



# Joint Approach

The newsletter of the National Joint Registry

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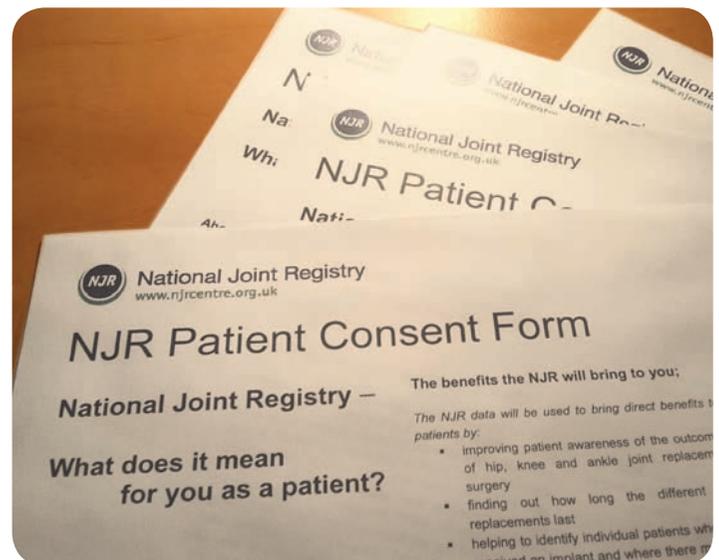
## NJR data submissions confirmed as mandatory by DH

The long-awaited news in July that saw confirmation that data collection for the NJR is now mandatory for all relevant NHS organisations has been greeted enthusiastically and heralded as a vital breakthrough as the registry continues in its drive to improve standards in care for joint replacement patients.

"This is fabulous news," said NJR Lead Elaine Young. "The over-arching mission for the National Joint Registry is to improve patient safety and outcomes, by providing as accurate a picture as is possible of the treatment and care patients receive, and the performance of both medical staff and the devices they make use of.

"Compliance rates were already impressively high, but the move to make NJR data collection mandatory means we will make enormous progress in ensuring the quality and validity of National Joint Registry data."

The news follows confirmation earlier this year of the mandatory status of all projects under the NHS Standard Contract for Acute Services as of 1 April 2011. The NJR is one of 29 projects that make up the National Clinical Audit and Patient Outcomes Programme (NCAPOP), commissioned and managed by the Healthcare Quality Improvement Partnership (HQIP). Initially it was uncertain whether the NJR, due to its unique nature, fell under the auspices of the NHS Standard Contract for Acute Services, but July this year saw confirmation of this from the Department of Health.



### What does mandation mean for patients?

For patients receiving treatment, this means all patients should be asked for permission (consent) to record the details of their treatment into the registry. For future joint replacement patients, this extra data means that a more accurate picture is provided, improvements can be made and better care provided.

### What does this mean logistically for Trusts and their clinical teams?

Recent statistics show that data regarding around 80-90% of joint replacement procedures were submitted to the NJR by Trusts. Mandation means that from now on, patient consent must be sought for all procedures carried out and all subsequent data must be put forward.

### What are the benefits for Trusts and their clinical teams?

There are many significant benefits to submitting data to the NJR, including using submissions as part of quality accounts, revalidation and surgeons' appraisals.



**“Mandation means enormous progress in ensuring the quality and validity of NJR data.”**

NJR Lead  
Elaine Young

# NJR Steering Committee Chair Laurel Powers-Freeling

To say the recently-appointed NJR Steering Committee Chair Laurel Powers-Freeling has an impressive CV is something of an understatement: the 54-year old UK citizen was raised in the US, graduating from the Ivy League Columbia University in 1983. Fittingly, her corporate career includes senior roles at UK and US stalwart organisations such as the Bank of England and American Express; currently, as well as her work for the NJR, she is a non-executive director at a number of companies, including Bank of Ireland.

