



Joint Approach

ISSUE TWO
JUNE 2003

THE NEWSLETTER OF THE
NATIONAL JOINT REGISTRY
WWW.NJRCENTRE.ORG.UK



NJR launch
Data entry system
NJR training
Patient consent



National Joint Registry
www.njrcentre.org.uk

This Newsletter is also available from the NJR Centre in Welsh



The NJR goes live!

On 1 April the Chief Medical Officer, Sir Liam Donaldson, welcomed the launch of the National Joint Registry. The Registry is now collecting data from total hip and knee replacements carried out in the NHS and the independent sector in England and Wales.

Sir Liam said "The National Joint Registry is an important step forward in the delivery of quality orthopaedic care. Clinical audit and learning from past experience are both key factors in the provision of a modern NHS, and the Registry will provide data that will improve outcomes for patients".

On 1 April Bill Darling, Chair of the NJR Steering Committee, Paul Woods and Natalie Cullen from the Department of Health, and Fiona Davies and David Carter of the NJR Centre visited the Royal London Hospital (Barts & The London NHS Trust) to see the NJR system being used. Consultant Gareth Scott and the unit manager Gwen Nuttall introduced the computer facilities in theatre and demonstrated the ease of data entry to the NJR system.

More than 52 operations were entered into the NJR on 1 April with the first entry completed before 9 am. By the close of play on 2 April the 100th entry* was reached.

Keep them coming!

*Entry refers to completed records submitted to the NJR

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Events Diary

The NJR is at the following event:
17 – 19 SEPTEMBER 2003 BOA Annual Congress 2003
Come and visit us at the NJR stand

The NJR is being represented at the following events by Fiona Davies, invited speaker:
6 JUNE 2003 Scottish Orthopaedics Club Annual Meeting
19 – 20 JUNE 2003 Liverpool Hip Meeting
26 – 27 SEPTEMBER 2003 Dresden Outcomes Meeting
Contact **Fiona Davies**, NJR Centre Director, for further details.

NEXT PUBLICATION: SEPTEMBER 2003

If you would like to make a contribution to this Newsletter please contact the NJR Helpline.
Tel: **01235 433433** Fax: **01235 433961** E-mail: **enquiries@njrcentre.org.uk**

Using the NJR Data Entry System

Current status of the NJR data entry system

The NJR database was launched for use on 1 April. Our thanks to all of the users who have provided essential feedback on its operational use, it is exactly this sort of information that will ensure that the system continues to evolve as an efficient and user-friendly data collection tool.

Data entered at hospitals are collected and stored in a central database (the NJR). Two data entry systems have been built for users to input data:

- **A web based system** - this user interface works with standard web browser technology
- **A windows based system** - this is a software application that is installed on a PC

On 1 April the web based user interface was launched. This has the advantage of being easily accessible to the widest possible audience since there is no need for the user to install any software.

From 1 May the windows client was also available. This client has the advantage of being faster than the web client. It also allows hospitals to integrate information from the hospital Patient Administration System to populate the patient screen so as to avoid double entry of data.

If you are unsure which option to implement contact your hospital's IT representative. If further help is required please contact the NJR Helpline.

Data entry statistics

Since going live the system has recorded:

- more than 4701* operations, from 336* hospitals
- there are over 1460* surgeons registered on the system

This represents an excellent start for the NJR and shows that the IT system is robust and capable of managing the levels of activity it has been designed to deal with.

Data entry issues

There are two main issues that have arisen from data entry. They are addressed here to help you input data more easily.

ASSOCIATING SURGEONS WITH HOSPITALS

Surgeons may work at more than one hospital. Some data inputters have noticed that surgeons are not always associated with all the hospitals they work at. This can be dealt with in two ways:

- 1 If a surgeon has a username they can associate themselves with multiple hospitals by selecting **Systems Functions** then **Manage Surgeon Profile** then **Hospitals**
- 2 The hospital data manager can associate surgeons with their hospital by selecting **Systems Functions** then **Manage the surgeons at your hospital**.

ADDING COMPONENTS TO THE NJR SYSTEM

Many system user queries are associated with trying to add components to the system. There are two ways of doing this.

