National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting: Steering Committee meeting 2003/ No. 1 Date: Monday 20 January 2003

Location: Room 281D, Skipton House, 80 London Road, London

Present:			
	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Jan van der Meulen	JM	Royal College of Surgeons (representing the surgical profession)
	Martyn Porter	MPo	British Hip Society and British Association for Surgery of the Knee
	Sally Couzens	SCo	National Association of Theatre Nurses Deputising for Melanie van Limburgh
	Neil Betteridge	NB	Arthritis Care (patient group representative)
	Alex MacGregor	AM	St Thomas' Hospital (representing public health and epidemiology)
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd, ABHI (representing the orthopaedic device industry)
	David Forsythe	DF	Stryker, ABHI (representing the orthopaedic device industry). Deputising for Mick Borroff
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS trust management)
	Philip Etherington	PE	Nuffield Hospitals Group (representing IHA) Deputising for Chris Dark.
	Paul Woods	PW	Department of Health
	Shaun Chainey	ShC	National Assembly for Wales
	Andy Crosbie	AC	Medical Devices Agency
	Fiona Davies	FD	AEA Technology (representing the contractor)
	Colin Howie	CH	Representing the Scottish Executive (observer status)

The following AEA Technology staff were also present:

David Carter	DC	NJR Project manager
David Pegg	DP	NJR IT manager
Sandra Hasler	SH	NJR Communications manager

Apologies Apologies were received from:
Hugh Phillips, British Orthopaedic Association (surgical profession)
Chris Dark, Director of Clinical Services, BUPA Hospitals (IHA)
Andy Smallwood, NHS Purchasing and Supply Agency
Melanie van Limborgh, National Association of Theatre Nurses
Mick Borroff, DePuy International Ltd, ABHI (orthopaedic device industry)

Item	Welcome and Introductions	Action by
1	The meeting opened at 10.30. New members were welcomed to the SC by BD.	
2ai	**Progress on actions**	
	See Appendix 1.	
2aii	**New actions arising from review of progress**	
	[Action 2003 / 01] A summary listing of outstanding actions, and their progress, to be provided to all SC members at future meetings.	**AEAT**
	[Action 2003 / 02] An up-to-date list of appointed RCCs and a synopsis of the current situation re the RCC network should be made available to all SC members.	**FD**
	[Action 2003 / 03] To facilitate the process of obtaining contact details for orthopaedic hospital and unit managers in England, draft text should be compiled for the Department of Health to contact those Trusts who have not provided contacts.	**AEAT / PW**
2b	**Approval of minutes – NJRSC (02)29** Minutes approved subject to the following amendment: Page 3 under Action 2002/ 16b. Change 'were' to 'have'. **[Action 2003 / 04]** AEAT to amend minutes and make available on the NJR website.	 **AEAT**
3	**BOA Feedback** PG provided a verbal report. A BOA sub-committee had been set-up to address specific issues that the surgical profession has with the NJR. The sub-committee was chaired by PG. Other members of the BOA sub-committee included HP and MPo. PG made the NJR SC members aware of a survey that was circulated by a senior surgeons club in the Midlands which voiced some serious concerns with the way in which the NJR has been set-up. The BOA sub-committee was concerned that there remained insufficient representation of the surgical profession on the NJR SC. They believed that appropriate representation would be achieved via having one member representing each of the following: • Royal College of Surgeons (RCS) • British Orthopaedic Association (BOA) • British Hip Society (BHS) • British Association for Surgery of the Knee (BASK) • Regional Clinical Co-ordinators' Network (RCC Network) • A member at large The BOA sub-committee had also requested the following: • that when PG vacates the NJR SC vice chair position, it be guaranteed that a replacement be sought from the orthopaedic professions • that when existing RCCs vacate their posts, their replacements be elected by the surgeons who are based in the areas that the posts serve MPo pointed out that the BHS and BASK were societies that represent specialist interests as opposed to a generalised orthopaedic viewpoint, and each society had	

