National Joint Registry
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NJRSC (O4) 03 Final

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting: Steering Committee meeting 2004/ No.1 Date: Thursday 15 January 2004

Location: BOA, The Royal College of Surgeons, 35 – 43 Lincoln's Inn Fields, London WC2A 3PN

Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Jan van der Meulen	JM	Royal College of Surgeons (representing the surgical profession)
	Alex MacGregor	AM	St Thomas' Hospital (representing public health and epidemiology)
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS Trust management)
	Martyn Porter	MPo	British Hip Society
	Chris Dark	CD	BUPA Hospitals (representing the IHA)
	Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Sally Couzens	SCo	National Association of Theatre Nurses
	Paul Woods	PW	Department of Health
	Elizabeth Nokes	EN	Arthritis Care
	Hugh Phillips	HP	British Orthopaedic Association
	Fiona Davies	FD	AEA Technology (contractor)

The following AEA Technology staff were also present:

David Pegg	DP	NJR IT Project manager
David Carter	DC	NJR Programme manager
Sue Mercer	SM	Project Administrator

Apologies:	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Mick Borroff	MB	Depuy International Ltd, ABHI (representing the Orthopaedic device industry)
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd, ABHI (representing the orthopaedic device industry)
	Colin Howie	CH	Scottish Executive (observer status)
	Tim Wilton	TW	British Association for Surgery of the Knee
	Stephen Chamberlain	SC	National Assembly for Wales

Item	Welcome and Introductions	Action by
1	The meeting opened at 10.30. BD welcomed all attendees to the meeting then thanked and congratulated everyone involved with the NJR. He said that 12 months ago he would not have expected this much progress to have been made.	
2a	**Progress on actions** Appendix 1 incorporates updates and progress on actions. The following actions were discussed. Action 2003/141 – PG agreed to take on this action (in TW's absence) and would contact the BASK President. Action 2003 / 142 - JM to provide a note for the record of the Research subcommittee constitution. JM said that he would provide an update at the next meeting (19 April 2004). The SC queried whether there was to be a limit to the length of term served on the subcommittee.	**PG** **JM**
2b	**Approval of minutes – NJRSC (03) 46** PG had a query regarding Page 5 Item 5 of the minutes which states that the RCCs had nominated TW to be the BASK representative on the NJR Research subcommittee. The wording should be amended to: "It was understood that BASK had nominated TW to be ….." **[Action 2004/150]** Amend the December 2003 SC meeting minutes as described above. Final version to be placed on the NJR website.	**AEAT**
3	**Quarterly Management Report – NJRSC (04) 01** **Levy income / Finance reporting** PG asked for details of the total income from the levy to date. PW advised that as of the end of November 2003 the total collected was just under £1.7M and he estimated the year end (March 2004) figure to be just over £2.4M. **[Action 2004/151]** PW agreed to circulate details of spend to date and the forward estimate to all Steering Committee members. BD said that the levy collected was higher than predicted as the high level of compliance with levy payment had not been expected. BD said that a review of levy collected was necessary to ensure Trusts and Independent hospitals received value for money. **[Action 2004/152]** The SC requested that a Finance Report be circulated in advance of each SC meeting and for it to be a standing item on the agenda. **Component sales** AC asked if the NJR could identify how many components had been sold. MPo said that figures could be reached by auditing suppliers' sales and trusts' purchases. But the figures would be distorted by the fact that	**PW** **PW**

