

## NATIONAL JOINT REGISTRY STEERING COMMITTEE

### MINUTES

<b>Meeting:</b>	NJR Steering Committee		<b>Date: Monday 13 January 2020</b>
<b>Location:</b>	Dale Meeting Room, Welcome Trust, 183 Euston Road. London. NW1 2BE		
<b>Members Present:</b>	Tim Wilton	TW	NJR Medical Director [Acting Chair]
	Prof Karen Barker	KB	Allied Health Professional
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Peter Howard	PH	Orthopaedic Surgeon
	Prof Mike Reed	MR	Orthopaedic surgeon
	Robin Brittain	RB	Patient Representative
	Gillian Coward	GC	Patient Representative
	Jeff Stonadge	JS	Orthopaedic Implant Manufacturer
	David Macdonald	DM	Independent Healthcare Provider Network
	Sandra Lawrence	SL	Industry/ABHI
<b>Co-Opted Members:</b>	Khalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
	Robin Rice	RR	Welsh Government Representative
	Don McBride	DM	BOA President
	Andy Smallwood	AS	NHS Procurement
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators & Data Quality Committees
<b>Attendees:</b>	Elaine Young	EY	Director of Operations, NJR
	Chris Boulton	ER	Deputy Director of Operations, NJR
	Deirdra Taylor	DT	Assoc. Director of Communication & Stakeholder Engagement, NJR
	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [LOT 2]
	Mr Michael Whitehouse	MWi	Reader in Trauma and Orthopaedics, University of Bristol [LOT 2]
	Mike Swanson	MS	NJR Principal Consultant, Northgate [LOT 1]
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management
<b>Apologies:</b>	Laurel Powers-Freeling	LPF	Chairman
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Prof Tim Briggs	TB	Chair, Getting It Right First Time (GIRFT); National Director of Clinical Improvement for the NHS
	Prof Andrew Price	AP	Professor of Orthopaedic Surgery, University of Oxford [LOT 2]
	Jane Ingham	JI	CEO, HQIP
	Rob Hurd	RH	NHS Trust Management

REF.	ITEM	ACTION
1.	<p><b>Welcome and Apologies for Absence</b>            TW noted apologies including those on behalf of LPF who was unwell. He advised that in her absence he would act as Chairman for the meeting and welcomed members, particularly Don McBride, BOA President, to his first meeting.</p> <p>TW also advised members that:            Professor Karen Barker had been awarded an OBE in the New Year Honours. Members congratulated Professor Barker on her achievement.</p> <p>The NJR had reached 3 million records on 16 December 2019. The hospital involved had been congratulated and the staff and the patient were pleased to receive recognition. Members shared a cake commissioned to mark this important milestone.</p>	
2.	<p><b>Declarations of Interest</b>            None</p>	
3.	<p><b>Minutes of the Previous Meeting</b>            The minutes from the last meeting held on 24 October 2019 were approved.</p>	
4.	<p><b>Business Update</b>            Members noted the following business updates not dealt with elsewhere on the agenda:</p> <p><b><u>Item 2: Scan4Safety</u></b>            RA reported that the S4S/ NJR user interface that would allow units to validate implant combinations had been tested and piloted at Derby with positive results. Developing the NJR interface for mobile phones was still in progress with a view to it being ready in May for a soft launch then nationally available by summer 2020.</p> <p><b><u>Item 4: NJR Benefits schedule</u></b>            CB reported that the Benefits Working Group had recently met and agreed to produce two documents as follows: a) a two-page summary of benefits for review in the new financial year and b) a list of benefits aimed at CEOs to demonstrate value for money, for review by RH and inclusion with the 2020/21 subscription letters.</p> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>1. <b>Produce a summary of NJR benefits for review in the new financial year.</b></li> <li>2. <b>Produce a list of NJR benefits for RH review and inclusion with subscription letters to Trust CEOs.</b></li> </ol> <p><b><u>Item 5: Dr Foster – ‘My Practice’ Surgeon Platform – links with NJR systems</u></b>            EY noted that this item had been on the business update since 2016 but not progressed because of other priorities. It was agreed to discuss outside of the meeting to decide whether to either pursue or abandon the work.</p> <p><b>Action: Arrange discussion to decide whether to progress this item.</b></p> <p><b><u>Item 6: NJR Component Database international licensing</u></b>            CB reported that following a number of issues with EPRD, securing a headline agreement was now imminent and once in place would allow for sublicensing.</p> <p><b>Action: Further details to be taken to the NJREC for consideration.</b></p> <p><b><u>Item 10: Contract re-procurement</u></b>            CB reported that an initial meeting on contract re-procurement had been held earlier that morning. It was noted that the Lot 1 and Lot 2 contracts would be tendered at the</p>	<p>MW/AB            NJRMT/RH</p> <p>CB/AP/TW</p> <p>CB</p>

