National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE
MEETING PART 1

MINUTES

Meeting:	NJR Steering Committee		**Date: Monday, 25 January 2021**
Location:	Zoom Conference		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Tim Wilton	TW	NJR Medical Director
	Prof Karen Barker, OBE	KB	Allied Health Professional
	Peter Howard	PH	Orthopaedic surgeon
	Robin Brittain	RB	Patient Representative
	Gillian Coward	GC	Patient Representative
	Jeff Stonadge	JS	ABHI, Orthopaedic Manufacturer Representative
	Sandra Lawrence	SL	ABHI, Orthopaedic Manufacturer Representative
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Mike Reed	MR	Orthopaedic surgeon
Co-Opted Members:	Robin Rice	RR	Welsh Government Representative
	Prof Tim Briggs, CBE	TB	Chair, Getting It Right First Time (GIRFT); National Director for Clinical Improvement, NHSI/E
	Sharon Knight	SK	Medicines and Healthcare Products Regulatory Agency
	Derek Pegg	DP	Chair RCC Committee
Attendees:	Elaine Young	EY	Director of Operations, NJR
	Chris Boulton	CB	Deputy Director of Operations, NJR
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management, NJR
	Deirdra Taylor	DT	Assoc. Director: Communication & Stakeholder Engagement, NJR
	Rebecca Swinson	RS	Assoc. Director: Performance and Business Planning, NJR
	Rachel Godfrey	RG	Research and Governance Manager, NJR
	Jane Ingham	JI	CEO, HQIP
	Richard Armstrong	RA	Head of Health Solutions, Northgate [Lot 1]
	Prof Andrew Price	AP	Professor of Orthopaedic Surgery, University of Oxford [Lot 2]
	Prof Ashley Blom	AB	Head of Medical School, University of Bristol [Lot 2]
	Leeanna Alloway	LA	Executive Assistant to Director of Operations, NJR [Minutes]
Apologies:	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Andrew Smallwood	AS	NHS Procurement
	Mike Swanson	MS	Principal Consultant, Healthcare, Northgate [Lot 1]

REF.	ITEM	ACTION
1.	**Welcome and Apologies for Absence** LPF welcomed members to the meeting and noted apologies from Mark Wilkinson, Andrew Smallwood and Mark Swanson.	
2.	**Declarations of Interest** None were declared.	
3.	**Minutes of the Previous Meeting** The minutes of the last meeting on 29 October 2020 were agreed as an accurate record.	
4. **4.1** **4.2**	**Business Update** Members noted the following business updates not elsewhere on the agenda: **Scan4Safety:** RA reported that University Hospitals of Derby had re-engaged following delays due to COVID-19. They were now keen to begin interfacing S4S and actively using the implant validation interface that had been developed and he confirmed there were a number of calls/meetings planned. TW advised he would be involved to help inform broader discussions about the Medical Devices Information System (MDIS). **Action: Provide update at the next NJRSC meeting**. **NJR Benefits:** AB confirmed work continued on producing the publication.	 **RA**
5.	**Development of Medical Device Registries-NJR/TORUS National MSK Registry** LPF updated the committee on the NJR/BOA/GIRFT meeting held on 24 November 2020 with Stephen Powis (SP), National Medical Director, NHS England, to discuss progressing the NJR/TORUS proposal for a National MSK registry as a pilot for wider national device registry development post Cumberlege. She noted that the proposal had been supported in principle by SP as an appropriate approach for bringing registries together. It was agreed a 'pitch' document should be developed to provide more context and EY confirmed this was currently being drafted with NJR, BOA and GIRFT representatives, ahead of a further meeting that had been offered by SP in the New Year. TW noted that NJR could be used as an example of a functioning registry to help inform other registries in development. SP had specific interest in outcomes and outcome measures, but plans for wider database development was only to register patients with implants, rather than measure outcomes. The 'pitch' document would therefore provide an opportunity to set out the data NJR measured and outcomes that were produced, to demonstrate the capacity and capabilities of how NJR interpreted the data. MR noted that Cumberlege had highlighted the fact there was nowhere for patients to report adverse events and this should also be considered. SK suggested that when thinking about collecting/recording adverse events from patients, what would happen to the information afterwards should be taken into account. Manufacturers were mandated to report such information to the MHRA and use it to improve their products. AB advised that while some adverse events had been examined in studies connected to HES data, greater routine examination of HES for these events could be considered. BH noted that following the meeting with SP, he had attended a GIRFT meeting and advised it was likely the best practice tariff will continue.	

