National Joint Registry
www.njrcentre.org.uk

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

APPROVED MINUTES

Meeting: NJR Steering Committee **Date:** Thursday, 9th July 2009
Location: MWB Venue, 130 Shaftsbury Avenue, London W1D 5EU

Members Present:	Bill Darling	BD	Chair
	Prof Paul Gregg	PG	Vice Chair, Orthopaedic Surgeon
	Mick Borroff	MB	Orthopaedic Device Industry
	Patricia Cassidy	PC	Independent Healthcare Sector
	Prof. Alex Macgregor	AM	Public Health & Epidemiology
	Carolyn Naisby	CN	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MPo	Orthopaedic Surgeon
	Dean Sleigh	DS	Orthopaedic Device Industry
	Keith Tucker	KT	Orthopaedic Surgeon
Regular Attendees:	Elaine Young	EY	National Development Lead, HQIP
	Yvonne Tse	YT	Development Officer (NJR), HQIP
	Andy Smallwood	AS	NHS Supply Chain
	Richard Armstrong	RA	NJR Programme Director, Northgate Information Solutions (Northgate)
	Mike Swanson	MS	NJR Principal Consultant, Northgate
Meeting Invitees:	Robin Burgess	RB	Chief Executive, HQIP
	Kalid Razak	KR	Medicines and Healthcare Products Regulatory Agency (MHRA)
Apologies:	Mary Cowern	MC	Patient Representative
	Patricia Durkin	PD	Patient Representative
	Andrew Woodhead	AW	NHS Management Member
	Andy Crosbie	AC	Medicines & Healthcare products Regulatory Agency (MHRA)
	Peter Howard	PH	Chair, Regional Clinical Coordinators' Network
	Charlotte Humphry	CH	NJR Programme Manager, Northgate

REF	ITEM	Action
	AGENDA	
1	**Welcome and Apologies for Absence** BD opened the meeting and welcomed all those present. Apologies were received and noted.	
2	**Minutes of the Previous Meeting** The minutes of the meeting held on Wednesday 22nd April 2009 were accepted as an accurate record and were to be published on the NJR website.	**NJRC**
3	**Matters Arising (not appearing elsewhere on the Agenda)** **3.1 MDSv3.1 Dataset** **3.1.1 Inclusion of Surgeon Grades (previous minute reference 3.3)** PG confirmed that he had spoken to CHu regarding the surgeon grades to be included in MDSv3.1 and that his query had been resolved satisfactorily. **3.1.2 Individual Surgeon Portfolio (previous minute reference 3.3.3)** MS confirmed that the best way to implement the individual surgeon portfolio was to include trainee surgeon grades within the MDS. This had been raised at the last meeting of the RCC Network and would be discussed during its annual review of the MDS. **3.2 NJR Extension to Northern Ireland (previous minute reference 9)** YT informed the meeting that she and RA had visited Northern Ireland and that a letter was awaited confirming the request for orthopaedic units in Northern Ireland to start submitting data to the NJR. **3.3 Anaesthetic Data (previous minute reference 15.1)** MS reported that PH had replied to the email sent by an anaesthetist at RUH Bath but that the article had been published without PH receiving a response. **3.4 Mandating the NJR (previous minute reference 6)** PG asked what progress, if any, had been made towards making the NJR a mandatory data collection, especially with regard to seeking support as outlined in the minutes. BD replied that this had been included as a project within the strategic plan. **3.5 Reintroduction of Patient Time Incidence Rate Report in *NJR Clinician Feedback*.** BD informed the meeting that he had received a letter from a consultant orthopaedic surgeon who had expressed concern that the Patient Time Incident Rate (outlier) report had not been reinstated. BD asked what progress had been made into carrying out routine monitoring and the re-introduction of the report. It was agreed that this would be discussed under Item 4.	**PH** **YT**
4	**Outliers** **4.1 Update from PG** PG reminded members that the Patient Time Incidence Rate report, used as the method for identifying potential outliers was withdrawn from the *NJR Clinician Feedback* service following a number of concerns being raised. The method was reviewed by the Royal College of Surgeons' Clinical Effectiveness Unit and, during the development of an alternative method, a number of potential outlying surgeons had been identified. There had been inconsistencies when looking at a surgeon's entire practice, so the analysis had been subject to stratification by procedure type. The method of identifying and reporting the outlying data had not followed the formally agreed process but it had been agreed that it was necessary to take action. As a result, an interim process would be adopted and surgeons would, in the first instance be asked to verify the data held by the NJR. Following comments from MPo proposing changes to the formal process, it was agreed that there should be no discussion about changes to that process until such time as the current, interim	

process had been completed. BD reminded the meeting that he had a responsibility to patients as well as surgeons and stressed that a timetable for this interim process had to be agreed at the meeting.

