Issue Ten | Summer 2005

Joint Approach

The newsletter of the National Joint Registry

NJR StatsOnline launched

Hip Owner's Manual | Sharing experiences

National Joint Registry
www.njrcentre.org.uk

This Newsletter is also available in Welsh

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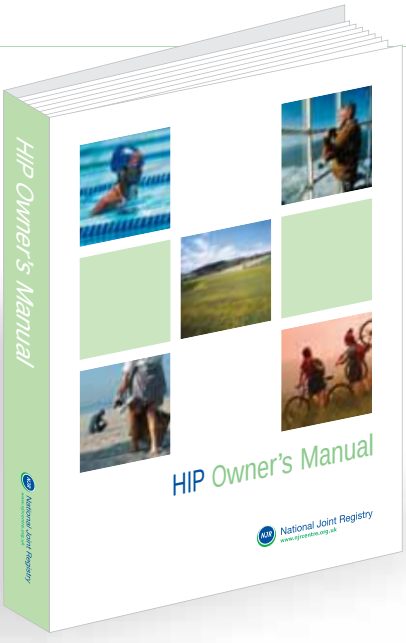

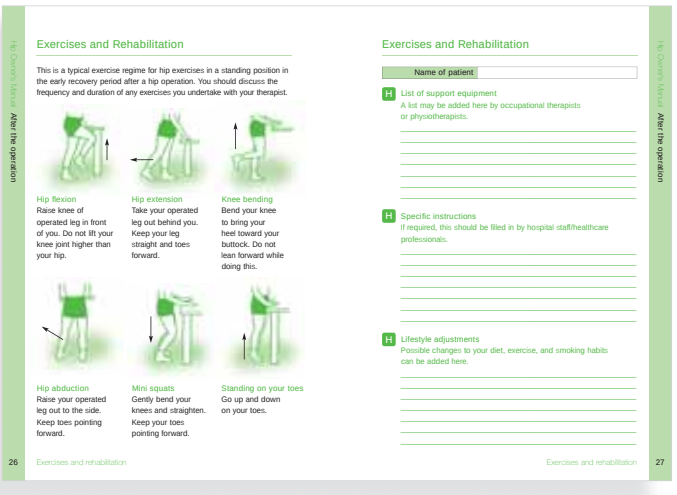

THE NJR HIP OWNER'S MANUAL
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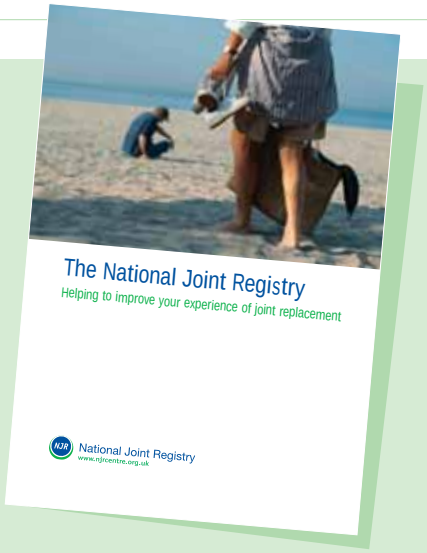
Latest NJR news - at a glance

New surgeon default techniques launched 3 May 2005
From 3 May 2005, the types of default technique that can be recorded on the NJR have been developed to reflect more closely the type of patient procedure used. Visit www.njrcentre.org.uk for guidance.

Patient leaflet
The NJR Centre has produced a patient leaflet that hospitals may like to use as part of their NJR patient consent process.

The leaflet introduces the purpose of the NJR, its benefits and the importance of the NJR recording personal details. For copies of the leaflet, call the NJR Helpline or speak to your local Regional Audit Co-ordinator.



Collecting data for over two years
Since the launch of the NJR just over two years ago it has registered over 192,000 (30 May 2005) hip and knee replacement operations. The NJR has launched important new developments such as NJR StatsOnline and the bulk upload facility. The NJR Centre will be working closely with a number of hospitals to help them make use of the bulk upload facility.

The 2nd Annual Report is due to be launched in September this year at the BOA Congress and the next issue of the Newsletter will include key elements from the report.