	hospitals often bulk buy or take up special purchase deals but may not implant the components for up to two years after delivery. **MDSV2 proforma** There was some discussion relating to development of the MDS v2 proforma. **[Action 2004/153]** PG asked that the new paper proforma be passed to him ahead of piloting.	**DC**
	Treatment Centres With regard to the letters sent to key contacts at Strategic Health Authorities with Treatment Centres, PG asked what response had been received. DC replied that he had received responses in particular advising of whether the Treatment Centres performed orthopaedic surgery and providing expected opening dates for those in development. **Training workshops** PG asked whether the Training Workshops were proving to be of benefit and if the NJR had followed up contact with the hospitals involved. DP advised that Amanda Hoare the NJR Training Officer follows up the hospitals attending to ensure that data is subsequently submitted. The three Regional Audit Co-ordinators recruited to date will be starting their employment on 26 January 2004. They will be able to deal with other outstanding issues. **[Action 2004/154]** PG and BD asked to be informed of hospitals still not complying with the NJR after having attendees at NJR Training Workshops as they feel they may need to contact these hospitals themselves. MPo believes that there are two reasons why hospitals do not comply with the NJR – infrastructure (eg no clerk to input data) and clinical ambivalence. DC added that a third reason is the lack of organisation (eg as previously with Essex Trusts having no RCC). FD advised that a 'Statement of Resources required by Hospitals to comply with the NJR' letter had been sent to: • The Chief Executive, Medical Director and Clinical Director (Orthopaedic Surgery) at all relevant English and Welsh NHS Trusts • The Chief Executive at all relevant English and Welsh independent hospitals • Key contacts at each Strategic Health Authority for Treatment Centres . BD said that he would be interested to see the reactions from this letter. **[Action 2004/155]** AEAT to collate and provide feedback to BD on responses received to the 'Statement of Resources' CM informed the meeting that not all Chief Executives would know of the NJR. MPo felt that there are no excuses for not knowing of the NJR. CM replied that hospitals operate a filter system on their mail therefore it is	**AEAT** **AEAT/DC**

	possible the Chief Executive hasn't seen the NJR letters. BD said the wider circulation of the statement will help with this matter.	
4	**NJR Statistics Report – NJRSC (04) 02** (1 April to 31 December 2003) DP advised that approximately 37,000 operations (completed records) have been recorded on the NJR database. The percentage of operations with patient consent given is around 66%. DP said that hospitals showing a 100% patient consent rate were rather worrying from a Data Protection point of view as he would be surprised if all patients had given their consent. It might be necessary to check hospital paperwork. The edit stack of outstanding operations is fairly consistent at 7% – DP said that anything over 10% would be a worry. SC agreed. There are some hospitals on the report showing 100% in the edit stack (with no completed operations) which DP advised was most likely where the system had been tested but the test entry not deleted. **Nil return trusts** DP sent a list of nil return hospitals to suppliers who have responded with a definitive list showing which hospitals they sell orthopaedic components to. The committee discussed nil return hospitals further and PG mentioned he was particularly concerned about Plymouth Hospitals, Poole Hospitals and Robert Jones & Agnes Hunt Orthopaedic & District Hospital NHS Trust. **[Action 2004/156]** These trusts will be contacted as follows: • Plymouth Hospitals NHS Trust o CM will telephone the Chief Executive • Poole Hospitals NHS Trust o PG will contact Mr N Fiddian, then NF will contact the hospitals. • Robert Jones & Agnes Hunt o MPo will contact David Jefferies (Clinical Director) HP voiced concern that these trusts had been singled out but was assured by PG that all trusts with nil return hospitals will be dealt with in an equitable manner. These trusts had only been mentioned as PG has personal knowledge of them. AC asked if the NJR could supply a list of nil return hospitals in order of priority for contact. MPo suggested that RCCs should be involved with this matter. **[Action 2004/157]** AEAT to provide a list of nil return hospitals listed in order of priority for contact. **[Action 2004/158]** The SC agreed that a list of hospitals needs to be provided to RCCs ahead of the next RCC network meeting on 5 February. This should allow RCCs to investigate the situation with hospitals in their areas prior to the meeting. BD said that consideration should be given to at what stage a non-	**CM/PG/MPo** **AEAT** **AEAT**