	<p>start of August and development of the contract specifications would need to be finalised by the end of June.</p> <p>To facilitate this work, a specification development meeting was planned for March to enable interested parties and key stakeholders to have an opportunity to review and comment on draft specifications and deliverables.</p> <p><b>Action: Circulate a contract re-procurement timetable</b></p>	CB
5.	<p><b>NJR/TORUS</b></p> <p>EY updated members on progress with NJR/TORUS reporting that LPF had written to Hugh McCaughey [HMc], National Director of Improvement, NHSI, about arranging a meeting to discuss the proposal to develop a national MSK registry and seek financial support to progress this. It was noted that a positive response had been received from HMc office to pick the matter up after Christmas and from copy recipients Celia Ingham-Clark and Tim Briggs, NHSI, suggesting that an approach also be made for a meeting with Ben Showers, Head of Digital Transformation, and NHSX. EY confirmed she would follow up on these contacts</p> <p><b>Action: Contact HMc and BS to organise meetings with the NJR/BOA</b></p>	EY
6.	<p><b>Development of a system-wide Medical Device Assessment Process</b></p> <p>EY referred to the paper outlining arrangements to develop a system wide medical device assessment process. Led by DHSC and Supply Chain, this was expected to form an integral part of the wider system response to the recommendations of the Cumberlege Review due to report in March. She noted that the NJR had been invited to join senior stakeholders from NHSE, NHSI, MHRA, NICE, GIRFT, ODEP and Beyond Compliance, at an initial governance meeting on the 27<sup>th</sup> January, which she and TW would attend. Four Task and Finish Group meetings would follow, which would include wider stakeholder involvement. Members would be kept updated and EY and TW would ensure appropriate NJR involvement in the Task and Finish groups</p> <p><b>Action: Keep NJRSC updated and organize NJR/BOA attendance at task/finish groups</b></p>	EY/TW
7.	<p><b>Indemnity</b></p> <p>CB noted a paper on the issue of indemnity, which he had produced with legal advice, following a number of questions from members on this matter. He referred in particular to paragraph 6 which stated that an 'Insured' is any past, present or future officer, director, Trustee, governing body member, committee member, council member, governor, employee, leased employee, temporary employee or volunteer of the Organisation. TW clarified that cover was for accidental negligence and excluded cover for deliberate malfeasance.</p>	
8.	<p><b>National data opt-out</b></p> <p>CB informed members that all health and care organisations were required to be compliant with the national data opt-out policy by April 2020. NJR would however continue to be covered under section 251. Although at face value, only 0.14% of NJR's records would be lost as a result of applying national opt-out, there was potential disruption for receipt of data from units.</p> <p>CB also noted that the workload associated with this was disproportionate and proposed that a submission was made to CAG to support continued processing of data for opted-out patients. He noted that he was in the process of writing the application</p> <p><b>Action: Keep members informed of developments.</b></p>	CB
9.	<p><b>2019/20 Annual Plan Q3 Update</b></p> <p>CB noted the following items in the Q3 Annual Plan update not discussed elsewhere on the agenda:</p>	

	<p><b>Implementation of sublicensing (Deliverable 1.3a/1.3b)</b> Progress to implement sublicensing of linked NJR/PROMS/HES data remained red. Some progress had been made with REC and CAG permissions, but NHS Digital applications remained pending and this is not expected to resolve during 2019/20.</p> <p><b>NJR PROMS Working Group (Deliverable 1.4d/1.4e)</b> MW advised that a pilot of NJR delivered PREMS would be delivered in 2020 that would involve the capture of the patient email address at point of consent and subsequent delivery of an NJR-led post discharge PREM electronically. The evaluation for this work was expected to be delivered in the 2020/21 annual plan.</p> <p><b>Further Development of Patient Decision Aid (Deliverable 9.3c)</b> MW advised that further development of the NJR Patient Decision Aid had been impacted by delays in the release of data to the University of Sheffield. The data transfer had now been completed but there would be a downstream impact on the analysis programme. This deliverable would continue into the 2020/21 annual plan.</p> <p><b>Upgrading the NJR IT Platform: beginning beta phase development (Deliverable 8.1b)</b> CB advised that IT platform Beta phase development proposal had been reviewed by an independent IT specialist with a satisfactory outcome. The proposal was now expected to proceed to implementation following contract variation.</p>	
10.	<p><b>NJR Risk Register Q3 Update</b> CB drew attention to a new risk related to a lack of progress in agreeing a Deed of Variation (DoV) to ensure that the NJR Lot 1 contract was GDPR compliant. HQIP, as data controller for NJR, had taken the position that any other DoVs to the Lot 1 contract could not be approved until it was satisfied that the Lot 1 contract was GDPR compliant and had a variation in place to that effect. This had resulted in a backlog of DOVs and associated work would be delayed until resolution.</p> <p>A detailed review of the GDPR amendment had been undertaken by NJR and HQIP and a mutually agreed position taken on all Lot 1 challenges to the variation terms. The contract had been returned to Lot 1 and importance of rapid resolution emphasised.</p> <p>RA noted that from Northgate's perspective the set of words in the DoV applied a level of interpretation of the law that Northgate did not accept. He noted that although Northgate had challenged some of this wording, outstanding areas of contention were now fewer. CB noted he was discussing the matter with HQIP as a priority and if a mutually agreed position was not agreed, the matter would go to arbitration.</p> <p><b>Action: NJREC would be advised if progress remained stagnant.</b></p>	CB
11.	<p><b>NJR Website Development</b> DT presented plans for the development of the NJR website, setting out the problems with the current site that had necessitated the work. She advised that she would be sending members a questionnaire for their input and added that project timescales had also been aligned to the NJR committee schedule, to allow all members the opportunity to feed into the process.</p> <p>MW asked if there was a plan to combine the two NJR Websites (Online Report and NJR Centre). DT noted that for reasons of functionality, the two sites would remain separate, but there would be better signposting and coordination between the two. DM enquired about costs for the development. DT stated that various procurement options were being considered that would determine precise costs, but a provisional budget of £35K had been allocated for this work.</p>	