Bulk upload
The bulk upload facility allows hospitals to collect NJR data in their own IT system and then transfer it to the NJR database at regular intervals. Bulk upload avoids duplicate data entry and hence helps to preserve data quality.

If you are already using a hospital IT system to collect data and would like to, or are thinking of, using the bulk upload facility to submit data to the NJR, please contact the NJR Helpline to register your interest. This will allow us to work closely with you to ensure your system is fully compatible and that you are kept up to date with all bulk upload developments. Contact your Regional Audit Co-ordinator, or call the NJR Helpline on 0845 345 9991 for more information.

Events Diary

The NJR is at:

BOA Congress and Exhibition, 2005
21 - 23 September 2005
International Convention Centre
Birmingham

Next newsletter publication:
September 2005

If you would like to make a contribution to this Newsletter, please contact the NJR Helpline on 0845 345 9991, or send an email to enquiries@njrcentre.org.uk. Let us know what you would find useful and would like to see in the next issue of the Newsletter.

All NJR information and documents are available on the NJR website www.njrcentre.org.uk

If you do not have access to the web, contact the NJR Helpline to receive a copy by email or by post.

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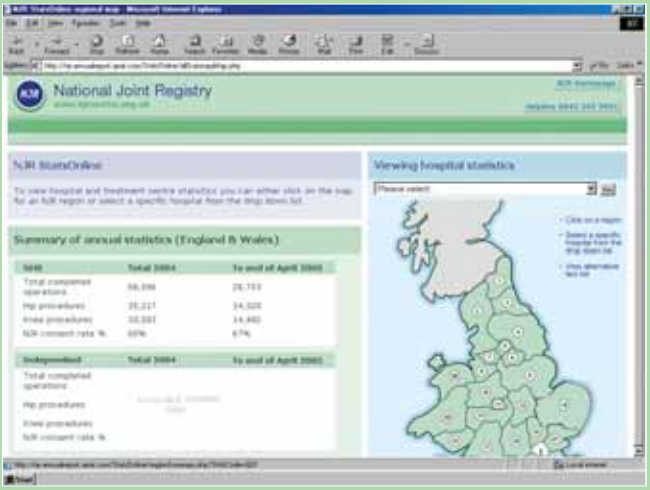
NJR StatsOnline launched

NJR StatsOnline was launched on Tuesday 3 May 2005 and is now available through the NJR website (www.njrcentre.org.uk).

NJR StatsOnline screens



The NJR StatsOnline search facility

The NJR StatsOnline download summary

Prior to the launch, NJR StatsOnline was pilot tested by GPs around Oxfordshire, and patients at the Bicester Village Hospital. The feedback received indicated that the site was easy to navigate and that people were looking forward to viewing data.

NJR StatsOnline is a web facility for displaying NHS statistics. Independent sector statistics will also be available from later in the summer. The following statistics are available for a named hospital:

- total number of completed operations submitted
- number of completed hip procedures submitted
- number of completed knee procedures submitted
- NJR patient consent rate (%).

The above statistics will be updated on a monthly basis and will represent data for whole calendar months only (not partial months). The data will be recorded by the date of submission to the NJR. This means that the statistics will not necessarily reflect the date when the operations occurred.

All website visitors are able to view and download the above information for every hospital participating in the NJR. However, for NJR-eligible hospitals that have not returned data, no submissions will be reported.

Search facility

NJR StatsOnline is fully searchable so that statistics are displayed for a particular:

- geographic region
- Strategic Health Authority
- NHS Trust
- hospital.

Users are able to retrieve statistics for the following time periods:

- totals for the year 2004 (1 January - 31 December)
- a running total for complete months for the year 2005
- totals per individual month for 2005.

All statistics are provided in a CSV (comma separated value) file format.

Keeping account of hospital data submissions

This development will serve as a useful source to help hospitals assess whether the data submitted to the NJR accurately reflect the total hip and knee replacement operations performed in their hospital. Similarly, patients will be able to look up how many hip and knee replacement operations have been registered on the NJR by their local hospital.

