

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: Wednesday 26 April 2017
Location:	RCGP. 30 Euston Square, London. NW1 2FB		
Members Present:	Laurel Powers-Freeling	LPF	Chair
	Martyn Porter	MPo	NJR Medical Director
	David MacDonald	DM	Independent Healthcare Sector Representative
	Gillian Coward	GC	Patient Representative via telephone
	Nicholas Wishart	NW	Orthopaedic Implant Manufacturer Representative
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative, Chair, Research Sub-Committee
Co-Opted Members:	Andy Smallwood	AS	NHS Procurement
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Robin Rice	RR	Welsh Government Representative,
	Tim Wilton	TW	Past President BOA [attending on behalf of Ian Winson]
Attendees:	Elaine Young	EY	Director of Operations-NJR, HQIP
	Eve Riley	ER	Associate Director of Research and Governance-NJR, HQIP
	James Ludley	JL	Senior Communications Officer-NJR, HQIP
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Richard Armstrong	RA	Programme Director, Northgate
	Prof Andrew Price	AP	University of Bristol
	Adrian Sayers	AS	University of Bristol [attending on behalf of Ashley Blom]
Minute taker:	Lisa Town	LT	Assistant-NJR, HQIP
Apologies:	Carolina Arevalo	CA	Associate Director-Operations & Contracts-NJR, HQIP
	Hussain Kazi	HK	Orthopaedic Surgeon
	Ian Winson	IW	President, BOA
	Jane Ingham	JI	CEO, HQIP
	Michael Green	MG	Orthopaedic Implant Manufacturer Representative
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I
	Rob Hurd	RH	NHS Management Representative
	Sue Musson	SM	Patient Representative

REF.	ITEM	ACTION
1	<p>Welcome and Apologies for Absence LPF welcomed members and noted apologies as listed above.</p>	
2	<p>Declarations of Interest [DOI] The committee noted the HQIP DoI process. LPF explained that it was now a requirement for all committee & sub committee members, to advise any DOIs in generally to record details on an NJR register but also relevant to committee agendas. MPo advised that if anyone was unsure about a conflict, this should also be declared to avoid doubt.</p> <p>ACTION: Establish an NJR Committee register of member declarations.</p>	NJR
3	<p>Minutes of the Previous Meeting The minutes of the previous meeting [26 January 2017] were approved.</p>	
4	<p>Business Update EY updated the committee on items not covered in the agenda as follows:</p> <p><u>14/10/16 7 - NHSD Data Access-HES/PROMs Collective paper to NHSE regarding ongoing problems</u></p> <p>It was noted that the release of HES/PROMS/ONS data was still pending subject to approval from NHS Digital/DARS, following challenge at final review stage, of the legal basis to send patient identifiable data where there was no corresponding NJR record to link to. Currently the NJR S. 251 supported permits linkage for records where consent was recorded as 'Yes' and 'Not Recorded'. NHSD was not prepared to send NJR all episodes for an application based on a defined set of OPCS4 codes, as it may contain records for which NJR consent was 'No' or where there was no corresponding NJR record. This had necessitated an application to CAG for amendment to NJR's S. 251 support, for review at their meeting on 8/06/17.</p> <p>ACTION: Further to CAG outcome, EY would also pursue escalation to NHSE/ HQIP</p> <p><u>NJRSC Structure & Governance</u> EY noted that recruitment to the vacant NJRSC Surgeon and AHP positions was in progress with DH Appointments.</p>	NJR
5	<p>NJR Accountability & Transparency Model</p> <p>5.1 Work Programme; Development of the Accountability & Transparency Model EY updated the committee on current progress, noting that weekly working group meetings had been arranged with MPo, PH, MP and EY. They had agreed to structure the model into three work-streams; 1) Developing Surgeon Level Appraisal, 2) Surgeon Outliers 3) Unit Outliers. Additional project resource would be recruited to assist with this work and delivery of a detailed model and process charts to NHSE.</p> <p>5.2 Surgeon Level Appraisal MPo briefed on the Surgeon Level Appraisal, advising that the NJR were working towards use of NJR Consultant Level Reports as part of individual surgeon appraisal and consulting fully with the BOA on development of the process. Once agreed, Northgate would add a function to the NJR CF system allowing surgeons to confirm the use of NJR data within their appraisal.</p> <p>AP commented that the Report did not state that it should be used for Appraisals and suggested renaming it as Appraisal Annual Report. DM informed that NHSE were</p>	

