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NATIONAL JOINT REGISTRY STEERING COMMITTEE

DRAFT MINUTES

Meeting:	NJR Steering Committee	**Date:** Tuesday 13th October 2017	
Location:	Princess Gate, RCGP, 30 Euston Square, London. NW1 2FB		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Martyn Porter	MPo	NJR Medical Director
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Gillian Coward	GC	Patient Representative [via teleconference]
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Nicholas Wishart	NW	Orthopaedic Implant Manufacturer
	Michael Green	MG	Orthopaedic Implant Manufacturer
	Rob Hurd	RH	NHS Trust Management
Co-Opted Members:	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Andy Smallwood	ASm	NHS Procurement
Attendees:	Elaine Young	EY	Director of Operations, NJR
	Carolina Arevalo	CA	Associate Director of Operations & Contracts, NJR
	Eve Riley	ER	Associate Director of Research & Governance, NJR
	James Ludley	JL	Senior Communications Officer, NJR
	Becky Swinson	BS	Operations Manager (Performance), NJR
	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [LOT 2]
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Mike Swanson	MS	NJR Principal Consultant, Northgate [LOT 1]
	Tim Wilton	TW	BOA [attending on behalf of Ananda Nanu]
	Yemi Garuba	YG	Operations Manager, NJR **[Minutes]**
Apologies:	David MacDonald	DM	Independent Healthcare Sector Representative
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Prof Tim Briggs	TB	Chair, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I
	Robin Rice	RR	Welsh Government Representative
	Ananda Nanu	AN	President, BOA[Tim Wilton attending]
	Jane Ingham	JI	CEO, HQIP
	Prof Andrew Price	AP	University of Oxford [LOT2]

REF.	ITEM	ACTION
1	**Welcome and Apologies for Absence** LPF welcomed members and noted apologies as listed above.	
2	**Declarations of Interest [DOI]** None	
3	**Minutes of the Previous Meeting** The minutes from the last meeting held on 18th July 2017 were approved by the committee.	
4	**Business Update** The business activity update provided by EY was noted by the members as follows. ***NJRSC Structure and Governance*** There had been an excellent response to adverts for both the NJRSC surgeon and AHP member posts. Interviews had been held on 6th October 2017 and appointment recommendations had been submitted to DH Appts for NHSE approval. LPF noted that the volume and calibre of applicants reflected the professional interest and esteem in which the NJR was held, noting that consideration was being given to inviting those unsuccessful candidates with relevant expertise/experience to become co-opted members of an NJR sub committee. ***Strategic Planning - 2018/19*** An NJR strategic planning workshop would be scheduled for early 2018 to review expansion in the NJR's activities and focus and ensure that work undertaken was in line with agreed objectives and a top 10 list of priorities, against which progress of the 2018/19 Annual Plan could be monitored and a slimmed down version of the 3 year strategic plan agreed **Action: NJR to organise a workshop to work through the NJR strategic priorities** ***MDSv7*** MDSv7 changes had been approved and were in development with a go live date of 1st April 2018. The associated process for obtaining NHSD approval had commenced. Launch of the new MDS would be supported by a stakeholder comms exercise AR expressed concern that the MDS was unable to recognise or allow surgeon pairing, the set up required in the increasingly used Centre of Excellence/ Hub and Spoke referral model which would inhibit MDSv7 from capturing a comprehensive picture of procedures undertaken by individual surgeons. Being set up to only record one procedure against a named surgeon, meant shared procedures for one of the surgeons would not be recognised for purposes of appraisal, monitoring and recognition. He recommended the inclusion of an option within MDSv7 to allow users to specify a 2nd surgeon as an immediate solution MS raised concern about double counting but would investigate and feed back to AR. The committee noted wider concern of the Hub & Spoke model and robustness of the current NJR system in dealing with its referral processes. The situation was complex and legalities and accountabilities for the end to end referral processes needed consideration and resolution. It was agreed that the MAC would take this issue forward. **Agreed to:** 1. **Review back end reporting system of MDSv7 to establish possibility of reporting x1 procedure against x2 surgeons** 2. **Consider issues from referral via the Hub & Spoke model on NJR Systems.**	**NJR** **MS/AR** **MAC**

PROMs

Shoulder PROMs had commenced in July and a response rate for 5yr. questionnaires was noted between 75-80%. AR was keen to ensure continuation of PROMs. LPF advised decision on future NJR PROMS would form part of the NJR strategic discussion.