Help and advice

Submission of data to the NJR will help to improve orthopaedic care through clinical audit and development of good practice. Should you require any further information about the availability of NJR statistics, or wish to talk through any issue related to the NJR, please contact your Regional Audit Co-ordinator.

NJR stakeholder reporting

The NJR Centre is conducting a stakeholder survey to gather information on the future reporting requirements of NJR stakeholders. This information will be used to develop the strategy and plan for reporting to stakeholders.

The first part of the survey involving those listed below has been completed on schedule and we would like to thank all those who took part for their time and contributions.

- Orthopaedic Surgeons
- NJR Regional Clinical Co-ordinators
- Hospital management (this includes Chief Executives, Clinical Directors as well as NJR Hospital Data Managers)
- Regulators: MHRA and PASA
- Suppliers and manufacturers of orthopaedic components.

All of the stakeholder groups agreed that regular reporting of NJR data was important and the survey helped to identify the essential information and data requirements of each group, including:

- outcomes
- factors affecting outcomes
- meeting audit/governance requirements/planning and budgeting
- compliance with regulatory requirements
- performance measurement, monitoring and benchmarking
- research.

Reporting mechanisms to meet these requirements, with the exception of outcomes, will be developed over the summer months and a regular stakeholder reporting service will be launched in the autumn.

The survey showed that outcome reporting was highly valued by all stakeholders. At present, the NJR is not sufficiently mature to provide unequivocal outcome data. Reporting of outcomes is under review by the NJR Outlier Performance Advisory Group, and will be introduced as soon as the underlying data are sufficiently robust.

In view of the value stakeholders placed on reporting of outcomes, it is important to emphasise that robust analysis and reporting depend on:

- accurate data
- high levels of patient consent
- high levels of compliance.

Each NHS hospital or treatment centre can now check their patient consent rates monthly via NJR StatsOnline and can use the new NJR patient consent form to raise performance if necessary.

In the meantime, the forthcoming stakeholder reports will provide greater detail than NJR StatsOnline (while preserving anonymity) and each report will be tailored to the expressed needs of the corresponding stakeholder group.

The reports will be available through a secure area of the NJR website and will be introduced in two phases:

Phase 1: Hospital managers, PASA, ODEP, suppliers, MHRA

Phase 2: Surgeons (because of additional data security requirements)

The reports will be piloted with the stakeholder groups over the coming months to ensure that the format and content meet their needs. If you are a member of any of the above stakeholder groups and are willing to participate in the pilot, please contact the NJR Helpline on 0845 345 9991.

Outcomes following hip and knee joint replacement: a Scottish perspective

Miss Harriet Hughes Senior Information Analyst

Since 1999, the Scottish Arthroplasty Project (SAP) has used the routine data that are collected in Scotland about all patients' treatment in hospital to examine trends in arthroplasty surgery and to look at patient outcomes following surgery.

Historically, administrative databases have often been seen by clinicians as unreliable and so have rarely been used to support quality improvement. The SAP set out to improve clinical confidence in the data and to provide a framework for using them to support local quality improvement in patient care using endpoints that patients could recognise.

Building confidence

Once every three months, the SAP sends each consultant orthopaedic surgeon in Scotland a list of the patients on whom they have performed a hip or knee replacement. These lists are generated from the national data held at the Information and Statistics Division of NHS Scotland. Consultants are asked to check the details for each patient to make sure they are correct. The consultants can make any necessary corrections to the patient details, and these can be updated on the national database. This process helps to:

- improve the quality of the dataset
- improve clinical ownership and confidence in the national data.

Reporting results

The national dataset is used to look at patient outcomes by linking patient records and creating a patient history. This is then used to look for any patients that are re-admitted with any of the following diagnoses following their hip or knee replacement: infection of the joint replacement, dislocation of the joint, revision of the joint or deep vein thrombosis (DVT)/pulmonary embolism (PE).

