National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)

MINUTES

Meeting: NJR Steering Committee **Date:** Thursday 29th January 2015
Location: Princes Gate Room, RCGP, 30 Euston Square, Euston, London, NW1 2FB

Members Present:	Laurel Powers-Freeling	LPF	Chair
	Mary Cowern	MC	Patient Representative
	Peter Howard	PH	Orthopaedic Surgeon
	Martyn Porter	MPo	NJR Medical Director
	Prof Mark Wilkinson	MW	Public Health & Epidemiology Representative
	Prof Andrew Price	AP	Orthopaedic Surgeon
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative
	Rob Hurd	RH	NHS Management Representative
Attendees:	Elaine Young	EY	Director of Operations-NJR, HQIP
	Richard Armstrong	RA	Programme Director, Northgate
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Rebecca Beaumont	RB	Senior Communications Officer-NJR,(HQIP)
	Eve Riley	ER	Research Officer-NJR, HQIP
	Saskia Dean	SD	Executive Assistant-NJR, HQIP
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Mike Kimmons	MK	CEO, British Orthopaedic Association (BOA) *[on behalf of Colin Howie]*
	Andy Smallwood	AS	NHS Procurement Representative
	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT)
	Prof Ashley Blom	AB	Bristol
Apologies:	Keith Tucker	KT	Orthopaedic Surgeon
	Sue Musson	SM	Patient Representative
	Dr Jean-Jacques de Gorter	JJ	Independent Healthcare Sector Representative
	Colin Howie	CH	President, BOA
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative
	Robin Rice	RR	Welsh Government Representative

REF	ITEM	ACTION
1	**Welcome and apologies for absence** LPF opened the meeting and welcomed those present. Apologies were noted. Rob Hurd was welcomed to his first NJRSC meeting as NHS Management Representative, as was Saskia Dean, Executive Assistant-HQIP.	
2	**Minutes of the previous meeting held on October 24th 2014** The minutes of the previous meeting were approved.	
3	**Business Update** <u>Re-tendering of contracts</u> EY explained that NJRSC members involved in the re-tendering of contracts would be contacted about finalising the specifications for tenders. This work would be progressed through April-early May. <u>Private Healthcare Information Network (PHIN)</u> EY reminded the NJRSC that it had been agreed in principle to share a certain level of information with PHIN and in return, the NJR would receive information about the independent sector. PHIN were now pressing to formalise a data sharing agreement with the NJR, but the NJR still required clarification on certain issues, e.g.: • Transparency of PHIN's cost structure, • Transparency of PHIN's outcomes, • Potential for PHIN to present NJR data in a way that would contradict the NJR's analysis/publications. Despite meetings and communication between the NJR and PHIN, and MPo having read PHIN's plans carefully, these concerns had not been resolved. MK concluded that despite questions remaining, the BOA and NJR would need to cooperate with PHIN, and the BOA would liaise with the NJR and specialist societies about this. EY added that the development of the NJR dashboard programme was a new factor that would impact on how the NJR shared data with PHIN. It was suggested: • By LPF that the NJR be clear about any potential licensing agreement and associated charges to PHIN, • By MW that the NJR should request private sector information that it does not get via other mechanisms as a *minimum* from PHIN, • By MK that conversations should also include the PHIN Board. **Action: NJR to prepare detailed questions and requests for PHIN, before inviting PHIN back to a NJR MAC meeting.**	**HQIP** **NJR / BOA**
4	**Structure and Governance** <u>Isle of Man</u> EY confirmed that the Isle of Man was scheduled to join the NJR from the beginning of April, with work on-going to formalise a Data Sharing Agreement. <u>New NJRSC Member Recruitment</u> EY reported that the advertisements for new members had been placed. Interview dates were arranged in March for the surgeon and practitioner with special interest in orthopaedics (GP) members, and were currently being organised for the patient representative. <u>NJR Committee Member Succession Planning</u> LPF explained the NJREC had agreed that a member succession plan was required to facilitate future planning. **Action: To draft an NJR committee member succession plan for consideration.**	**HQIP**