AB advised a knee PROMs paper had been submitted for publication and the hip PROMs study was in progress and would shortly follow. EY noted that there was a disconnect between National PROMS and NJR PROMS and endorsed the need for a PROMS Strategy to ensure they are joined up which would in turn feed into the overarching NJR Strategy workshop.

AB suggested having an electronic online system allowing people to log in at anytime to input PROMS data, allowing PROMs to be measured in real time instead of set points. ASm requested the view from Wales should be taken into account.

LPF advocated a two step process to resolve as follows*:*

1. *Blue sky thinking-*Set out a vision for what the NJR would like PROMs to look like and be achieving i.e. ideal implementation of PROMs.

2. *Set out the Practicalities-* Obtain member views and draft a document outlining how NJR and national PROMS relate, and where gaps exist, in preparation for the NJR 2018/19 Strategy planning exercise.

Action: Organise collection/collation of member views regarding PROMs and draft a document for consideration ahead of the strategic planning workshop. **CA**

HES/PROMS – IGARD

EY updated members concerning the status of the NJR application to IGARD for HES/PROMS. Although all outstanding questions raised by IGARD had been addressed and the application submitted to and approved by the Pre-IGARD meeting, it had not been recommended for approval by IGARD, with five items requiring review and clarification, of which four had already been resolved. The fifth item, "*The applicant commits to data destruction before any new data can flow",* related to IGARD's concern with regard to patient objections (type 2 opt out) as NJR could potentially use historical data to identify patients who had previously objected. The options for resolution presented by IGARD were:

1. Data is deleted asap and a special condition will be put into the agreement.
2. NHSD release data to Northgate but there is a special condition put into the agreement to clearly state that Northgate will not pass any data onto the University of Bristol until data destruction has been received.

AB noted that the complexity of NJR's work meant it required a minimum of 18 months to receive, clean, analyse and report on data. Additionally, to support UoB's ongoing work and studies in preparation, data would need to be retained as evidence to defend published papers. AB noted that the NJR was previously allowed to keep derived datasets and queried whether derived datasets could be the answer. Under the previous DSA, NJR was permitted to hold more than 1 set of data concurrently with a month's overlap in between. MS noted that David McKinley (HQIP) had been involved with the conversations with NHSD.

LPF acknowledged the need for practical solutions to resolve this issue and advocated discussing with NHSE to understand IGARD's mandate/Terms of Reference; MW advised members that the IGARD Terms of Reference made no mention of giving specific approval to applications rather to provide recommendations for approval. LPF noted that alongside the direct conversation with IGARD, NJR would need to hold a

	conversation with NHSE to outline how IGARD's ruling would restrict NJR's ability to deliver its contractual objectives, undermined service delivery, and impacted on delivering patient safety. LPF emphasised the need to be clear about what the obstacles were and what needed to be done about it. MPo highlighted the disconnect between IGARD and its knowledge of what NJR does and how it uses its data, which appeared to be creating a conflict between the agendas of the two organisations. He suggested there could be a potential danger that IGARD would refuse to furnish the NJR with new data until the old is destroyed. Agreed to pursue option 2 and respond to IGARD accordingly so data could be sent to Northgate as soon as possible. **Actions:** • **Raise with BK on 24th October at A&T meeting** • **Draft paper with NG, MW, AB and MPo's input for LPF's signature, to go to IGARD, outlining the NJR's mandate and use data to perform its role especially in relation to patient safety,** • **MS to communicate with IGARD regarding accepting Option 2**	**EY/LPF** **ER** **MS**
5	**Terms of Reference [ToR]** EY advised it had been two years since last review of the NJRSC ToR and presented an updated version for review. Points for consideration included: a. Bullet point 1 "*Appropriate advice is provided by the Healthcare Quality Improvement Partnership (HQIP) which manages the NJR on behalf of NHS England, on NJR operational and financial matters" did* not align with the "Reporting structure" outlined under section 6. b. TW queried the NJR's function in post market surveillance of implants and RH agreed the ToR required greater clarity in its advisory role particularly with regard to its support of ODEP and Beyond Compliance. LPF proposed the ToR be agreed following review of NJR governance, role and strategic direction for discussion at the Strategy workshop. **Agreed:** **1. Members to submit any comments on the ToR to NJR management team** **2. ToR to be finalised after the Strategy workshop**	**All** **NJR**
6	**NJR Accountability & Transparency Model.** MPo advised that the NJR model had been communicated with key stakeholders and been positively received. A meeting was arranged to present final proposals to Bruce Keogh (BK) on 24th October. The 3 main objectives for the discussion were: 1. Reaffirm the issues that were originally raised with BK in January; 2. Receive sign off of the model to enable planning of a formal launch and communication strategy; and 3. Obtain NHSE assistance with a number of outstanding matters requiring national level support e.g. ensuring implementation of 'surgeon appraisal' proposals as a mandatory requirement within Trusts.	
7.	**PHIN** EY presented a proposal from PHIN to obtain existing NJR data as part of a national collection (i.e. already published by the NJR and available to NHS Choices), for publication on its website. In return, PHIN would share independent sector [IS] activity data, historically difficult to obtain and would sign a reciprocal agreement to this effect. It was confirmed that any information supplied to PHIN would be in the form of official outputs rather than raw data on overall surgeon performance, not particular to an individual hospital. RH noted that access to PHIN data would assist the NJR in	

