

## NATIONAL JOINT REGISTRY STEERING COMMITTEE

### MINUTES

Meeting:	Steering Committee meeting 2003/ No. 5	Date:	Thursday 29 May 2003
Location:	Partnership house, 157 Waterloo House, London SE1 8XA		
Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Jan van der Meulen	JM	Royal College of Surgeons (representing the surgical profession)
	Hugh Phillips	HP	British Orthopaedic Association (surgical profession)
	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Alex MacGregor	AM	St Thomas' Hospital (representing public health and epidemiology)
	Keith Tucker	KT	British Hip Society (deputising for Martyn Porter)
	Tim Wilton	TW	British Association for Surgery of the Knee
	Ken Bateman	KB	Smith & Nephew Healthcare Ltd, ABHI (representing the orthopaedic device industry)
	Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
	Chris Dark	CD	Director of Clinical Services, BUPA Hospitals (representing the IHA)
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS trust management)
	Sally Couzens	SCo	National Association of Theatre Nurses
	Paul Woods	PW	Department of Health
	Fiona Davies	FD	AEA Technology (representing the contractor)
	Stephen Chamberlain	StC	National Assembly for Wales
	Colin Howie	CH	Scottish Executive (observer status)

The following AEA Technology staff were also present:

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

Apologies were received from:

Andy Crosbie, Medicines and Healthcare products Regulatory Agency (MHRA)  
 Neil Betteridge, Arthritis Care (patient group representative)  
 Mick Borroff (DePuy International Ltd) / David Forsythe (Stryker), ABHI (representing the orthopaedic device industry)  
 Martyn Porter, British Hip Society

Item	Welcome and Introductions	Action by
1	<p>The meeting opened at 10.30.</p> <p>BD reported back on a constructive meeting he had with the BASK President where dissemination of information via the surgical profession was discussed. BD recommended BASK be represented separately on the NJR SC. Tim Wilton has accepted membership as put forward by the BASK council.</p> <p>Martyn Porter is now representing British Hip Society.</p>	
2a	<p><b>Progress on actions</b> See Appendix 1.</p> <p>Discussion took place relating to Action 2003 / 16 and the NJR MDS. It was agreed that both specialist societies (BHS and BASK) are well placed to consider whether there are any obvious omissions in the NJR MDS that would be needed to take epidemiological case mix into full consideration for subsequent reporting.</p> <p><b>Note:</b> Two working groups of the RCC network will be reviewing the Hip and Knee MDS. They will be advised to take case mix into account.</p>	
2b	<p><b>Approval of minutes – NJRSC (03) 24</b></p> <p>Minutes approved.</p> <p><b>[Action 2003 /77]</b> AEAT to make minutes available on the NJR website.</p>	AEAT
3	<p><b>Management and Financial Reporting – NJRSC (03) 25</b></p> <p>PW explained that the contract terms state during Stages 1 and 2 of the NJR project, management reporting was required on a monthly basis. In Stage 3, management reports are only scheduled on a quarterly basis.</p> <p>Therefore the report for FY 2003/04 Q1 will be circulated with the SC papers for the July SC meeting.</p>	
4	<p><b>NJR data report</b></p> <p>DP introduced a series of NJR data report formats for SC consideration. These showed how participation has increased on a week by week basis since 1 April 2003.</p> <p>In order to determine the level of NJR participation, data from the NJR database needs to be compared with expected levels, i.e. from the HES / PEDW data for the equivalent period in FY 2002/03 (for NHS units only).</p> <p>It was agreed that SC summary reports should provide data against anonymised NHS Trusts and independent healthcare providers.</p>	