	compliance letter should be sent to the Chairmen of Trusts with nil return hospitals. He suggested a review of 'next steps' following two or three months' application of the methods agreed at the meeting. **[Action 2004/159]** At the April 2004 SC meeting, to review the progress in obtaining compliance from current nil return hospitals and the need for taking further steps. It was also noted that the Regional Audit Co-ordinators being 'on the road' will help with identifying the problems in nil return hospitals. **Changes to format of the SC Statistics Report** **[Action 2004/160]** Future issues of the Statistics Report should show two separate lists: 1. Hospitals that are providing data or that aren't providing data but are known to purchase orthopaedic implants. 2. Hospitals where it remains uncertain whether they carry out NJR-related procedures and that do not purchase orthopaedic implants.	**All**
5	**IT Update – DP & DC Verbal Report** DP introduced this section confirming that the website had been updated where appropriate and that the registry has a new more efficient component search facility. With regard to MDSv2, DP said that the paper proformas shoud be finalised by the end of next week (Friday 23 January 2004). DP advised that piloting would commence early/mid March and would involve the same hospitals used for the MDSv1 pilot. MPo said that the pilot should involve hospitals / staff that had not participated in the MDSv1 pilot as well as some that had. Also, that RCCs who had been involved in the MDS working groups should be included. About 20 hospitals would be involved in the pilot and clinical as well as IT comments were sought. BD asked how the NJR Centre was going to promote MDSv2. DP replied that communications would include: • e-mailing unit managers • providing advice on the data entry login screen • using RCCs and their network • articles in the NJR Newsletter • items on the NJR web site • etc Sandra Hasler had developed a communications strategy centred on ensuring smooth take up of MDSv2. DP continued to say that it needed to be made clear to users that MDSv1 would cease to be readily available at the end of a 2 month switchover period. (Hospitals would still be able to request access to the MDSv1 system after this period if they had a backlog of data to enter.) MPo pointed out that there would be negative response to MDSv2 initially as users had become used to MDSv1 and would not want to change. FD said that MDSv2 would make data entry – on paper proformas and electronically	

	– more straightforward and all users would see benefits from the new version. PG agreed that there would be negative response initially but users would quickly see the benefits both for data collection and the analyses that MDSv2 would allow.	
6	**NJR First Annual Report – progress update – FD & JvdM – Verbal Report** FD summarised the discussion from the previous Steering Committee meeting and said that FD and JvdM would be interested to receive any further suggestions regarding the contents of the 1st Annual Report. FD is to be the editor of the report. Publication is planned for 15 September 2004 to coincide with Day 1 of the British Orthopaedic Association Congress. With regard to the editorial board, Colin Thomson has agreed to take on the role of patient representative following Neil Betteridge's resignation from the Steering Committee. Full membership of the Editorial Board is: • Fiona Davies Contractor (& responsible for delivery of the annual report) • Jan vd Meulen RCS (expertise in statistical analysis & interpretation) • Paul Gregg Orthopaedic profession • Martyn Porter BHS • Tim Wilton BASK • Colin Thomson Patient and public representative • Mick Borroff Suppliers' representative • Andy Crosbie Regulatory perspective • TBC Regional Clinical Co-ordinator representative The Annual Report will be an item on the next RCC Network meeting agenda. JM visited the NJR Centre on 7 January 2004 for a useful meeting which provided more understanding of contractual arrangements regarding the report. FD and Ian Calcutt will be meeting with JM and Jim Lewsey on 20 January, with the main focus of the meeting being on agreeing the logistics of data provision to the RCS Clinical Effectiveness Unit (CEU) team. BD said he wants the point made in the report that 'the NJR registry has made more progress than any other'. The SC agreed the NJR should seek endorsement from the Swedish Registry. MPo advised that he had e-mailed Peter Herberts asking if he would be willing to provide an editorial or review statement. MPo was awaiting a reply. JM said that he was keen to help with the report but CEU involvement for the analysis role could not be available until end March/early April 2004 at the earliest as recruitment would take approximately two months. PW confirmed that he had today given to DC an authorisation letter for a two year sub-contract. **[Action 2004/161]** FD to circulate a complete draft Contents list to the Editorial Board as soon as it has received input from RCS CEU.	**FD**

	PG asked if there was any merit in having a mortality report to which JM replied that it would be a year before the information from ONS would be useful. Therefore this was better left until Year 2 reporting. BD suggested that a section looking to the future be included in the report. PG, MPo, JM, FD, and DC would be meeting after the SC meeting to discuss the Annual Report further.	

7	**Proposed NJR patient feedback process – NJRSC (03) 43 Additional Information**
	
	BD opened the debate with the two questions:
	
	1. What do we want to gain from the PFQ process?
	2. Statistically, do we need to contact all patients?
	
	JM continued by saying that if the PFQ was to be used in relation to gaining a general view of quality of life (QoL) following surgery then a sample of a few thousand (e.g. 5,000) would be sufficient. However, if there is a desire to examine quality of surgery then all patients need to be included.
	