- 1 **Search for components**
Enter the REF number and LOT number as they appear on the component's sticky label or box and then click **search**, this returns the relevant component. Click **add** to the left of the component to commit it to your record.
- 2 **Locate components**
This is a slightly slower process and should be used where the REF number is not known or for generic products like Palacos bone cement.

Select the supplier (e.g. Schering-Plough), the component type (e.g. BONE Cement) and then the type of cement (e.g. Antibiotic loaded regular viscosity). This will return all the products that meet this combination. Click **add** to the left of the component to commit it to your record.

COMPONENT NOT FOUND

If you cannot find a particular component on the NJR database you will need to select **component not found** and add the component details. When complete, click **request component**. The component will not be automatically added to the system at the time you make your request. Your request alerts the NJR Centre who will follow-up your request. The NJR Centre will notify you when the component has been added to the NJR database.

Bulk data upload

Many hospitals collect data in their own database systems. There have been requests for the provision of a bulk data upload facility, i.e. a system that can export the data currently stored in a hospital's database directly into the NJR. This would avoid duplicate data entry and hence preserve data quality.

The NJR Steering Committee have agreed to make this facility available. XML technology will be used to build the bulk data upload facility. Hospital databases will need to be made compliant with the NJR minimum dataset (MDS), i.e. they will need to collect the NJR core data fields and be able to export the data in the correct format.

More details on how this facility will function and what will be required to implement it will be released over the next few months. Currently, the Minimum Dataset (MDS) is being modified to include 'Reoperations other than Revisions'. This modification will be finalised before the main development of the bulk data upload facility commences. It is anticipated that this facility will be ready for use in Autumn 2003.

Only just heard about the NJR or unsure of what to do next?

Check out the seven steps below to find out what your hospital / unit needs to do to participate fully in the NJR.

Note: If you are unsure whether anyone else in your unit / hospital has contacted the NJR Centre, or whether you have an NJR 'Unit Manager' (designated responsible manager), contact the NJR Helpline who will check on the NJR contact database.

- 1 Access the NJR website www.njrcentre.org.uk to view and download relevant documentation (see Table 1 - Sources of NJR Information).
- 2 Identify a key contact who will co-ordinate NJR activities and communications within your hospital / unit and act as the NJR 'Unit Manager' (designated responsible person). Ensure the NJR Centre has full contact details for all the people in your hospital / unit that need to be involved with the NJR. The NJR is an electronically based work programme and as such, much of the communication will use email and the NJR website. Therefore, please include an email address.
- 3 Ensure your hospital's IT department is informed of the basic system requirements (as detailed in the document [An introduction to the NJR IT system](#)). The IT department will need to check whether your computer network can access the following URL which connects to the NJR data entry system:

<https://dataforms.njrcentre.org.uk>

If problems are experienced with connecting to the NJR data entry system, please contact the NJR Helpline.

- 4 The NJR is funded by a levy placed on the sale of specific hip and knee implants, as detailed in [Components that attract levy payments](#). Please ensure your hospital's purchasing and supply department is informed.
- 5 The NJR Centre needs to be informed of when your hospital / unit will be ready to participate and brief details of the steps that you are taking to enable this, hence you will need to complete the [Unit readiness](#) questionnaire (available on the NJR website).

Until your unit / hospital is ready to deliver data electronically you will need to record data for each total hip and total knee replacement on the NJR paper proformas (minimum dataset forms). Separate proformas are provided for 'hip' procedures and 'knee' procedures. Completed proformas should be retained on the patients' files. All data will need to be transcribed into the NJR system for electronic data submission once the unit / hospital system has been established.

- 6 All users of the NJR data entry system need to register, including all consultants and surgeons who carry out hip and knee replacement procedures within your unit / hospital. To register, contact the NJR Helpline (Tel: 01235 433433) and ask for a new user account. You will be asked for the following information:

- user type (i.e. data entry, data manager, surgeon or supplier)
- hospital name
- GMC Code and grade, if you are surgeon.

Users will be issued with a username, 'memorable data' and a password.

- 7 The following material is available on the NJR website to help new users get started with data entry. You can access the information by selecting [Training](#)

- An Introduction to the NJR IT System (PowerPoint presentation)
- The NJR Data Entry Reference Manual
- Hints and Tips for using the system
- Introduction to the NJR

Periodically the [Data Entry Reference Manual](#) will be updated to reflect any changes made to the system. Hospitals should ensure that they refer to the current version of the Reference Manual available on the NJR website.