4.2 Timetable

Letters to surgeons had been written and the NJRC had completed the production of the data to accompany the letters. The letters would be posted on Friday 10th July, the day following the meeting. The following timetable was agreed:

7th August	-	Date by which replies to be received from surgeons.	
10th August	-	Date by which responses made available to NJRSC surgeons.	**PG,MPo, KT**
1st September	-	Date by NJRSC surgeons to have reviewed responses.	

It was accepted that some surgeons may not be able to respond by 7th of August, but agreed that late replies should be the exception rather than the rule.

MPo insisted that the BOA should be involved before decisions about handling potential outlier performance are ratified by the Steering Committee. He felt that support from the BOA was essential to ensure that the profession remained 'onside' with the NJR. He asked that his comments be included in the minutes.

EY responded by agreeing with MPo and reminded members that not only did extensive liaison with the BOA continue**,** both the current President and the Immediate Past President had been involved in all major decisions regarding the outlier process.

4.3 Outlier Monitoring and *NJR Clinician Feedback*

RA reported that the method had been implemented for all hip and all knee replacements undertaken by surgeons but further clarification was required about exactly what should be implemented for outlier monitoring and subsequently made available via *NJR Clinician Feedback*. The following direction was given:

- NJR data only should be used until such time as permission has been granted to use HES and PEDW data.
- Funnel plots should be produced for:
    - NJR Total Hips
    - Hip Cemented
    - Hip Cementless
    - Hip Resurfacing
    - Hip Hybrid
    - NJR Total Knees
    - Knee Cemented
    - Knee Cementless
    - Knee Unicondylar
    - Knee Patello Femoral
    - Knee Hybrid

RA confirmed that the reports would go live on *NJR Clinician Feedback* on 1st September and the data would be updated on a quarterly basis thereafter. The surgeon representatives on the Steering Committee would have the opportunity to review the reports before they went live. **NJRC**

BD informed the meeting that he would make contact with the surgeon who had written to him raising his concerns and inform him of the date on which the reports would be ready. **BD**

4.4 Low Volumes

KT and MPo expressed concerns that the method would not pick up high volume, non-compliant surgeons or surgeons with a low volume practice. RB stated that identifying potential outliers amongst low volumes should be considered as a separate piece of work.

5	**Research Request Proposal** AM reported that the aim was to develop an integrated pathway for research and data requests and to monitor the progress on ongoing research. Although it was dependent upon elements within the Strategic Plan, the following work was underway: • The data request form was currently being re-drafted. • A publication policy was being clarified in order to monitor how the data was used and published. AM proposed that a system for logging research requests and monitoring ongoing research should be implemented. In response to a query from MPo about the right of the NJRSC to turn down requests for data for research, BD suggested that, if there were reservations about a particular piece of research, then a proviso to the effect that the conclusions do not necessarily reflect the views of the NJRSC may suffice. AM stated that any costs associated with requests for data would be included in the protocol. The aim was to channel research in a direction that suited the priorities of the Steering Committee and to ensure that it was of good quality. BD directed that the re-established Research Committee would make the decisions with regard to the protocol and research requests, completing the groundwork outside of the Steering Committee.	**AM**
6	**NJR Strategic Plan 2009-2010** RA introduced the Strategic Plan, explaining that it put the list of projects into a strategic framework and then place them into groups, based on aim and purpose. The projects had also been prioritised based on size, time taken to implement, and whether or not they represented a quick win. It was also highlighted that the costs included in the plan were indicative only and would be made more firm as project plans were developed. BD directed that spending against the Strategic Plan was to be updated quarterly. EY introduced a document entitled 'Implementation of the NJR Strategic Plan 2009 - 2010' and sought members' support for the 4 recommendations contained in it. The 4 recommendations were supported and leads were proposed for each of the 6 sub-committees outlined in the document: AM - Research AW - Stakeholder Engagement and Communication PH - Data Quality (supported by KT) MPo - Special Projects MC - Development of the NJR (supported by CN) PG - Outliers HQIP would confirm that AW, PH, and MC were prepared to take the lead for the proposed sub-committees and then contact all leads individually. The following points were also raised during the discussion on the strategic plan: EY - The contract for the analysis for the 7th Annual Report would be let by the end of September 2009. MPo and the Editorial Board would provide assistance to EY during the tender process. AS - Suggested that support could be provided to units to enter data where there was a large backload. This frequently occurred when staff left and were not replaced. MPo - Suggested that a GANTT chart should be produced for the delivery of the Strategic Plan.	**NJRC/ HQIP** **HQIP** **EY/MPo** **NJRC**

