

Agenda Item	NJRSC Nov 2006 (02) and (03)
Title	NJRSC Minutes from a Meeting held on 25 July 2006
Status	For Information

Background:

The attached minutes are the final minutes from the previous NJRSC Meeting held on 25th of July 2006 in London.

Action by NJR Steering Committee:

The Steering Committee is asked to review these minutes with regard to approving them as an accurate account of its previous meeting and to raise any matters or issues arising from them.

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NJR Centre

Date: 30 October 2006

NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	Steering Committee meeting		Date: Tuesday 25 th July 2006
Location:	MLS Venue, Providian House, 16 – 18 Monument St., London EC3R 8AJ		
Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Colin Esler (on behalf of Judy Murray)	CE	British Orthopaedic Association
	Alex Macgregor	AM	Public Health and Epidemiology
	Ros Gray	RG	Independent Healthcare Provider
	Tim Wilton	TW	British Association for Surgery of the Knee
	Philip Reardon Smith (on behalf of Domenic Worsey)	PRS	National Assembly of Wales
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Colin Thomson	CT	All Wales Community Health Councils (Patient Group Representative)
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd (Representing the orthopaedic device industry)
	Carolyn Naisby	CN	Practitioner with Special Interest Orthopaedics
	Ramila Mistry	RM	Department of Health
	Kate Wortham	KW	Department of Health
	Gladys Hall	GH	Department of Health
	Mike Davies	MD	Department of Health
	Richard Armstrong	RA	Northgate Information Solutions, Healthcare Practice Manager
	Mike Swanson	MS	Northgate Information Solutions, Principal Consultant
	Judith A Mason	JAM	Northgate Information Solutions, Programme Support Manager
	Martin Pickford	MP	Northgate Information Solutions, Orthopaedic Consultant
Apologies:	Mick Borroff	MB	Representing the orthopaedic device industry
	Mark Noterman	MNo	Department of Health
	Judy Murray	JM	British Orthopaedic Association
	Martyn Porter	MPo	British Hip Society
	Christine Miles	CM	NHS Management
	Andy Smallwood	AS	NHS Purchasing and Supply Agency

Item	Welcome and Introductions	Action
1	<p>The Chair opened the meeting by welcoming all those present and congratulating those existing members who would continue to serve on the Steering Committee having been appointed by the Appointments Commission. The Chair also welcomed RG and CN as 2 new members who took up their appointments as of 1 July 06.</p> <p>The Chair explained that the decision by the Appointments Commission to allow current members to continue until the expiry date of their term of office meant that other new appointees would be starting on 1st October 2006, 1st March 2007 and 1st May 2007.</p>	
2	<p>Minutes of Steering Committee Meeting 11th May 2006 – NJRSC (06) 01</p> <p>a. Approval of minutes</p> <p>An amendment was required under Item 2 (NJRSC 2006/02, Liaison with Healthcare Commission). Clarification was requested regarding the ODEP ratings to be used. It was confirmed that compliance with the “A” rating was the requirement and not any particular year.</p> <p>Item 13 (NJRSC 2006/12, NJR Information Requested by Stryker) should also be amended to state that ‘NJRSC member David Forsythe of Stryker left the room whilst this item was discussed’.</p> <p>The SC minutes were approved with no further comment.</p> <p>NJRSC 2006/01: Approved minutes to be posted on the NJR website.</p> <p>The actions were approved with no further comment.</p>	<p>NJRC</p> <p>NJRC</p> <p>NJRC</p>
3	<p>Matters Arising from Previous Minutes.</p> <p>NJRC 2006/09 – Not all levy returns will have been received at the time the statistics report was generated and the figures used were based on an assumption about levels of previous returns. The figures would be updated in the next statistics report.</p> <p>NJRC 2006/11 – The Chair confirmed that deputies are not allowed. However, under Rule 8 of the Members’ Handbook, the Chair could invite outside persons to attend a meeting with approval from DH if a particular expertise was required to cover a specific area. This would apply as a general rule and would not be restricted to those instances where an appointed member would be absent.</p> <p>NJRSC 2006/12 - The re-alignment of RCCs in line with the establishment of the new SHA structure had been discussed at the 23 May 2006 RCC meeting and further consultation was required before any decisions were made. It was proposed that each SHA should be supported by 2 RCCs, with one acting as a deputy to the other. This proposal would be included on the Agenda for the next RCC meeting.</p> <p>NJRSC 2006/14 - The Chair had not received a response to his letter to Mark Cowling and David Forsythe. This is to be followed up by the NJRC.</p> <p>NJRSC 2006/15. It was noted that, due to time constraints, the guidelines to access to NJR data for research and other purposes had not yet been completed.</p>	<p>NJRC</p> <p>NJRC</p> <p>NJRC/ DH</p>