	<b>[Action 2003 / 78]</b> AEAT to liaise with AM and produce a summary report for the SC for future meetings.	<b>AEAT / AM</b>
<b>5</b>	<p><b>IT update</b></p> <p>DP outlined the following:</p> <ul style="list-style-type: none"> <li>• There have been no major problems with the NJR system since its implementation.</li> <li>• The system is taken off-line periodically to update security measures</li> <li>• The Windows client is available for use and potential users (who had previously shown an interest) have been contacted, to advise them of its availability.</li> <li>• The NJR Centre will update the MDS and PW will submit updated dataset to ROCR for their approval once the details for 'Reoperation' have been received. The development of the bulk upload facility will follow.</li> </ul> <p><b>Bulk upload facility</b></p> <p>Once the bulk upload facility is operational, a reasonably long lead time for future changes to the MDS will be needed to allow 3rd party system suppliers enough time to make their systems compliant with the NJR.</p> <p>Hospitals that currently operate these systems will need to consider the way in which they will ensure their systems remain compliant with the NJR, i.e. they may choose to build this requirement into their contract of work with their supplier.</p> <p>Some hospitals have indicated that they will not be entering any data until the bulk upload facility is made available. The SC agreed that these hospitals should be collecting NJR compliant data, at the very least on paper proformas.</p> <p><b>[Action 2003 / 79]</b> AEAT to identify and contact the hospitals that are awaiting the bulk upload facility and inform them of the need to collect data in the interim.</p> <p><b>Supplier component information</b></p> <p>Some hip and knee components in use are from suppliers that have now ceased to operate (e.g. declared bankrupt). Some of these components are not currently on the NJR database and the supplier details are no longer available. It was agreed that in such cases the details provided by the hospitals would be accepted.</p> <p>In one case the supplier had ceased to operate more than 5 years ago. MHRA were informed of this situation so that they could assess any regulatory implications. MHRA confirmed in correspondence that all components that are implanted into patients should be entered into the NJR.</p> <p><b>[Action 2003 / 80]</b> The NJR Centre should inform the surgeon, the Trust's CEO and the data inputter that the supplier of the particular component ceased to operate more than 5 years ago. <b>See following note.</b></p>	<p><b>AEAT</b></p> <p><b>AEAT</b></p>

	<p><b>Note:</b> A meeting has since been held between the NJR Centre, MHRA, PASA and the DoH. The following was agreed.</p> <p>“There will be occasions where the NJR Centre is led to believe that there may be issues concerning certain suppliers. An obvious example is if they are informed that a supplier has been declared bankrupt. In such a situation, the NJR Centre (usually the Director) should contact the MHRA and PASA (copied to DoH) to inform them of the situation that has arisen and the information source. If MHRA / PASA need to contact hospitals to collect evidence, the NJR Centre will provide the following contact details if held:</p> <ul style="list-style-type: none"> <li>• Hospital name</li> <li>• Trust name</li> <li>• Data inputter name, phone, email address</li> <li>• Designated NJR unit manager name, phone, email address</li> </ul> <p>Regardless of the outcomes of investigations, it is important that all components that are used in relevant procedures in England and Wales are registered in the NJR system so that full details of procedures can be captured.”</p> <p>It was noted that the NJR Centre had recently learnt of two new suppliers. It was agreed that MHRA should be notified of new suppliers.</p> <p><b>[Action 2003 / 81]</b> AEAT to contact MHRA with details of new suppliers.</p>	<b>AEAT</b>
<b>6</b>	<p><b>Possible options for reporting framework – NJRSC (03) 27</b></p> <p>FD introduced some ideas for discussion that built upon JM's earlier paper on reporting strategy.</p> <p>The proposed reporting structure identified different data user categories, namely:</p> <ul style="list-style-type: none"> <li>• NJR Centre</li> <li>• Surgeons</li> <li>• RCCs and Hospitals / Trusts</li> <li>• Steering Committee</li> <li>• Key stakeholder groups, including patients</li> <li>• NJR annual report</li> </ul> <p><b>NJR Centre</b></p> <p>It was agreed that reporting should cover the following:</p> <ul style="list-style-type: none"> <li>• Completeness, i.e. closing unfinished entries</li> <li>• Accuracy</li> <li>• Double entries</li> </ul> <p><b>Surgeons</b></p> <p>Surgeons can extract their own data as CSV files.</p> <p>PG requested that the RCCs provide feedback on what data would be of most value, e.g. would an individual surgeon's dislocation rate as compared to the average rate be of value?</p>	