## What attracted you to applying for the post of NJR SC Chair?

Government is currently encouraging people to consider what they can do to contribute to society. So, this role struck a real chord – joint replacement is increasingly scrutinised and I myself have had a hip replacement. The NJR makes a real difference in patient outcomes and so a real difference in their lives.

## How have you found the experience so far?

I've been very impressed by the level of commitment and enthusiasm shown by everyone involved in the NJR. It will take a while to meet all NJR stakeholders properly, but even with what I have learned so far about the issues and needs across the community that supports joint replacement, I am increasingly excited about the NJR's role and how it can develop.

## What aspects from your career make you well placed to succeed?

Much of my business experience has been in developing new concepts and managing change – often with complex business systems. NJR is at a point where it can move from being a useful database to providing real insight for positive change – I will look to support that change.

## Away from work, are there personal experiences you feel you will draw on?

The obvious one is that I have been a joint replacement patient and have the experience of a successful procedure. But I also know that – had I known then what I know now – I would have asked more questions about the doctor, the hospital and the prosthesis itself. Patients don't really know how to advocate for themselves in joint replacement surgery; I hope NJR will find ways to support them in doing so.

## In broad terms, what do you hope to achieve during your two-year tenure as Chair?

I'd like to see NJR move from being viewed as a passive 'data repository' to becoming an active nexus for all stakeholders, where they can collaborate to see how patient outcomes can be improved. While NJR cannot and should not replace other governance and regulating bodies, it should provide the insights others need and do so in an unbiased, holistic and integrated manner.



## What is the biggest challenge currently facing the NJR?

The NJR has been an impressive work in progress since its 2002 inception; it now needs to communicate its work in an authoritative way. Part of that means increasing the robustness of what we deliver – data and insights drawn from it – and part will be in how we deliver it, including greater collaboration with other registries internationally and more active partnerships with stakeholders.

## And how do you feel that challenge can be surmounted?

We've taken steps to upgrade our capabilities already, with the new contract with Bristol University for analytics, and the recent agreement of resources for an enhanced communications capability. Both these enhancements will place us in a position to do more and say more about it. But the biggest difference will come in taking a more proactive stance in all the things we do and our relationships with our stakeholders.

## Healthcare in England and Wales is going through a great deal of structural change. How do you maintain standards and look to achieve new objectives in a changeable environment?

There's no easy answer to keeping up with changes in the healthcare infrastructure and policy. But in a way, it's easier for the NJR than some of our stakeholder colleagues because we are a necessary 'cog' in just about any healthcare 'machine' that gets constructed. Also as part of our active approach, we will ensure that our voice is heard and contribute ideas when change is taking place in support of our mission of improved patient outcomes.

## The NJR has historically done an impressive job in driving participation rates. Now participation is mandatory, is there a risk that the NJR message will be lost?

Given the previous lack of mandate, it's a real testament to everyone (particularly the NJR Regional Coordinators) that rates were high. Now those same Regional Coordinators, with a slightly different message and set of tools at their disposal, will continue to keep the NJR from getting 'lost in the sauce' of broader reporting requirements. Work needs to be done to succeed in the new environment, but in general, mandate is a positive step.

## International collaboration plans begin to take shape

The National Joint Registry of England and Wales has pressed ahead with its plans for greater collaboration with other similar international bodies in recent months, with a range of meetings having taken place with representatives from as far afield as Italy and North America as well as Northern Ireland and the Republic of Ireland (ROI).

While still at an early stage in terms of planning, key motivations behind international discussions include maximising opportunities to share best practice, and this will see a greater presence for the NJR overseas regarding conferences, conventions and other events.

With over one million records, the NJR is the largest database of its kind in the world and so offers an unparalleled wealth of information. A key consideration in any collaboration then is to ensure relationships are as mutually-beneficial as possible between organisations.