6. **6.1**	**NJR Annual Plan Update** **Update on items that had a Red RAG rating noted as follows:** <u>Implementation of sublicensing of linked NJR/PROMS/HES data (deliverable 1.3.1)</u> This deliverable had been delayed due to difficulties obtaining NHS Digital approvals. Progress was being made, with a final proposal being reviewed by IGARD this month. CB noted that investigating potential possibilities to link with Welsh data was on hold pending implementation of sublicensing of NJR and HES data. <u>Pilot PREMs collection to determine feasibility of ongoing collection (deliverable 1.4.1)</u> The platform to capture patient contact details, for delivery of PREMS electronically to patients, had been developed, albeit with an extremely low uptake of email collection from patients. A hospital exercise to identify cause had been conducted and indicated various reasons, such as patients unable to include details on the consent form, or hospitals unaware of the pilot to collect the data. A decision had been taken to change the process, with the email address being obtained directly from records hospitals already held, rather than patients writing it onto the forms. CB confirmed no GDPR risk was involved, as patients would still need to give consent via the consent form. Noted that the project had been deferred to the 21/22 Annual Plan. **Update on other Key deliverables noted as follows:** <u>Complete 18/19 and 19/20 DQ Audit-hip and knee using automation (deliverable 1.1.5)</u> CB reported good progress with the DQ Audit, with only 100 units left to on-board. He noted half of all units had uploaded their data for 18/19 and a third for 19/20. It was anticipated that by the end of financial year all units would have been recruited. <u>Complete 1st Iteration stage of the Beta phase development (deliverable 8.1.1)</u> CB noted this work focused on reporting for clinicians. User tests had been conducted, and the system 'soft launched' to a cohort of surgeons ahead of full roll out by year-end.	
6.2		
7.	**2020/21 Risk Register Q3 Update** CB reported no item on the Risk Register had been re-scored since Q2. LPF reassured members that in spite of an impact to finances due to the COVID-19 crisis, the NJR had been very cautious by reducing expenditure and maintaining sufficient reserves to ensure all current financial obligations/commitments could be met.	
8.	**International Collaboration-Implant Classification Data Base and incorporation of the ISAR Implant Prosthesis Library into the NJR/EPRD/ structure** TW updated members on recent meetings with NJR, EPRD and ISAR as follows: a. An agreement between NJR and EPRD had been signed off by the EPRD Board; b. The issue of having a single global implant classification system remained an important item, and industry had made clear they wished to have a single point of data entry, a matter which continued to be discussed; c. ISAR agreed they would adopt the NJR/EPRD classification system, for hips and knees only at this stage; d. Agreed, subject to verification by NJRSC, that ISAR could be licensed to use the NJR/EPRD classification structure for a nominal license fee, in theory meaning if in the future there was to be a single populated database housed by ISAR, NJR could access/use at no cost; e. Industry had accepted that if ISAR were to use the NJR/EPRD structure, that for legal reasons they must continue to enter their data in Germany to EPRD directly and not by a third party; f. As the NJR had undertaken substantial work and were significantly advanced with data upload, work should continue until a master database was developed;	

