

## NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

### MINUTES

**Meeting:** NJR Steering Committee **Date:** Wednesday 23<sup>rd</sup> April 2014  
**Location:** Princes Gate Room, RCGP, 30 Euston Square, Euston, London, NW1 2FB

<b>Members Present:</b>	Laurel Powers-Freeling	LPF	Chair
	Mary Cowern	MC	Patient Representative
	Dr Jean-Jacques de Gorter	JJ	Independent Healthcare Sector Representative
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Sue Musson	SM	Patient Representative
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MPo	NJR Medical Director
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative
	Andrew Woodhead	AW	NHS Management Representative
<b>Attendees:</b>	Richard Armstrong	RA	Programme Director, Northgate
	Rebecca Beaumont	RB	NJR Communications Lead, Healthcare Quality Improvement Partnership (HQIP)
	Ashley Blom	AB	Bristol
	Prof Tim Briggs	TB	President, British Orthopaedic Association (BOA) <i>[from 1 pm]</i>
	Alex Fletcher	AH	Committee Administrator, HQIP
	Peter Howard	PH	Chair, NJR RCC Network
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Eve Riley	ER	NJR Research Officer, HQIP
	Robin Rice	RR	Welsh Government Representative
	Peter Rottier	PR	Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Elaine Young	EY	National Development Lead, HQIP
<b>Apologies:</b>	Prof Paul Gregg	PG	Vice Chair / Orthopaedic Surgeon
	Jane Ingham	JI	CEO, HQIP
	Andy Smallwood	AS	NHS Procurement Representative
	Keith Tucker	KT	Orthopaedic Surgeon

REF	ITEM	ACTION
1	<p><b>Welcome and apologies for absence</b></p> <p>LPF opened the meeting and welcomed those present. Apologies were noted. Mark Wilkinson was welcomed to his first NJRSC meeting since his appointment on 1<sup>st</sup> February 2014 as the Public Health/Epidemiologist representative. Thanks were expressed to the following members whose terms of membership were expiring, for their contribution and service to the NJR: Prof Paul Gregg (Vice Chair and Surgeon representative since 2002), Prof Alex MacGregor (Public Health/Epidemiology representative since 2002), Carolyn Naisby (Practitioner with special interest in orthopaedics representative since 2006), and Andrew Woodhead (NHS Trust Management representative since 2007).</p>	
2	<p><b>Minutes of the previous meeting held 28th January 2014</b></p> <p>The minutes of the previous meeting were approved.</p>	
3	<p><b>Business Update:</b></p> <p>EY highlighted key issues from the Business Update report previously circulated for information. Further discussion occurred on the following items from the report:</p>	
3.1	<p><b>Knee Osteotomy Data</b></p> <p>MPo had spoken to Colin Esler and reported that there was no further involvement for the NJR at the present time, as further work was required by the Knee Osteotomy team.</p>	
3.2	<p><b>NJR Strategic Plan 2013-16</b></p> <p>Copies of the newly published Strategic Plan 2013-16 were distributed to members.  <b>Agreed: Copy of the plan to be sent to NHS England for information.</b></p>	EY
3.3	<p><b>Clinical Practice Research Database (CPRD)</b></p> <p>AM, MW, EY and ER were meeting with John Parkinson following the NJRSC to discuss a potential partnership between CPRD and NJR to maximise the datasets for research.</p>	
3.4	<p><b>Private Healthcare Information Network (PHIN)</b></p> <p>EY and MPo had met with PHIN on 9<sup>th</sup> April, and reported that they were requesting the last 12 months of analysed NJR data to assist with the range of comparators and clinical quality indicators they aim to provide to the public on private hospitals. PHIN were going to revise a draft Data Sharing Agreement to reflect the NJR indicators that were agreed be shared, but also to reflect data that PHIN would make available to the NJR and then a further meeting would then be scheduled.</p> <p>Noted that further work was required with Bristol regarding data analysis that may be required, and consideration would be given to whether the NJR charged PHIN for the data. It was anticipated that discussions and sign off should be completed in 6 weeks, with an additional few months for final discussions and the preparation of data.  <b>Agreed: JJ would be involved in the next meeting with PHIN.</b></p>	EY/MPo/JJ
3.5	<p><b>Freedom of Information Requests</b></p> <p>EY informed members that 4 further FOI requests had been received.  <b>Agreed: A statement of clarification with regards to FOIs and data requests would be drafted for publication on the NJR website.</b></p>	HQIP
4	<p><b>NJR Structure and Governance Review</b></p> <p>EY updated members on the current appointment process for NJRSC members. The announcement of the NHS Management representative and two Orthopaedic Surgeon representatives were awaiting formal DH approval and would be announced soon.</p>	
5	<p><b>Economic Model:</b></p>	
5.1	<p><b>Implementation of Revised NJR Finance Arrangements</b></p> <p>EY confirmed that letters had been sent to Units in England and Wales on 19<sup>th</sup> March, outlining the changes to the NJR finance arrangements effective from the 1<sup>st</sup> April, and introducing the Implant Price Benchmarking Service.</p> <p>LPF thanked MG and NW in their role as industry members for their assistance with the new process, and thanks were also expressed to Mick Borroff, former Industry member.</p>	