	NJR Committee Member Expense Policy LPF explained that in the context of increasing NJR activity, expanding membership and greater international travel, the NJR expenses policy should be reviewed and updated. **Action: To review the NJR expense policy and present a draft for NJREC consideration.** NJR Training and Induction EY suggested that training and induction for new members, discussed at earlier NJRSC meetings, be planned as part of the next NJRSC meeting. **Action: To plan training and induction session for new members.** Representation of Devolved Regions MC commented that representation of devolved regions should be more formalised, e.g. Wales is only represented by herself and RR, but this was not structured/secure. **Action: To monitor Welsh representation in liaison with Welsh Department of Health and Social Services.**	**HQIP** **EY/LPF** **HQIP**
5	**NJR Dashboards** EY explained that work on dashboards was progressing, with the need to meet NHSE's publication deadline of March 1st 2015. Northgate were finalising the dashboards for every hospital by the end of January. Steps remaining were: • Communication with 'outlier' units to provide advance notification of their status and provide an opportunity for review and contact with NJR on any queries/comments, • Finalising presentation, explanations and definitions. Northgate was meeting with Bristol to finalise the underlying statistical methods for some of the indicators, e.g. how to put expected ranges around revision rates to define what is 'worse' or 'better' than expected. EY stated that if there was any risk of the deadline *not* being met, she needed to know immediately in order to advise NHSE. RA and AB emphasised that the statistical analysis and website-mechanism were ready, only the definitions needed to be finalised. EY added that NHSE had requested NHS Choices also be involved with NJR dashboards. The NJR had met with NHS Choices, who had been very impressed with the dashboards and were keen to see how they could use them on the Choices website and potentially the My NHS website. NHS Choices were also considering presenting this to the Secretary of State, as a good example of moving from individual to unit level outcomes. She added that the BOA had been very helpful and supportive to the NJR in consultation about dashboards, and had agreed to liaise between all the various organisations developing dashboards (e.g. Simon Swift/Method Analytics/NHSE, ARUK, GIRFT). There was agreement that dashboards need to be as seamless as possible. Members raised the following issues: • Data Quality: it was noted that the NJR had to work to the deadline for now, whilst data validation was on-going. MPo acknowledged that hospitals with poor results raising concerns about data quality should be advised to validate data. AP added that the NJR needed to be continually proactive about offering to help trusts validate their data. TB summarised that the problematic areas were 1) historical data 2) where the surgeon had not reported the primary procedure. MPo noted that the dashboards were a breakthrough in presenting granular data/Patient Choice to patients and that the dashboards would make trusts realise the condition of their data and be a drive to improve it; so as long as it was clear that the data was still being validated (e.g. with a disclaimer of data quality on the dashboards). • Timings: it was generally thought that patients would want to know about recent performance, not just total/historic performance. RA referred the NJRSC to the last page of the dashboard paper to show that a means of presenting performance/data in 2 year intervals had been drafted. Members agreed that this was a very positive development. • Outliers: RA noted unit level revision outliers were already reported in the Annual Report.	

