

Joint Approach

The newsletter of the National Joint Registry

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PROMs in tune with Darzi

The NJR plans to undertake longer term studies which consider patients' views on the clinical quality of their hip and knee replacement procedures.

The move is being made possible by the national Patient Reported Outcome Measures (PROMs) study, which was commissioned by the Department of Health and started in April this year. The requirement to report on patient reported outcome measures was enshrined in the new Standard NHS Contract for Acute Services, which was introduced in April 2008. This sets out national standards for PROMs for elective NHS patients undergoing primary unilateral hip or knee replacement and two other, non-orthopaedic procedures.

There has been little known until now of the clinical outcomes of NHS services from the patient's perspective and subsequent analysis of the data coupled with feedback to stakeholders - something which Lord Darzi sought to correct in his review of the NHS.

"This study demonstrates the power of the NJR. It will be the first time that technical data on surgery is linked to directly to the patient's experience of surgery on a national scale. The information will be invaluable to surgeons and their prospective patient alike."

Professor Alex MacGregor,
member of the NJR
Steering Committee

The NJR Steering Committee was closely involved with the Department early in the development of the PROMs study and, as a result, it has been agreed that the data collected by PROMs will be available to the NJR. The ability to link PROMs data to NJR data will enable the NJR to provide outcomes information for the first time from the perspective of patients rather than clinicians.

It is hoped that the initial linkage will provide information that will lead to a number of smaller, NJR funded PROMs studies which will run over a longer time period than the national study, following up patients for years, rather than a single, six month follow up.

Outstanding achievement

Staff at Southampton NHS Treatment Centre have consistently achieved a 100% positive patient consent rate for hip and knee replacement procedures since starting to submit data in January this year.

Read how on page 2.



National Joint Registry

www.njrcentre.org.uk

Careful preparation leads to good data quality

Case study

“Staff at Southampton NHS Treatment Centre are to be congratulated for consistently achieving a 100% positive patient consent rate since going live. Their performance is quite outstanding.”

Richard Armstrong, Programme Director, NJR Centre



Anita Warren

Regional Co-ordinator

As soon as the NJR regional co-ordinator (RC) for the south east of England heard that Southampton NHS Treatment Centre was to start undertaking hip and knee joint replacement procedures, she contacted the Centre's Director of Nursing to arrange an initial visit.

The best way of ensuring that data could be submitted to the NJR was discussed at that first meeting. The next meeting was held in Southampton with the heads of all the

departments involved in collecting and entering data. An introductory presentation outlined the background to the NJR and, most importantly, its benefits to patients, clinicians, hospital staff and managers.

Each unit has its own preferred way of working, and discussions about the best way of implementing the NJR in the Treatment Centre led to an agreed

approach. It is essential that unit staff are involved in the development of the necessary processes because without their support and agreement, the coverage and quality of the data submitted to the NJR is unlikely to be of the required standards. In the case of Southampton NHS Treatment Centre, it was agreed that patient consent would be sought during pre-assessment and that the data would be entered into the NJR system by theatre staff. Particular attention was paid to the process for ensuring that the completed patient consent form would end up with the person responsible for entering

Early contact pays off

Local procedures and processes vary greatly in hospitals throughout England and Wales and there is no single solution or process that can be implemented everywhere. It is essential that early contact is made with the NJR and that all those likely to be involved in the process of submitting data to the Registry are identified and consultation with them takes place as early as possible.

the data. This can be a major stumbling block and a reason for low levels of consent being recorded.

In the following month information was cascaded down to staff through their departments using presentations, posters, information leaflets and circulars to ensure that everyone understood their role with regard to the NJR and what would happen when NJR submissions started. Once the preparation had been completed the Treatment Centre went 'live' and the regional co-ordinator provided data entry training. The details of actual operations were used for training and they were entered directly into the NJR database. The training was provided for as long as staff felt they needed it.

The preparation undertaken at the Treatment Centre, supported by the local regional co-ordinator, meant that all the processes had been established well before starting to submit data. It also made sure that all staff were aware of the NJR, their role in supporting it and its benefits to stakeholders.

Patient consent

The NJR Centre's experience has shown that one of the main causes of low consent rates is the failure of the completed patient consent form to reach the person entering the procedure details.



Southampton NHS Treatment Centre

If you require support from your local regional co-ordinator to assist with the development of robust processes in your unit, to improve compliance, consent and linkability rates, please contact the NJR Service Desk on 0845 345 9991 or email health_servicedesk@northgate-is.com.

Currently in development

New dataset version

Minimum Dataset Version 3.1 (MDSv3.1) went live at the beginning of August following a period of testing. The new version involves some minor changes to the data entry form. Those changes focus primarily on providing more types of Lead Surgeon, increasing the types of thromboprophylaxis and changing some of the wording around revisions to remove any ambiguity. No changes need to be made to any IT systems within units.

