

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: Thursday 29 October 2020
Location:	Zoom Conference		
Members Present:	Tim Wilton	TW	NJR Medical Director (Acting Chair)
	Prof Karen Barker	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
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
Co-Opted Members:	Robin Rice	RR	Welsh Government Representative
	Andrew Smallwood	AS	NHS Procurement
Attendees:	Elaine Young	EY	Director of Operations, NJR
	Chris Boulton	ER	Deputy Director of Operations, NJR
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management, NJR
	Jane Ingham	JI	CEO, HQIP
	Richard Armstrong	RA	Head of Health Solutions, Northgate [Lot 1]
	Mike Swanson	MS	Principal Consultant, Healthcare, Northgate [Lot 1]
	Prof Andrew Price	AP	Professor of Orthopaedic Surgery, University of Oxford [Lot 2]
	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [Lot 2]
	Nicola Daisie	ND	Operations Manager, Performance and Business Planning, NJR [Minutes]
Apologies:	Laurel Powers-Freeling	LPF	Chairman
	Prof Tim Briggs, CBE	TB	Chair, Getting It Right First Time (GIRFT); National Director for Clinical Improvement, NHSI/E
	David Macdonald	DM	Independent Healthcare Provider Network
	Sharon Knight	SK	Medicines and Healthcare products Regulatory Agency
	Rebecca Swinson	RS	Assoc. Director: Performance and Business Planning, NJR
	Deirdra Taylor	DT	Assoc. Director: Communication & Stakeholder Engagement, NJR

REF.	ITEM	ACTION
1.	<p>Welcome and Apologies for Absence TW welcomed members to the meeting, and passed on LPF’s apologies. He made reference to LPF’s letter of the 26th October, informing members that she would be ‘retiring’ from her role as NJRSC Chairman at the end of March 2021, which would be discussed later in the agenda.</p> <p>The apologies listed above were noted.</p>	
2.	<p>Declarations of Interest None were declared.</p>	
3.	<p>Minutes of the Previous Meeting The minutes of the last meeting were agreed as an accurate record.</p>	
4.	<p>Business Update EY led an update on actions of previous meetings and matters arising as follows:</p> <p>4.1 Development of Medical Device Registries: To be discussed under agenda item 5.</p> <p>4.2 Scan4Safety: RA reported that at the request of the University Hospitals of Derby and Burton NHS Foundation Trust, work with the Trust on the Scan4Safety project had recently resumed, after being put on hold due to the impact of COVID-19. RA advised that there were two strands to the work a) interfacing data from Scan4Safety systems into the NJR, and b) integrating the implant scanning application-programming interface (API) as a real time safety check within the Scan4Safety system.</p> <p>In response to TW’s, query as to whether the product would allow Trusts to access the NJR database when offline, RA advised that the two offerings would be either an online connection via the NJR API, or use of the implant-scanning app currently in development.</p> <p>4.3 NJR Benefits Schedule: AB and MW advised that work to outline the quantifiable benefits of the registry for publication was not yet complete. MW advised on expansion of the scope of the work, with AB leading on manuscript output on NJR benefits, and MW leading on outputs on NJR’s work on data quality.</p> <p>4.4 Engagement with NHSI National Clinical Improvement Programme [NCIP]: The committee discussed closing the action, as members had been unable to establish contact with the NCIP team. JI informed the committee that the NCIP steering group had been stood down from all activity in August 2020, and did not have a date for resuming its work. The committee agreed to close the action. TW requested JI to inform HQIP’s Medical Director and NCIP steering group member Professor Danny Keenan that NJRSC would be happy to re-engage with the committee once NCIP resumed its work.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Close action on business update schedule • Inform Danny Keenan, that NJRSC were happy to re-engage with the NCIP steering group once NCIP resumed its work. 	<p>NJRMT JI</p>