	its own board. The NJR must be seen as representative of the orthopaedic profession in general as well as reflecting the consensus views of the specialist societies – this is essential to obtaining the required "buy-in" of the profession. BD replied that the Chair and Vice-chair positions were appointed by Ministers, specifically so that the Vice-chair provided orthopaedic expertise and the Chair was held by an independent person. It was not possible to guarantee that this would always be the case, e.g. if there were a change of Minister or Government. Regarding selection of future RCCs, this would need consideration and there would to be no final decision today. BD reassured members that Ministers were determined that the NJR would succeed and that the value of the surgical profession is recognised. This was demonstrated by the leadership of PG and the appointment of the RCCs being left to the profession (under PG's guidance) rather than involving BD as well, as was originally envisaged. The functioning of the NJR would be kept under review to ensure it continues to achieve its aims and SC representation will be considered as part of this process.	
4	**December management report – NJRSC (03) 02** PW proposed that the management reports no longer be addressed in detail during SC meetings, since they mirror much of the work programme covered in the course of SC meetings and described in the minutes. However, SC members were welcome to raise and discuss any issues that the reports may generate in future meetings. The SC agreed to this proposal.	
5	**Draft patient consent form – NJRSC (03) 03** FD introduced the draft form and the proposed approach for its use. ShC advised that it would be necessary to ensure consent forms are available in Welsh, Braille and as an audio alternative. **[Action 2003 / 05]** Costs for translating the NJR patient consent form into Welsh, Braille and audio should be sought. AC advised that existing patient consent forms use a multiple carbonless form which can be made available to hospitals via a central supplier. (This would have cost implications for hospitals.) **[Action 2003 / 06]** The use of carbonless copies should be explored. Suggestions were put forward for ways of improving the draft form. This included breaking the text down into Questions and short paragraphs, with key points in bold. **[Action 2003 / 07]** The NJR patient consent form should be amended to: • Reflect the benefits to the individual patient more clearly • Remove references to ' research' • Add 'personal details' to the sentence asking the patient for their consent • Allow space for counter-signature by a member of hospital staff • Reflect that a nominal charge can be made when a patient requests a copy of their personal data The revised consent form should be circulated to SC members for comment. Comments should be sent to FD prior to SC meeting No.5 (21 Feb 2003). The form needs to be introduced to patients in advance of the NJR launch.	**AEAT/ ShC** **AEAT** **AEAT** **AEAT / All**

	Communication routes already established by patient group organisations should be used to promote awareness of the NJR and its consent form to patients. **[Action 2003 / 08]** AEAT to liase with NB to obtain details on appropriate communication routes for disseminating the patient consent form to raise awareness with patients and the public. JM / CH advised the SC that for data to be used for research purposes, the consent form would need to comply with research ethics standards and hence be approved by the Multicentre Research Ethics Committee (MREC). This led to considerable discussion on whether NJR data would be used for "research" or whether it was more appropriate to view the uses to which it would be put as relating to "audit" and "evaluation". It was suggested that "Evaluation of the factors that determine clinical outcomes" was a more accurate description of the intended use of NJR data. **[Action 2003 / 09]** Investigation of MREC requirements and how they relate to the NJR should be made as a priority. Although it was clear that patient consent had to be sought for personal identifying details to be entered into the NJR, CH raised concern that data from operations would still be entered even if patient consent was not given. PW had ascertained from the DoH that this was appropriate. **[Action 2003 / 10]** PW would recheck with DoH advisers that this is still considered appropriate practice. **[Action 2003 / 11]** It was pointed out that approval of the patient consent form and associated guidance would be required at individual Trust level. AEAT also needed to investigate this requirement as a matter of urgency. **[Action 2003 / 12]** All SC members who have experience of design of patient consent forms, consent procedures, and obtaining relevant approvals should email any details to FD that would aid AEAT in pursuing the related actions described above.	**AEAT / NB** **AEAT** **PW** **AEAT** **AEAT**
6	**Access to data and reporting requirements - discussion** FD described in broad terms the data access and reporting requirements as specified in the DoH's Invitation to Tender. FD asked for the SC's advice and agreement on (1) which stakeholders should have access to particular data, and (2) what type of analyses and reporting (including its frequency) should be provided. **(1) Data Access** PG proposed that the following table (as per the ITT) should be adhered to.	