	<p>NJRSC 2006/16. This action was discussed under Item 3.1b, PIAG Meeting - Consent.</p> <p>The actions were approved with no further comment.</p> <p>3.1a NJRSC (06) 02 Healthcare Commission (HCC) Meeting. MS outlined the meeting and confirmed the indicators that the HCC would use for the 2005-06 health check and the 2006-07 health check. As noted above, this year's indicators would be based on the ODEP ratings whilst, for next year, the indicators would be based on compliance, submission of NHS numbers, and the number of records submitted with postcodes. Full details were contained in the paper prepared by MS.</p> <p>3.1b NJRSC (06) 02a PIAG Meeting – Consent. MS outlined the key points of the paper prepared following the meeting with PIAG:</p> <ul style="list-style-type: none"> • There had been verbal confirmation that Section 60 Exemption had been granted but no written confirmation had been received as yet. • Registries would always require patients to 'Opt in'. • It would be possible to still continue to capture useful demographic information in the event that a patient refused consent to store data. Patient identifiable or sensitive data would subsequently be pseudonymised. The approach outlined by Northgate would require some re-development of the system but the approach was acceptable to PIAG and would not require Section 60 Exemption. This is essential if Exemption was not granted in the future. • PIAG confirmed that there is nothing preventing units from including the consent question on the same form as the 'Consent to Operate' form. However, it was stated that units should be aware that some patients may feel 'coerced' into giving consent if they believed that refusing to do so may jeopardise their chances of receiving treatment. This item would be included as an Agenda item for the next RCC meeting <p>The Chair reported that the Chair of PIAG had written to the NHS' Acting Chief Executive, raising concerns that the Section 60 Exemption may result in units failing to actively seek patient consent. In his response, Sir Ian Carruthers recognised those concerns, stated the actions being taken and suggested how the issue would be further addressed. The Chair had also proposed that the Steering Committee become involved in a campaign aimed at increasing the consent levels.</p>	<p>NJRC</p> <p>NJRC</p> <p>BD/ NJRC</p>
<p>4</p>	<p>NJRSC (06) 03 Progress of NJRSC appointments</p> <p>KW provided details of the outcome of the appointment of the Chair and Committee Members by the Appointments Commission. The following shows the dates when members are in post, with their start dates as appointed by the Appointments Commission in brackets, and if they are new members or changed post.</p> <p>In post as at 1st July 2006</p> <p>Mr Bill Darling - Chair (Reappointed as of 01/10/06) Mrs Ros Gray - Independent Sector (new Member 01/07/06) Miss Carolyn Naisby - Practitioner special interest in orthopaedics (new Member 01/07/06) Mr Michael Borroff - Orthopaedic manufacturing/supply industry (Reappointed 01/10/06)</p>	