	<p>expecting use of all clinical audit data to form part of the appraisal process and suggested adding a function to the NHS Appraisal Tool where clinical staff could confirm data had been downloaded, reflected on and reviewed. Further, although this Appraisal Tool was owned and managed by NHSE, many Trusts did not use it so a mandated process would be required.</p> <p>ACTION: The above items would be added to a list of recommendations to be taken to NHSE as part of the Model proposals.</p>	NJR
5.2	<p>Optimising NJR external communications of Unit Level Data.</p> <p>A meeting between NJR (Powers-Freeling, Porter, Howard, Young) and Winton Centre (Spiegelhalter, Freeman et al) was held to discuss how NJR might enhance its current approach to communicating information and findings to various stakeholders groups, particularly patients and public, in order to support the transparency agenda and help patients gain greater confidence in undergoing their implant procedures.</p> <p>AGREED: to liaise with the Winton Centre once consideration had been given to how separate access to NJR information for patients could best be achieved.</p>	NJR
5.3	<p>Development of a Personalised Health Forecasting Tool for Patients Undergoing Hip or Knee Replacement</p> <p>MW presented progress on the ongoing project to develop a Patient Decision Aid for patients considering joint arthroplasty. It was agreed that a comprehensive look at the NJR communication strategy, including roll out of the PDA and development of a strong, dedicated patient-facing web presence was required, with the patient journey/pathway at its core.</p> <p>It was recommended linking this work with discussions with David Spiegelhalter</p> <p>ACTION: Hold a workshop to determine the priorities, and how to move forward with this initiative to include SC members, representatives from the NJR patient network, Arthritis Care UK, Arthritis Research UK, and the NJR management/communications.</p>	JL/MW/ EY
6	<p>BESS/Shoulders</p>	
6.1	<p>Current Work streams with Shoulders in the NJR</p> <p>AR gave a presentation on current work streams regarding Shoulder Joint replacement and noted :</p> <ul style="list-style-type: none"> • Sub-headings or groupings for the shoulder section of the Annual Report need to be broader and would be amended; • Current analysis of PROMs data showed 8% of patients were unhappy with surgical outcomes; • Work was ongoing with ODEP and Industry colleagues to develop ODEP ratings for shoulder implants by the year end and work would involve PROMs data; 	
6.2	<p>Shoulder PROMs</p> <p>RA presented a Business Case for continuation of Shoulder PROMs.</p> <ul style="list-style-type: none"> • EY noted that the previous pilot for Shoulder PROMs had been agreed on a 3 year basis with BESS reporting initial findings after 2 years and that this was a continuation of that pilot. Also that BESS had contributed to the previous costs. • RA noted that this was a transaction based model with the process and costs remaining the same (excluding the slight increase in postage) as previously; • LPF suggested rethinking the sub working/PROMs economic structure going forward with the possibility of another model in the future; • AS noted concern with the methodology, as follow-up PROMs would be sent to patients who had not completed a pre-operative questionnaire, and therefore a reference point to the analysis could not be given. Furthermore, this project 	