If further training is required see the NJR training section in this Newsletter. The documents referred to 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.

NJR Helpline

Tel: **01235 433433**

Fax: **01235 433961**

Email: enquiries@njrcentre.org.uk

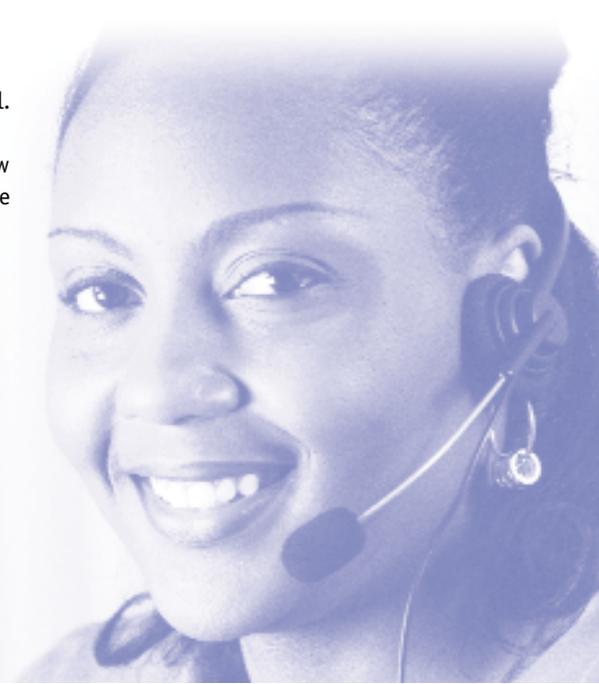


Table 1 – Sources of NJR Information

INTRODUCTION TO THE NJR

The first issue of the NJR Newsletter - [Joint Approach \(February 2003\)](#) gives the background to the NJR, its aims and how it operates.

NHS GUIDANCE

[Guidance from the Department of Health](#) details the actions required of all NHS orthopaedic hospitals / units.

THE LEVY

> The NJR is funded by a levy placed on the sale of specific hip and knee implants.

[Components that attract levy payments](#) gives details on which components the levy applies to and brief details of the mechanism for its collection.

> A [Letter from the NHS Purchasing and Supply Agency to NHS hospitals](#) has been issued to purchasers of orthopaedic implants within the NHS.

MINIMUM DATASET

> The [NJR Minimum Dataset](#) (MDS) is the core set of data fields collected by the NJR.

> Minimum dataset forms ([Proforma - Hip Operation](#) and [Proforma - Knee Operation](#)) are used to capture the raw data during or immediately after a procedure. All completed paper proformas must be retained on a patient's file as they may need to be accessed for audit purposes at a future date. It is acceptable for units to enter data electronically immediately following operations and not use paper proformas as an intermediate step.

> [Operations to be included in the NJR database](#) details the operations that the NJR currently captures.

Note: The MDS and proformas will be updated in Summer / Autumn 2003 to allow for inclusion of "Re-operations other than revisions".

PATIENT CONSENT

> Patients must be asked for their consent for their personal details to be recorded by the NJR.

The [Patient consent form](#), [Guidance for hospitals](#) and an accompanying [Patient consent poster](#) detail why patients are being asked for their consent.

Refer to page 8 of this Newsletter for an article on patient consent.

NJR DATA ENTRY TRAINING

> The [Reference manual for the NJR data entry system](#) provides information needed to use the data entry system. The NJR website will always have the latest version available.

> [An Introduction to the NJR IT system](#) presentation (in MS Powerpoint format) demonstrates the main attributes of the data entry system and how to use it.

> [NJR Data Entry – Hints and Tips](#) provides some basic advice on what to do and what not to do.

IT SYSTEM

> [An introduction to the NJR IT system](#) details the basic system requirements.

> A bulk data entry facility for interfacing with 3rd party suppliers' systems is being developed.

STEERING COMMITTEE

> The NJR Steering Committee oversees all the NJR activities, see the [Steering Committee terms of reference](#).

> [Steering Committee Membership](#) contains the current names and affiliations of all Steering Committee members.