	unravelling the complexities of data feeds and data quality in the IS and would assist the NJR's ability to measure IS compliance. **Agreed: To accept PHINs proposal and agree a DSA for this purpose**	**NJR**
8.	**NJR 2017/18 Annual Plan: Q2 Performance Update** CA reported on the Q2 Annual Work Plan deliverables. Good progress had been made in all aspects of planned activity for the quarter: 70% of planned deliverables had been completed with 20% still ongoing. Deliverables in amber related to the A&T model to be discussed with BK in the forthcoming meeting, and ongoing tasks related to the DQ Audit were being managed. One deliverable rated red –NHSD data linkage/access Regarding prioritisation and a 'top 10' index, EY proposed that as it was now Q3, delivery of the17/18 annual plan continued to be reported in its present format and the top 10 strategic priorities be agreed as part of the planning workshop to set direction for 2018/19. LPF supported this approach. **Agreed: To set strategic priorities for 2018/19 as part of the planning workshop**	**ALL**
9.	**NJR 2017/18 Risk Register : Q2 Exception Report** CA advised that one risk had been updated to 'red' status since the last meeting, relating to NHSD in view of the recent developments with IGARD.	
10. **10.1** **10.2**	**Finance** **NJR Finance report Q2 (1st July to 30th September 2017)** The finance report was noted by members. EY advised no significant concerns but noted the LOT 3 under spend related to the website development not yet completed. **NJR Subscription Charges** CA updated the committee on NJR subscriptions; the NJR had received 84% of 2017/18 subscriptions to date. 30 Hospitals were yet to raise a purchase order. The position at Q2 was significantly ahead of 16/17 status at the same point last year.	
11 **11.1**	**Update from the NJRSC Sub-Committees** **Executive Committee** Minutes from the meeting held on 27th September were noted. EY advised that the Pinnacle MoM case began in the High Court on Monday 16th October and she would keep the NJREC and NJR SC informed on progress.	
11.2	**Medical Advisory Committee** MPo gave a verbal update on the MAC meeting held on 4th October 2017 and requested RH to provide a GIRFT update at the next meeting. RH advised that the flow of information on GIRFT would become more regular as the programme now had additional resources for improved communications i.e. Newsletters and website.	
11.3	**Data Quality [DQ] Group** Minutes from the meetings held on 5th July and 27th September were noted. EY confirmed that 'embedding' DQ into Trust culture was a priority for the NJR over the next year and a group was to be convened, tasked with designing a model with timescales needed to achieve it. Initial thoughts had focused on automation and UoB and N/gate were to jointly design a method that met with approval. **DQ Audit Years 1-3** RA reported progress as follows. <u>*DQ Audit : year one (14/15)*</u> • 147 out of 149 Trusts had now completed the 14/15 audit; • Kings College and Western HSC Trust had yet to return the initial dataset. EY advised that MP had contacted Kings which appeared to have overarching problems.	**DQG**

