

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee		Date: Thursday 24 October 2019
Location:	Burroughs Meeting Room, Wellcome Trust, 183 Euston Road. London. NW1 2BE		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Tim Wilton	TW	NJR Medical Director
	Rob Hurd	RH	NHS Trust Management
	Gillian Coward	GC	Patient Representative
	Robin Brittain	RB	Patient Representative
	Prof Karen Barker	KB	Allied Health Professional
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Prof Mike Reed	MR	Orthopaedic surgeon
	Jeff Stonadge	JS	Orthopaedic Implant Manufacturer
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Peter Howard	PH	Orthopaedic Surgeon
Co-Opted Members:	Andy Smallwood	AS	NHS Procurement
	Khalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
	Robin Rice	RR	Welsh Government Representative
Attendees:	Elaine Young	EY	Director of Operations, NJR
	Jane Ingham	Jl	CEO, HQIP
	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]
	Julia Trusler	JT	BOA Representative
	Mike Swanson	MS	NJR Principal Consultant, Northgate [LOT 1]
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Prof Andrew Price	AP	Professor of Orthopaedic Surgery, University of Oxford [LOT 2]
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management
	Abi Alogba	AA	NJR, Team Admin Support (Minutes)
Apologies	David Macdonald	DM	Independent Healthcare Provider Network
	Sandra Lawrence	SL	Industry/ABHI
	Don McBride	DM	BOA President
	Prof Tim Briggs	TB	Chair, Getting It Right First Time (GIRFT); National Director of Clinical Improvement for the NHS
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators & Data Quality Committees

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] None</p>	
3.	<p>Minutes of the Previous Meeting The minutes from the last meeting held on 15th July 2019 were approved.</p>	
4.	<p>Business Update The business activity update provided by EY was noted by members as follows:</p> <p><u>ITEM 2: Scan4Safety</u> RA advised that the S4S/ NJR user interface spec. had been tested and piloted at Derby and the feedback had been positive. Progress with building into the NJR interface so it would work on mobile phones, had been slow and was to be picked up again. JT confirmed the BOA was in support of the initiative.</p> <p><u>ITEM 3: Validation of pricing data by Industry</u> RA reported that a number of trusts had now given their approval for sharing of pricing data with the respective implant suppliers for validation and that corresponding data had been sent to manufacturers for review. Although some discrepancies were found, overall feedback was that NJR pricing data was robust. RA confirmed that manufacturers would not be able to update prices directly on the system, but would report any issues to the Trust for amendments before changes could be made on NJR.</p> <p>Members raised the issue of whether the collection and validation of pricing data was worth the cost and time, in light of other initiatives operating this area. MR reported it added value to the NJR (and was of value to trusts and clinicians) because it was able to profile the cost of a construct or combination of implants, in the context of a procedure type and patient group, which was not something that was done elsewhere.</p> <p>RA recommended implant index prices by procedure type be published through the EMBED service, allowing tracking of changes over time. This was agreed.</p> <p>Action: Draft implant index pricing for review and publication in Q4.</p> <p><u>ITEM 4: NJR Benefits schedule</u> EY reported a working group had been convened and ideas had been pulled together with the aim of producing a schedule of benefits and value for money publication/s for different audiences. RH expressed full support for this initiative, but questioned whether the scope of the activity was too large, and suggested that a more streamlined activity be considered with output to go to hospitals CEO's outlining the key benefits of the NJR to hospitals.</p> <p>Action: Benefits WG to consider this recommendation.</p> <p><u>ITEM 6: NJR Component Database international licensing</u> EY reported on conversations held with EPRD regarding ISAR. Manufacturers were looking to populate a single database, which would be the NJR database. CB reported work was ongoing with finalising governance and licensing issues. Legal advice had been sought and the NJR was in a position to revert to EPRD with information before moving forward with Italy.</p>	<p>RA</p> <p>NJRM</p>