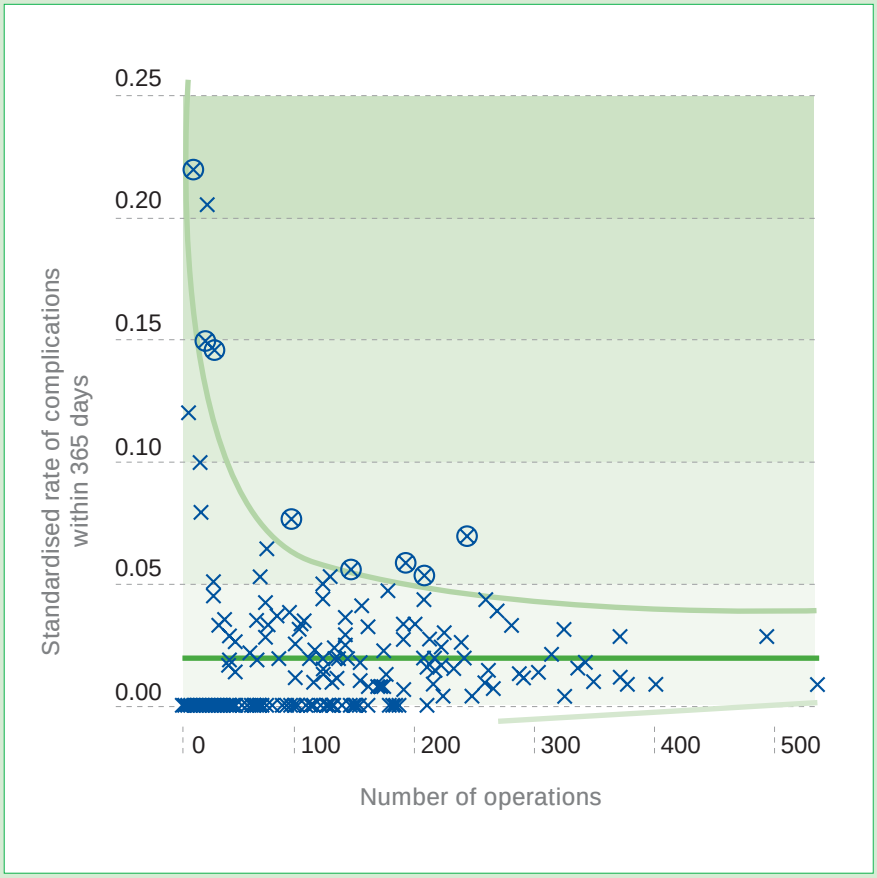
For each of these outcomes, funnel plots (Figure 1) are created. These can be used to identify unusual variation according to set control limits and are used widely in industry. The funnel plots are corrected for some, though not all, variables. Those consultants and hospitals whose results are outside the control limits are written to and asked to investigate the reasons for the apparent anomaly.

This is not an exercise in blame. Patient outcome represents the whole process of care and not just the results of one individual. Any abnormal result may be caused by systems or process issues, case mix issues or the quality of the data and is not necessarily caused by the surgery.

Completing the audit loop

Consultants or hospitals are asked to review their results locally. They then

The SAP set out to improve clinical confidence in the data



Over the last two years, the SAP has had a 100% response rate

Figure 1
Funnel plots for dislocations within 365 days following primary hip replacement (corrected for age, diagnosis and deprivation)

return a brief structured report that details their investigations into the apparent variation and any changes in practice that have been implemented. Each response is co-signed by a senior clinical colleague. The purpose of this is to ensure:

- evidence of local awareness
- evidence that local responsibility has been taken
- evidence of local consultation
- evidence of local investigation
- the setting of results in context.

Once returned to the SAP, the reports are anonymised and reviewed by the members of the Steering Committee, and a reply is sent to each consultant.

This has been implemented with the agreement of the Scottish orthopaedic community.

Results

Over the last two years, the SAP has had a 100% response rate from all the consultants who have been asked to investigate their data. The majority of action plans returned have been of a high standard. Many responses highlight data inaccuracies, most of which have been coding issues at a hospital level. A full report on the governance process is available in this year's report.

A minority of consultants had already stopped undertaking elective hip and knee replacements. Several consultants stated that issues relating to their complications had already been identified locally, and they detailed the action that had been taken to improve these complication rates. A small number used the data to justify ceasing joint replacement, as it was not their main interest. This year, some individuals and hospitals had anticipated a SAP enquiry and were able to present the results of a comprehensive local review and an action plan which was beginning to change practice.