	The CQC had been advised and had previously assisted by writing to 7 Trusts which had all responded with the exception of Kings. *DQ Audit: year two (15/16)* *NHS hospitals* • 57 trusts (24%) had submitted their audit tools • 76 trusts (32%) were working on anomalies • 52 trusts (22%) had not yet submitted. • 12 (35%) Audit reports to be created *Independent sector hospitals* (IS) • 25 of 30 hospitals outstanding related to BMI who misunderstood audit requirements and had provided incorrect information. • All audit tools to be collected end of October and reports issued end of November. RH enquired when the IS audit would be concluded. RA advised that it was anticipated that the reports and a document outlining what the information revealed about compliance in the IS, would be finalised towards the end of November. RH indicated his interest and willingness for RNOH to be used as a pilot to model overflow between the IS and NHS Trusts. **Agreed: Ngate to liaise with RH on setting up a pilot scheme** *DQ Audit: Year three (16/17)* The 16/17 audit had commenced and 35 sets of data had been received to date.	**N/gate RH**
11.4	**Editorial Board** JL reported that the NJR Annual Report had been published with interesting analyses of volume data, elbow replacements, ankle replacements and uni knees included for the first time. The report also featured a continuation of ongoing messages, headlines and key in depth studies. JL updated on the BOA annual Conference where the NJR ran a mini theatre featuring a series of presentations which had been videoed and received 16k views to date. The BOA was interested in assisting disseminating media updates more fruitfully next year.	
11.5	**Research Committee** Draft minutes from the meeting held on 11.09.17 were noted. MW confirmed that a significant number of applications were received and reviewed. Operationally, the RSC were going through the process of aligning with the HQIP DARG to process future research applications.	
11.6	**Regional Clinical Co-ordinators [RCC] Committee** Minutes from the RCC Committee held 4th October 2017 were noted. EY noted recruitment was underway to replace 6 RCCs across 5 regions stepping down at the end of their current terms.	
11.7	**Surgical Performance Committee** Draft minutes of the meeting held 17.07.17 were noted and update of 018 report given: PH advised the aim was to finalise all outstanding cases of surgeon and unit outliers before moving to the new process. Seven units had been contacted and were recommended for a BOA review. Of these: 2 units had advised that they had resolved the issues; 3 were considering their position; and 2 had not responded.	

11.8	**Implant Performance & Scrutiny Committees** PH advised he had contacted Implant manufacturers for opinion on the issue of a surgeon mixing and matching components. Manufacturers advised unequivocally that they did not sanction this practice. PH was awaiting a reply from the surgeon/unit.	
12	**Quarterly Statistics Report Q2 [July to 30th September 2017]** The Quarterly Statistics Report was noted.	
13	**Quarterly Management Report Q2 [July to 30th September 2017]** The Quarterly Management Report Q2 was noted.	
14 **14.1**	**Any Other Business** **Beyond Compliance [BC] consent** LPF advised that BC had requested a change in the NJR MDS to allow collection of BC consent due to difficulties in recording this separately and for this to be included in the current MDSv7 development which RA confirmed could be done if agreed by end of 2017. TW advised that BC had a low consent rate, caused primarily by an 8-week delay in consultants uploading information which often meant it did not happen. Inclusion of a tick box on the NJR MDS would assist and allow transfer of data from NJR to BC. LPF noted that this could instigate a patient debate for non BC patients at the point of consent. MPo expressed concern that linking consent for two organisations in one process may inadvertently affect NJR data collection, as it would increase a Data Manager's responsibility, potentially increasing forms lodged in edit stack. EY suggested this request be considered by the MDS Working Group to establish: • If there was any liability issue attached to collecting consent for a third party; • The mechanism for collecting such data; and • Any risk of setting a precedent in collecting third party data. **Action: MDS working group to investigate collecting consent on behalf of BC**	**MDS WG**
14.2	**EMBED** RH enquired about progress with EMBED. RA noted he was working with JL to obtain data on EMBED usage noting the importance of pricing remaining in line with the NHS Purchase Price Index and Benchmark [PPIB]. LPF requested further information. **Action: Provide update to members on uptake and usage of EMBED.**	**RA**
14.3	**Pricing Data: Validation** MG questioned the validity of implant prices reported to the NJR by Trusts, as suppliers were unable to access and/or validate this information. RA informed that access to pricing information could be provided to suppliers, if this was something NJR wished to pursue, but data accuracy remained the responsibility of submitting Trusts. ASm noted that the agenda to make spending across Trusts more visible was an NHSI priority facilitated through PPIB access to purchase order data. RA confirmed that PPIB were looking at PO pricing in English Trusts but that NJR had collected Trust catalogue pricing datasets and was reliant on the accuracy of Trust submissions. **Action: Draft options paper on how suppliers could validate submitted pricing**.	**RA**
15	**Dates for next meeting and 2018.** EY advised that HQIP had requested NJR align its meeting dates with those of HQIP to facilitate the operational planning period. 2018/19 dates for NJRSC and NJREC would therefore be notified as soon as HQIP Board dates had been confirmed.	