



## NATIONAL JOINT REGISTRY STEERING COMMITTEE

### MINUTES

<b>Meeting:</b>	NJR Steering Committee		<b>Date: Tuesday 15 January 2019</b>
<b>Location:</b>	RCGP - Heritage Room, 30 Euston Square London NW1 2FB		
<b>Members Present:</b>	Laurel Powers-Freeling	LPF	Chairman
	Tim Wilton	TW	NJR Medical Director
	Martyn Porter	MPo	NJR Medical Director (Outgoing)
	Peter Howard	PH	Orthopaedic Surgeon
	David MacDonald	DM	Independent Healthcare Sector Representative
	Gillian Coward	GC	Patient Representative
	Robin Brittain	RB	Patient Representative
	Prof Karen Barker	KB	Allied Health Professional
	Jeff Stonadge	JS	Industry/ABHI
	Sandra Lawrence	SL	Industry/ABHI
	Andy Smallwood	ASm	NHS Procurement
	Prof Mike Reed	MR	Orthopaedic Surgeon
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Rob Hurd	RH	NHS Trust Management - <b>arrived at 11.30</b>
<b>Co-Opted Members:</b>	Matthew Porteous	MP	Chair, Regional Clinical Coordinators & Data Quality Committees
	Khalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
	Robin Rice	RR	Welsh Government Representative
<b>Attendees:</b>	Elaine Young	EY	Director of Operations, NJR
	Jane Ingham	JI	CEO, HQIP
	Chris Boulton	ER	Associate Director of Research & Governance, NJR
	Deirdra Taylor	DT	Associate Director of Communication and External Engagement, NJR
	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [LOT 2]
	Mike Swanson	MS	NJR Principal Consultant, Northgate [LOT 1]
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Nikky Ehinlanwo	NE	Executive Assistant, NJR <b>[Minutes]</b>
<b>Apologies</b>	Prof Phil Turner	PT	President, BOA
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Andrew Price	AP	University of Oxford [LOT2]
	Prof Tim Briggs	TB	Chair, Getting It Right First Time (GIRFT); National Director, Clinical Quality and Efficiency, NHS I

REF.	ITEM	ACTION
1	<p><b>Welcome and Apologies for Absence</b> LPF welcomed new members and noted apologies as listed above.</p>	
2	<p><b>Declarations of Interest [DOI]</b> None</p>	
3	<p><b>Minutes of the Previous Meeting</b> The minutes from the last meeting held on 19<sup>th</sup> October 2018 were approved.</p>	
4	<p><b>Business Update</b> The business activity update provided by EY was noted by members as follows.</p> <p><b><u>ITEM 7: NHSD Data Access – HES/PROMS</u></b> RA and EY updated members on linkage permissions for HES/PROMS data. A letter detailing concerns had been sent to the new CAG Chair but no response had been received. Agreed that JI would introduce CB to a contact in the Health Research Authority. If subsequently there was still no response, a meeting between LPF and the CAG Chair would be arranged. Progress to be reviewed at April NJRSC. <b>Action: Obtain details of contact in HRA from JI in order to progress to a solution.</b></p> <p><b><u>ITEM 18: ISAR – International Prosthesis Library (IPL)</u></b> JS fed back on the ABHI discussion regarding the IPL, owned by ISAR. The ABHI had raised some concerns as follows:</p> <ul style="list-style-type: none"> <li>• Although it was acknowledged that the IPL was a developing catalogue, concerns were that it did not provide all of the detailed datasets needed.</li> <li>• Participating organisations such as the ABHI, Advamed and Med Tech Europe had links with orthopaedic groups and representatives of US companies and as such had a need to reach distinct global players.</li> <li>• The ABHI had voiced a preference for a shared database with a single dataset which would negate the need to upload data twice.</li> </ul> <p>Agreed that RA/PH/TW would attend the next ABHI meeting on Thursday 17 January 2019 to get a better understanding of the issues raised before NJR became involved.</p> <p><b>Action: Attend next ABHI meeting and update details of discussion at the next NJRSC.</b></p> <p>Members agreed terms of use outlined in the proposed MOU were not acceptable and would need to be re-negotiated if the NJR was to consider continuing to contribute to the IPL. In particular, restrictions around data sharing with third parties were felt to be problematic. MW suggested seeking a legal opinion on this. MPo had reassured ISAR that NJR had its own processes and controls and use of data would be restricted along those lines. It was noted however, that the MOU was not legally binding as it simply outlined IPL's intentions. TW advised that industry felt that the NJR was too granular although it was difficult to assess the gaps between the IPL and NJR databases. It was clarified that NJR would offer to make a monetary contribution to IPL, but were unwilling to sign up to the terms of use as currently written. <b>Agreed that it was necessary to understand the different levels of granularity.</b></p> <p>It was suggested that ISAR access to the NJR component database should be licensed. It was noted that NJR had adopted a model that charged a one-off administrative fee of £5K for governance and that RIAP had already signed up. <b>Action: Explore how granularity differed in both the NJR and IPL data bases</b></p> <p><b><u>ITEM 14: Scan4Safety [S4S]</u></b> RA reported on the successful meeting with S4S. Member s agreed that a further</p>	<p>CB/JI</p> <p>PH/RA/TW</p> <p>RA</p> <p>RA</p>