	<p>Mr Alex MacGregor - Epidemiology/public health (Reappointed as of 01/10/06) Mr Martyn Porter - Orthopaedic Surgeon (Reappointed as of 01/01/07) Professor Paul Gregg - Currently Vice-Chair (Orthopaedic Surgeon Member from 01/10/06)</p> <p>Appointment from 1st October 2006</p> <p>Miss Mary Cowern - Representing patients (new Member) Mr Anthony Lowther - Orthopaedic manufacturing/supply industry (new Member)</p> <p>Appointment from 1st March 2007</p> <p>Mrs Patricia Durkin - Representing patients (new Member)</p> <p>Appointment from 1st May 2007</p> <p>Mr Keith Tucker - Orthopaedic Surgeon (new Member)</p> <p>The Chair advised that, under the rules, the Vice Chair is to be appointed by the Steering Committee from the Members of the Committee when the tenure of the current holder expires at the end of September.</p>	
<p>5</p>	<p>NJRSC (06) 04; NJR Quarterly Management Report April – June 2006</p> <p>Executive Summary RM reported that CM had noted (via e-mail to RM) that there had been a decrease in the rate of compliance when comparing the number of procedures entered into NJR to the number entered into HES/PEDW. MS advised that there had been a number of anomalous results that gave a confusing picture, probably caused by year end activities within units: the quarterly figures for Q2 would probably provide a clearer indication.</p> <p>RA advised the Committee that the current practice of holding encrypted data within the NJR system currently prevents records being linked and generally impacts upon the usability of the system. The requirement for data encryption needs to be addressed. The NJRC would write a paper outlining the issues and recommending a course of action. PIAG and DH would be consulted in the development of the paper.</p> <p>Performance Indicators The following indicators were either commented upon or discussed:</p> <p>Indicator 3: The DH analyst is currently assessing the best method for defining and calculating linkability. The principle was that 90% of records held on the NJR should have patient consent and 90% should have an NHS number so that they could be linked to other NHS data where that information was also available within the NHS data.</p> <p>Indicators 8 and 9: In response to a question by TW, MS stated that the NJRC would work with surgeons to determine their information requirements and to agree what data they would be prepared to share with hospital or Trust management.</p> <p>Indicator 11: RG stated that training should be more proactive than it is currently. MS advised that Northgate were currently reviewing training with a view to identifying training needs based on unit performance and issues. The high turnover in staff in</p>	<p>NJRC</p>

	<p>units meant that there would always be a need to provide continuation training in response to requests from units.</p> <p>Indicator 27: CE suggested that there is no need to survey surgeons for their best practice as they are unlikely to complete the survey. NJRSC agreed not to pursue a surgeon survey this year.</p> <p>RM made the following comments/observations:</p> <ul style="list-style-type: none"> • That the Risk Log and Key Issues Log should be combined in a single document. • Some risks did not have an accompanying mitigation plan. This should be addressed. • The levy figures should include the total sum only and the sum should not be broken down by supplier. • The Regional Coordinators' reports should be made more concise and report headline activities only. • Appendix I - Requests for Information. This should not include requests relating to the Annual Report or requesting individual's name as these were already covered. • Appendix J - Stakeholder Engagement Activity. This should not include attendance at NJRSC and NJR RCC meetings as these were covered elsewhere. • The next newsletter would be circulated to Steering Committee Members by 11 August 2006. 	<p>DH /NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p>
<p>6</p>	<p>NJRC (06) 05 Statistics Report</p> <p>MS highlighted an issue in defining which OPCS4 codes in HES relate to activity recorded in NJR. Northgate would investigate this and report back to the Steering Committee</p> <p>PG proposed a project to determine the accuracy of the HES data by comparing it to theatre books. He suggested that 3 hospitals be used. The NJRC would examine the feasibility of the project with PG, TW and Keith Tucker but only once it was possible to create a linkage at the record level.</p> <p>The following were also requested/noted:</p> <ul style="list-style-type: none"> • That tables and graphs were produced showing monthly comparisons, rather than quarterly comparisons. • That the combined figure for hip and knee revisions be broken down into separate totals. • The quarterly figures for revisions in 2005/06 are simply the totals for the year, divided by 4 but need to be the actual figures reported on so that quarterly comparisons can be made. • The report showing the top 10 performers was questioned on two counts. One was whether there were so many that met the criteria that only those starting at the beginning of the alphabet were included. The second was whether the criteria really demonstrated the top performers. It was agreed to change it to reflect the level of consent compared to the highest number of procedures reported. • The graph comparing the number of procedures needed to include actual figures. • All tables and graphs should show the period covered in the title. • The annual data tables for all three years should be included as an appendix for all three years (2005/06, 2004/05 and 2003/04) 	<p>NJRC</p> <p>NJRC/ PG/TW.</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC</p> <p>NJRC/ DH NJRC NJRC</p>