> Minutes from each of the Steering Committee meetings are available for reference on the website.

REGIONAL CLINICAL CO-ORDINATORS

> A Regional Clinical Co-ordinator Network has been established to promote the Registry in the Regions.

> A list of [Regional Clinical Co-ordinators appointments](#) details who represents each of the regions across England and Wales and their contact details.

NJR BENEFITS the Medicines and Healthcare products Regulatory Agency (MHRA)*

The Department of Health and MHRA recognise that we need to learn as much as possible from the past in order to improve patient care in the future.

The NJR will be a key part of this process for joint replacements. The NJR will prove invaluable in establishing the baseline for the performance of hip and knee implants so that we have a clear idea of what we can reasonably expect from these products.

The NJR will benefit MHRA by giving early warning of poorly performing joint replacements. Based upon this information MHRA will be able to:

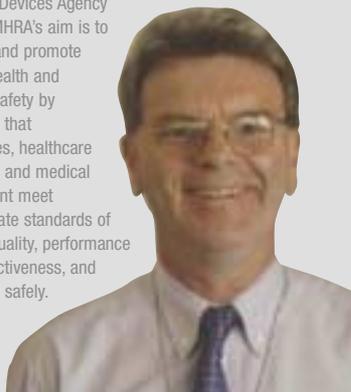
- take prompt action to ensure that unsatisfactory implants are withdrawn from use
- provide timely advice to doctors and hospitals on the follow-up and treatment of patients who have received these implants

The NJR will also assist in identifying patients who have received poorly performing joint replacements.

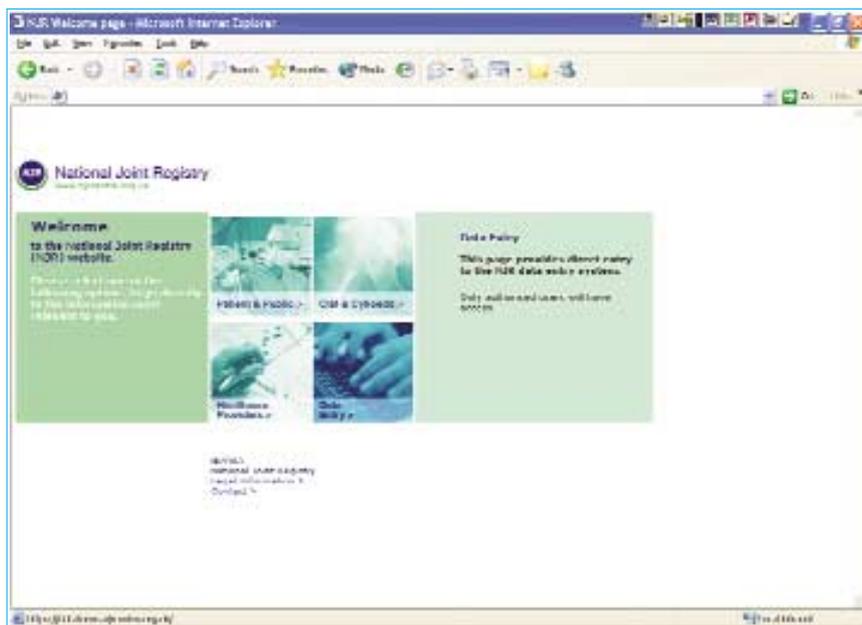
Andy Crosbie

Unit Manager, Biosciences and Implants
MHRA

*MHRA is an executive agency of the Department of Health, established in April 2003. It is formed from a merger of the Medicines Control Agency (MCA) and the Medical Devices Agency (MDA). MHRA's aim is to protect and promote public health and patient safety by ensuring that medicines, healthcare products and medical equipment meet appropriate standards of safety, quality, performance and effectiveness, and are used safely.



The NJR Website – the NJR information provider



www.njrcentre.org.uk

The current NJR website is being redesigned, with its new look being launched in June.

Information on the NJR website has up to now been made available in the 'News' and 'Documents' sections. This worked well whilst the NJR was being established but the 'Documents' area is now highly populated and the website is being restructured to facilitate easy information retrieval. The website restructuring will also reflect the wide range in user types, including patients and the general public.