Analysed Data	**Accessible to**	**Reason**
Personal patient data	Individual patients	In line with the Data Protection Act and Access to Medical Records Act
Analysis of individual surgeons' performance	Individual surgeons and their employing orthopaedic hospitals (where the surgeon has given consent)	Enable local comparison with the national norms

	Anonymised performance of Trusts and of implants	Freely accessible	• Permit manufacturer post-market surveillance; • Provide manufacturers with data against the NICE minimum entry benchmark; • Allow informed patient choice; • Allow evidence based purchasing; • Allow identification of best practice in the NHS and private sector; • Allow monitoring of device safety; • Allow comparison of Trusts within their Region or Scotland or Wales or nationally	

The SC agreed to the proposal.

It was noted that where only one orthopaedic surgeon practised at a hospital / Trust, then that data should not be published (since it would in effect be data pertaining to a known individual, i.e. individual surgeon's data). Similarly, smaller hospitals may become more easily identifiable.

(2) Analysis and reporting
It was agreed that any retrospective amendments to data within the NJR should be made by the NJR Centre (and not by the surgeon / hospital). The NJR IT system should be developed to record all amendments made to data following its submission to the NJR to ensure a complete audit trail.

[Action 2003 / 13] The NJR IT system should be developed to include an 'audit trail' function that will record all data amendments. **AEAT**

It was agreed that a paper should be prepared to define the data analysis and data reporting requirements of the NJR. The frequency of data reporting should also be addressed.

The following issues need be taken into consideration:

- When anonymised data is first publicised, it should carry a note that alerts the data user that it has been generated from a small dataset and hence may carry some bias.
- Early reporting to Trusts would benefit the NJR, because Trusts could check the data for its correctness and feedback to the NJR Centre any amendments.
- Reports would be published on a regular basis, once datasets have been fully validated.
- Some Trusts may have larger epidemiological case mixes hence there may be some value in reporting by volume and case mix.
- Raw data and analysed data would be fed back to a surgeon. The analysed data would be of more value to the surgeon hence the time between the two reports should be minimised.

[Action 2003 / 14] AEAT to prepare the paper ready for the next SC meeting (21 Feb 2003), with input from JM. **AEAT / JM**

To ensure that the paper includes the data reporting requirements for each of the NJR stakeholder groups, all SC members needed to put forward their expectations.

[Action 2003 / 15] All requests for data analysis should be forwarded to FD by 10 Feb 2003. **All**

7	**Surgeon league tables – discussion** PG informed the SC that some surgeons had concerns that NJR data will be used to produce surgeon league tables. To help alleviate this concern PG asked for the SC to support the following: 1. The SC does not endorse the use of surgeon league tables 2. The DoH have no plans to produce surgeon league tables for orthopaedics 3. The SC would not support the use of future league tables unless statistically representative of epidemiological case mixes. BD responded that in relation to: point (1), there was no intention to name individual surgeons at present but he could not give a guarantee for the future; point (2), the DoH had no plans to publish orthopaedic surgeon league tables but it was not possible to guarantee that this will remain the case in the future. See below for Point (3). MPo raised issues relating to case mix. PG advised that the SC may discuss case mix in the future but it was not an item for discussion today. However, it was agreed that it would be helpful for the BHS to give some thought to how this topic might be addressed in relation to the NJR. **[Action 2003 / 16]** The BHS should consider how the differences in the epidemiological case mix for surgeons may be statistically addressed to ensure balanced data reporting.	**MPo**
8	**March Regional events – update** DC updated the SC on progress made with arrangements of the training events. The updated list of dates and venues is attached as Appendix 2. No concerns were raised. PW suggested that the dates and venues be put forward for consideration for publication in the Chief Executives' Bulletin. [**Action 2003/ 17]** The events schedule should be put forward for consideration for publication in the Chief Executive's Bulletin.	**AEAT / PW**
9	**Development of the IT Solution – update** DP updated the SC with the progress on development of the IT solution. DP informed the SC that there were some finer details that needed finalising within the minimum data set (MDS) **[Action 2003/ 18]** Details of some of the data fields in the agreed MDS needed to be finalised, including: • Appropriate codes need to be selected from the ICD10/ OPCS4 code lists (and confirmation obtained on whether 3 or 4 digit codes should be used). • In the data field *Type of anaesthetic* 'subdural' should be removed. • In the data field *Type of anaesthetic* 'local' should be changed to 'regional' nerve block. • Chemical and mechanical thrombo-prophylaxis regimes are not mutually exclusive. • Surgical technique 1, 2 and 3 data fields could be more appropriately labelled.	**AEAT / MPo / CH**
10	**Issues of data quality and validation pertaining to the NJR – NJRSC (03) 04** DC introduced some solutions that could feed into the improvement of data quality and validation procedures.	