	<b>Action 2003 / 87]</b> FD to report back to the September SC meeting on feedback reviewed from the SC and RCCs.	<b>FD</b>
<b>7</b>	<p><b>NJR Dissemination – NJRSC (03) 28</b></p> <p>FD introduced the main dissemination routes used by the NJR Centre.</p> <p>FD requested SC members to provide details of the following for their stakeholder groups: events, journals and websites that their members make regular use of.</p> <p><b>[Action 2003 / 88]</b> SC members to provide details of further dissemination routes that could be used by the NJR. Details should be brought to the next SC meeting or sent to FD directly.</p> <p>PG had already suggested that the NJR Centre have a stand at the BOA Annual Congress, which is to be held 17-19 September 2003 in Birmingham.</p> <p><b>[Action 2003 / 89]</b> AEAT to confirm with the BOA that the stand area is still available to the NJR.</p>	<p><b>All SC members</b></p> <p><b>AEAT</b></p>
<b>8</b>	<p><b>Research – Further Development – NJRSC (03) 29</b></p> <p>FD introduced the concept of an NJR Research subcommittee.</p> <p>The purpose of an NJR Research subcommittee would be to act as an advisory group to the NJR SC to advance clinical outcomes. It was confirmed that research proposals should be forwarded to the SC to consider the main issues.</p> <p>BD outlined the proposed representation on the research subcommittee:</p> <ul style="list-style-type: none"> <li>• JM appointed as Chairman (Director of the RCS Clinical Effectiveness Unit)</li> <li>• AM as epidemiologist</li> <li>• A patient representative</li> <li>• An industry representative</li> <li>• 3 surgeons, with at least one with research experience</li> </ul> <p>The research activities would initially be funded by the levy, though other funding sources should be pursued.</p> <p><b>Action 2003 / 90]</b> PG to approach BOA and its specialist societies for orthopaedic representation on the research committee.</p> <p><b>Action 2003 / 91]</b> PW and FD to identify suitable patient and industry representatives</p>	<p><b>PG</b></p> <p><b>PW &amp; FD</b></p>
<b>9</b>	<p><b>Options for an audit and compliance framework – NJRSC (03) 30</b></p> <p>DC introduced this paper which presented some potential options for a participation and compliance framework.</p>	

	<p>Three options were proposed, with the third being preferred, i.e. it was envisaged that a network of staff promoting participation would be co-ordinated centrally but be based out in the regions.</p> <p>At the time of the NJR consultation exercise (in 2000/01) there was consideration given to having a network of 'peripatetic nurses / data clerks' who would visit all the hospitals. This suggestion is being considered afresh, but tied in with checking and encouraging participation and compliance, offering training, spreading good practice, helping arrange events and providing support to the RCCs in their hospital-facing roles.</p> <p>Discussion took place around the time frame of the participation and compliance network. An immediate benefit of such a network would be to help hospitals to reach a state of readiness where they could comply with the NJR. The longer term benefits would include improved data quality in terms of completeness and accuracy. It was anticipated that the role of these staff would develop as more hospitals participated.</p> <p>The Committee agreed that it was important to assist trusts with participation in the NJR. A number of the members said that to do this successfully it was important to have people work with the units at local level, as in Option 3. Others felt that it may be too early to take this step but compliance should be monitored over the coming months. In addition it was stated that it was difficult to agree to the proposal without more information about the roles of the participation staff and actual costings. It was agreed that this paper (NJRSC (03) 30) should be revised to reflect these points.</p> <p><b>Action 2003 / 92]</b> AEAT to revise paper (NJRSC (03) 30) to work-up the details of the proposals, including a job description that will fit the role for the first 18 months to 2 years and the costs of implementing such a network.</p>	AEAT
10	<p><b>AOB</b></p> <p><b>(i) Memorandum of Understanding</b></p> <p>PW reported back on a meeting that had taken place with the IHA regarding recovery of the NJR levy within the independent sector. The independent sector requested a modification to the 'Memorandum of Understanding' (MOU) to reflect the NJR levy costs to patients.</p> <p>It was agreed that an amendment to the MOU should not be made, but rather that the IHA should issue a statement via their own bulletin.</p>	
(ii)	<p><b>RCC working groups</b></p> <p>It was agreed that this item would be taken up outside of the main SC meeting.</p>	
(iii)	<p><b>Patient Feedback Questionnaires</b></p> <p>FD raised the issue of needing to start the process for considering the NJR patient feedback questionnaire (PFQ) framework.</p>	