The website homepage has been redesigned to signpost you to the area of the website that best serves your purpose.

- **Patient & Public** - information in this section will help patients make an informed choice and will be made available in English and Welsh.

- **Healthcare Providers** – will give information relating to the implementation of the NJR in orthopaedic units / hospitals.

- **Data Entry** – will give direct access to the NJR data entry system

Each option will take the user to the section's main page where separate pages dedicated to the main topics of interest, i.e. the Steering Committee, the Regional Clinical Co-ordinator Network, patient consent etc., will be offered from drop down menus.

Other new features will include a search engine and a feedback facility for website visitors.

The NJR Centre welcomes feedback from all our website visitors. If you have a suggestion on how information can be accessed more easily you can either complete the website feedback form or log your details with the NJR Helpline.

Key recent activities – February to May 2003

- FEBRUARY 2003**
- > The IT solution was piloted at selected units and hospitals throughout February and March.
 - > The first issue of the NJR Newsletter - Joint Approach - was published. The Newsletter is also available in Welsh.

- MARCH 2003**
- > The NJR patient consent form, an accompanying poster and guidance for hospitals on how to implement the consent form were made available on the NJR website. The consent form and poster are also available in Welsh.
 - > A series of regional training roadshows were held across England and Wales during the first 3 weeks of March.
 - > The reference manual for NJR data entry was issued to unit managers who attended the NJR training roadshows, and made available on the website. The manual will be updated as the system develops.
 - > The Minimum Dataset (MDS) and the paper proformas used to capture the raw data were finalised and made available on the website.
 - > Guidance on local implementation of the NJR in Trusts and hospitals was issued through a Chief Executive's bulletin and made available on the website.
 - > A presentation introducing the NJR IT System was made available on the website.

- APRIL 2003**
- > The NJR was launched on 1 April. A copy of the Department of Health's press release can be found on the NJR website.
 - > 52 data entries were made to the NJR system on the first day of its operation.
 - > Source documents aimed at training new NJR users were made available on the website.
 - > Guidelines for using the NJR for research purposes were posted on the website.

- MAY 2003**
- > The windows based data entry system (PC application) was made ready for use.
 - > The NJR website will be restructured to provide specified areas for each topic of interest, e.g. the Regional Clinical Co-ordinator Network, NJR training and patient specific information.

NJR BENEFITS NHS Trusts

I am delighted to be the NHS Trust management representative on the NJR Steering Committee. In terms of my contribution, I see this as providing some reality to the issues around the implementation of the Registry, and for providing information within the management arena that will affect its local implementation.

In my former years as a pharmacist, I was concerned about drug efficacy and the safety and national reporting mechanisms for ensuring that adverse events were picked-up quickly and lessons learnt. Likewise, I have been concerned that a mechanism was not in place for monitoring prosthesis use. The National Joint Registry will provide such a mechanism, and will enable us to quickly identify any adverse events for the benefit of patients.

Within the orthopaedic community, views differ on whether revision rates will increase in the future, the National Joint Registry will help us to determine this. It will also be a useful tool for research and audit which is vital for the future.

As with all new tools there will be practical problems in the Registry's local implementation. It is vital that these problems are shared with the NJR team. I particularly believe that the regional clinician links are extremely important to ensure full implementation locally and I would like to thank those who have volunteered to do this vital role.

Do spend time implementing the Registry locally as it will provide huge benefits to patients - which is why we work for the NHS.

Christine Miles
Chief Executive,
The Royal Orthopaedic
Hospital NHS
Trust, Birmingham



The National Joint Registry (NJR) - What it means for patients

NJR BENEFITS patients

I am delighted to be involved with the NJR which I firmly believe, with a common sense use of modern technology, can overcome many of the problems which currently bedevil the Health Service.

A hip or knee joint replacement can make a dramatic improvement to an individual's quality of life. The downside is the fact that too many people have to undergo unnecessary pain and restricted movement because of long waiting lists.

Certainly we have to welcome any initiative which improves medical standards, and from the patient's point of view, provide confidence that their treatment will be first class irrespective of where they live.

Colin Thomson
All Wales Community Health Councils



The importance of gaining patient consent

Operation details from all total hip and knee procedures (in England and Wales) should be recorded by the NJR. However, for a data record to contain a patient's personal information such as name and date of birth, the patient must agree for these details to be included. Hence, the patient must be given the opportunity to sign an NJR consent form.