	PG - Observed that the increased involvement of members would increase the amount of expenses claimed. EY confirmed that the additional cost had not been allowed for in the overall plan and would be accounted for against each of the individual projects.	
7	**Finance Report** The finance report was received and noted. EY informed the meeting that, in future, the finance report would be developed and include an update on spending against the Strategic Plan	
8	**Quarterly Statistics Report** The report was received and noted. MPo requested the names of the hospitals who had started submitting after they had been written to by BD. MS confirmed that the table in Part 1 of the 6th Annual Report listing non-compliant units would also be amended to highlight those units that had started to submit data since 1st April 2009.	**NJRC**
9	**Quarterly Management Report** MS reported that the report was not available at the time of the meeting and would be forwarded separately to members. The format and content of the report had been changed in agreement with HQIP and the major changes were: • Removal of detailed Regional Coordinator reports. • More relevant performance indicators. • New sections to include management updates on projects and finances. Members were invited to forward comments about the new report to the NJRC.	**NJRC** **ALL**
10	**NJR Levy MOU** YT reported that HQIP and MB had reviewed the levy calculation following the reduction in VAT from 17.5% to 15%. The current, net rate was confirmed as £15.52 which would increase to £15.89 when the VAT rate reverted to 17.5%.	
11	**ODEP Data Ownership** DS asked whether there were any plans to transfer the ownership of ODEP data from NHS Supply Chain to HQIP. He expressed concern that there may now be a conflict of interest as NHS Supply Chain was now run by a commercial company and was no longer an integral part of the NHS. AS informed the meeting that the issue of ODEP data ownership had been raised with the Department of Health and NICE were currently revising guidance on ODEP: it may either remain with NHS Supply Chain or transfer to NICE. BD reported that debate was currently underway to decide where the various elements of PASA would sit in the future and that that debate would influence the decision about ODEP. An element of PASA would move to NICE. EY agreed to consider the matter outside the meeting.	**EY**
12	**Information Currently Supplied to NHS Supply Chain** Covered under Agenda Item 11..	
13	**Editorial Board: NJR 6th Annual Report 2008 - 2009.** **13.1 Editorial Board Minutes - 7th May 2009.** The minutes for the May meeting of the Editorial Board were received and noted. MPo apologised for the lack of minutes for the June meeting but reported that this had been a working session to review the actual draft of the report. **13.2 Draft of the NJR 6th Annual Report** MPo reported that the project was on time and that the final document would be with the publishers	

	for 25th of July and ready for publication at the BOA Congress on 16th of September. He also reported that, in order to keep to the schedule, the topics were not fully developed but that, with an earlier start, more topics would be included in the 7th Annual Report. The report had also been divided into 3 parts: Part One had remained unchanged; Part Two provided the report of annual activity; Section 3 provided the survivorship analysis. MPo then delivered a presentation which highlighted the main findings to be included in the report. BD thanked MPo for his comprehensive report and presentation and suggested that the special topics should not form part of the printed document and should only be referred to at the BOA. This would enable the work to continue later BD also proposed the publication of a newsletter, containing the abstracts for the special topics, shortly after the BOA Congress. The proposal was to be considered by MPo. BD also expressed his disappointment that the NJR session at the BOA was at 1715 hours on the Wednesday evening and had only been allocated 45 minutes. MPo shared that disappointment but observed that the Wednesday was a day of interest to both knee and hip surgeons and that the attendance was likely to be larger on Wednesday than either the Thursday or Friday. BD reminded the meeting that the content of that session was to be determined by MPo as the Chair of the Editorial Board. PG asked why 5 year survivorship data had not been used. MPo replied by stating that there were insufficient numbers in the early years but that the 7th Annual Report would consider survivorship at 5 years. MB and KT proposed that the glossary should include a statistical section, outlining exactly how the analysis had been undertaken and the results produced. It was agreed that this could be incorporated into the 7th Annual Report. **13.3 7th NJR Annual Report - Contract for Statistical Support** This item had been covered under Agenda Item 6.	**MPo** **MPo** **MPo** **MPo**
14	**AOB** **14.1 Section 251 Support** MS reported that the Ethics and Confidentiality Committee (ECC) had agreed a 2 year extension, to July 2011, of support granted under Section 251 of the NHS Act 2007 which enabled the NJR to collect patient identifiers where 'Not Recorded' had been indicated against consent. **14.2 Metal on Metal Study** BD expressed his concern that he had had no information about the metal on metal study, something to which the NJR had contributed resources. He was also concerned about an email from Dr Suzanne Ludgate, MHRA, which appeared to blame the NJRC for failing to provide additional data only 4 days after it had been requested. He asked for an update. Both KT and MPo were concerned about the lack pf progress and MPo had even gone so far as considering resigning from the expert committee set up to support the study. PG stated that the lack of any minutes or any other communication was unacceptable. As far as KT was aware, all the data that had been asked for had been provided and that there was to be a wash-up meeting of the Expert Committee on 11th of September. KR explained what had happened to date with the study and regretted the lack of communications from the MHRA. He would report back the Committee's concerns. Whilst acknowledging MPo's concerns that the NJR's reputation was being called into question, BD stated that his primary concern was patient welfare and wellbeing. He directed that a letter be written to MHRA asking for a progress report. BD would sign the letter on behalf of the Steering Committee.	**HQIP**

15	**Date and Time of Next Meeting** **Tuesday, 20th October, 2009 at 10.30-16.30** MWB, Shaftesbury Avenue, London W1D 5EU	