	• Revision compliance: PH commented that compliance was reported for primaries and revision separately in the Annual Clinical Report and revisions might not have been done in the time of the NJR. **Action: RA/Northgate to report revision compliance.** • Welsh data: RA explained that some data was different for Wales, e.g. it had no PROMs data, but that where there was data, it would be published. • ODEP 10A – RA/RB clarified that there was a move away from showing this in Part 4 of the Annual Reports. MPo explained that Editorial Board had agreed that there should be further discussion before ODEP 10A ratings were on the website/in the public domain. LPF concluded: progress made so far was good but there was great pressure to meet NHSE's deadline and to allow for trusts to respond to their data *beforehand*; work to improve dashboards would be on-going once the initial deadline was met; there would be a type of disclaimer about data quality, and there was a possibility to use an accreditation scheme to give different trusts ratings for their data quality/compliance. **Action: HQIP to create communications strategy (incl. notifications for outliers, a text from MC/SM that clarifies that patients have been involved, an adequate disclaimer, etc.).**	**N'gate** **HQIP / MC / SM**
6	**NJR Accredited Provider Scheme** EY explained that the proposed Accredited Provider Scheme was linked to improving compliance/data quality and levels of subscription payment. RA gave the example that a trust should not be labelled 'compliant' if they were not paying their subscription fee and that this scheme could distinguish between paying/non-paying trusts, and be a mechanism to distinguish between those that were or were not putting effort into validating data. RB stated that *how* this would be represented online, and how it would be controlled, needed to be decided. RA agreed that this was to be formalised, but suggested that the broad idea was that trusts could be awarded a specific rating (with a specific logo/symbol) for a time period, on the condition that they had to meet/maintain certain defined standards in order to have the license to use the accreditation logo/symbol. AS suggested that those who were *actively* not paying their subscription fee be flagged. KR expressed concern that too many labels/logos would confuse patients about what represented trust *performance* as opposed to other matters. LPF agreed that the presentation would have to be very clear, but other members argued that compliance with the NJR was part of a trust's performance anyway. **Agreed: The development was worthwhile and should be pursued and progress reported back to the NJRSC.**	**N'gate/ HQIP**
7	**Upgrade of NJR Component Data Base** MPo summarised that the NJR component data base needed updating. Members of the NJR and Northgate had discussed component data bases with other organisations and this had brought up key issues such as the need to: • Create a more precise classification system, • Develop good relationships with manufacturers (e.g. providing templates for them to upload implant information), • Fit with international standards. MPo explained that a recent meeting in Leiden with various national registries (e.g. the German registry, ICOR) had been very productive and all parties had agreed that finalising detailed definitions was vital. MPo noted that whilst it was important for each national registry to have its own unique data base, a shared set of definitions was needed so that international comparisons would be possible. He noted that progress with the NJR database was good, and work would be complete in 6-12 months. It would particularly assist the work of the Implant Performance/Scrutiny and the Research Sub-Committee. International representatives would meet again in Las Vegas in March.	**MPo/ N'gate**
8	**Risk Register**	

	EY explained that the Risk Register now included 6 additions as previously agreed. **Agreed: The Risk Register would be signed off as the plan for 2015-2016, and would be reviewed quarterly at NJRSC meetings or at NJREC meetings if appropriate.**	**HQIP/ NJRSC**
9	**Patient Implant Cards** MS introduced the proposal to distribute a questionnaire to patients to gain a better understanding as to why people had not participated in the Patient Implant Card pilot scheme. The related budget was estimated at £6,400, with an additional possibility to extract additional patient information (email addresses) to run a related electronic survey (additional costs estimated at £650). MC suggested that the scope of the survey could be broadened to include more patients, e.g. by using social media. MS responded that this could be done but was separate to the questionnaire proposed, and added that he would like to discuss other ways of involving patients more with RB. There was further discussion about members' own experience of using their implant cards, which ranged widely, and the BOA's attempts to introduce an 'Orthocard' for patients, which had similarly limited success. It was agreed that development of Patient Implant Cards was worth pursing but with careful planning of both i) patient engagement and ii) support from agencies involved (e.g. Airport Security authorities). MK offered assistance in communicating with the Borders Agency if relevant. **Agreed: That the budget be approved and further work on patient engagement and potential support from other agencies be pursued and reported back to NJRSC.**	**N'gate**
10	**Patient Engagement: NJR Patient Network** EY reminded the NJRSC that this was a standing item on the agenda and that all members were invited to suggest topics for discussion/presentation. She added that when the Patient Network was launched, face-to-face sessions had been arranged for patients to meet NJR members, but since then communication had been mainly virtual (e.g. RB contacted the Patient Network for opinions about Patient Implant Cards, Dashboards, etc.). She suggested that another face-to-face session was arranged for patients to meet the NJR and that more patients could be involved across the work and committees of the NJR. MC added that there were a number of engaged patients who could be a real resource for the NJR, especially as MC and SM could not attend all Sub-Committees. **Agreed: Members to send suggestions for the standing 'Patient Engagement' item and a Patient Network meeting to be organised for a future date.**	**All/ HQIP**
11	**Strategic Plan 2015-2018 and Annual Plan 2015/2016** EY explained that work was on-going to update the Strategic Plan and that draft documents would be circulated at the meeting in April. LPF requested more specificity about the finances.	**HQIP**
12	**Getting It Right First Time (GIRFT)** TB presented on GIRFT. The report for England was finished and due for publication imminently, the Wales report was drafted, and there was a possibility that reports would also be produced for Ireland and Scotland. In summary, the context of GIRFT was increasing joint-replacement referrals and revisions occurring when the NHS needed to make reductions and efficiencies in spending. TB shared the opinion that expensive implants and adverse outcomes cannot be justified in this situation. The GIRFT team had carried out 205 hospital visits and found, among other things: • Huge variation in practice: e.g. in: treating infection, ODEP 10A use, washout and replacement in one year rates, litigation, costs of implants/procurement policies, choice of implant, surgeon specialism, etc., • Variation between HES and NJR data, • That Trusts were not aware of their own data and that information was not distributed 'down' from Trust managers. TB concluded that there was a need to rationalise practise based on evidence (local, national and	