	<p>would focus on outcomes at 3 and 5 year time points, when this was currently only 2 years for other joints. AR explained that this was based on findings from the New Zealand Registry based on year 1 predictors. It was also noted that the amount of Shoulder PROMs at the observational point was low due to the upload of the information. Work on improving this with GIRFT had started with a view to increase Q1 Proms to 75%. AR agreed that the current PROMs outcome was not fit for purpose, due to the issue of sampling and the team were looking at progressive approaches for the future.</p> <p>Agreed:</p> <ol style="list-style-type: none"> 1. To approve the business case to continue shoulder PROMs 2. Outcomes from a Lot 2 PROMs meeting would be presented at the next NJRSC meeting. 	AR/AB
<p>7.</p> <p>7.1</p> <p>7.2 & 7.3</p> <p>7.4</p> <p>7.5</p>	<p>2017/18 Operational Planning</p> <p>NJR 2016/17 Annual Plan The committee noted the final status of the 2016/7 Annual Plan.</p> <p>NJR 2017/18 Annual Plan and Annual Work Schedule The committee approved the Annual Plan 2017/18 and annual work schedule, suggesting a top 10 of priority objectives for performance monitoring purposes.</p> <p>EY reported work would be ongoing during 2017/18 to review and draft an updated NJR 3 year Strategic Plan, as the current plan expired March 2018. LPF/EY agreed to discuss the possibility of organising a workshop in the Autumn to facilitate this process.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • To plan a workshop Autumn 2017 to facilitate NJR strategy review and development • Create a 'top 10' of priority objectives and implement process for a quarterly check of the Work Schedule to monitor progress. <p>NJR 2017/18 Communications Plan The committee approved the 2017/18 Communication Plan, noting that a main focus would be a cosmetic refresh of the NJR website.</p> <p>NJR 2017/18 Risk Register The committee noted and approved the Risk Register.</p>	NJR NJR
<p>8.</p> <p>8.1</p> <p>8.2</p>	<p>Finance</p> <p>NJR Finance Report Q4 [1st January to 31st March 2017] EY reported a recording error in the original paper circulated and tabled a revised version of the Q4 finance report which was noted. LPF requested that price benchmarking be removed from the Finance report, as this was now included in the overall subscriptions and confirmed that the NJREC would consider long-term implications of absorbing the price benchmarking fees.</p> <p>NJR Subscription Charges – 3 year status – 2015-18 EY presented a 3 year subscription comparator, noting a better position when compared to the same period last year, due to pro active management of subscription collection.</p>	
<p>9.</p>	<p>Metal on Metal Litigation EY updated on current work taking legal advice to provide guidance for past and present members participating in legal cases.</p> <p>AGREED: Draft guidance would be issued after NJREC review for NJRSC approval</p>	EY

10.	ODEP Ratings Agreed: Following presentation by RA, the business case for system development to synchronise ODEP Ratings to NJR data was approved.	
11.	Minimum Dataset MP confirmed the Working Group had now agreed the changes to MDSv7, and these would be implemented by the end of the year, with management of issues regarding simultaneous use of both MDS v6 and MDSv7 forms once the changes were live. RA recommended a targeted strategy for communicating this change within Units. AGREED: To plan a communications strategy for implementation of MDSv7	JL/RA
12.	Northern Ireland EY reported on the recent NJR trip to Northern Ireland explaining that: <ol style="list-style-type: none"> 1. Concerns relating to the Data Sharing Agreement, requested from Belfast Trust had now been resolved. 2. Concern had been expressed that NI were not receiving NJR outcomes, but it was noted that this was due to NJR not receiving mortality data to allow record linkage. NI had indicated that there would be a charge for provision of this data which was awaited. 	
13	Update from the NJRSC Sub-Committees	
13.1	Executive Committee Minutes from the extended meeting held on 08.03.2017 were noted.	
13.2	Medical Advisory Committee Draft minutes from the last meeting held on 08.03.2017 were noted.	
13.3	Data Quality Group Minutes from the last meeting held on 15.02.2017 were noted and verbal update of the meeting held on 24.04.2017 was given.	
13.4	Editorial Board The next Editorial Board would take place on the 17.05.2017	
13.5	Research Committee Minutes from the meeting held on the 23.02.2017 were noted.	
13.6	Regional Clinical Co-ordinators Committee Minutes from the meeting held on 23.02.2017 were noted.	
13.7	Surgeon Outlier Committee Draft minutes from meeting held 24.02.2017 were noted. PH informed that the 018 report was due and work on validating Mismatches had commenced.	
13.8	Implant Performance & Scrutiny Committees A verbal update from the last Implant Performance & Scrutiny Committees, held on 24 February 2017 was provided.	
14	Quarterly Statistics Report Q3 [1st January to 31st March 2017] The Q3 Quarterly Statistics Report was noted.	

15	Quarterly Management Report Q3 [1st January to 31st March 2017] The Q3 Quarterly Management Report was noted.	
16	NJR Committee Meeting Schedule 2017 The meeting schedule for 2017 was noted for information.	
17 17.1	Any Other Business LPF gave her apologies for the next meeting	
18	Dates of 2017 Meetings Next Meeting-Tuesday, 18th July 2017, 10:30am-3pm Friday, 13 th October 2017, 10:30am-3pm	