5.	<p>Development of Medical Device Registries NJR/TORUS proposal for a National MSK Registry EY reported that the NJR and BOA had jointly written to the TORUS registries, to update them on progress with the proposal for a national MSK Registry, and advise that there may be opportunities to pursue the proposal in the context of medical device registry development post Cumberlege. As such, a further meeting had been requested with Professor Stephen Powis, National Medical Director, NHSE to discuss whether the MSK Registry proposal could serve as a ‘pilot’ to broaden device registry development nationally. A meeting date was currently being arranged.</p> <p>NJR/NHSX collaboration on the development of national device registry strategy It was noted that NHSX were keen to explore the NJR operating model as a blueprint for wider device registry development, and were seeking funding to develop the work.</p> <p>The NJR had sought clarity from NHSX on whether it should continue to develop the IT platform and invest funding for this purpose, or not if it conflicted with other planned national activity. RA had met with Scott Pryde at NHSX to present the detail of the NJR IT platform development and he had been impressed with the work and confirmed that NJR should continue with this development.</p> <p>RR asked what the device registry development plans were for countries outside of England. EY and TW had not received clarity on that, but EY would raise with NHSX / NHSE. Discussion followed on the need to consider the other UK nations and territories included in NJR as part of any development. Action: Seek clarity on device registry plans for the other UK countries and territories that were part of the NJR.</p> <p>In response to MW’s question about funding that could be expected to accompany the Medicines and Medical Devices Bill for the development of implantable device registries, JI advised that the most recent implantable devices steering group meeting had been informed that a funding bid had been submitted to the spending review for this purpose.</p>	EY/TW
6.	<p>NJR 2020/21 Annual Plan Q2 progress update [1st July to 30th September 2020] Paper C detailed progress against Annual Plan deliverables for Q2 2020/21. CB provided a verbal update on the following areas:</p> <p>Data Quality 50% of units were now on-boarded to the data quality automation programme. The NJR was on course to have on-boarded the remaining units by the end of the 2020/21 financial year. Ankle, shoulder and elbows were also now implemented on the system.</p> <p>Implementation of sublicensing (Deliverable 1.3.1) The deliverable still had a red RAG rating due to ongoing delays in obtaining the necessary approvals from NHS Digital [NHSD] but CB and MW were making progress. Discussion followed on the broader implications of challenges accessing NHSD data in respect of a national device database and associated registries.</p> <p>Investigate opportunities for sublicensing of PEDW data (Deliverable 1.3.2) The deliverable was on hold pending resolution of NHSD sublicensing.</p> <p>Identification of implant outliers for shoulder arthroplasty (Deliverable 1.5.3) Initial discussions had taken place at the Implant Scrutiny Committee [ISC] and would be considered further, with a recommendation being in place by end of Q4. Noted that there were challenges around revision being an appropriate endpoint to profile the outcomes of shoulder surgery.</p>	

	<p>Following AR's question on how the work was progressing, PH provided a brief update, and explained this work was currently with a sub-group of the ISC. AR thought they were some way off being able to do formal shoulder implant outlier analysis and suggested that membership of the sub-group could be expanded, and he would pick this up with member Jonny Rees.</p> <p>User interface for Implant validation (Deliverable 6.1.3) RA had updated the committee on Scan4Safety under agenda item 4. The outstanding contracting activity had been completed. Interface development was to continue with roll out anticipated in Q3 and Q4. Data sharing governance and a cost recovery plan was being drafted for submission to NJREC.</p> <p>IT Platform Beta Phase 1st iteration (Deliverable 8.1.1) Development was ongoing. Positive feedback had been received from surgeons following a demonstration of the platform. A soft launch was planned in January 2021 and main launch in Q4. Work on iteration 2 would commence before iteration 1 was fully rolled out.</p> <p>Preparation and publication of the NJR Annual Report (Deliverable 9.1.1) This deliverable had been completed. CB congratulated MR, DT and the rest of the Editorial Board for their work on the 17th NJR Annual Report. This was echoed by TW, who also thanked the University of Bristol for their work, in producing the report in difficult circumstances. EY also congratulated the Editorial Board on producing the NJR's virtual BOA presentations.</p>	AR
7.	<p>2020/21 Risk Register Q2 Update CB advised that no new risks had been recorded in Q2 and no risks had changed likelihood or impact score. CB highlighted the following key issues: Risk ID 20 External approvals -this had been discussed under agenda item 6. Risk ID 14 Funding -the risks associated with the impact of COVID-19 on the reduction in subscription payment amounts would be discussed in Part 2 of the meeting.</p> <p>MR advised that Best Practice Tariff [BPT] was to finish at the end of Q4. The committee discussed the impact of the 2021 removal of the BPT on NJR data completeness. SL informed the committee that she had raised the issue in an NHSI tariff workshop, which had taken place week commencing 26th October 2020, and briefly described the planned new tariff structure in which quality incentives are set at a CCG level. Discussion followed on how a national expectation could be obtained if tariffs were to be set locally, and what levers could be used to incentivise hospitals to work to achieve data completeness. MR suggested the issues relating to the way the BPT would work, should be fed into the NHSI working group. EY requested to speak with SL about the issues outside of the meeting, before feeding into relevant groups about considering the impact on the NJR as part of the new tariff design.</p> <p>Action: EY to arrange to discuss the BPT plans with SL.</p>	EY/SL
8.	<p>Update from the NJRSC Sub-Committees</p>	
8.1	<p>Executive Committee Minutes of the 3rd September 2020 meeting were noted. TW highlighted that minute ref. 6, on NJR inclusion criteria for Minimum Dataset Version 8, would be a significant change that would affect the NJR's current remit and as such would require higher-level support to take forwards.</p>	