Conclusion

While the overall figures produced have been interesting, devolution to a local level for interpretation and investigation has proven key. The creation of a reporting loop has allowed local units to take responsibility for apparently wayward results and perform a local targeted audit. This simple mechanism has ensured that appropriate local action has been taken and that, where data have been found to be incorrect, no inappropriate action is instituted.

Patients are encouraged to ask their consultant for their results in the clinic in the knowledge that the consultant will have data that are informative. National data are openly reported on the web (www.show.scot.nhs.uk/arthro/) for comparison.

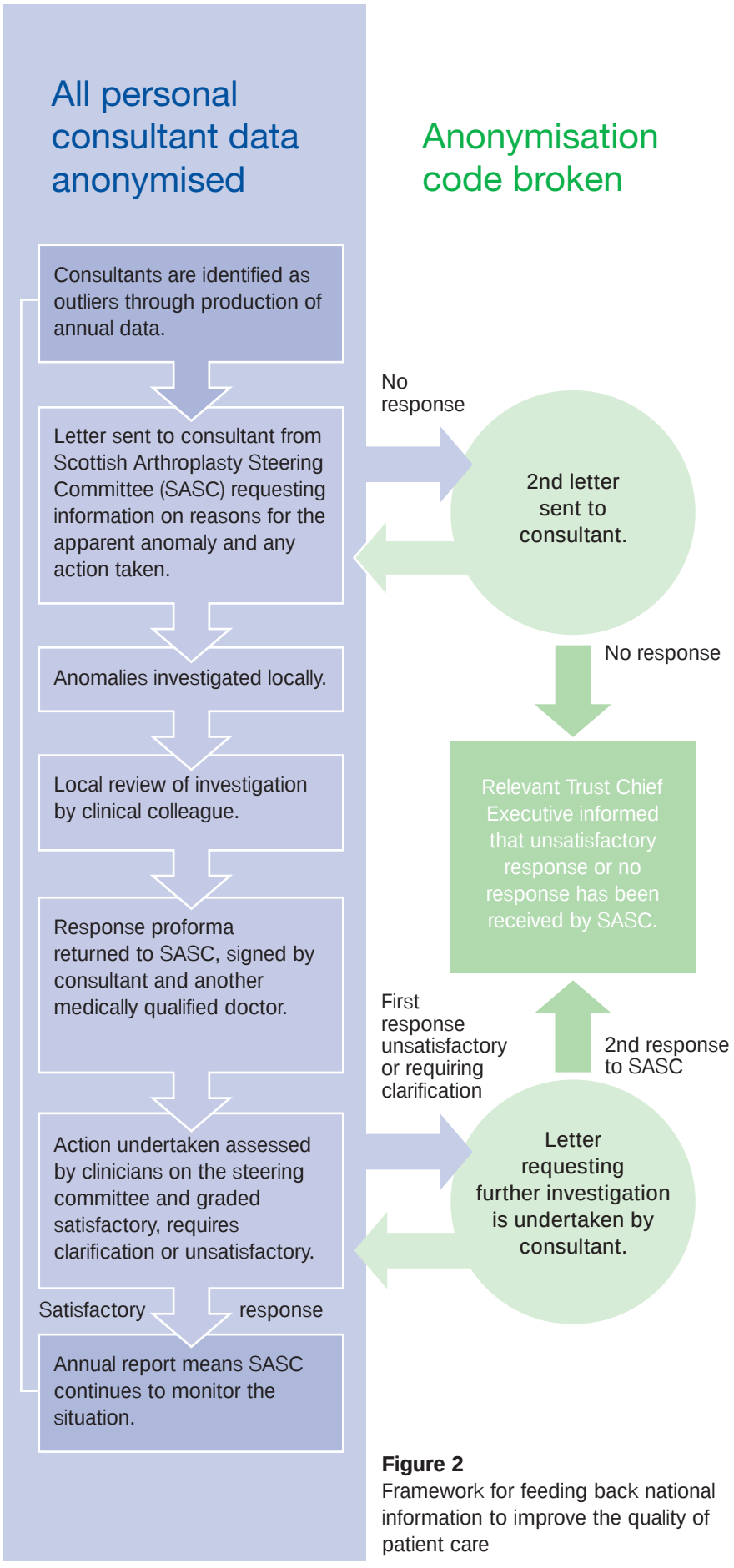


Figure 2
Framework for feeding back national information to improve the quality of patient care

What is the Scottish Arthroplasty Project?

