

# Joint Approach

The newsletter of the National Joint Registry

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## News at a glance

### Annual report breaks new ground

Leading hip and knee implants and surgical techniques are analysed for the first time in the the 4th Annual Report of the National Joint Registry (NJR), launched at the British Orthopaedic Association (BOA) Congress in September 2007.

The report also reveals another major advance for the NJR Centre, which has enabled the linkage of consented NJR records to the Hospital Episodes

Statistics (HES) database covering NHS patients in England. This resulted in more available data for analysis and more accurate monitoring of compliance with NJR data requirements.

**See page 2 for more information about the launch.**

Read the 4th Annual Report on the NJR website:  
**[www.njrcentre.org.uk](http://www.njrcentre.org.uk)**

**“I believe this Annual Report will prove to be of greater value to all stakeholders than its three predecessors.”**

**Bill Darling, Chairman, NJR Steering Committee**

### Knees up!

More hip and knee joint replacement operations are being recorded on the NJR than ever before, paving the way for improved patient care.

**See page 2 for more details.**

### Patient consent essential

The primary aim of the NJR is to improve patient care by identifying failing implants and best practice. This can only be achieved if records of patient procedures can be linked, which requires patient consent to the storage of personal details and NHS numbers.

NJR Regional Coordinators are available to help orthopaedic units develop procedures for obtaining and recording this information.

**Turn to page 4 to see what help is on offer.**

### New dataset launched

MDSv3 will prove easier for units to complete and provide the NJR Centre with more comprehensive data.

**Find out more on page 4**

### STOP PRESS

The NJR Steering Committee has just given the green light for a major overhaul of the NJR website ([www.njr.org.uk](http://www.njr.org.uk)). The redevelopment, due to take place in the New Year, will make the website easier to navigate and improve access to information for all users. It is hoped this will result in increased compliance from units and better support to patients in giving fully informed consent.

**The National Joint Registry aims to improve patient care by finding out more about hip and knee joint replacement implant performance, joint replacement surgery and best practice.**



# NJR 4th Annual Report:

## Reporting on success

Surgeons, orthopaedic manufacturers and implant suppliers gave the launch of the NJR's 4th Annual Report an enthusiastic reception at the British Orthopaedic Association (BOA) Congress in Manchester.

They greatly welcomed the much enhanced quality, type and value of analyses in the report, made possible by the significant expansion of the NJR database in the past year. Information that attracted particular interest during Congress included three year survivorship data for major implant brands and procedure types and analyses of mortality in relation to length of stay and thromboprophylaxis, revision rates and hip resurfacing.

In addition to an increase in the total number of hip and knee joint replacement operations recorded on the NJR during 2006/07, the report highlighted the fact that knee operations (65,846) outstripped hip operations (65,532) for the first time.

It reveals high success rates by orthopaedic surgeons as evidenced by a comparison of revision rates seen in the NJR with those reported in other national registries, for example, in Australia, Norway and Sweden. This showed that rates reported to the NJR were generally lower than those demonstrated elsewhere.

The overall rise in the number of records submitted to the NJR during the year was accompanied by an



increase in those with patient consent and the information needed to link all operations performed on the same patient.

The value of these records for the purpose of analysis was further enhanced by linkage to the Hospital Episodes Statistics (HES) database for NHS patients in England.

This should improve, dramatically, the ability to link primary procedures with subsequent revisions and, in the future, provide the opportunity of measuring other outcomes following total joint replacement surgery.

It was this methodology that enabled a survivorship analyses for various types of total joint replacement procedures and brands of prostheses to be produced and are published, for the first time, in the report.

Linkage to the Patient Episode Database Wales (PEDW) is planned during 2007/08.

The Annual Report was presented to the BOA Congress by the three surgical members of the NJR Steering Committee, Professor Paul Gregg, Mr Martyn Porter and Mr Keith Tucker, and by Dr Jan van der Meulen of the Royal College of Surgeons' Clinical Effectiveness Unit.

### With thanks

The NJR Steering Committee extends its sincere thanks to all unit staff for collecting and submitted the data that has been vital not only to the success of the NJR in the past year but also to the value of its 4th Annual Report. Only eight out of 420 units expected to submit data failed to do so; the NJR will be offering extra support to those units during 2007/08 to encourage compliance.

## Extending links

The benefits of linking NJR and HES data were demonstrated clearly by the success of analyses undertaken for the NJR's 4th Annual Report.

However, the initial linkage was limited and permission has now been gained to extend its scope. The aim is a more detailed analysis of care pathways, co-morbidities and outcomes by monitoring other episodes of treatment associated with a joint replacement procedure.