	<p>Following discussion, it was agreed that:</p> <ul style="list-style-type: none"> • NJR would continue to work towards finalising a mutual license with EPRD and the sublicense with RIAP; • EPRD would be advised to handle sublicensing issues directly with IPL itself going forward; • All future requests to sign up to the component database would be considered on a case-by-case basis via the NJR Executive Committee; • NJR would stop paying the IPL contribution element of the ISAR fees, paying only the annual subscription; and • On-boarding costs for subscribing registries would continue to be reviewed. <p>ITEM 8: NJR IT Platform</p> <p>YG reported the NJRMT had moved forward with engaging the services of an IT expert to provide an independent evaluation [as per Lot 1-contract terms] to validate the IT Beta Phase proposal and assure value for money. Next steps were for NJR to carry out due diligence and arrange for a signed Non-Disclosure Agreement.</p> <p>Action: To finalise the agreement and pursue the independent assessment</p>	YG/NJRMT
5.	<p>NJR/TORUS Meeting</p> <p>LPF reported there had been no update since the NJR meeting with Stephen Powis in May and no funding had yet been forthcoming to enable the move to the Phase 2 implementation stage of the proposed development of a national MSK registry. Another attempt would be made to arrange a meeting with Hugh McCaughey and LPF confirmed she would contact Dido Harding, Chair of NHSI. JT advised the BOA continued to support this initiative. The importance of communicating progress and ongoing issues with the TORUS registries was recognised.</p> <p>Action: EY to provide an update on progress for the TORUS registries.</p>	EY/JT
6.	<p>Reporting of PROMS</p> <p>MR presented options for reporting of PROMS outcomes associated with implant brands. It was noted that these data were available to implant manufacturers, but not publically, or to surgeons. Bristol had also raised concerns about the completeness and representativeness of PROMS data</p> <p>There were 3 options:</p> <ol style="list-style-type: none"> Continue not to publish PROMS at an implant level; Accept the risk associated with data quality and adopt PROMS as an outcome measure for implant analysis; and Explore the feasibility of adopting PROMS as an outcome measure during 2020/21, with a view to commencing analysis of these measures in 2021/22 if feasible. <p>AP mentioned the need for a robust methodology that reflected what other people have done. TW raised concern at the number of patients who had PROMS but no record in the NJR.</p> <p>It was agreed to pursue the Option 3 but accept MRs suggestion of running initially with Option 2 this year and Option 3 the following year. A final recommendation would to be brought to NJREC in December, with a view to inclusion in the 2020/21 annual plan</p> <p>Action: LOT 2 (AP/ AB) led by NJR (MR) to review scope and content with the sub group and bring a report to the December NJREC</p>	AP/AB/MR

7.	<p>NJR Benefits and Value for Money Reporting</p> <p>EY reported the working group had met twice. The aim of the project was to produce an easily understandable document targeted at an external user, which outlined the benefit of the NJR. The approach being adopted was to initially map out the benefits, outcomes and audience.</p> <p>RH expressed full support for this initiative, but questioned whether the scope of the activity was too large, and suggested that a more streamlined activity be considered with output to go to hospitals CEO's outlining the key benefits of the NJR to hospitals.</p> <p>AR mentioned that the NJR was a benefit to patient safety as it provided records and data that were not previously available. AB suggested that real life data should be included into the analysis citing that revision rates had halved since the introduction of the NJR. LPF noted that the project scope was overly extensive and stressed the need to rethink the terms, noting the need to identify priorities, the most important messages and user groups. The final report should focus on how the NJR works and the negative impact on users if it were not available. Agreed that another working group meeting was required to plan implementation of these objectives.</p> <p>Action: Working group to take forward the suggestions of the NJRSC and report back</p>	CB/EY Benefits Wkg Grp
8.	<p>Contract Re-Procurement</p> <p>Noted that LOT1 and LOT2 contracts were due to end in 2021 and contract re-procurement planning had commenced. Priority would be given to developing detailed contract specifications, which would include extensive stakeholder consultation. Key activity to take this forward would take place in the first 6 months of 2020. A provisional timetable had been outlined for the NJRSC to note. Input from the members would be required during the re-procurement process and the expectation was that a NJRSC sub-working group would be formed to assist.</p> <p>Action: CB to notify a timetable and suggested representation for the NJRSC Working Group to support tender re-procurement.</p>	CB
9	<p>2019/20 Annual Plan Q2 Update</p> <p>Deliverables due to start in Q2 were highlighted in pale blue-points to note as follows;</p> <p>9.1 Implementation of sublicensing (Deliverable 1.3a) This deliverable had received a red RAG rating due to delays in obtaining CAG approval and remained ongoing.</p> <p>Initial conversations with NHS Wales Informatics Service about PEDW sublicensing had been held, but this was expected to be delayed until HES sublicensing could be secured.</p> <p>9.2 Delivery of IT platform Beta Phase (Deliverable 8.1b)</p> <p>This deliverable had been delayed as discussion at the July NJRSC had identified a need for expert review of the Beta Phase proposal. A contractor had been identified to take on this work, which was expected to complete in Q3.</p> <p>9.3 Further Development of Patient Decision Aid (Deliverable 9.3c)</p> <p>This deliverable had been impacted by delays with the release of data to the University of Sheffield. All contractual requirements were now in place and data files were being prepared for transfer which was expected to be completed in Q3, but there would be downstream impact on the analysis programme.</p> <p>9.4 NJR Annual Report, Annual Clinical Reports and Consultant Level Reports (Deliverables 9.1 a,c,e)</p> <p>The NJR annual report was published in September 2019 and launched at the BOA congress. All ACR and CLRS had also been released.</p>	