For the NJR to be most effective in the event of clinical review the number of complete data entries needs to be maximised, i.e. records that include patient personal information, so that the patient can be contacted after the operation to get their views on the outcome of the operation. Whilst it is important to encourage patients to see the benefits of the NJR it must be emphasised that the patient should not feel coerced into giving their consent.

Patient details are encrypted once they are entered into the NJR and are not stored in the database in an identifiable format. Only in the event of urgent clinical review would patient details be unencrypted and linked directly with their individual operation details.

The NJR patient consent form and its implementation

An NJR patient consent form has been developed which introduces how a patient's participation will benefit themselves and others, and the constraints that are put in place to prevent personalised data being published. This approach is intended to ensure the patient is fully informed of the purpose of the NJR. The consent form is available on the NJR website.

Patients must be asked for their consent for the following information to be recorded by the NJR:

- Surname
- Forename
- Date of birth
- Home address postcode
- New NHS number

Guidance for hospitals on how to implement the consent form is available on the NJR website. The hospital must keep a copy of the consent form as part of the patient record and make the fully completed form available to the hospital staff providing data entry to the NJR. It is a requirement of the data entry process that the member of staff inputting data can verify whether or not the patient has given their consent.

The benefits the NJR will bring to patients

The NJR data will be used to bring direct benefits to patients by:

- improving patient awareness of the outcomes of hip and knee joint replacement
- finding out how long the different joint replacements last
- helping to identify individual patients who have received an implant if there is a need for urgent clinical review.

The NJR data will also be used to bring additional long-term benefits by:

- providing feedback to orthopaedic surgeons and teams to help maintain high clinical standards
- promoting open publication of performance of implants
- providing feedback on implant performance to regulatory authorities
- providing feedback to suppliers about the performance of their implants
- monitoring and comparing the performance of hospitals

Information recorded by the NJR

A patient's personal details will link them to the implant(s) they receive as well as linking any future joint implant surgery they may have. If the performance of any implant is identified as being a problem, patients who have consented to having their personal details recorded by the NJR will be more easily identified & contacted. Patient details will also assist the NJR Centre to distribute patient feedback questionnaires.

Patient consent forms should be kept in the patient's medical record and not sent to the NJR Centre

Data security and confidentiality

Patients' personal information recorded by the NJR is confidential and cannot be used outside of the NJR. Procedures are in place to protect personal details and keep them confidential. The data is securely coded for transfer to, and storage within, a central database. Patients can obtain a copy of their own record in accordance with the Data Protection Act 1998.

Participation is voluntary

Patient participation in the NJR is voluntary. If the patient does not agree to their personal details being stored by the NJR only data about their operation should be entered. This will ensure that an individual's operation details cannot be traced back to them. This approach complies with the requirements of the Data Protection Act 1998.

NJR BENEFITS orthopaedic service users (patients)

When the idea of a new Registry to monitor joint replacement interventions was first mooted, my own organisation, Arthritis Care, responded enthusiastically. In our response to the Department of Health we made it clear that, as the leading UK organisation representing people with all forms of arthritis, we knew first hand that a great deal could be done to improve services around knee and hip replacements. A good proportion of our 60,000 or so members and supporters have regularly raised issues such as not knowing what to do if their new joint appeared to be failing them, or anxiety that they might never know if a fault was subsequently found with certain types of replacement. It is hugely encouraging to see issues such as these being captured by the Registry.

We also urged the Department of Health to ensure that there was adequate service user (or 'patient') representation on the Steering Committee from day one, and were delighted to see this suggestion picked up. As one of the two representatives in that capacity on the committee, I believe I can draw on both my personal experience of (juvenile) arthritis, as well as my professional role as a public policy specialist, to help the project bring maximum benefits to the people who matter most in all of this - the users of the service.

Neil Betteridge

Head of Public Policy and Campaigning
Arthritis Care



NJR training



Regional Training Events

The regional NJR training events held across England and Wales in March were well attended with a total delegate number in excess of 1000 across the 13 events, and with some events having more than 120 delegates. A range of hospital staff attended including surgeons, unit managers, informatics staff, nursing staff and data administrators. More than 240 NHS Trusts were represented and nearly 330 orthopaedic units, ie. those that undertake hip & knee replacements.