	PW was concerned about the cost of approximately £0.5M for 100% annual coverage, questioning if it was essential. At Year 5 and again at Year 10, the costs would ramp up considerably if the PFQ was to be used at 1, 5 and 10 years post-operatively.
	
	AM asked if the DoH would provide the funding for a 100% coverage. PW indicated that the cost would have to be covered from the levy payments and approval would be required from Ministers. AC did a rough calculation and advised that the levy would need to be increased by £15 or more to cover this cost.
	
	PG suggested the NJR could get sufficient and appropriate 5 year and 10 year information from revision data submitted but that the 1 year post-operative PFQ was important. There was a general consensus that, for the present, the focus should be on applying an NJR PFQ only at 1 year post-operatively.
	
	MPo requested that dislocations should be included on the PFQ as patients are interested in such information. He was also concerned that patients may use the NJR as a means of choosing which hospital they should attend for their surgery, and not consider the effect of complexity or case mix.
	
	There was a great deal of further discussion after which BD drew the following conclusions:
	• An NJR PFQ advisory group should be formed and meet to determine:
	  o The key aims of the NJR PFQ
	  o The sample size required to meet these aims
	  o The contents of the PFQ
	• A costed PFQ project plan should be prepared that reflects the conclusions of the advisory group meeting and assumes application of the NJR PFQ only at 1 year post-operatively
	• Consideration of application of the NJR PFQ at 5 and 10 years post-operatively should be held over until sufficient experience has been	

	gained from use of the 1 year PFQ to allow informed decisions to be made. **[Action 2004/162]** AEAT to form an advisory group based on those with PFQ-related expertise who have been consulted to date. Membership of the group to be agreed with PW/BD/PG. **[Action 2004/163]** AEAT to organise and run an advisory group workshop in February 2004. **[Action 2004/164]** AEAT to prepare a costed PFQ project plan for review by PW in March 2004. **[Action 2004/165]** AEAT to prepare a paper to be submitted to the April SC meeting regarding the procedure to be adopted for the PFQ process.	**AEAT** **AEAT** **AEAT** **AEAT**
8	**Bar code scoping study (including costings) – NJRSC (03) 39 (rev)** BD showed concern over the statement in the paper that 25% of suppliers do not put bar codes on their packaging at all. He next asked if, as a goodwill gesture, the NJR should fund the purchase of a bar code reader for each NHS and independent hospital complying with the NJR. There was unanimous agreement. It had not been easy for Trusts to set themselves up to comply with NJR requirements. CM felt that hospitals would appreciate this action - it would be better to give hospitals the bar code reader rather than the funds to purchase it themselves. DP advised that the cost of a central purchase for the readers would be around £70,000 exc VAT, although bulk buying might reduce this cost. The additional software needed for implementation would be provided by the NJR Centre. This was costed in the SC paper. DP also mentioned that the bar code reader can be moved around to whichever computer is to be used as it is just 'plugged' into the keyboard. AC said that he had attended an ABHI meeting on 6 January 2004 and the suppliers are supportive of bar coding. They will move to bar coding on sticky labels but are not prepared to 'over label' components already packaged. It will take 1 to 2 years for stock already out in hospitals to be used up. DC confirmed with BD that the principle of one bar code reader device per NJR hospital was the preferred method of distribution.	
9	**Example good practice material for the NJR website** Examples were provided to the SC of good practice methods adopted by Cockermouth Hospital. The NJR Centre would welcome any other suggestions of topics / sub-topics to cover and hospitals / individual contacts that could provide raw information. **[Action 2004/166]** SC members to provide Sandra Hasler with suggestions of good practice case studies. Ideas for developing examples related to compliance with MDSv2 are particularly welcome.	**All**