	Solution 1 – 'checking and validating encrypted patient details' was discussed. It was agreed that greater detail was required to fully inform the SC of the value this would bring to the NJR. **[Action 2003 / 19]** A paper should be prepared to show the added value that solution No.1 would bring to the NJR. Associated costs should be included. AEAT to liase with JM. **Solution 2** - was discussed. It was agreed that a data field called 'Hospital Specific Patient ID' should be built into the MDS to facilitate data retrieval within hospitals. The **'Future Solution'** - relating to the adoption of a public key interface (PKI) system, was discussed. It was agreed that a paper on its 'benefits and financial implications' should be prepared later in the calendar year. **[Action 2003 / 20]** A paper describing the benefits and financial implications that a PKI system would bring to the NJR, should be prepared later in 2003 in preparation for Year 2 of operation.	**AEAT** **AEAT**
11	**NJR – Auditing functions – NJRSC (03) 05** FD introduced the issues of auditing and a proposed auditing framework. It was noted that each of the Independent hospitals and Independent groups of hospitals would need to be contacted on an individual basis, since data is not held centrally. It was agreed that the surgeon who performed the operation should be used (as opposed to the surgeon on the waiting list). It was confirmed that audits would check the correctness and completeness of data held on the NJR system, it would not be examining performance of surgeons per se. The key elements were considered to be: (a) that events (ie. operations) were recorded in the NJR; (b) that data fields were recorded accurately – e.g. correctly distinguishing Left from Right, and no accidental double entry; (c) obtaining compliance; (d) maintaining (and increasing) compliance. Discussion on the accuracy or otherwise of Patient Administration Systems (PAS) indicated that they were very good at the macroscopic level but lack detail – the NJR should be an improvement. It was suggested that clear terminology should be established and included in a paper prepared to provide further detail on the auditing function. As an example, it may be more appropriate to refer to "compliance" and a "compliance" framework rather than "audit". JM confirmed there are no agreed international standards so it is acceptable to define terms for the purpose of the NJR. **[Action 2003 / 21]** Advice on how the auditing and compliance element of the NJR should function should be sent to FD by 5 Feb 2003 to enable FD to prepare a more detailed paper.	**All**
12	**AOB** **IT Pilot Study** DP provided a listing of hospitals that had agreed to pilot the NJR. To pilot the IT solution successfully it should include a representative spectrum of hospitals, DP requested further nominations.	