Delegate responses showed that most people felt they had benefited from attending the training events and found the data input demonstrations and the available literature both helpful and informative.

Delegate Feedback

Delegate feedback provided valuable information and ideas on how the operation of the NJR could be refined. Much of this feedback has already been acted upon, whilst some will feed into its future development.

The way in which the NJR functions will be part of a continual improvement process under the direction of the Steering Committee. The NJR Centre welcomes feedback from all NJR users.

Common issues and queries

Whilst the NJR Helpline continues to answer individual queries, the NJR Centre has collated some of the more common queries. Answers to these will be made available for reference as Frequently Asked Questions (FAQs) on the NJR website.

Some of the main issues and queries raised at the events include:

- Is the NJR compulsory?
- Levy queries, e.g. what is the mechanism for collection?
- How will hospitals resource the NJR?
- Can this system link to PAS / EHR / existing databases?
- Minimum dataset (MDS) queries, e.g. what are the plans for its future development?
- What patient follow-up procedure will be used, when will it happen and who will do it?
- What analyses and reporting will be carried out?
- What are the longer term plans for the NJR e.g. will it include the use of bar code readers?
- What is the protocol if a poorly performing implant / surgeon / hospital is identified?

Answers to these questions and more will be published under the relevant topic areas on the NJR website.

NJR training material available

For those who could not attend one of the March training events, there are a number of documents that can help new registrants to use the NJR system, including:

- A presentation that demonstrates the NJR data entry system (in MS PowerPoint format)
- The Data Entry reference manual – this contains all the information a user needs to enter data into the NJR
- Handy hints and tips for using the NJR system, with basic advice on what to do and what not to do.

The reference manual for the data entry system will be updated to reflect any changes to the system or improvements to the manual itself. The current version of the reference manual will be made available on the NJR website and will carry the latest version number. It is anticipated that update frequency will not be more than at 6 month intervals, unless a significant change to the system is required. It is important that Hospitals check the website periodically to check that they are using the current version of the manual.

Future training sessions

Future NJR training will be co-ordinated by

Delegate Responses

'A very informative event providing good guidelines with helpful and friendly staff'

Thetford

'All members of the NJR were very helpful and approachable and answered questions well. I felt encouraged to get in touch with the NJR Centre after this event for help and advice'

Leeds

'I feel the event was extremely well organised. The relative simplicity of the data entry screens will make it easy for people to use, whether they are a surgeon or a clerk. Hopefully this will motivate staff to make a good job of it rather than thinking it's just another data collection exercise.'

Thank-you and well done!'

Birmingham



the NJR Centre but in close liaison with the Regional Clinical Co-ordinator network. The training will introduce the aims of the NJR, explain how it operates and give a working demonstration of data entry.

The intention is to hold these training sessions in a convenient hospital location for hospital staff in the region who have previously requested a need for training. These sessions will provide an excellent opportunity for attendees to meet Regional Clinical Co-ordinators, NJR Centre staff and colleagues from other hospitals in the locality who will also be using the system.

To request NJR training please complete the training registration form on the NJR website.

If you need to discuss any specific training requirements, please contact:

Amanda Hoare, NJR Centre Training Co-ordinator, via the Helpline.

The Regional Clinical Co-ordinator Network

The Regional Clinical Co-ordinator Network is now firmly established and has been active in:

- Providing support to the initial set-up of the NJR
- Facilitating feedback to orthopaedic surgeons
- Communicating between the regionally based hospitals / units and the NJR Centre and NJR Steering Committee
- Hosting regional training roadshows

The Regional Clinical Co-ordinators were central to the training roadshows, helping to

identify the hospital based settings and facilitating discussions and queries.

The Regional Clinical Co-ordinators have also provided considerable advice on the content of the NJR Minimum Dataset (MDS), and contributed towards the way in which the NJR data entry system functions. Their expert opinion has been called on to advise on incorporating 'Reoperations' into the MDS. The proposed modifications to the current MDS will be submitted for approval to Review of Central Returns (ROCR). Input from the orthopaedic surgical

community is vital to the successful operation of the NJR, it's the surgical interface that helps determine the quality of data recorded.