5.2	<p><b>NJR Price Benchmarking</b></p> <p>RA presented an update on the pilot study which had included 35 NHS Trusts and Welsh Health Boards. The resulting analysis enabled participating providers to review the range of orthopaedic implants purchased, prices paid, and implants used, set against national benchmark information. Surgeon level analysis was also available.</p> <p>It was noted that the 2014/15 NHS Standard Contract stated that from April 2014, NHS providers of joint replacement services were required to routinely submit their orthopaedic implant pricing information to the NJR. The NJR had written to Trusts to request a nominated lead for pricing and to specify the information required.</p> <p>An example of the Trust and Surgeon data pack covering a 12 month period to be distributed through the NJR system was also presented. Although the NJR would not disclose the prices of one Trust to another, Trusts could decide to share their own data with other Trusts, but would not be allowed to forward a data pack which was not their own.</p> <p>LPF felt it would be useful to share this information with NHSE at the next NJR/NHSE accountability meeting.</p> <p><b>Agreed: Screenshots of the data pack would be sent to LPF/EY to share with NHSE at the next quarterly review meeting.</b></p> <p>Discussion ensued over coding complex entries and why costs may differ. RA explained that volume was captured and prices could be high due to different Trust purchasing patterns. The data output pack would give useful information back to the Trust, but it would need further interpretation. Also, the benchmark would look at average pricing against the most highly used components in the NJR.</p> <p><b>Agreed: Northgate would check they were using the latest list of combinations.</b></p> <p>It was noted that John Warrington, DH, and Prof. Tim Briggs, were working on a different project which could potentially tie in with NJR Price benchmarking.</p>	<p>R/LPF/ EY</p> <p>Northgate</p>
5.3	<p><b>Monitor</b></p> <p>EY reported that she and RA had met with representatives of Monitor who were interested in working with the NJR to use some of the price benchmarking information to feed into their pricing models as well as collaborating on PROMs work. A further meeting was to be scheduled to take this forward.</p>	
6	<p><b>NJR Communications Strategy 2014-15</b></p> <p>The NJR Communications Strategy 2014/15 was approved.</p> <p>It was noted that the NJR's social media activity was developing and the two patient blogs had been well received.</p> <p>As raised by MC, it was noted that the NJR stock image library of patients should reflect the variety of patient ages undergoing joint replacement surgery.</p> <p>SM mentioned that the NJR website appeared to be aimed at orthopaedic professionals rather than patients, and RB confirmed that the NJR website would be reviewed and updated in the future.</p> <p>Three potential NJR logo variations were considered by the NJRSC for use following the end of the 10<sup>th</sup> anniversary year; option 3 was favoured.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>The Communications Strategy 2014/15.</b></li> <li>• <b>The design for the 'About Us' NJR leaflet.</b></li> <li>• <b>To revise the patient image library to reflect age.</b></li> <li>• <b>RB would distribute the new NJR logo for immediate use.</b></li> </ul>	<p>RB</p>
7	<p><b>Consultant Outcomes Publication (COP) 2014</b></p> <p>EY, RB, MPo and RA outlined the approach and requirements for the NJR to meet the COP for 2014, detailed below. [Further detail and background outlined in Paper F.]</p> <p><u>Ankles, elbows and shoulders:</u></p> <p>Noted that activity profiles for ankles, elbows and shoulder procedures would be added for 2014 although further discussion and agreement with the BOA and HQIP was required as</p>	