	g. Issues of sublicensing to ISAR dependent registries was still under discussion; h. The cost of licensing/sublicensing was still under discussion. ISAR had agreed this would not be used for monetary gain. It was deemed reasonable for a charge to be levied for associated administrative and legal costs; and i. A further NJR/EPRD/ISAR meeting was being scheduled for early March. SL noted there were queries from US colleagues regarding the need for repeated submission of data from industry into multiple systems. AB expressed concern around how the accuracy of the component information entered by manufacturers was assured as anomalies had been identified when NJR data was reported. RA noted that Northgate worked directly with manufacturers to check the component information uploaded, but he would review this to provide re-assurance.	
9	**Update from the NJRSC Sub-Committees**	
9.1	**Circulation of Committee Minutes Previously Reported** The following minutes were received and noted: • 29 September 2020 Editorial Board • 15 October 2020 Data Quality Committee • 05 October 2020 RCC Committee	
9.2	**Executive Committee** Draft minutes from the meeting held 1 December 2020 were received and noted.	
9.3	**Editorial Board** DT presented members with a proposal to change the NJR's 'tone' in the Annual Report and on the website, as currently it was considered formal and perhaps outdated. She requested the committee's approval to adopt a more engaging tone, including use of the active voice ('we') as standard. AR noted a preference amongst his colleagues for a simplified version of the Annual Report, using infographics to provide an easy overview for clinicians and patients alike. DT confirmed that simplifying the messaging was already being addressed, both the patient guides and web site development to include the use of infographics. **Agreed:** • **The NJR should adopt the recommended change of tone, which LPF noted should be universal, and used in all NJR communications.** • **Use of infographics to be considered for the AR, patient guides and web site.**	**EB/DT** **Comms**
9.4	**Surgical Performance Committee** Draft minutes from the meeting held 8 December 2020 were received and noted. PH noted that on the latest data cut and review of data to August 2020, COVID-19 had not significantly affected outliers. There were no major concerns, and of those surgeons and units identified as outliers, the data had been trending in that direction prior to the pandemic. A 'softer' approach had been taken with handling both unit and surgeon outliers during the pandemic, with outliers being given longer to respond.	
9.5	**Implant Scrutiny Committee** PH reported that an ISC working group had been investigating the potential to use an alternative methodology for implant outlier analysis. It was noted that currently PTIR was used but as this was not picking up all issues, the use of Kaplan Meier was being considered. Further consultation would be undertaken with key stakeholders.	

	PH noted that work investigating implant branding had been undertaken and going forwards implant analysis may need to subdivide implants further.	
9.6	**Research Committee** Draft minutes from the meeting held 14 December 2020 were received and noted.	
9.7	**Data Quality Committee** TW provided verbal update of the meeting held 18 January 2021 as follows: a. DQ audit automation was progressing; b. The committee continued to engage with specialist societies and industry to correct issues with some of the component data; c. Specialist societies had raised the issue of recording dual surgeon operating. Surgeons involved in dual operating procedures would like these to count as part of their surgical volumes recorded within the NJR. Agreed that in the long term, the issue would be handled through the upcoming review of the MDS and in the short term, a mechanism to provide surgeons with details of their dual operating volumes was proposed for inclusion in 2021 CLRs. **Actions:** • **Include the issue of dual operating procedures in the next iteration of MDS** • **Include surgeon details of dual operating volumes in the 2021 CLRs**	**TW/CB** **RA/YG**
9.8	**Medical Advisory Committee** Draft minutes from the meeting held 7 December 2020 were received and noted.	
10.	**Quarterly Statistics Report** The QSR for Q3 was received and noted.	
11.	**Quarterly Management Report Q3** The QMR for Q3 was received and noted.	
12.	**Any Other Business** None.	
13.	**Date of Next Meeting** Tuesday, 20 April, 10:30 via Zoom (LPF noted this would be her last meeting) The NJR 2021 meeting schedule was circulated to members for information.	
	END OF MEETING PART 1 **Representatives of Lot 1 and Lot 2 [AP, AB, RA] left the meeting.**	