NJR would undertake in the following areas:</p> <ul style="list-style-type: none"> • Data collection: the NJR would focus on engaging with and addressing data collection/quality issues at poor performing organisations in the short term, and consider different technological, financial and operational models in the long term; • Patient engagement: the NJR would continue to work closely with the NJR Patient Network, review the nature of patient enquiries made to HQIP and Northgate (to determine what most patients wanted in order to provide them with that information or sign-post them to other partners who could provide that information) and consider partnering more formally with patient organisations; • Outliers: the NJR would finalise the reviewed outlier process with clear cut-off points of responsibility and escalation routes and also consider its policy regarding the publication of implant performance data. <p>MPo explained for the benefit of DM that the NJR was continuously reviewing its work and making sure that it engaged with its widening range of stakeholders. This mapping was an ongoing process but at the moment there was a clear focus on raising DQ standards and enlisting the support of NHS E in order to do so. AR informed members about the NIHR - HS&DR call for research proposals on National Clinical Audits. The scope of the call was generic, which would not address the more complex nature of the NJR and it was felt that more specific research could be planned by the RSC.</p>	
5	<p>NJR Annual Plan 2016 and Communications Plan 2016/17 It was noted that the NJR Annual Plan 2016 and Communications Plan 2016/17 would be presented at the NJRSC in July having been delayed pending outcome from on going NJR strategic mapping.</p>	

- 6 GIRFT and the 'Model Hospital'**
 The written update provided by RH was noted. EY informed members that she had a call with NHS E, GIRFT and Model Hospital teams scheduled for Friday to discuss the NJR providing data to the Model Hospital initiative. She summarised that there were issues to be resolved regarding obtaining Trust permission to share pricing data, the resourcing of regular data feeds from the NJR and the financial implications on the NJR economic model. However, it was hoped that the initiative could work to the advantage of the NJR if it increased awareness of pricing information the NJR offered for a fee (via EMBED). NW and MG raised concerns about the validation of pricing data.
Action: Consult industry to feedback formally on the Model Hospital initiative. NW/MG
- DM raised concerns that the independent sector was not offered the same NJR services as the NHS sector, such as potential outlier notifications, the NJR DQ audit or EMBED. It was noted that the independent sector were sent potential outlier notifications, would be engaged in the NJR DQ this year and would be offered EMBED this year. MPo recommended that all NJRSC surgeon members review the BOA Guidance on the implementation of GIRFT, which included departmental review of NJR data.
Action: Liaise to review and strengthen communications with the independent sector regarding potential outliers (it was also suggested that PHIN might assist). PH/DM/SD
- 7 Development of UDI & Component Data Base**
 RA presented an update on the development of the UDI and NJR Component Data Base. [PowerPoint circulated]. It was noted that ODEP classification, shoulder classification and linkage with Bristol were to be finalised and that the existing classification would be retained alongside the new classification. NW and MG commented that they were impressed with the system and hoped that companies would audit their data using it. Members discussed that the use of barcodes had had mixed success rates thus far. MPo clarified for DM that the NJR had developed the system with cooperation with the German registry, ISAR and ICOR and although there was not perfect alignment, there was greatly increased commonality.
Action: Finalise ODEP classification (especially for knees), shoulder classification, linkage between Northgate and Bristol and governance of the Data Base (incl. version control of new products and other updates and the issue of commercial confidence). Ngate/Bristol/NJR
- 8 Information Governance: Establishment of an NJR Data Access Review Group**
 Members received and approved the proposal for a formal NJR Data Access Review Group, which would effectively formalise the work that was already being done.
Action: Convene. ER
- 9 NJR Patient Network**
 Members received and approved the agenda for the NJR Patient Network on 11/05/16. GC added that she was looking forward to meeting the members and thought one area worth addressing would be improving representation of the patient perspective according to different regions. Members reiterated that one of the issues that the NJR mapping process had raised was that the NJR should define its duty to patients, in consultation with patients, and GC commented that she agreed with the conclusions of the latest mapping workshop (see item 4) that the NJR could partner with organisations such as Arthritis Care to maximise the effective distribution and communication of NJR data with patients wherever possible/appropriate.
- 10 Finance**
- 10.1 2014/15 Provider Subscription Update**
 Provider Subscription for year ended 31.03.15 was noted.
- 10.2 2015/16 Provider Subscription**

Provider Subscription for year ended 31.03.16 was noted.

10.3 NJR Finance Report Q4

The Q4 [Jan-March 2016] position statement was noted. EY confirmed that LPF had discussed this with BK and that he had confirmed that NHS E did not wish to increase NJR subscription charges. AS commented that he thought the 2016/17 NJR subscription communications were very clear and stronger due to the deadline for Trusts to pay before their access to Price Benchmarking being cut off.