	<p>to how mortality would be presented due to their low volumes.</p> <p><u>Individual compliance and ODEP rating:</u> For hips and knees, individual compliance for primary and revision procedures would be included, as well as the ODEP ratings for hip procedures.</p> <p><u>Validation:</u> The validation issues previously raised by AB would be discussed further, with consideration given to whether validation takes place before or after data analysis.</p> <p><u>Enhancements:</u> For 2014, the surgeon profile would be enhanced to allow surgeons to add a profile including photograph, qualifications and relevant memberships and allow surgeon comments against his/her practice profile and outcomes analysis (which would be moderated by Northgate with escalation to HQIP).</p> <p><u>NJR Medical Advisory Committee (MAC):</u> Noted that the first meeting of the MAC on 23<sup>rd</sup> May would present an ideal opportunity to engage with the specialist societies and discuss the COP indicators.</p> <p><u>HES data:</u> Due to internal issues within the HSCIC, the NJR were experiencing delays with obtaining HES data which could impact COP, Part 4 of the NJR 11<sup>th</sup> Annual Report, and potentially may affect AB's work on PROMs. EY noted that she had written to the HSCIC on behalf of the NJR, but to date had received no reply, although this was a wider problem affecting the entire national audit programme, and was being addressed corporately by HQIP with NHSE. MPo would write to Sir Bruce Keogh to raise the issue.</p> <p><u>Costs:</u> To process data and meet the COP minimum requirements, the proposed cost for system development was £73,500, and for the additional enhancements (surgeon profile and surgeon comments) an extra £34,000. Noted that the maintenance for the Surgeon and Hospital Profile website was included within the Lot 1 core contract arrangements. Financial support of approximately £20,000 per audit was available from NHS England upon review of a funding application.</p> <p><u>Deadline for publication:</u> 16<sup>th</sup> October 2014.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>MPo would write to Sir Bruce Keogh regarding HES data.</b></li> <li>• <b>The NJRSC approved the total cost of £107,500 (outlined above).</b></li> <li>• <b>An application would be made to NHS England for funding based on the enhancements the NJR aim to make to improve the information for patients.</b></li> </ul>	<p>MPo</p> <p>EY/RB</p>
<p>8</p>	<p><b>NJR Data Quality Workshop</b></p> <p>As reported at the previous NJRSC, the NJR had held a half-day workshop on 3<sup>rd</sup> March with the aim of establishing an NJR DQ Strategy with the cooperation of the professional societies. The summary report from the workshop had been previously distributed and a further working group would now be established to harness the ideas into a workable framework.</p> <p><b>Agreed: Ideas from the workshop would be progressed by a small working group, with the aim of bringing a draft strategy to the July/October NJRSC.</b></p> <p><u>Data Validation: [Min ref: 11 below also refers]</u> Discussion ensued about how the NJR could validate 10 years of data; suggestions included having a nominated DQ lead visit a randomly selected group of hospitals to undertake a DQ inspection which would include checking relevant records. Members enquired if there was a benchmark for data validation that other Registries</p>	<p>EY/MPo</p>

	<p>already used and which the NJR could adopt. It was noted that data validation was a topic for discussion at the upcoming ISAR congress and the NJRSC would be kept informed of the outcome of discussions.</p>	<b>MPo</b>
<b>9</b>	<p><b>Patient Implant Cards – Pilot Project</b>  The NJRSC expressed disappointment that the pilot study was behind schedule. Northgate explained that delays had been encountered due to further design work and continued issues with development of the patient web portal (associated with the development of the system for wider use by Northgate beyond the NJR). Thanks were expressed to MC, SM and RB for their assistance with promoting NJR branding for the cards and website.  <b>Agreed: Northgate would provide an update on the pilot at July's NJRSC.</b></p>	<b>Northgate</b>
<b>10</b>	<p><b>Shoulder PROMs</b>  EY updated the NJRSC on shoulder PROMs. It was noted that it had been agreed that a pilot be undertaken for three years, but in two phases with a review after the second year (Phase 1) to look at compliance levels before committing to the third year (Phase 2). Phase 1 of the pilot had ended in January 2014, and BESS had provided two outcomes reports for NJRSC review, with request that the pilot be extended to the 3<sup>rd</sup> year. The NJRSC did not think that the results from the study were satisfactory, with concerns raised over the methodology, missing numbers, low surgeon compliance and how BESS would identify potential outliers. Another concern was the outstanding £15,000 contribution from BESS towards the £80,000 cost the NJR had already paid for Phase 1. The NJRSC agreed that it would not continue to fund the study in its current format and requested that data collection cease until their concerns had been addressed, and a revised proposal for Phase 2 presented for further NJRSC review.  <b>Agreed: Phase 2 of the Shoulder PROMs should not go ahead in its present form. MPo would discuss the NJRSC's concerns with BESS to enable a revised report to be submitted to the NJRSC for further review.</b></p> <p><u>BESS representation on the NJR</u>  A request for BESS representation on the NJRSC was noted. However it was considered that the establishment of the new Medical Advisory Committee was now the appropriate forum for the professional societies to be represented.  <b>Agreed: EY would notify BESS that membership would be welcomed on the new Medical Advisory Committee.</b></p>	<b>MPo</b>          <b>EY</b>
<b>11</b>	<p><b>Upgrade of Clinician Feedback System (CFS) &amp; Minimum Data Set (MDS)</b>  <u>CFS:</u>  PR reported that the development of the Consultant level report was in the final stage of testing and should be ready by the end of May/early June.</p> <p><u>MDS:</u>  MS reported that there had been significant delays due to changes in the NHS ISB process whereby they now require development to start before they review or grant approval which leaves potential for the development work to be wasted if changes need to be made and a loss of money paid by HQIP to Northgate to undergo the development. Northgate Management therefore gave approval for the development work to begin at Northgate's risk. However, since development had started, progress was much slower as resources had been reassigned due to the delays. Completion was therefore not anticipated until August 2014.</p> <p><u>Data Validation: [Minute ref: 8 above also refers]</u>  Discussion occurred on how the NJR could improve data validation, and it was suggested as the majority of Trusts would already have designated data quality roles, the NJR could send out a monthly data sheet to each Trust with the number of primaries and revisions we have recorded and ask them to review and confirm the figures. A trial was recommended with a view to inviting the 15 Trusts in the Orthopaedic Alliance to participate.  <b>Agreed: The DQ Working Group would pursue arrangements of six-month data validation pilot study.</b></p>	<b>HQIP</b>