8.2	<p>Editorial Board [EB]</p> <p>The minutes of the 3rd July 2020 meeting were noted.</p> <p>Following the 29th September 2020 meeting, MR advised that the EB were working on business as usual tasks, including working towards next year's NJR Annual Report [AR]. He thanked the committee for the positive feedback received on the production and delivery of the online AR and the virtual BOA Congress presentation. He advised that if possible, the AR launch at a face/face BOA conference was a better option, in view of the reduced number of downloads of this year's 'digital only' report following the online 'virtual launch' indicating a lower level of engagement than previous years.</p>	
8.3	<p>Surgical Performance Committee</p> <p>The minutes of the 16th June 2020 meeting were noted.</p> <p>PH advised that the latest six monthly outlier analysis outcomes would be affected by the enforced break in elective orthopaedic procedure due to COVID-19. The lack of new procedures being entered could affect some surgeons' status especially for their 10-year analysis. Work to engage with long-term outliers and surgeons was ongoing.</p>	
8.4	<p>Implant Scrutiny Committee</p> <p>The committee noted that a meeting had taken place on 8th September 2020.</p> <p>PH reported that work to develop a new, more sensitive implant outlier methodology was continuing.</p>	
8.5	<p>Research Committee</p> <p>The minutes of the 15th September 2020 meeting were noted.</p> <p>MW provided a verbal update on the 21st September 2020 meeting. A significantly higher than usual number of research project applications had been submitted for approval. The issues of sublicensing of data had already been discussed -agenda item 6. The NJR PROMs /PREMs data-working group was due to meet week commencing 2nd November to discuss next steps. MW raised the issues of low patient consent rates and capture of email contacts regarding PROMs. Discussion followed about the importance of collecting PROMs data and how participation could be improved.</p>	
8.6	<p>Data Quality Committee</p> <p>The minutes of the 6th July meeting were noted.</p> <p>TW provided a brief verbal update on the 15th October 2020 meeting.</p> <p>A data quality audit of elbows was being rolled out following a successful pilot. Significant issues had been identified with reverse shoulders and dual mobility hip data, which meant the data, could not be analysed. The committee had engaged with the specialist societies on this, but were now exploring if the issues could be resolved by engaging hospitals and manufacturers. JS thanked CB for his work on engaging manufacturers on this.</p> <p>A letter was sent to Trusts who had failed to complete the last cycle of the data quality audit, gently advising them of how to engage better with the programme.</p> <p>Work to recruit the new committee Chair was underway.</p> <p>The NJR Data Quality Strategy for 2021 to 2023 had been drafted, but would be reviewed by the new committee Chair once appointed.</p>	
8.7	<p>Regional Clinical Co-ordinators Committee</p> <p>TW provided a verbal update of the 15th October 2020 meeting.</p> <p>The process to recruit a replacement Chair was ongoing.</p> <p>Members had reported that the addition of Trust level annexes in the Trust Level Annual Clinical Report for the financial year 2019/20 had been well received. Regional Clinical</p>	

	Co-ordinators [RCCs] had proposed that it would be preferable for alert level surgeons to be advised that they could contact RCCs if they wished, rather than RCCs contacting alert level surgeons first.	
8.8	<p>Medical Advisory Committee The minutes of the 3rd September meeting were noted and the following items raised:</p> <p><u>Meeting with National Clinical Director for MSK services</u>-EY and TW had a meeting scheduled with Andrew Bennett, National Clinical Director for MSK at NHSE/I on Monday 2nd November 2020, to discuss issues including the MSK Registry proposal.</p> <p><u>NICE guidelines</u>- changes would have implications for the development of NJR MDS8.</p>	
9.	<p>Quarterly Statistics Report Q1 [1st April – 30th June 2020] RA presented the Q2 Quarterly Statistics Report, which was noted by the committee. The report was tracking the impact of the COVID-19 outbreak on the NHS and independent orthopaedic sector and on consent and compliance.</p> <p>AB requested that the headline figures for hip and knee procedures were broken down into primary and revision procedures, and asked if comparable European data could be provided, suggesting that the differences were highlighted to NHSE. Discussion followed on the impact of COVID-19 on orthopaedic procedures in the UK as compared with other European countries, on the need to ensure that the government was aware of the differences, and on reporting of procedures in the UK since the NHS England advice to resume reporting.</p> <p>Actions:</p> <ul style="list-style-type: none"> • RA to provide AB and SL with the headline Q2 Quarterly Statistics Report figures broken down by hip and knee procedures. • JS to provide CB with an updated Med Tech Europe report on sales of implants, before NJR circulate to the committee. 	<p>RA</p> <p>JS</p>
10.	<p>Quarterly Management Report Q2 [1st July-30th September] The Q2 Quarterly Management Report was noted.</p>	
11.	<p>Any Other Business NJR Website Redesign In DT's absence, EY advised that a questionnaire on the website would be emailed to members shortly to aid the new development</p>	
12.	<p>Date of Next Meeting Monday 25th January 2021, 10.30am by Zoom conference.</p>	
	<p style="text-align: center;">END OF MEETING PART 1 Representatives of Lot 1 and Lot 2 [AP, AB, RA, MS, AS] left the meeting. AR also left the meeting due to his association with Lot 2.</p>	