	international) and cost. GIRFT had a detailed 3 year plan to implement solutions and define and improve Best Practise, e.g. by reducing infection, improving procurement and implant selection (e.g. with a Gold Standard of implants), and instigating a generally more robust review of outcomes. TB explained that he thought data would drive change, and thus the NJR and dashboards were vital. He added that specialist societies, such as the BOA, also needed to be involved. MK explained that the BOA would meet with specialist societies to see how to take forward important practice changes. EY asked if the report might influence compliance with the NJR. TB responded that he thought it would; many had not been aware of data missing but would be now.	
13	**Finance**	
13.1	**NJR Finance Report at Month 9 (to 31st December 2014)** EY presented the Month 9 Finance Report, with the final quarter to be presented at the next NJRSC meeting. She added that work with the Finance Manager was on-going to plan the budget for the next year, in more detail than before, so as to inform the Strategic Plan and Annual Plan. EY explained that the NJR was still short of income from Provider Subscriptions and the predicted supplier contributions. RA added that many supplier contributions were delayed due to having had late notice of payment due, but would be paid. He added that Northgate had made a payment schedule to avoid this happening again. EY explained that work was in-progress to finalise pricing for the next year. LPF noted that the NJR had reserves and was partly 'catching up' on strategic project costs that were pencilled in for previous years but not carried out until recently.	
13.2	**Provider Subscription Update** EY noted a much improved position with Subscription income but requested continued assistance from members who had contacts at Trusts that still had not paid their fee. She added that she had drafted communication to Trusts due to be sent shortly for the next financial year. LPF stated a Trust's status on subscription payment should be reflected in their compliance rating.	
14	**NJR Sub-Committees**	
14.1	**Terms of Reference [ToR]** It was noted that the ToR were being finalised for all sub-committees.	**HQIP/ Comm. Chairs**
14.2	**NJR Work Schedule** EY presented a draft Work Schedule to give an overview of all actions arising from all NJR Sub-Committee meetings. She explained that this was a work in progress, but going forward, she envisaged that there would be 3 working documents: 1. The Work Schedule of all NJR and NJR Sub-Committee actions; 2. The NJR 2015 Meeting Schedule; 3. A monthly summary of prioritised actions and deadlines. MPo commented that he believed this was good initiative as it centralised actions, increased visibility and clarified responsibility. MK and LPF commented that suitable software to facilitate this may be available and should be considered. LPF requested that a version of the work schedule should be sent to NHSE for their information as it provided an over view of the considerable work agenda being managed. **Actions:** • **HQIP to complete and distribute the Work Schedule, Meeting Schedule and monthly deadlines (and explore software packages to maintain them).** • **HQIP to send a copy of the Work Schedule to NHSE for information.**	**HQIP** **HQIP**
14.3	**Update from the NJRSC Sub-Committees**	
14.3 a	**NJR Executive Committee (NJREC)** The minutes of the previous meeting were received and noted. LPF summarised that this was a useful meeting, the ultimate goal of which was to reduce the load on the NJRSC. It would continue	