	The contents of the report were noted.	NJRC
7	<p>NJRSC 2006/06 Finance Report</p> <p>For the quarter april 2006 to June 2006, a levy income of £411,000 and an expenditure of £416,523, with a net deficit of £5,523 were reported. RM stated that there was generally a two month delay in the collection of income from the suppliers.</p>	
8	<p>NJRSC (06) 07 - Draft NJRSC and NJR Annual Report 2005-2006 (AR1)</p> <p>KW requested that Members sign off and approve the report so that it could be submitted by DH for ministerial approval and updated the meeting on a number of changes to be made following pursuit of the queries highlighted in the current draft:</p> <ul style="list-style-type: none"> • 6 Trusts had been identified as not supplying any data during the period. • A workaround had been identified to resolve the issue of junior surgeons using a consultant's default technique but it remained unclear whether this would ensure the correct doctor was recorded. The issue would be raised at the next BOA congress. • Northgate are investigating current issues with the Bulk Upload facility and reference to 13 units taking it forward would be removed from the document. • There were still a small number of independent units who have not agreed for their data to be included on StatsOnline. Northgate would investigate to determine whether this was a deliberate decision or merely an omission to change their preference on the system. • The format of NJR audits to be undertaken by the Regional Coordinators would change in the future, so the box with the benefits of the audits is to be omitted. <p>Members were required to notify KW of any changes to their current Declaration of Interests as soon as possible and by no later than 28 July 2006.</p> <p>BD stated that whilst acceptance of the report was required from the whole Steering Committee, he recognised that it would be difficult to complete the document within the required timeframe if the whole Committee was involved in agreeing final changes to the text.</p> <p>It was requested that any comments be made to KW by 28 July 2006. The final version with the tracked changes would be forwarded to Members who would have 3 days in which to respond. The Committee agreed that any final changes to the text would be reviewed and resolved by a smaller group consisting of BD, PG, KW, and RM, prior to its submission to the Minister for approval to publish.</p> <p>BD also suggested that the format of this and the annual clinical reports could change in the future. This should be done in consultation with stakeholders following publication of the current reports.</p>	<p>NJRC/ PG</p> <p>DH</p> <p>NJRC</p> <p>DH</p> <p>All</p> <p>All</p> <p>BD,PG, KW,RM</p>
9	<p>NJRSC 2006 /08 Draft NJR 3rd Annual Report (Clinical)</p> <p>RA reported that all sections had now been sent to Members and that comments had been received. A quality assurance process was currently underway to review the analysis undertaken.</p> <p>MP outlined the structure of the report, stating that it was similar to the template used</p>	