Relevant feedback from the Regional Clinical Co-ordinators will be reported in future editions of this Newsletter.

NJR Data Reporting and Analysis

The NJR reporting and analysis strategy is currently under detailed development. However, some indication of what can be expected is given here.

NJR data will be checked and analysed to provide information to:

- Patients (and the public), to enable them to make an informed choice
- Surgeons, for them to identify best orthopaedic practice
- Manufacturers, to aid post-market surveillance
- Healthcare managers, to help with capacity planning and budgeting

NJR data reporting will focus on variations in clinical practice and patient outcomes.

Data reports

Reports will provide a summary of the data with an interpretation and discussion of results. Where possible an explanation of the implications for clinical practice will also be given.

All results will be analysed using robust and recommended statistical techniques and will take into consideration the three following key variations:

- random variation
- differences in surgical case mix
- factors related to the practice of care.

Data reports will be made accessible according to the user type:

- National data reports, accessible to patients and the general public
- Trust and hospital data reports, where Trusts and hospitals are identified (unless this would lead to identification of individual surgeons)
- Surgeon data reports, accessible only to the individual surgeon (and their Trust and hospital where the surgeon has given their consent)

Special data reports addressing topical issues in detail will be commissioned by the Steering Committee when appropriate.

National reports will be made accessible via the NJR website in an electronic format.

Recovering from knee replacement surgery

An update from Richard Gutch, Director for England and the UK Lottery Community Fund, who underwent knee replacement surgery earlier this year.

“My new knee was just two weeks old when I was first interviewed for the Newsletter. My progress since then has been mixed, but I’m at last beginning to experience some of the benefits of the operation.

I was able to return to my office job after two weeks, sometimes travelling by taxi and sometimes on the tube out of the rush hour. Initially I found I needed to pace myself, since excessive standing or walking led to some swelling to the side of my kneecap. Numbness and some tingling of the nerves around the scar still continue, but I recently managed a four mile walk without any side-effects.

My most worrying moment was when I went for my six week check-up and was told some infection had developed around the top of my scar. I was immediately put on a heavy dose of antibiotics and also experienced

some discomfort around the infected area. Fortunately, the antibiotics knocked out the infection within a week. I was disappointed not to see my surgeon, whom I have still only, consciously, met once, 13 months before my operation! I would also have welcomed some more specific advice about physiotherapy. Generally, I felt I was very much left on my own to get on with it - in marked contrast to all the care and support I received in hospital.

But, at last, I am beginning to feel the operation was worthwhile. I still have some stiffness and occasional surface pain, but the intense pain in my knee joint, which was the reason for having the operation in the first place, has thankfully gone.”

Richard Gutch



What does the NJR mean for people like Richard who have undergone replacement surgery prior to its implementation?

The NJR was not operational at the time of Richard’s surgery and hence his operation will not have been recorded by the NJR. The NJR became operational on 1 April 2003. From 1 April details of all total hip and knee operations should be recorded by hospitals. If Richard should need to have any further total knee replacement surgery in the future his operation details will be recorded by the NJR. If Richard wanted his personal details to be recorded by the NJR, he would need to sign an NJR consent form. This would ensure that he would be contacted in the event of urgent clinical review, i.e. if a fault was found with the implant he had received, so that he could be kept fully informed of the situation.

If you have recently undergone total hip or total knee surgery but have not been introduced to the NJR or seen an NJR consent form, please contact the NJR Centre.

NJR BENEFITS the perioperative care of orthopaedic patients

At the side of every patient undergoing implant surgery is a nurse and / or operating department practitioner (ODP) as part of the multiprofessional team dedicated to providing optimal care of the highest standard.

In any winning team, all members respect one another and value the contribution of everyone. The NJR will prove to be a ‘tool’ of the team, a

resource to help continually improve and update daily practice.

Assessing, planning and implementing care to meet patients’ needs occurs intensely during the surgical episode and is individualised to meet specific needs. Monitoring and improving how care is delivered to patients is at the heart of the nurse’s and ODP’s practice.

The NJR offers the opportunity for valuable evaluative information to become a much larger part of the ‘Process of caring’ for patients during surgery.

Sally Couzens,
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