	<p>It was agreed that FD should draft a paper for SC consideration.</p> <p><b>Action 2003 / 93]</b> FD to draft a paper on a proposed process for developing an NJR patient feedback questionnaire framework, for SC consideration.</p>	<b>FD</b>
<b>(iv)</b>	<p><b>Interest from Guernsey</b></p> <p>FD informed the SC of a letter that the NJR Centre had received concerning a request by Guernsey for approval to submit data to the NJR (Guernsey is outside normal NJR coverage of England and Wales).</p> <p>The SC agreed that it was acceptable, in theory for Guernsey to participate in the NJR.</p> <p><b>Action 2003 / 94]</b> AEAT to liase with Guernsey to determine whether they wish to join the NJR (and accept the financial implications) or if they wish to collect the NJR dataset in a standalone form.</p>	<b>AEAT</b>
<b>(v)</b>	<p><b>Website links</b></p> <p>FD presented a list of website links for use on the NJR website, and requested agreement and suggestions from the SC as to which websites should be included.</p> <p>The SC approved the tabled list for inclusion on the NJR website.</p> <p><b>Action 2003 / 95]</b> All SC members to feedback to FD / SH any additional website links that should be included.</p>	<b>All SC members</b>
<b>(vi)</b>	<p><b>European Arthroplasty Register (EAR)</b></p> <p>The co-ordinator of the EAR is due to visit the NJR Centre on 31 July, accompanied by PG.</p>	
<b>(vii)</b>	<p><b>Reoperations</b></p> <p>FD informed the SC that the 'Reoperations other than revision' options proposed for addition to the current MDS had been revised in-line with RCC suggestions.</p> <p>BD requested SC approval for suggested changes put forward. The SC agreed.</p> <p>The changes to the NJR MDS would be submitted to ROCR for approval. On approval of the MDS the bulk upload facility will be developed.</p> <p><b>Action 2003 / 96]</b> AEAT to finalise Reoperation MDS and forward to PW to gain ROCR approval.</p>	<b>AEAT / PW</b>

(viii)	<p><b>Future SC Meetings</b></p> <p>The next meeting (originally agreed for 1 July) has been rearranged to <b>9 July</b>.</p> <p>It was decided that the frequency of future SC meetings would be every two months.</p> <p>Following July's meeting, the next meeting should be expected to take place mid to end of September.</p> <p><b>Action 2003 / 97]</b> AEAT / PW and BD to review the NJR workplan to determine suitable future meeting dates.</p> <p><b>Action 2003 / 98]</b> AEAT to check SC member availability for mid to late September.</p> <p><b>Venue details for 9 July 2003 Steering Committee meeting</b></p> <p>The venue for <b>9 July</b> is:</p> <p>Room 31 The Royal Horticultural Halls Conference Centre Greycoat Street London SW1P 2QD</p> <p>Room 31 is on the 3<sup>rd</sup> floor. The Conference Centre is located in Greycoat Street, on the corner of Elverton and Greycoat Streets and has its own entrance separate from the Lawrence Hall to which it is adjacent.</p> <p>A map can be found at <a href="http://www.horticultural-halls.co.uk">www.horticultural-halls.co.uk</a></p>	<p><b>AEAT / PW &amp; BD</b></p> <p><b>AEAT</b></p>
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**Sandra Hasler**  
**Communications Manager, NJR Centre**  
**18 June 2003**