Every consultant in Scotland who does hip and knee replacement operations has their patients monitored by a national group called the Scottish Arthroplasty Project (SAP).

The SAP keeps a record of how many patients suffer a complication after their hip or knee surgery; any consultant who has a larger number of patients than normal suffering from any one complication is asked to explain why this has happened.

There can be lots of reasons for the number of complications seeming to be high. Sometimes the information that the SAP has on its files is not quite right and the consultant can have this corrected; sometimes the way the consultant's team do things needs to be changed; and sometimes a consultant sees lots of patients who have other medical problems, which make them more likely to have a complication after their hip or knee replacement.

The SAP asks the consultants to write back to the Project and explain why their number of complications appears high and what they are going to do to try and reduce it. ■

Experiences of a female Orthopaedic Surgeon

I work as a Consultant Trauma and Orthopaedic Surgeon at the Royal Glamorgan Hospital at Llantrissant in South Wales and I was invited to join the National Joint Registry Steering Committee in November 2004.

I have been in my current post for 20 years, but when I started work, female Consultant Orthopaedic Surgeons were very rare. The number is now increasing and is approaching 50 in the UK. Women are still a minority in orthopaedics, but as more women qualify as doctors, more are entering the surgical specialities providing more role models. Joint replacement surgery can be very physically demanding, so when applying for jobs in the past, I was often asked if I was strong enough to operate, but I never found it a problem. Nowadays, surgical equipment is usually power driven and some joint replacement operations are beginning to use robotics. Very occasionally, patients may ask specifically to see a female surgeon.

I've had experience in other committees and management positions in the NHS which, I anticipate, will contribute to my work with the NJR. In 1999, I was one of the first elected members of the Patient Liaison Group of the Royal College of Surgeons of England. This was very interesting, as involving patients in medical strategic planning was quite new. I enjoyed working with all the members of the group and learned a lot, particularly from the lay members about how things can be viewed from the patient's perspective. In particular, we looked at issues regarding communication, patient information and consent.

For the past two and a half years I have been a Clinical Director in my Hospital Trust. Over this time a lot of management changes have taken place due to modernising the NHS. Some of the issues are different in Wales but, overall, many of the processes rely on good Information Technology infrastructure and support.

I can see that the NJR has a lot of challenges ahead, but has come quite a long way over the past year collecting data on hip and knee replacements. Other countries lead the field, with Sweden and Norway having patient follow-ups as long as 20 years ago and have been able to identify replacements which were below standard. Scotland has also had a register of all operations for over five years, which seems to be accepted by surgeons and managers alike. Orthopaedic Surgeons in England and Wales generally seem to be keen to have a well running National Registry, but there are a lot of organisational issues that need to be addressed. In my own Trust, I am aware of the time involved and the need for suitable IT back-up required for accurate data collection. The NJR is a massive undertaking, but with more uniform data collection, it is likely to be able to fulfil its aims of audit and long term follow-up of joint replacements. ■

Judy Murray

The NJR Hip Owner's Manual

What is the Hip Owner's Manual?

The Hip Owner's Manual is a way for patients to have complete and consistent information about their implant kept in an easy-to-use format. The manual will provide a single source of logically organised reference material, with space for patients and their clinicians to record information about their health and experiences of the healthcare process.