	[Action 2003 / 22] There is a need to pilot the IT solution in some Independent sector hospitals. Nominations should be sent to DP prior to 3 Feb 2003. **[Action 2003 / 23]** Nominations for some smaller hospitals / units are required. Nominations should be sent to DP prior to 3 Feb 2003. **NJR Launch** Consideration is being given to an official NJR launch on 31 March 2003. **[Action 2003 / 24]** PW to seek confirmation on the details of the launch.	**CD / PE** **All** **PW**
12 (I)	**Agenda items for February 2003 Steering Committee meeting** Agenda items would include: • Detailed paper on analysis and reporting • Paper including revised patient consent form and progress on approval • Development of the IT solution – verbal update • Training events – verbal update • Paper on Auditing (compliance) – detailed proposals for approval • Paper on checking and validating encrypted patient details • Draft Health Service Circular • Memorandum of Understanding **==** The February meeting will be held on **Friday 21 February 2003** at the Department of Health's offices at: **Skipton House** **80 London Road** **London** **SE1 6LH** (next to Elephant and Castle tube station) The meeting will start at 10.30.	
12 (ii)	**Venue and format for March 2003 Steering Committee meeting** Following the January SC meeting, it has been determined that the March SC meeting will be held in Birmingham on 19 March. This fits well with the training event on 18 March being held on The Wirral and the event on 20 March being held in Birmingham. The venue for **19 March** is: Dollond & Aitchison Group Training and Conference Centre 50 Rocky Lane Aston Waterlinks Birmingham B6 5RQ A buffet lunch will be available from 12.30, with the meeting starting at 13.00 and being due to finish by 16.30 at the latest. SC members may wish to consider staying in Birmingham on the night of 19 March so that they can visit the training event on the morning of 20 March.	

Sandra Hasler
Communications Manager, NJR Centre
29 January 2003

APPENDIX 1

Action no.	Progress	Action by
2002 / 06a and 06b	**To be reopened Feb/ Mar 2003** This action will be reopened in late February/ early March 2003. Follow up the prospect of an editorial article in the Health Services Journal to coincide with the launch of the NJR.	**AEAT**
2002 / 07a	**Ongoing** Need to continue to pursue obtaining contact details for each orthopaedic hospital / unit.	**AEAT**
2002 / 35	**Ongoing** Need to confirm how many BUPA hospitals and units carry out orthopaedic procedures.	**CD / PE**
2002 / 36	**Completed** AEAT has supplied PW with a list of the hospitals/ units in England that have not replied to the HHCQ	
2002 / 37	**Withdrawn** Action withdrawn as no longer relevant.	
2002 / 13a	**To be reopened early in Year 1 of NJR operation** The Patient Feedback Questionnaire (PFQ) is not required pre-April 2003. The SC agreed that AEAT should prepare the PFQ early in Year 1 of NJR operation.	
2002 / 18a	**Ongoing** AEAT to liase with ShC to agree exactly what material on the NJR website will require translation to the Welsh language and to obtain cost estimates. DP due to visit Cardiff 24 Jan 2003.	**DP/ ShC**
Report on hardware healthcheck - NJRSC(02)13		
2002 / 25	**Completed** AEAT highlighted the need for orthopaedic units to ensure that their IT system is capable of connecting to the NJR database in an information document entitled "An Introduction to the National Joint Registry (NJR) – What does it mean for you?".	
2002 / 38	**Completed** AEAT distributed the following documents to Unit managers (where contact details were known). • "An Introduction to the National Joint Registry (NJR) – What does it mean for you?" • "An Introduction to the National Joint Registry IT System".	
2002 / 39	**Completed** The above documents have been posted to the NJR website.	
2002 / 26	**On-going** AEAT is continuing to follow-up contact details for the IT Managers at orthopaedic hospitals/ units.	**AEAT**
2002 / 40	**Completed** The approved questionnaire for Wales was emailed to all IT contacts in Wales that had not returned a completed questionnaire.	
2002 / 27	**Ongoing** The unit manager information package "An Introduction to the National Joint Registry (NJR) – What does it mean for you?" refers to a data input proforma and its intended use. The SC agreed that the proforma should only be designed once all outstanding issues around the MDS had been resolved. AEAT to design the proforma in advance of the NJR pilot stage. AEAT awaiting feedback from the NHSIA Information Standards Board.	**AEAT**