<b>12</b>	<b>Update from the NJRSC Sub-Committees:</b>	
<b>12.1</b>	<b>Editorial Board:</b>	
<b>12.1.1</b>	<b>Minutes of the Previous Meetings</b> The minutes from the 4 <sup>th</sup> March teleconference and the 9 <sup>th</sup> April meeting were received and noted, and progress on the production of the newly formatted Annual Report was received.	
<b>12.1.2</b>	<b>HES Data</b> Reported under item 7 (above).	
<b>12.2</b>	<b>Research Sub-Committee (RSC):</b> LPF thanked AM for his contribution to the NJR over 11 years, including his Chairmanship of the NJR Research Sub Committee. This was echoed by MW who acknowledged the strong foundations which AM had established for NJR research. It was noted that AM was to maintain links to NJR with continued work on PROMs.	
<b>12.2.1</b>	<b>Minutes of the Previous Meeting</b> The minutes from the teleconference held 10 <sup>th</sup> April 2014 were received and noted.	
<b>12.2.2</b>	<b>Research Strategy Proposal</b> In his role as newly appointed Chair of the RSC, MW outlined his suggested model for strategic development of the NJR research function (Paper P). The NJRSC welcomed the general principles but requested the addition of timescales and priorities.  <u>Research Fellows:</u> MW was to discuss the current NJR fellow recruitment system with the RCS and would keep the NJRSC updated.  <u>Data Management:</u> It had been agreed that Bristol would develop an annual 'build' of the NJR dataset which would be ready to extract data from for research requests. This would enable one dataset to be accessed, which would reduce the burden of producing numerous datasets, and would ensure that all applicants in any set year would receive the same dataset thereby reducing the risk of conflicting interpretations. A future online access system, similar to CFS, was also under consideration whereby researchers would work on an NJR server.  <u>Patient focus:</u> The committee agreed a suggestion from MC and SM that a booklet be produced, highlighting the values of patient data for NJR research, and how patients were contributing to this valuable data for the benefit of future generations.  <b>Agreed:</b> <ul style="list-style-type: none"> <li>• <b>A dual approach for research with moderated access to NJR-linked data for external research, but a strong internal research programme.</b></li> <li>• <b>All research activity would be directed through the RSC.</b></li> <li>• <b>MW would produce research strategy proposals covering a 6 month, 1 year, and 2 year period, for the NJRSC to review in July.</b></li> <li>• <b>Updated terms of reference for the RSC and a research statement (lay version and scientific version) would be drafted for July's NJRSC.</b></li> </ul>	<b>MW</b> <b>MW/RB</b>
<b>12.3</b>	<b>Outlier Sub-Committee (Surgeon Data):</b>	
<b>12.3.1</b>	<b>Minutes of the Previous Meeting</b> The minutes from the meeting held 3 <sup>rd</sup> March 2014 were received and noted.	
<b>12.3.2</b>	<b>Surgeon Outlier Process Meeting – 19<sup>th</sup> May 2014</b> EY noted that a meeting was scheduled to review and update the surgeon outlier process and the NJR Trust Annual Report. Discussion developed on the following topics:  <u>Compliance and Data Validation:</u> Concern was raised over how poor compliance could affect the surgeon and trust outlier	