10	**Any Other Business** PG mentioned that he had received a letter from Andrew Hamer (from Sheffield Teaching Hospitals Trust) regarding NJR collection of blood transfusion data. The SC agreed that it is not possible to amend the MDS further. It was noted that hospitals already have databases for blood transfusion information. JM indicated that he and others could provide advice on potential linking of databases. **[Action 2004/167]** PG agreed to advise Andrew Hamer of the SC's decision. The meeting closed at 13.00. **Date and venue of next meeting** The next Steering Committee meeting will be held on Monday 19 April 2004 in the BOA Boardroom at the Royal College of Surgeons. The start time is 10.30. It is expected that the meeting will continue for an hour after lunch to allow for a presentation from Gerold Labek of the European Arthroplasty Register and related discussions. The meeting is expected to close at 14.30.	**PG**
	Post-meeting FD was advised after the meeting that the Independent Healthcare Association (IHA) had ceased its Acute function at the end of December. It is understood that in the short term, arrangements have been put in place to enable much of the acute care regulatory work to be continued. For the longer term, discussions are taking place within the sector as to possible alternatives to the IHA. The implications for the NJR are unclear. Chris Dark has agreed to continue as SC representative for the independent sector for the next few months but the situation will be kept under review. **[Action 2004/168]** FD to contact Sally Taber to obtain advice on future independent sector representation on the SC and central NJR-related communications with the independent sector.	**FD**

Sue Mercer
Project Administrator, NJR Centre
29 January 2004

APPENDIX 1

Action no.	Progress	Action holder
	Actions from January 2003 meeting	
2003 / 20	**On hold** Preparation of a paper on the benefits and financial implications that a PKI system would bring to the NJR. **The case for preparation of a paper is to be considered at the April 2004 SC meeting.**	**AEAT**
	Actions from April 2003 meeting	
2003 / 63	**Ongoing** AEAT to provide a method of monitoring outstanding incomplete records' i.e. by hospital, and a plan of follow-up action. It was noted that this action would form part of the participation and compliance procedures. **Forms part of AEAT's developing verification and validation strategy.**	**AEAT**
	Actions from May 2003 meeting	
2003 / 91	**Ongoing** SC members are asked to identify suitable patient and industry representatives for the research subcommittee. It was agreed that patient representatives would be identified from a BOA Patient Liaison Group which is due to be formed in February 2004. **Review progress at April 2004 SC meeting.**	**All SC members**
	Actions from July 2003 meeting	
2003 / 102	**Ongoing** The MDS has been reviewed and agreed by the NJR SC. AEAT to develop the NJR database to reflect the updated MDS (Version 2.0) ready for general release in Spring 2004 (subject to ROCR approval).	**AEAT**
2003 / 109	**Ongoing** AEAT conducted an initial scoping study for the use of barcode readers. **The final report, including costings, was presented at the January 2004 SC meeting. The introduction of a barcoding facility was approved.**	**AEAT**
	Actions from September 2003 meeting	
2003 / 115	**Ongoing** The National Pacemaker Database has links into a European database. The NJR could potentially learn from their experience. AEAT have contacted the National Pacemaker Database. **DC to visit in February 2004.**	**AEAT**
2003 / 116	**Ongoing** Further discussion with the European Arthroplasty Register (EAR) is required before a decision could be taken on whether the NJR would participate. **DC to invite Dr Gerold Labek EAR Coordinator to April SC meeting to give a presentation. AEAT to provide SC members with a concise background document ahead of the meeting.**	**AEAT**

2003 / 118	**Ongoing** Models of good practice, i.e. demonstrations of how hospitals have implemented the NJR within their local systems, should be made available on the NJR website. **AEAT provided example material for review at the January 2004 SC meeting.**	**AEAT**
2003 / 120	**Ongoing** Southport and Ormskirk Hospital to be contacted to ensure overseas orthopaedic surgical teams are capturing NJR data. Southport and Ormskirk Hospital have been contacted to ensure overseas orthopaedic surgical teams are capturing NJR data. Mr Alan Stephenson (Director of Surgery) confirmed that operations are being entered against the parent NHS trust. NJR users have been registered and resource has been made available for data entry. This has been done on paper proformas but has not been submitted electronically. **AEAT to keep situation under review.**	**PG**
2003 / 123	**Ongoing** AEAT to obtain estimates of numbers of paper proformas awaiting electronic data entry, including identification of locations with sizeable backlogs and how the trusts / independent healthcare providers are intending to address them. **This will form part of AEAT's developing verification and validation strategy.**	**AEAT**
2003 / 124	**Ongoing** JM, AM and AEAT to work together with PW to outline the content of the first year's Annual Report and identify the resources required. **The first year's annual report format and content were presented in a paper and discussed at the December 2003 SC meeting. Subsequent meetings have taken place between AEAT and JM and PW. The SC were updated on progress at the January 2004 SC meeting and further progress reports will be given at subsequent SC meetings.**	**JM, AM & AEAT**
2003 / 127	**Ongoing** AEAT to provide an estimate of the cost (including the costs to hospitals and the cost of NJR development) to implement a barcode reader system. **The introduction of a barcoding facility was approved at the January 2004 SC meeting.**	**AEAT**
2003 / 128	**Completed** This action related to a statement being provided to the BOA Council on what resources hospitals need to comply with the NJR. **The approved statement was distributed to Chief Executives, Medical Directors and Clinical Directors (Orthopaedic Surgery) in w/c 12 January 2004.**	**AEAT**
2003 / 129	**Completed** AEAT have placed the statement on the NJR website and to make it available to the RCCs and BOA Clinical Director / Lead Clinician Network website. **Actioned in w/c 12 January 2004.**	**AEAT**