2002 / 28	**Ongoing** A complete set of hospital and surgeon details (including names and GMC codes) for all orthopaedic hospitals and units in England and Wales are required by AEAT to populate the NJR prior to its launch. Discussion on 20 January indicated that there is no single listing that will provide the information required. AEAT were advised to make use of the following information sources: • Results of the 31.12.02 Linkmen survey – MPo to provide details • A range of sources that the Royal College of Surgeons made use of for the National Prospective Tonsillectomy Audit – JM to provide details • The knowledge of individual Regional Clinical Co-ordinators (RCCs) of orthopaedic surgeons based in hospitals in the regions Data from the above would need to be amalgamated, with any discrepancies being identified and addressed, and then lists provided to unit managers to cross-check.	**MPo / JM / RCCs / Unit managers / AEAT**
Research and the NJR – NJRSC(02)15		
2002 / 30	**Ongoing** The SC agreed that the draft guidance on 'How to apply to use the NJR for research' would be reviewed at a later date following exploration with MREC on the use of NJR data for research purposes. The guidance should not be placed on the NJR website until fully reviewed. (Pursuing this action is linked to progress on development and approval of the patient consent form and associated procedure – see Item 5 of minutes.)	**AEAT**
NJR Newsletter - NJRSC(02)18		
2002 / 31	**Ongoing** The first NJR Newsletter is nearing completion. Outstanding items are inclusion of a patient interview and a Ministerial contribution.	**AEAT / PW**
Minimum Data Set		
2002 / 41	**Completed** FD and HP resolved all outstanding queries on MDS data fields.	
Minutes of Steering Committee 2002/ No. 2 - NJRSC(02)19		
2002 / 42	**Completed** The approved minutes have been posted on the NJR website.	
November management report - NJRSC(02)21		
2002 / 43	**Ongoing** The DoH to pursue the cost of using the National Strategic Tracing Service (NSTS) for the purpose of the NJR.	**PW**
Memorandum of Understanding - NJRSC(02)23		
2002 / 44	**Ongoing** ABHI comments should be sent to PW.	**DF / KB**
NJR national training events – scoping paper NJRSC(02)24		
2002 / 45	**Ongoing** AEAT to make clear on the invitations to the training events how long the training would expect to take.	**AEAT**
2002 / 46	**Ongoing** Senior consultant representation is required at each training events. Contact details and availability are required. PG availability provided to FD.	**FD / PG/ HP / MPo**
2002 / 47	**Ongoing** AEAT to devise a system to manage the PC training, e.g. appointment slots.	**AEAT**

2002 / 48	**Completed** RCCs helped provide ideas for possible venues.	
2002 / 49	**Completed** Possible venues have been identified.	
NJR IT system specification - NJRSC(02)25		
2002 / 50	**Ongoing** AEAT to make the NJR system available to SC members to trial data input.	**AEAT**
2002 / 51	**Ongoing** Information regarding the free text fields in the NJR database will be disseminated via the first Newsletter.	**AEAT**
2002 / 52	**Completed** Feedback on the behalf of NJR SC members was received by AC.	
2002 / 53	**Completed** AEAT circulated the proposed set of validation rules to DF, CD and Mick Borroff.	
Proposed Regional Clinical Co-ordinators - NJRSC(02)27		
2002 / 54	**Ongoing** Unsuccessful applicants will be contacted once relevant posts are filled.	**FD**
2002 / 55	**Completed** Applications have been received and / or names suggested for all posts.	
2002 / 56	**Completed** Successful applicants have been contacted.	
2002 / 57	**Ongoing** Letters of appointment will be drawn-up and signed by BD and PG. They will also contain the RCCs terms of reference. Letters will also to be sent to unsuccessful candidates, following initial contact by PG or HP.	**FD / PG / BD**
2002 / 58	**Completed** The first RCC network meeting is arranged for 22 Jan 2003.	
Potential pilot sites - NJRSC(02)28		
2002 / 59	**Ongoing** Trial of data input online will be undertaken by PG and DP. Availability of PG to be confirmed.	**PG / DP**
Position on existing registries and audit databases		
2002 / 60	**Completed** Glenfield hospital (Leicester) has been invited to be an NJR pilot site	

Appendix 2 - NJR Venue Plan correct as at 28 January 2003

Notes:
1. This table provides a list event locations. It also gives the Strategic Health Authority (StHA) / Welsh NHS regions which it is likely to cover. Attendees are not restricted to attend the event for their own StHA / Welsh NHS region.