**APPENDIX 1**

Action no.	Progress	Action holder
<b>Actions from December 2002 meeting</b>		
2002 / 07a	<p><b>Completed</b> There no longer needs to be a defined action related to pursuing contact details for each orthopaedic hospital / unit in England and Wales. The information held is checked and amended continually as part of the NJR Centre's normal functioning.</p>	AEAT
2002 / 28	<p><b>Completed</b> As with Action 2002/07a, there no longer needs to be a defined action related to obtaining hospital and surgeon details (including names and GMC codes) for all orthopaedic hospitals and units in England and Wales. Details are being obtained as part of the registration process for using the NJR system.</p>	RCCs / AEAT
2002 / 30	<p><b>Completed</b> Initial information on "Research and the National Joint Registry" has been placed on the NJR web site. (see also Action 2003/59).</p>	AEAT
2002 / 43	<p><b>Completed</b> The DoH has enquired about the cost of using the National Strategic Tracing Service (NSTS) for the NJR. A revised costing was not realised.</p>	
2002 / 57	<p><b>Ongoing</b> Letters of appointment will be drawn-up and signed by BD and PG. They will also contain the RCCs terms of reference. Letters will also to be sent to unsuccessful candidates, following initial contact by PG or HP.</p> <p>Unsuccessful candidates were notified earlier in the year. Terms of reference were discussed with RCCs at the RCC network meeting on 25 March 2003 and agreed with the SC at the April SC meeting. To be issued at 16 June RCC meeting.</p>	FD / PG / BD
<b>Actions from January 2003 meeting</b>		
2003 / 08	<p><b>Completed</b> AEAT have liaised with Neil Betteridge and others on appropriate communication routes for disseminating the patient consent form to raise awareness with patients and public.</p>	AEAT
2003 / 15	<p><b>Closed</b> Suggestions related to data analysis and reporting will be gathered from the SC, RCCs and others via feedback on papers produced by Jan van der Meulen and Fiona Davies.</p>	
2003 / 16	<p><b>Ongoing</b> The BHS and BASK to discuss how differences in epidemiological case mix for surgeons may be statistically addressed to ensure balanced reporting.</p> <p>It was agreed that both specialist societies (BHS and BASK) are well placed to consider whether there are any obvious omissions in the NJR MDS that would need to be addressed to take epidemiological case mix into full consideration for subsequent reporting.</p>	MPo / KT & TW

	When reviewing the MDS, BHS & BASK should bear in mind that compliance with the NJR should not be hindered by a lengthy MDS.	
<b>2003 / 20</b>	<b>On hold to late 2003</b> Preparation of a paper on the benefits and financial implications that a PKI system would bring to the NJR.	<b>AEAT</b>
<b>Actions from February SC meeting</b>		
<b>2003 / 34</b>	<b>Closed</b> Comments related to auditing will be gathered from the SC via feedback on paper NJRSC (03) 30.	
<b>Actions from March SC meeting</b>		
<b>2003 / 44</b>	<b>Ongoing</b> 9 out of 15 suppliers have returned a central contact. A request has been issued to the remainder.	<b>MB</b>
<b>2003 / 45</b>	<b>Ongoing</b> The MOU content has been agreed by all parties involved. There is an outstanding issue with regards to VAT charges to charities. This issue currently resides with Custom and Excise.	<b>PW</b>
<b>2003 / 47</b>	<b>Ongoing</b> AEAT provided the SC with a listing of queries and issues raised by the NJR training event delegates.  Issues 1-5 were currently being addressed. Issues 6 – 13 require further consideration.	<b>All SC members</b>
<b>2002 / 52</b>	<b>Ongoing</b> AEAT presented a proposed system for reporting back to the SC on progress relating to the extent of data submission to the NJR.  This action was covered under agenda item 4.	<b>DC</b>
<b>2003 / 53</b>	<b>Ongoing</b> From May, AEAT to start using agreed reporting system (for progress on data submission to the NJR).  See Action 2002/52.	<b>AEAT</b>
<b>2003 / 56</b>	<b>Completed</b> AEAT investigated the method employed by the CCAD to gain entry to hospital records for audit and compliance purposes.  During normal data collection no access to individual personal records is required. CCAD have not needed honorary contracts yet.	
<b>2003 / 57</b>	<b>Completed</b> BD has written to the Chief Executives of CHI and CHAI on behalf of the SC and bring to their attention the potential need for them to assess hospitals' compliance with the NJR.  No response has been received.	
<b>2003 / 58</b>	<b>Completed</b> The outline reporting strategy (12 March version) was circulated to the RCCs at the 25.03.03 RCC network meeting. It was also circulated with the minutes	