	Actions from December 2003 meeting	
2003 / 133	**Completed** Minutes for September 2003 SC meeting have been placed on the NJR web site.	**AEAT**
2003 / 134	**Ongoing** JM to provide SH with an article on NJR research in time for the next issue of the newsletter (end of February 2004).	**JM**
2003 / 135	**Ongoing** AEAT to continue to follow-up, and delete from the NJR, all the Trusts that do not need to comply with the NJR.	**AEAT**
2003 / 136	**Ongoing** AEAT to direct nil-return letters to the non-participating hospital's Medical Director.	**AEAT**
2003 / 137	**Completed** AEAT are including the % of records remaining in the edit stack and level of patient consent obtained for each hospital in the NJR statistics reports to the SC from January 2004. These reports are now being circulated in advance of SC meetings.	**AEAT**
2003 / 138	**Ongoing** AEAT to contact the TCs that are undertaking orthopaedic procedures and encourage them to enter data as the TC rather than the parent trust.	**AEAT**
2003 / 139	**Ongoing** BD and PG to raise the issue of the NJR potentially forming part of a hospital's star-rating with Lord Warner.	**BD & PG**
2003 / 140	**Completed** AEAT have circulated the draft minutes from the last RCC network meeting and will carry out this circulation as a matter of course in the future.	**AEAT**
2003 / 141	**Ongoing** TW to confirm with the BASK President that it is acceptable for TW to be the BASK representative on the NJR Research subcommittee. **At the January 2004 SC meeting, PG agreed to take on this action.**	**PG**
2003 / 142	**Ongoing** JM to provide a note for the record of the Research subcommittee constitution. **JM to provide update at April 2004 SC meeting.**	**JM**
2003 / 143	**Ongoing** AEAT to amend the NJR patient consent form with sentences beginning with 'I consent' and 'I do not consent' with room for the patient signature alongside.	**AEAT**
2003 / 144	**Ongoing** AEAT to develop the NJR data entry system with the capability to record where patient consent is definitely a 'no', a 'yes' and a 'Don't know' (i.e. no form available at time of data entry).	**AEAT**
2003 / 145	**Completed**	**AEAT**

	AEAT provided detailed costings for: - each of the three options presented in the PFQ paper - 100% sample coverage - for allowing responses to be returned electronically **Relevant details contained in NJRSC (03) 43A Proposed NJR patient feedback process – Additional information. Agenda item at January 2004 SC meeting.**	
2003 / 146	**Completed** Two SC members submitted written details relating to analyses or broader proposed contents of the 1st Annual Report by 8 January 2004.	**All SC members**
2003 / 147	**Completed** RCCs have been sent the proposed annual report documents and asked to submit comments / suggestions asap but with a cut-off of 5 February (RCC network meeting date). Format / contents of the report are an agenda item for the meeting.	**FD**
2003 / 148 & 149	**Completed** Comments received from SC members on the draft 'Statement on resources required by hospitals' have been addressed. The final document was approved by PW/BD/PG and circulated to all Chief Executives, Medical Directors and Clinical Directors (Orthopaedic Surgery) in w/c 12 January 2004.	**AEAT**