11 Update from the NJRSC Sub-Committees

11.1 Executive Committee

The minutes of the meeting held on 17.02.16 were noted and approved.

11.2 Medical Advisory Committee

The minutes of the meeting held on 09.03.16 were noted and approved. MPo explained to DM that the MAC had facilitated greater involvement of the profession with the NJR. TW agreed that it was a major step forwards and suggested that an independent sector representative might be invited.

MPo/EY

11.3 Data Quality Group

i) NJR Data Validation Audit: Year 1 Update Report

Members noted the report submitted to the NHSE Medical Director. EY reported that initial feedback from LPF was that BK had expressed appreciation for the efforts the NJR had made and suggested that the NJR should propose what it could do to encourage/push Trusts to raise their DQ standards, e.g. with further audits, workshops, training and Trusts visits. EY and MPo explained that the NJR would try to discuss with NHS E means to increase NJR compliance and DQ such as raising the BPT (which had been discussed with the NHS I team that morning), removing consent and resourcing more involved NJR DQ training and auditing on a Trust by Trust basis. Other suggestions included linking data locally and automating data entry. Noted that these initiatives would be explored further within the Strategic Mapping exercise and DQ Group.

ii) Meeting

The minutes of the meeting held on 17.02.16 were noted and approved.

iii) Data Quality Strategy

MPo informed members that the plan for this financial year was a) to complete the audit of 14/15 data (only 1 Trust was yet to engage), b) audit 15/16 NHS and independent sector data, and c) audit data quality (as well as compliance). It was agreed that the findings of the first year of the NJR DQ Audit, further plans for NJR DQ auditing and the fact that the NJR was also reviewing the reliability of the NJR retrospective dataset, needed to be shared and publicised as widely as possible e.g. at the BOA Conference, in the JTO, etc. It was noted that DM would assist the NJR DQ Strategy group in planning and initiating communications with the independent sector. It was also suggested that PHIN might assist.

11.4 Editorial Board

The minutes of the meeting held on 18.01.16 were noted and approved. It was noted that communications with HSCIC continued to be difficult and that the fee HSCIC would charge NJR for HES/PROMS data would be significantly increased from last year.

Action: Discuss communications with HSCIC with PK and BK. EY to liaise with HQIP

NJREC/
EY

11.5 Research Sub-Committee

The minutes of the meeting held on 25.02.16 were noted and approved. MW advised that progress was being made with the Annual NJR Data Build and that interviews for

the next NJR Research Fellow were scheduled in May.

11.6 Regional Clinical Coordinators Committee

i) Meeting

Members received a verbal update on the meeting held on 14.04.16.

ii) Committee Re-structure and Membership

MPs explained that recruitment of new RCCs would start soon (for terms starting in January 2017) and commented that RCCs were very engaged now, particularly due to their role in the NJR DQ Audit. However, how (if at all) RCCs could engage with the independent sector regarding the NJR DQ Audit was still to be agreed. DM suggested that matrons at independent sector hospitals would be best suited to lead the Audit.

11.7 Surgeon Outlier Committee

i) Meeting

The minutes of the meeting held on 13.01.16 were noted and approved.

ii) NJR Surgeon Outlier Process Review

PH advised that the review of the outlier process was almost complete. Main changes were that the NJR would now send a new form of notification to 'borderline' outlier surgeons and use an online management log to record and monitor all correspondence relating to potential outliers. On-going challenges were management of recurring/repeat outliers and nil/inadequate response (it had been agreed that the NJR had a responsibility to ensure that a responsible officer had received the notification, and only if concerns persisted should the NJR escalate beyond Trust level to GMC and/or CQC), and how to deal with outlier surgeons who were locums or did not have a 'primary' Trust/employer (DM commented that where outlier surgeons were locums or did not have a primary Trust/employer, then the GMC would be the appropriate responsible body to inform). DM also commented that in the case of outlier surgeons, the primary Trust/employer should be asked to inform all other Trusts/independent groups and units.

11.8 Implant Performance & Scrutiny Sub-Committees

Members received a verbal update on the meeting held on 26.02.16 and summarised that the use of funnel plots for implant outlier analysis was being considered.

12 Quarterly Statistics Report Q4

The Quarterly Statistics Report was noted.

13 Quarterly Management Report Q4

The Quarterly Management Report was noted.

14 NJR Meeting Schedule 2016

The meeting schedule was noted.

15 Any Other Business

i) Birmingham Hip Resurfacing System

Action: Send list of female patients that received Birmingham Hip Resurfacing System at Spire hospitals to DM.

Ngate

ii) RCS Orthopaedic Surgical Trials Day 2016

AR informed members that the RCS was holding an international Orthopaedic Surgical Trials Day and that he had been asked to talk on the use of registries.

16 Date of Next Meeting

Tuesday July 19th.