	on a monthly basis.	
14.3.b	**Medical Advisory Committee (MAC)** The minutes of the previous meeting were received and noted. MPo summarised that this meeting was fulfilling its role of keeping professional leaders informed of and involved with NJR work. He commented that the NJR was benefiting from input from MAC members and consultation on topics, e.g. COP and Dashboards. MK agreed that the MAC builds the BOA and other society members' confidence in the NJR.	
14.3c	**Implant Performance Sub-Committee (IPC):** The minutes of the previous meeting were received and noted. PH raised the issue of publishing the names of implants in outliers. He explained that this had not been done until now, but IPC members felt that it should. It had been agreed to do so in Part 4 of the Annual Report and PH and KT were working on this. NW suggested that manufacturers would be satisfied with this as long as the details were right and it was communicated well. MPo asked what the risk of indemnity was, and if this should be in the Risk Register. **Action: Legal advice to be sought on associated risk and included in the risk register.**	**HQIP**
14.3d	**Editorial Board:** The minutes of the previous meeting were received and noted. MPo summarised that the Editorial Board structure/schedule was working well, with a timetable of 5 meetings and 2 teleconferences a year. It had maintained good communications with the major stakeholders and had produced a good product. He noted that MS was doing good work in making the reports more bespoke. However, the lack of HES data was a problem currently. AB commented that as the report was online now, items could be added as they arise. MPo added that a challenge with interactive reports was keeping content synchronised. MW explained that there was an opportunity to include a broader spectrum of topics (e.g. infection and mortality, mix and match, ethnicity, etc.) in the reports.	
14.3e	**Research Sub-Committee (RSC):** **i) Minutes of the previous meeting** The minutes of the previous meeting were received and noted. MW highlighted that: • Claire Edgeworth and Mark Taylor from CAG attended to present on CAG; • Research applicants had been invited to present and defend their applications at the RSC meeting for the first time. This was beneficial as it enabled the RSC to ask the applicants about the project in detail in person - all the projects were approved. MW added that the Expression of Interest stage and having more discussion 'pre-application' had also eased the application process. However, members noted that this would generate more work for the NJR (in terms of servicing the applicants) further down the line; • Research Fellow interviews were scheduled to take place on February 3rd; • A meeting with HSCIC about PROMS & HES data access was scheduled for February 5th. **ii) NJR Annual Data Build** MW explained that the Annual Data Build had first been discussed last April, when it was agreed that it would be an essential part of the Lot 1 and Lot 2 funding frameworks. The aim was to have an underlying structure that was as automated as possible, and an annual cycle of updating research-ready information that could be used for both internal and external projects. This would ensure that the same information was accessible to everybody and that information would not be added in a piecemeal manner. MW and Bristol had identified the following necessary work stages: 1. To define terms and create a 'data dictionary' 2. To harmonise data extraction 3. To review data quality (to check and identify inconsistencies) MW explained that there were no additional costs involved and estimated that about 3 months would be needed per work stage. MW thanked those at Bristol, especially Adrian Sayers, for their	

	work to date. AB emphasised that the NJR needed to be pragmatic about what was defined as 'research ready' – with such a large database, not everything could be looked at or cleaned. He advised that by 'research ready' the NJR mean ready for skilled statisticians to use. He believed that the first year would prove very useful in getting feedback from users but added that Bristol did not have the resources to assist less able statisticians. LPF suggested that the support offered to external researchers was limited, with any additional or on-going support having a charge-structure. RA and MS emphasised that they would work on the data dictionary, which was key, especially due to the need to clarify the legacy of different datasets. MS advised he thought this would take at least 6 months. **Agreed: NJR Annual Data Build work could proceed.**	**MW**
	iii) Development of a Research Data Base and Portal MW explained that it had been discussed that there was a need to recognise that data security was a core activity of the NJR; it was the first item on the Risk Register. MW elaborated that in order to have a safe, efficient and effective data management strategy, the NJR could allow *access* to, but not *ownership* of data. One option was to arrange online access, e.g. as HSCIC had done with 'The Data Laboratory'. MW had created a proposal for this with input from Northgate and the University of Sheffield Engineering Department. This was based on a 6 month project to develop the portal to a stage where it is ready (pre-live). **Agreed: Proposal to be presented to NJREC for proper budgeting consideration.**	**MW**
	iv) Charging Mechanisms / Cost Recovery for Research and Data Requests It was discussed that the NJR was considering charging mechanisms. EY explained that the NJR had been in discussion with Clinical Practice Research Datalink (CPRD) about this, however CPRD had had a change of management and as a result the discussion was on hold. She added that recent changes in the NJR Research Strategy would also affect future discussion. EY suggested that the NJR develop a *general* income strategy encompassing the use of *all* data. LPF suggested that the NJR should look at other benchmarks when doing this. MW warned members that the NJR should think openly about this, not just economically, because there was a risk of precluding small/poor research groups. **Agreed: This was an item for discussion, other benchmarks should be reviewed for comparison when drafting the mechanism, and the mechanism should incorporate all types of requests.**	**HQIP/ N'gate**
	v) Supply of Brand Identifiers for External Research Applications MW explained that there was a tension between the need to be sensitive and the requirement to be transparent about brands. Until now, researchers had *not* been given access to brand identifiers, but MW believed that researchers should have access to brand identifiers and asked the NJRSC for opinions. AB agreed that it depended on case-by-case judgement by the RSC. He added that brand identifiers might be needed for the research, but might not need to be differentiated in what was finally published. MPo warned that it would be harder to decide if the NJR had confidence in external projects, so if external researchers were doing brand analysis, perhaps there should be a compromise. MS expressed concern that suppliers gave the NJR data on the basis that it was *not* released and suggested that suppliers were asked for permission. MW responded that in his opinion suppliers *had* to give the NJR data and that the NJR had a duty to publish information on brands that were under-performing, so MS recommended that the NJR re-visit the MOU. EY suggested that the NJR should review how supplier information is dealt with overall and NW requested that industry be involved in this process. **Action: MW to prepare a paper for the NJREC on what the RSC currently does with regard to brand identifiers and what the RSC proposes to do, with input from NW/industry. NJREC to review this paper before the item be brought to the NJRSC.**	**MW**