2. Events are scheduled to be open from 10.00 to 20.00H. **Attendance for 1 hour is likely to be sufficient for the training aspect, additional time for discussion with members of the Steering Committee, lead clinicians and NJR Centre project staff would be advisable.**

Event Date	**Location**	**Strategic Health Authority/Welsh NHS regions and Regional Clinical Co-ordinator**
3 Mar	London South (Training Centre at Kings College Hospital, Camberwell)	South East London Strategic Health Authority - Patrick Li South West London Strategic Health Authority - David Ward
4 Mar	London North (Himsworth Hall, Northwick Park Institute for Medical Research) 10.00 to 20.00	North West London Strategic Health Authority - John Hollingdale North East London Strategic Health Authority - Gareth Scott North Central London Strategic Health Authority - John Skinner
5 Mar	East Anglia (The Bell Hotel, Thetford) 10.00 to 20.00	Essex Strategic Health Authority – appointment to be confirmed Norfolk, Suffolk and Cambridgeshire Strategic Health Authority - Keith Tucker
6 Mar	Oxford (Venue TBC)	Thames Valley Strategic Health Authority - David Murray Bedfordshire and Hertfordshire Strategic Health Authority - Richard Rawlins
7 Mar	Exeter (The Princess Elizabeth Orthopaedic Hospital10.00 to 20.00	Avon, Gloucestershire and Wiltshire Strategic Health Authority - Evert Smith & John Newman South West Peninsula Strategic Health Authority - John Timperley Dorset and Somerset Strategic Health Authority - Nick Fiddian
10 Mar	Gwent (Nevill Hall Hospital Postgraduate Centre, Abergavenny)	South East Wales - appointment to be confirmed Mid and West Wales - appointment to be confirmed
11 Mar	Basingstoke (The Ark Centre) 10.00 to 20.00	Hampshire and Isle Of Wight Strategic Health Authority - John Britton Surrey and Sussex Strategic Health Authority - Michael Fordyce & Kenneth Tuson
12 Mar	Leicester (Venue TBC)	Trent Strategic Health Authority - Peter Howard & Philip Radford Leicestershire, Northamptonshire and Rutland Strategic Health Authority - Colin Esler
13 Mar	Orthopaedic Suppliers Only (Training Centre, AEA Technology, Harwell, OXON)	
14 Mar		

17 Mar	Newcastle-upon-Tyne (Freeman Hospital Training Centre, Newcastle-upon-Tyne) 10.00 to 19.00	County Durham and Tees Valley Strategic Health Authority - John Anderson & Anthony Hui Northumberland, Tyne and Wear Strategic Health Authority - Andrew McCaskie Cumbria and Lancashire Strategic Health Authority - Martyn Porter
18 Mar	Wirral (Arrowe Park Hospital Training Centre, The Wirral)	North Wales - appointment to be confirmed Cheshire and Merseyside Strategic Health Authority - Richard Parkinson Greater Manchester Strategic Health Authority - David Sochart
19 Mar	NJR Steering Committee (Birmingham) NO EVENT TODAY (SC venue – Dollond & Aitchison Group Training and Conference Centre, Birmingham)	
20 Mar	Birmingham (The Research Block, Royal Orthopaedic Hospital, Birmingham)	Birmingham and The Black Country Strategic Health Authority - David Dunlop Shropshire and Staffordshire Strategic Health Authority - Ian dos Remedios Coventry, Warwickshire, Herefordshire and Worcestershire Strategic Health Authority - Kevin O'Dwyer
21 Mar	Leeds (The Leeds Club) 10.00 to 18.00	North and East Yorkshire and Northern Lincolnshire Strategic Health Authority - Mark Andrews & Meng Khaw West Yorkshire Strategic Health Authority - Mark Emerton South Yorkshire Strategic Health Authority - Ian Stockley

28 January 2003