SURGEON DETAILS	
Consultant in Charge	
Operating Surgeon	
Operating Surgeon Grade	Consultant <input type="checkbox"/> SPR/ST3-8 <input type="checkbox"/> F1-ST2 <input type="checkbox"/> Specialty Doctor/SAS <input type="checkbox"/> Other <input type="checkbox"/>
First Assistant Grade	Consultant <input type="checkbox"/> Other <input type="checkbox"/>

MDSv3.1 Increased number of surgeon grades from which to choose

THROMBOPROPHYLAXIS REGIME (intention to treat)	
Chemical	Aspirin <input type="checkbox"/> Warfarin <input type="checkbox"/> None <input type="checkbox"/>
	LMWH <input type="checkbox"/> Direct Thrombin Inhibitor <input type="checkbox"/>
	Pentasaccharide <input type="checkbox"/> Other <input type="checkbox"/>
Mechanical	Foot Pump <input type="checkbox"/> Other <input type="checkbox"/>
	Intermittent Calf Compression <input type="checkbox"/> None <input type="checkbox"/>
	TED Stockings <input type="checkbox"/>

A change to the thromboprophylaxis regime now updated to reflect the increasing use of thrombin inhibitors

The new MDSv3.1 proformas are available from the NJR website www.njrcentre.org.uk

NJR 6th Annual Report



Mr Martyn Porter

The NJR's 6th Annual Report is currently being finalised and is scheduled for release at the Annual Congress of the British Orthopaedic Association in September. The NJR Steering Committee approved the establishment of an Editorial Board, under the chairmanship of Mr Martyn Porter from Wrightington Hospital, to oversee the production of the report.

This year, the report will be presented in three parts:

- Part 1 will provide summary statistics of the data provided to the NJR, including data quality
- Part 2 will provide a description of joint replacement surgery carried out in England and Wales in 2008
- Part 3 will include an analysis of survivorship of hip and knee replacement surgery from 2003 to 2008

In addition to the Annual Report, it is also planned to undertake a number of specialist studies throughout 2010, looking at subjects such as data quality, re-revisions, HA coatings, thromboprophylaxis, and fractured neck of femur.

NJR Clinician Feedback

The NJR Clinician Feedback service was implemented to enable surgeons to assess their own clinical practice and to compare it to that of their colleagues. The service has now been in operation since November 2008 and has been demonstrated on a number of occasions. It was extremely well received at the recent Annual Meeting of the British Association for Surgery of the Knee.

Two new reports have been implemented since the service went live. The first gives surgeons a view of the quality of the data submitted for their procedures in terms of NHS number submission and consent rates. The second report enables surgeons to determine their one and three year revision rates. These new reports will be available shortly and the data in the system will be updated to include submissions up to 31st March 2009. Thereafter, the data will be updated quarterly.

The Patient Time Incidence Rate report was removed from the service due to concerns about the statistical method used to generate the funnel plot and its control lines. The method has now been reviewed and a new, more easily understood method implemented. This revised report will be restored to the system in the very near future.

If you wish to see a demonstration of NJR Clinician Feedback or wish to register to use the service, please contact the NJR Service Desk using the contact details.



A surgeon is able to compare his/her revision rates to those of their colleagues at all levels. In this instance, a surgeon is comparing his/her revision rate at one year for unicondylar knee replacement with that of colleagues in the same hospital.

In brief

NJR Supplier Feedback

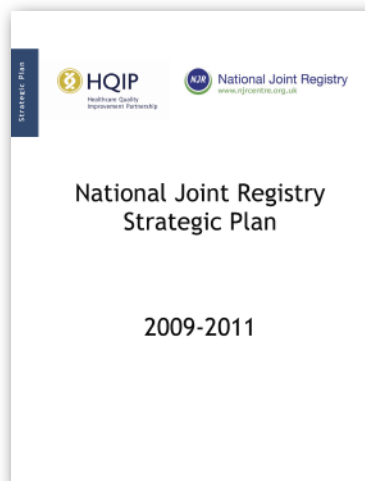
NJR Supplier Feedback will use the same underlying application as NJR Clinician Feedback and will provide orthopaedic implant manufacturers and suppliers with information relating to the use of their own implants, including survivorship and details of revisions. The NJR Centre is currently working with the Orthopaedic Specialist Interest Section (OSIS) of the Association of British Healthcare Industries (ABHI) to determine the requirements for the service.

For further information please contact Mr Mick Borroff, OSIS Chairman, through ABHI.

Clarification on consent

There has been some confusion in units concerning consent which appears to have arisen from the fact that Northgate Information Solutions (UK) Ltd is the contractor for both the NJR and the national PROMS programme. These are two separate programmes and patient consent must be collected for each as patient consent for one does not imply consent for the other.

Strategic planning



The NJR Steering Committee has now agreed a strategic plan for development of the Registry over the next two years. Key objectives include improving data quality, implementation of an infrastructure to support research, the development of the NJR to include additional joints and

other geographical locations as well as stakeholder engagement and communications. Progress on these objectives will be reported in future editions of *Joint Approach*. The Strategic Plan is available from the NJR website www.njrcentre.org.uk

If you would like to make a contribution to *Joint Approach* or have suggestions about subjects you would like to see in a future issue, please contact the NJR Helpline or email the Service Desk.

All NJR information and documents are available on the NJR website.

Alternatively, contact the NJR Helpline to receive copies by email or post.

If you have any queries, please contact us.

The NJR Centre, Peoplebuilding 2, Peoplebuilding Estate, Maylands Avenue, Hemel Hempstead HP2 4NW

NJR Helpline: 0845 345 9991

Email: health_servicedesk@northgate-is.com

Website: www.njrcentre.org.uk