	<p>for the 2004-2005 report, although new sections on cement usage, bone substitutes, and post operative mortality had been added. Some of the formatting and presentation would be changed to improve a reader's ability to navigate the document.</p> <p>MP reported to Members that, because of the compressed time scale for producing the report, it had not been possible to compile work carried out by different authors into a single document in time for the meeting. Northgate were fully aware of the current state of the document but were confident that it would be ready to be handed over to the DH by 14 August 2006 for preparation for its submission to the Minister for approval to publish. It would be sent to Members by email for comment by 31 July 2006. Members were requested to advise Northgate if they could not comment by that date.</p> <p>AM agreed to assess the data from an epidaemiological viewpoint to assess whether the conclusions made in the commentary were supported by the available evidence and analysis. The Committee agreed that that it was not desirable to remove entirely any analysis, unless the data was clearly unsound, and that a 'health warning' should be provided where AM felt it was necessary. MP would provide suggested text to AM. Northgate would only recommend removing sections where the QA process found any major issues.</p>	<p>NJRC All</p> <p>MP</p>
10	<p>NJRSC 2006/09 BOA Congress in September 2006 - Approval Process for Papers Published Using NJR Data.</p> <p>It was confirmed by the Chair that anyone wishing to use published NJR data in a paper or presentation should acknowledge the NJR as the source of that data. The only published data is that available in the 2nd Annual Report and anything published on the NJR website.</p> <p>Requests to use unpublished data must be made to DH. Any paper produced using unpublished data would be subject to approval by DH and, where required, Ministerial approval.</p>	<p>All</p> <p>All</p>
11	<p>NJRSC 2006/10 Draft Northgate NJR Business Plan 2006 – 2007</p> <p>MS provided a high level view of the draft business plan which was initially focused on delivering benefit to the surgeons. It was recognised that without the support of consultant surgeons, the NJR could not achieve its full potential. The plan was based on the need to provide surgeons with useful information, including outcome based analysis, whilst at the same time making the information more accessible and easing the data entry requirement. The latter requirement would entail a review of the Minimum Data Set (MDSv2).</p> <p>The contents of the draft business plan were noted and Members were asked to provide comments directly to MS.</p> <p>The final draft of the business plan would be in a similar format to the one produced last year and would be sent to Members for comments. The final business plan will be agreed with DH and NJRSC.</p>	<p>All</p> <p>MS</p>
12	<p>NJRSC 2006/11 Minutes of RCC Meeting of 23rd May 2006.</p> <p>PG highlighted the discussion on reorganisation of the RCC network to conform to the new SHA structure and asked that the letter to Zimmer concerning bar codes be drafted for the NJRSC Chair as soon as possible.</p>	<p>NJRC</p>

<p>13</p>	<p>NJRSC 2006/12 Access to NJR Data</p> <p>The need for a clearly defined protocol was re-stated. The protocol should include:</p> <ul style="list-style-type: none"> • The process for making requests. • The process for reviewing requests. • The principles for the release of data, ie. no patient identifiable data. • Sensitive data items. • Any charges. <p>It was proposed to use the HES Governance Protocol as a model.</p> <p>The development of the protocol would involve PIAG and SCAG and, when complete, the protocol would be available on the web site.</p>	<p>NJRC/ DH</p>
<p>14</p>	<p>NJRSC (06) 13 NJ R Performance Management System (PMS) Project Plan</p> <p>RA reported that the implementation of the PMS was proceeding to plan, with a completion date of 18 August 2006.</p>	
<p>15</p>	<p>AOB</p> <p>1. PG requested that a poster for use in outpatient departments and pre-assessment clinics be produced. This should provide patients with early information about the NJR. Northgate, with its marketing partners, would carry out a review of the stock currently available and make an assessment of its suitability for the proposed requirement.</p> <p>2. RG asked if it would be possible to change the priorities and the activities of the business plan once it was underway. RM advised that any changes would have to be discussed with NJRSC and DH and finally approved by DH. BD noted that the CMO's report had highlighted the number of prostheses being purchased and would raise this as part of his discussions with the CMO.</p> <p>3. BD reminded Members that the Steering Committee had subsumed the responsibility for what were previously NOPAG, PROMS, Research, and Editorial Board sub-committee matters. He encouraged Members to table agenda items for those subject areas so that Steering Committee could develop the processes necessary for handling them.</p>	<p>NJRC</p> <p>All</p>

16	Dates for Future Meetings: The next meeting is scheduled for Wednesday 8 th November 2006. The first meeting of 2007 will be held on Wednesday 31 st January 2007. The venue for both meetings has yet to be confirmed.	All NJRC
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Judith Mason

26th July 2006