<p><b>12.</b></p>	<p><b>Index Implant Pricing</b>  RA gave a presentation on tracking implant price changes over time in response to a previous request by the NJREC to establish how the NJR could price data. He noted: a) that NJR advice around data entry did not recommend recording screws that had led to inconsistencies in recording, and b) an issue around multiple components being used in an implant while the item was only being scanned in once.  <b>Agreed: the advice around inclusion of screws would be reviewed as part of MDS8</b></p> <p>The Committee asked that RA review the detail and provide a narrative to accompany the data. RA explained that the plan was to include the information on the public-facing website. Charts were to be related to the NJR as a whole with no subdivision  <b>Action: Revise detail and produce a narrative and methodology to accompany slides.</b></p>	<p>RA/NJRMT</p> <p>RA</p>
<p><b>13.</b></p>	<p><b>Update from the NJRSC Sub- Committees</b></p>	
<p><b>13.1</b></p>	<p><b>Surgical Performance Committee</b>  Draft minutes of meeting held on 4 November 2019 were received and noted.</p> <p>DM raised the issue of consistency of advice on implants issued to independent hospitals where GIRFT was recommending fully cemented THRs in over 70s to the independent sector but BPT also allowed hybrid implants for NHS patients.</p>	
<p><b>13.2</b></p>	<p><b>Executive Committee</b>  Draft minutes of the meeting held on 4 December 2019 were received and noted.</p> <p>JS requested clarification around any cost to manufacturers using robotic surgery to include a question on their robotic surgery equipment mid MDS cycle. MP noted that a charge would apply to include information mid cycle, but it would be included in the next MDS cycle at no charge.</p>	
<p><b>13.3</b></p>	<p><b>Research Committee</b>  Draft minutes of the meeting held on 9 December 2019 were received and noted.</p> <p>MW reported progress had been made with the annual research plan albeit slow and testing of the Data Access Portal had commenced with some applicants, pending a wider rollout once outcomes data becomes available.</p>	
<p><b>13.4</b></p>	<p><b>Data Quality Committee</b>  Draft minutes of the meeting held on 17 October 2019 were received and noted.</p> <p>MP gave a verbal update on the meeting held 6 January 2020. He reported that piloting of data quality automation had started in a cohort of NHS and independent sector units. Further cohorts of units would now be recruited and full rollout of automation was scheduled for completion by 31 March 2021. He noted that the next MDS update [v8] would include all hip and knee operations even if they were not revisions</p> <p><u>Farewell and Thanks to MP Leaving NJR</u>  TW announced that MP was stepping down from the NJR and his role as Chairman of the RCC and DQ Committees at the end of March and noted that this would be his last NJRSC. He formally thanked MP for his long service and outstanding commitment to the NJR, which had been greatly valued. Members added their thanks and best wishes.</p>	
<p><b>13.5</b></p>	<p><b>Regional Clinical Co-ordinators Committee</b>  Draft minutes of the meeting held on 17 October 2019 were received and noted.</p>	

14.	<b>Quarterly Statistics Report Q2 [1 July – 30 September 2019]</b> The Q2 Quarterly Statistics Report was noted	
15.	<b>Quarterly Management Report Q3 [1 October – 31 December 2019]</b> The Q3 Quarterly Management Report was noted	
16. 16.1	<b>Any Other Business</b> <b>Best Practice Tariff [BPT]</b> JS mentioned the current consultation on BPT. EY noted that the NJR had not been invited to comment and nor had the BOA in spite of concern about the inclusion of additional wording in the policy regarding cemented/uncemented hips and reference to ‘better outcomes’. It was agreed to liaise with the BOA on the consultation and the possibility of providing a joint response <b>Action: NJR/BOA to liaise on BPT consultation</b>	TW/EY
17.	<b>Date of next meeting</b> Friday, 3 April 2020	



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WEBSITE\_DT\_Present