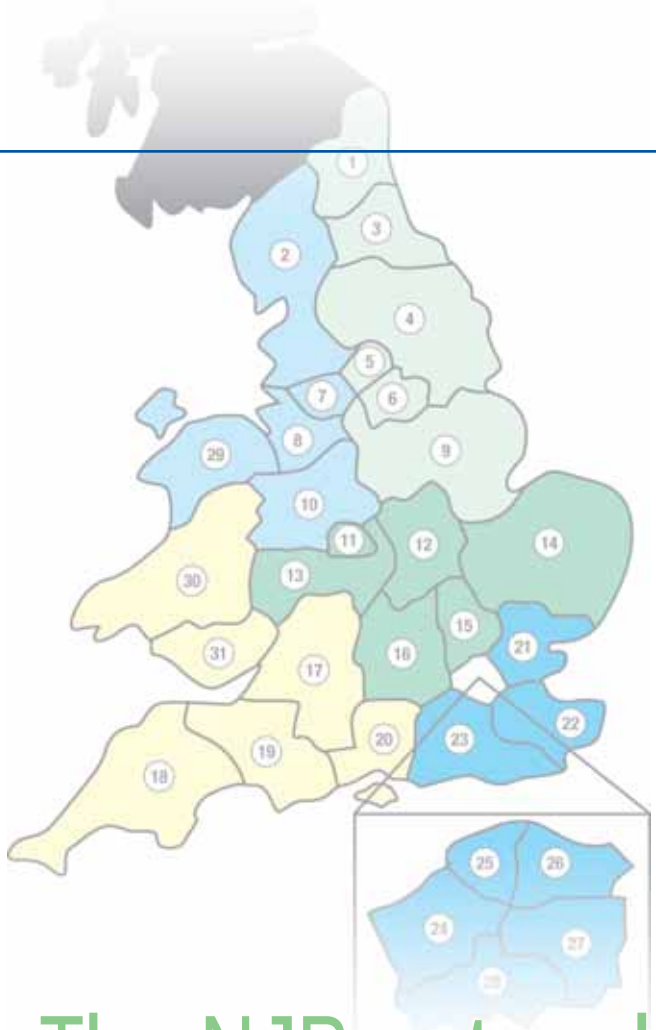
Piloting of the Manual

The manual was originally developed under the ownership and guidance of the NHS Information Authority (NHSIA). It conducted an initial small-scale pilot study in two sites: Glenfield Hospital, Leicester and Pilgrim Hospital, Boston, Lincolnshire, from December 2003 to March 2004. The NHSIA also commissioned an independent evaluation study to run parallel to the pilot. The pilot and study results showed a high degree of patient/clinician support and provided important feedback and suggested amendments to the manual.

The NJR has since taken ownership of the prototype manual, incorporated the suggested amendments from the initial pilot and study, and is now ready to conduct a larger scale pilot throughout England and Wales. This new pilot will be carried out over a period of approximately three months and the results will be reported towards the end of 2005. Assuming a successful outcome, it is hoped that a final version will be rolled out to all orthopaedic hospitals at the end of 2005.

Benefits

Having the details of the primary procedure recorded and held by the patient in this way should help to trace any revision surgery back to the primary if the two operations are performed at different hospitals. The manual will also record details of re-operations and, importantly, patient satisfaction over time. ■



The NJR network

The NJR has a network based in your region that can offer you help and advice with the collection of NJR data or with any other aspect of the NJR.

The network consists of a number of Regional Clinical Co-ordinators [at least one per NJR region (see above)] and Regional Audit Co-ordinators that form valuable conduits between hospitals and the NJR Centre, and help to channel information on issues, lessons learned and good practice.

Regional Clinical Co-ordinators (RCCs)

The RCCs are a network of orthopaedic surgeons who are familiar with the aims, requirements and clinical benefits of the NJR. They are based in hospitals throughout England and Wales and are available to discuss the clinical aspects of the NJR with colleagues and provide help and advice where needed. The RCCs have been appointed in close alignment with Strategic Health Authorities (SHA) in England and NHS Regions in Wales. A map can be found on the NJR website to help you locate the RCC representing your region. Go to the 'Healthcare Providers' area and select the 'Regional Clinical Co-ordinators' page from the 'Information' drop-down menu. Click on the region of interest to retrieve the contact details of its RCC.