10.	NJR Risk Register Q2 Update CB updated members on the current top 5-recorded risks. He noted no new risks and no changes in scores for any existing risks. All risks remained green or amber after controls had been implemented.	
11.	OECD Paris Hip and Knee Data Collection MW reported that OECD were looking for endorsement from registers that were involved in its development. They had picked NJR tools (EQ5D) as their guidelines and were looking for NJR to endorse their use of the guideline which members agreed Action: MW to report NJR's endorsement to OECD.	MW
12.	Patient Decision Support Tool (PDST) MW demonstrated the PDST. It had received very good user feedback achieving an average 4.6 rating score and had been accessed by 11.3k users to date. The PDST would undergo further development to achieve a number of goals; to be properly web enabled and to refine its algorithm to future proof later developments. The PDST would be updated annually with the annual report. Action: MW would report PDST development to the NJRSC in due course.	MW
13.	Update from the NJRSC Sub- Committees	
13.1	Executive Committee Draft minutes of the meeting held on the 26 th September 2019 were received and noted.	
13.2	Medical Advisory Committee The minutes of the MAC held on the 26th September 2019 were received and noted.	
13.3	Data Quality Committee Action: Minutes of the meeting held on the 17th October 2019 would be circulated	NJRMT
13.4	Editorial Board The minutes of the EB meeting held on the 04 th October 2019 were received and noted. MR gave a verbal update noting that the Annual Report had been distributed and was received well, and Feedback from the BOA conference had been positive. Booths on the NJR however were not used, so would not be utilised in the same way next year.	
13.5	Research Committee Draft minutes of meeting held on the 17 September 2019 were received and noted. MR gave an update noting that: a) The PROMS Working Group had agreed on a PREM that would be piloted, b) Closer collaboration with the NHSD was discussed and currently work on costings, which would be presented, at the next NJR Executive. Action: Presentation to December NJREC	MW
13.6	Regional Clinical Coordinators Committee AR noted it was difficult to identify outlier surgeons in the ACR based only on their NJRID numbers; RCC members suggested that separate list-identifying surgeons should be sent out to Medical Directors and ROs associated. The recommendation was agreed.	
13.7	Surgical Performance Committee Draft minutes of meeting held on the 18 September 2019 were received and noted.	
13.8	Implant Scrutiny Committee Draft minutes of the meeting held on the 18 September 2019 were received and noted.	

14.	Quarterly Statistics Report Q1 [1st April-30th June 2019] The Q1 Quarterly Statistics Report was noted	
15.	Quarterly Management Report Q2 [1st July -30th September 2019] The Q2 Quarterly Management Report was noted	
16.	Any Other Business	
16.1	Verbal report on Endoprosthetic Register PH reported a renewed interest from specialist cancer surgeons around recording of endoprostheses for bone tumours. Action: PH to continue discussions.	PH
16.2	Update on Shoulders AR reported the shoulder implant classification modelling done by Richard Craig, which was presented at the BOA conference, was due to be published and the feedback received had been positive. MDSA was making a recommendation from their working group on how they would improve DQ.	
16.3	NICE Consultation CB reported that the NICE guideline on joint replacement were out for consultation and NJR would be collating responses for submission next month Action: DT and CB to provide a response to the NICE guideline by Nov.	DT/CB
17	Date of next meeting Monday 13 th January 2020	