14.3f	**Data Quality Group** **i) Meeting** The minutes of the previous meeting were received and noted. **ii) Data Quality Strategy** MPo explained that the pilot project was underway at 7 hospitals and would inform the final strategy and national roll-out plans. He emphasised that the pilot project involved both NHS & private and large & small hospitals, and those with good and poor compliance/performance history. The aim of the pilot was to identify and complete *missing* data, then identify and correct *wrong* data. It would not be a priority to validate all historic data. It was evident so far that validation relied on having engaged consultants and data entry/audit staff, so the challenge would be to engage people and for this RCCs and RCs would be key. LPF noted that it had been decided at the NJREC to engage a full-time Data Quality project manger to assist with this work. TB and MPo agreed that the manager, RCC and RC would need to identify a committed clinician and instil ownership at each hospital. AS asked if commissioners might be interested in supporting (financially) the work, as it would potentially identify savings for them. MPo responded that he believed that this level of detail/involvement would not be possible for the commissioners.	
14.3g	**Regional Clinical Coordinators' Network** The minutes of the previous meeting were received and noted.	
14.3h	**Outlier Sub-Committee (Surgeon Data)** The minutes of the previous meeting were received and noted. PH explained that there was a need to show more recent performance rather than just historical/total performance, e.g. due to the implication of historic MoM impacting on records long-term. He suggested that 3 plots be used: showing 'old', MoM and 'new' data, and added that Colin Howie was invited to the next meeting to discuss CUSUM, which might be useful for analysing individual surgeon data. **Action: PH to finalise a paper on surgeon performance data presentation for review.**	**PH**
15	**Quarterly Statistic Report Q2 (1st July to 30th September 2014)** The QSR was received and noted. MS added that as HES data had not been available since July, compliance could not be monitored. Northgate had just managed to reach an agreement with HSCIC to receive data up until November, but a new agreement would have to be made for the period following that. Northgate were already preparing the next agreement in an attempt to avoid any further delay, however progress would be dependent on HSCIC. EY clarified that problems with HSCIC were affecting HQIP in general, not just the NJR, and that she, MW, and Northgate were meeting with HSCIC to discuss this in Leeds on 5th Feb. 2015.	
16	**Quarterly Management Report Q2 (1st July to 30th September 2014)** The QMR was received and noted.	
17	**Any Other Business:**	
17.1	**Visit to Spain Regarding Establishment of a Spanish National Joint Registry** AB explained that he and PH had attended a meeting in Spain (along with representatives of Italian and Swedish registries) to discuss the founding of a Spanish registry. AB had stressed that he did not believe a regional system would work, which the Spanish had taken on board. He reported that the Italians had been very interested in and positive about the NJR. The Spanish concluded that they would produce a White Paper and share this with the NJR.	
17.2	**NJR Meeting Schedule 2015** The NJR Meeting Schedule 2015 was received and noted.	
18	**Next Meeting** Wednesday 29th April 2015, RCGP, 30 Euston Square, London.	