	discussion with S4S was required to explore how the NJR/S4S interface could work <b>Action: Report back on outcome of further discussion with S4S at the April NJRSC.</b>	
5	<p><b>BOA/TORUS Meeting</b></p> <p>LPF fed back the outcome of the November meeting with Stephen Powis (SP), NHSE MD, held to discuss the potential incorporation of TORUS registries into the NJR. SP's vision was for all registries to migrate into one single data base. and gave approval for NJR to progress with initial scoping work, and provide further information on what financial resource would be required to deliver the final solution. Agreed to present back to NHSE end of March 2019. If at that point the proposal was found to be feasible, NHSE would look into possible sources of funding to support its delivery. Agreed that the NJR would work with Moorhouse to conduct the initial feasibility study.</p> <p><b>Action: Initiate the working arrangement with Moorhouse and organise delivery of the initial proposal for presentation to SP in March.</b></p>	EY/NJR
6 6.1  6.2	<p><b>2018/19 Annual Plan Q3 Update</b></p> <p><b>To receive the Q3 Performance Status</b></p> <p>MP updated members on the issue of Data Quality Audit non-consented records. Legal advice was to continue with Data Quality audit pending CAG approval. MP confirmed that on the back of this the 2017/18 Data Quality audit, which had been delayed pending the outcome of the consent issue, would now be rolled out.</p> <p><b>To discuss Priorities for 2019/20</b></p> <p>The HSIB recommendation to NJR, to develop Implant mismatch notification, had been implemented and a new alert system was now in place. NJR had been approached by Scan4Safety and the Department of Health and Social Care to discuss barcode scanning.</p> <p><b>Component Database</b> – The NJR Component Database Working Group had met. Terms of reference for the group had been agreed and PH was to chair the group.</p>	
7	<p><b>NJR Risk Register</b></p> <p><b>2018/19 NJR Risk Register</b></p> <p>CB gave an update on changes to the risk register. A new risk detailing the risk associated with frequent data changes had been added. The constant updates might not only have an impact on resources but also had the potential to cause possible reputational damage if datasets were incorrectly mapped. The NJRSC noted this risk.</p> <p><b>Risk 28</b></p> <p>The MOU between NJR and the Independent Healthcare Providers Network (IHPN) had been discussed and relevant changes agreed with IHPN. Details of IHPN involvement with NJR would be incorporated in the MOU at next update.</p>	
8	<p><b>NJR PROMS Report</b></p> <p>Following a discussion on PROMS at the last NJR strategy meeting in January, a PROMS Working Group had been set-up to outline a PROMS strategy for discussion by the NJRSC. Issues to be addressed were whether to:</p> <ul style="list-style-type: none"> <li>- Deliver an alternative PROM to the existing National PROMS.</li> <li>- Deliver something different such as a PREM</li> <li>- Deliver something more flexible i.e. an IT platform upon which PROMs and PREMs could be delivered</li> </ul> <p>The PROMS working group had met and during discussion had highlighted the lack of the visibility of the national PROMS outputs which was a challenge when trying to encourage patient response. Other issues raised included the cost of collecting and collating patient information. An initial plan to capture patient email addresses via the NJR consent model was broadly supported. DM commented that the independent</p>	

	<p>sector had invested heavily in this and the group were keen to ensure alignment. MW/CB would organise the next PROMS meeting and expand the group to invite DT.</p> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li><b>The NJR PROMS Working Group to explore various options of collating patient data and reports for presentation at the next NJRSC meeting in April.</b></li> <li><b>To speak to patient reps to understand what options might be pursued.</b></li> </ol>	<p>MW/CB</p> <p>MW</p>
<p>9</p> <p>9.1</p>	<p><b>NJR Finance</b></p> <p><b>Finance Report Q3 [1<sup>st</sup> October – 31<sup>st</sup> December 2018]</b></p> <p>LPF gave an overview to members on the NJR's current financial status. The forecast was for a large positive variance at the end of the financial year. The governance position was positive; more staff would be recruited in the current financial year. The budget would be reviewed again at next NJRSC in April</p> <p><b>Action: Table updated budget at next NJRSC meeting in April.</b></p>	<p>EY/All</p>
<p>9.2</p>	<p><b>NJR Subscriptions 2018/19</b></p> <p>EY presented the subscription charge update for the current year 2018/19 noting 97% of subscriptions had been received. Agreed that in the case that smaller independent hospitals did not pay their subscriptions, DM would approach them to establish what the issues were. Discussion took place on whether the subscription fee should be increased in 2019/20. Currently each Trust paid a charge per procedure subject to a minimum charge for 100 procedures. Agreed to discuss further at the February NJREC.</p> <p><b>Actions:</b></p> <p><b>Arrange meeting to discuss subscription charges for small independent hospitals.</b></p> <p><b>Table agenda item for next NJR EC to discuss 2019/20 subscription charge.</b></p>	<p>NJR/DM</p> <p>NJR</p>
<p>10</p>	<p><b>Any Other Business</b></p> <p>None</p>	
<p>11</p>	<p><b>Dates for next meeting in 2019/20</b></p> <p>Friday 26<sup>th</sup> April 2019</p> <p>Monday 15<sup>th</sup> July 2019</p> <p>Thursday 24<sup>th</sup> October 2019</p> <p>Monday 13<sup>th</sup> January 2020</p>	