	<p>process as the NJR could only report on the data it received. AB proposed that he and his team conduct an investigation into low compliance by taking a snapshot of a random selection of Trusts, arranging visits and going through their source data.</p> <p><b>Agreed: A budget of £30,000 was agreed for AB and his team to complete an investigation into Trust compliance and produce a paper for July's NJRSC.</b></p> <p><u>Metal on Metal (MoM) data and surgeons' records:</u> Surgeon members were concerned that by including MoM data in surgeons' records, there was a risk that the statistics could be hindered by MoM obscuring other potential performance issues. It was proposed that for surgeons who had ceased using MoM, the MoM data could be removed from their record. PH would produce a paper summarising the effect of removing MoM for the surgeons who had ceased using it, explaining the risk that by including MoM in the statistics it could be masking other performance issues. Once reviewed at July's NJRSC, the paper would then be shared with the BOA and Sir Bruce Keogh for consideration.</p> <p><b>Agreed: PH would produce a paper (outlined above) for July's NJRSC.</b></p>	<p><b>AB</b></p> <p><b>PH</b></p>
<b>12.4</b>	<b>Implant Performance Sub-Committee (IPC):</b>	
<b>12.4.1</b>	<b>Minutes of the Previous Meeting</b> The minutes from the meeting held 28 <sup>th</sup> March 2014 were received and noted.	
<b>12.4.2</b>	<p><b>Unique Device Identifiers (UDI) &amp; Upgrade of Component Database</b> The NJRSC received a business case for work required to deal with the UDI changes. A working group was proposed with the following composition: MPo (Chair), EY, KT, Northgate reps, Martin Pickford, Claire Newell, Mick Borroff/industry rep, and Tim Wilton. The NJRSC agreed that the group should meet for initial discussions on NJR readiness for UDI, including issues related to the component database as the knee database was now outdated and needed an upgrade to include additional columns and fields.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>The composition of the UDI working group, which should meet for initial discussions, with further proposals brought back to NJRSC.</b></li> <li>• <b>A proposed budget of £45,610 for UDI development work.</b></li> <li>• <b>Northgate would prepare costs for the upgrade of the knee component database for July's NJRSC.</b></li> </ul>	<p><b>MPo/EY</b></p> <p><b>Northgate</b></p>
<b>13</b>	<b>NJR Finance Report (1<sup>st</sup> April 2013 – 31<sup>st</sup> March 2014)</b> The finance report was received and noted.	
<b>14</b>	<b>Quarterly Statistic Report Q4 (1<sup>st</sup> January to 31<sup>st</sup> March 2014)</b> The QSR was received and noted.	
<b>15</b>	<p><b>Quarterly Management Report Q4 (1<sup>st</sup> January to 31<sup>st</sup> March 2014)</b> The QMR was received and noted. MC queried whether the Risk Register should be reviewed, and this was agreed.</p> <p><b>Agreed: Northgate would prepare a Risk Register update for July's NJRSC.</b></p>	<b>Northgate</b>
<b>16</b>	<b>Any Other Business:</b>	
<b>16.1</b>	<p><b>Preparation of NJRSC Agenda &amp; Papers</b> EY expressed concern that the current deadline for receipt of agenda items and papers was not being met with papers being sent a day before distribution with no time for review. New timescales would be confirmed and papers that were not received by the deadline would not be distributed, and would be postponed to the next meeting.</p> <p><b>Agreed: New deadlines for receipt of agenda items/papers would be confirmed.</b></p>	<b>HQIP</b>
<b>16.2</b>	<p><b>International Society of Arthroplasty Registers (ISAR) 2014</b> MPo outlined the programme for the 3<sup>rd</sup> ISAR congress to be held in Boston, USA from 31<sup>st</sup> May – 2<sup>nd</sup> June (available online: <a href="http://www.isarhome.org">www.isarhome.org</a>).</p>	
<b>17</b>	<b>Next Meeting</b> 10.30 am, Friday 25 <sup>th</sup> July 2014, Franks Room, Wellcome Collection, Euston, London.	