	<p>of the network meeting. All RCCs have been asked to provide comments direct to JvdM (copied to FD).</p> <p>No responses have been received.</p>	
<b>2003 / 59</b>	<p><b>Completed</b> Initial information on "Research and the National Joint Registry" has been placed on the NJR web site. (see also Action 2002/30).</p>	
<b>2003 / 60</b>	<p><b>Ongoing</b> A list of website links that will be placed on the NJR website has been provided. SC members to check that they represent their stakeholder group needs. Feedback should be directed to AEAT.</p>	<b>All</b>
<b>2003 / 61</b>	<p><b>Completed</b> AEAT updated the "Operations to be included / excluded from the NJR" document and placed it on the NJR website. Subsequently it was pointed out that only primary operations were listed. An updated version - including Revision procedures - was tabled at the April SC meeting. This has been placed on the NJR website.</p>	
<b>Actions from April SC meeting</b>		
<b>2003 / 62</b>	<p><b>Completed</b> AEAT to amend minutes and make available on the NJR website.</p>	
<b>2003 / 63</b>	<p><b>Ongoing</b> AEAT to provide a method of monitoring outstanding incomplete records' i.e. by hospital, and a plan of follow-up action. It was noted that this action would form part of the participation and compliance procedures.</p> <p>Action addressed under agenda item 6.</p>	<b>AEAT</b>
<b>2003 / 64</b>	<p><b>Ongoing</b> PW and DC to look at the value of using peripatetic nurses (or similar) as part of the audit and compliance procedure.</p> <p>Action addressed under agenda item 9.</p>	<b>PW / DC</b>
<b>2003 / 65</b>	<p><b>Ongoing</b> Preliminary discussions between DC, JM and AM have taken place about developing a suitable team for analysing the NJR data for SC consideration. Further discussion will develop following the presentation under agenda item 6.</p>	<b>DC/ JM / AM</b>
<b>2003 / 66</b>	<p><b>Completed</b> AEAT contacted RCCs to gain their final suggestions on what should be included in the MDS in relation to Re-operations. A deadline of two weeks was given. The feedback received was added to that gathered in January 2003, collated and forwarded to a subgroup for consideration (P Gregg, M Porter, T Wilton, H Phillips, J van der Meulen, A MacGregor).</p> <p>Once the subgroup report back on their agreed option for incorporating Reoperations, AEAT will modify the MDS. The modified MDS will require re-approval by ROCR, before development of the bulk upload facility can proceed.</p>	
<b>2003 / 67</b>	<p><b>Ongoing</b> Once the amended MDS has been approved by ROCR, AEAT to update the NJR system to incorporate the amended MDS and to develop the bulk upload facility.</p>	<b>AEAT</b>

2003 / 68	<b>Ongoing</b> AEAT to inform hospitals that the bulk update facility is being developed, when its launch is anticipated, and to ensure that hospitals are aware of what they will be required to do in-house to comply with NJR bulk upload requirements.	<b>AEAT</b>
2003 / 69	<b>Completed</b> AEAT circulated the draft minutes from the 2 <sup>nd</sup> RCC network meeting to all SC members.	
2003 / 70	<b>Ongoing</b> All SC members to provide FD with their relevant comments and experiences on audit and compliance.	<b>All SC members</b>
2003 / 71	<b>Completed</b> BD, PG, PW and FD have discussed how issues arising from hospital / surgeon performance data could be managed. A meeting is being arranged with the Registration Planning and Performance sections of the GMC as it is essential that any NJR developed procedure takes account of the broader GMC / Department of Health Revalidation initiative. The GMC have also indicated that their experience on developing performance procedures could be of relevance.	
2003 / 72	<b>Completed</b> BD, PW, PG and FD met at the BOA offices on 14 May to further develop approaches to reporting and procedures.	
2003 / 73	<b>Completed</b> Following the 14 May meeting FD prepared papers NJRSC (03) 27, 28 and 29 – see agenda items 6, 7 and 8.	
2003 / 74	<b>On hold until August 2003</b> AEAT to draft an article to provide feedback to the surgical profession. [This will be for inclusion in the September issue of the NJR Newsletter to allow SC discussions to have reached an appropriate stage.]	<b>AEAT</b>
2003 / 75	<b>Ongoing</b> PG has contacted the European Arthroplasty Register (EAR) for more information on their programme.  Action covered under AOB (vi).	<b>AEAT</b>
2003 / 76	<b>Completed</b> PW and AS discussed ABHI feedback. AS is due to discuss invoice layouts with ABHI. Different financial accounting systems are used and so there is not a common invoice layout.	