Regional Audit Co-ordinators (RACs)

The RACs provide field-based links between hospitals and the NJR Centre. They work in partnership with the RCCs to ensure that hospitals are supported in their understanding of the requirements of the NJR. ■

The RACs are:

SOUTH WEST ENGLAND and SOUTH EAST WALES
Trudy Craig
E: trudy.craig@aeat.co.uk
T: 0870 190 6653
Avon, Gloucestershire and Wiltshire SHA / South West Peninsula SHA / Dorset and Somerset SHA / Hampshire and Isle of Wight SHA / South East Wales

NORTH EAST ENGLAND
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T: 0870 190 6695
Northumberland and Tyne and Wear SHA / County Durham and Tees Valley SHA / North and East Yorkshire and Northern Lincolnshire SHA / West Yorkshire SHA / South Yorkshire SHA

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Sharing experiences

About eight years ago, Stephen was struggling to get out and about on crutches. This was a far cry from the excitement of being a National Hunt jockey riding winning horses at Newbury and Cheltenham. His lack of mobility and pain were due to his left hip joint degenerating.

He visited his doctor about three years prior to his first hip replacement, complaining of pain and decreased mobility in his left hip, but was told by his doctor to come back in three years, by which time things had got a lost worse. He was booked in for a hip replacement operation at the Nuffield Orthopaedic Centre in Oxford.

Going into hospital wasn't as daunting for him as it is for many patients, because his wife, Daphne, went through the same procedure several years before. His operation went well, although he had to stay in hospital for ten days.

Despite this, he was keen to get back to sailing, horse riding and his many other hobbies, so he gave himself a tough exercise regime which, unfortunately, proved too much. Over-exercising caused him more pain, so he went back to the regime originally set by his physiotherapist and shortly afterwards, he was back to his energetic self.

Towards the end of 2003, Stephen felt a similar pain in his right hip, so he went to see his doctor who sent him for an X-ray. In March 2004, the consultant confirmed that his right hip was degenerating as his left hip had and he would have to undergo the same procedure. Stephen's hip replacement was to be carried out at the Nuffield Orthopaedic Centre in Oxford and he was given a date in November. Unfortunately, the date clashed with a holiday and Stephen was unsure if he should cancel his trip or change the date of his operation. However, the decision was taken out of his hands as his appointment was cancelled due to over-booking of the operating theatre.

He then received a phone call asking if he would mind having his operation carried out at the Acland, a local independent hospital that was taking part in the NHS G-Supp waiting list initiative that was set up to reduce waiting list time. Stephen was happy to go to the Acland if it meant having his operation carried out sooner. His appointment was booked, but yet again cancelled due to the Acland closing. Understandably, he was unhappy about this, but again it turned out well in the end, as his operation was re-booked at The Manor independent hospital in Oxford, which had just opened. Stephen was given three dates and he chose to have his operation on 3 December so that he could still go on holiday with his wife.

Being prepared

Stephen knew what to expect but, as with all operations, he was apprehensive. He met up with his consultant who, he said, "was quite a character, but gave me a lot of confidence." Stephen's first operation was carried out under general anaesthetic, but this time he had an epidural which he said "was much, much better." It all happened so quickly that when he woke up he didn't realise that it was all over. Stephen explains: "It was a most extraordinary experience. I was due to have my operation at 1:30pm. I was sat watching the clock and when 1:35pm came, I thought I had been forgotten. Then the next thing I knew it was 7:35am and my hip replacement had been done." The procedure was a right cemented Stanmore total hip replacement.

After overdoing his exercises last time, Stephen was careful not to do too much this time. His recovery was so good that on the third day of being in hospital, he managed to go up and down the stairs and his physiotherapist said he was fit to go home.

A helping hand

From his previous experience, Stephen knew which home aids to order from the Red Cross, such as a shower seat. He also borrowed a raised toilet seat, long shoehorn and 'socks on' from the hospital. The shoehorn and 'socks on' are 'must haves' and he still uses the 'socks on' occasionally as bending so low can sometimes be difficult. Daphne was also a great support, always ready to lend a helping hand.

Praise

Through the excellent care from the hospital and support from his wife, Stephen is looking forward to the summer when he hopes to get back into the saddle and ride around the beautiful village where he lives. His stay at the hospital was "an excellent experience, all the nursing staff were extremely efficient and friendly, even the food was great." ■