A recent example involved the British Hip Society's use of information regarding readmission to hospital for deep vein thrombosis and pulmonary embolism within six weeks of surgery, for a Commons Select Committee.

# On target?

To date, more than 500,000 records have been submitted to the NJR.

While good progress has been made by NJR towards its data recording targets, there remains a significant challenge in all three areas:

- **compliance** - the percentage of records submitted to the NJR compared with the total number of hip and knee joint replacement operations in England and Wales

- **consent** - the percentage of records submitted with patient consent to the use of personal information
- **linkability** - the percentage of records with consent and patient's NHS number, enabling all operations on the same patient to be linked.

Target	Target rate (by June 2008)	Current rate (at September 30, 2007)
Compliance	95%	90%
Consent	90%	84%
Linkability	90%	81%

The success of the NJR depends upon the ability to link primary and revision procedures for the same patient. It is essential that a higher number of records include patient consent and NHS number.

## Help in seeking consent

Patients' permission must be sought in order for their personal details to be recorded on the NJR.

NJR Regional Coordinators offer help for units to improve consent rates and further assistance is on its way in the form of:

- a combined consent form and patient information leaflet, ensuring that information given to patients is as concise as possible
- the provision of standard text for insertion in local consent forms, enabling NJR consent to be sought at the same time as consent to surgery - a process approved by the Patient Information Advisory Group on the understanding that patients are made aware that receiving treatment is not dependent on NJR consent. This text has now been approved and will be communicated to units through the NJR website.

Patients rarely refuse consent, if asked. Often, the reason for failing to record consent is procedural. Regional Coordinators can assist units to ensure consent is recorded.

### Body mass index

The NJR Steering Committee and Regional Clinical Coordinators' Network (RCC) report that the body mass index (BMI) of patients is becoming essential for future analysis work. Therefore, new consent forms will include a question regarding BMI or height and weight.

The RCC Network comprises around 25 consultant orthopaedic surgeons whose aim is to champion the cause of NJR.



# Using NJR data

**As the quantity and quality of data on the Registry continues to grow, its longer-term benefits are emerging.**

The value of the data for analysis is clear and, for the NJR Centre, its focus is turning increasingly to the applications of that data for stakeholders. For example:

- regularly producing and disseminating analyses

- including survivorship and brand comparisons
- enabling surgeons and hospitals to use it for benchmarking their own data and performance.

**The Steering Committee actively encourages use of NJR data for research and audit purposes. To find out more, contact the NJR Helpline.**

## NJR ReportsOnline

Available to registered users, NJR ReportsOnline provides access to a range of reports tailored for surgeons, hospital data managers and hospital and trust management.

Mr Tucker demonstrated the service at the BOA Congress in September. He said: "The reports use NJR data and currently provide information about case mix, implant usage and patient demographics. We shall be increasing the scope of reports available in the future."

**"If anyone is interested in helping to draw up the specification of future reports, we should like to hear from them."**

**Keith Tucker, NJR Steering Committee**

Further details about the reports and registering to access them are available from the NJR website or Helpline. Regional Coordinators can provide on-site training if required.

# Easier data entry

**Units can look forward to reduced and simplified data recording thanks to the launch of a comprehensive new dataset.**

Minimum Dataset Version 3 (MDSv3) is the brainchild of a review team, led by Professor Paul Gregg, Vice Chair of the NJR Steering Committee, which included all consultant orthopaedic surgeons in the Regional Clinical Coordinators' (RCC) Network. It found that, in the majority of instances, units did not complete the non-mandatory fields in previously-used dataset.

Keen to ensure that all information vital to the NJR goals is recorded by units, the team edited that dataset to create a new, shorter version that is easier to use but makes all fields mandatory. The result - MDSv3 - has just gone live following approval by the NJR Steering Committee and Review of Central Returns (ROCR).

The difficulties of obtaining a patient's NHS number are acknowledged but the recording of a patient's surname, date of birth and postcode should enable tracing of the NHS number using the National Strategic Tracing Service.

MDSv3 takes advantage of more up to date methods of data entry to give a smooth, logical flow and considerably reduce the time involved. Both the online and paper forms have been changed in order to ensure consistency.

Units are being informed of the introduction of MDSv3 and advice and guidance is available from the NJR website, Helpline and Regional Coordinators.

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 on 0845 345 9991, email [enquiries@njrcentre.org.uk](mailto:enquiries@njrcentre.org.uk)

All NJR information and documents are available on the NJR website ([www.njrcentre.org.uk](http://www.njrcentre.org.uk)). Alternatively, contact the NJR Helpline to receive a copy by email or post.

If you have any queries, please do not hesitate to contact us.

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