One move that has been confirmed is that the NJR will be taking up the invitation by the International Society of Arthroplasty Registries (ISAR) to join the organisation. The decision will see the NJR join the likes of fellow members American Joint Replacement Registry (AJRR), Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Swedish Hip Arthroplasty Register (SHAR) and the European Arthroplasty Register (EAR).



**Dublin Convention Centre: BOA Congress venue**

Elsewhere, discussions are ongoing with representatives from Northern Ireland as to how they might work more closely with the NJR. This follows on from productive meetings between the NJR, the British Orthopaedic Association (BOA) and Northern Ireland's Chief Medical Officer, Doctor Michael McBride, in Belfast in May. A follow-up meeting is planned to coincide with the BOA Congress this September in Dublin and it is hoped that meetings with representatives from the ROI can also take place during the four-day event.

### PROMs targets 50,000 patients

The NJR's early work in extending the Department of Health's national PROMs programme (Patient Recorded Outcome Measures) has proved such a success so quickly that the project is being enlarged to include 50,000 patient records and maximise the opportunities for research.

PROMs is where patients are invited to fill in questionnaires, asking about their health and quality of life before and after they have an operation with the results driving improvements in patient care.

Earlier in 2011 the NJR began its extended version of PROMs, which sees hip or knee replacement patients consulted after one, three and five years, in addition to the six-month questionnaires that the other national PROMs programmes use.

Initially six months were allowed to reach the target of 35,000 completed questionnaires but such has been the response that this target was reached within three months. The current response rate is 84% and the NJR has reacted to this enthusiastic uptake by agreeing to extend this data collection with an aim of taking the number of patient questionnaires to 50,000.



### Exeter event hailed a success

July 25 saw Exeter's Princess Elizabeth Orthopaedic Centre host an NJR conference for 45 delegates, led by Exeter surgeon Matt Wilson and organised by NJR's South West England and South Wales Regional Coordinator Carol Maskrey. "This was an opportunity for data entry staff from neighbouring regions to meet as they are often working in isolation," Maskrey commented. "There was a strong educational element, with surgeons and former patients presenting, as well as updates from the NJR. The day was a huge success." To find out more about the NJR's Regional Coordinators, contact [health\\_servicedesk@northgate-is.com](mailto:health_servicedesk@northgate-is.com).

## Meet the NJR Research Fellows:

The NJR's research strategy was launched at the end of 2010, resulting so far in a new, dedicated area of the NJR website, several research projects approved and two fellows appointed: Paul Baker and Dr Simon Jameson, whose 12-month tenures began in April 2011. We found out more about their projects and their progress.

### Doctor Simon Jameson

#### Career background:

A Registrar in Orthopaedics, Jameson is four years out of a total of six through his training to become a Consultant. As part of the Northern Deanery Training Programme, he was most-recently based at the James Cook Hospital in Middlesbrough.



#### What is his fellowship research hoping to achieve?

With his Consultant training currently on hold while he completes his 12-month fellowship with the National Joint Registry, Jameson is using a combination of NJR and HES data to compare and contrast data relating to a number of topics for joint patients. Specifically, this sees him looking at general versus regional anaesthetic techniques and assessing the benefits of the two from both patient outcomes and NHS resources perspectives.

#### What progress has been made so far?

While it is very early days – at time of speaking Jameson was less than three months into his tenure – he reports that a lot of good work has already taken place. Jameson does take a realistic tack however, and says that his work, being among the first of its kind in the field, will most likely provide a solid foundation for further research into these topics and may guide the development of prospective, randomised trials in joint replacement surgery in the future.

Another part of the pioneering work he is progressing alongside Doctor Paul Baker is to help establish a working methodology for further use of the NJR for research. "Being the first to use the NJR data in this way means there are many learnings in terms of techniques that work and some that can be avoided," he says. "As well as our central research work, we will be looking to impart those logistical learnings to those that follow us."

### Paul Baker

#### Career background:

Similarly to Simon Jameson, Baker is also taking time out from his training to become a Consultant to take up his fellowship with the NJR – although with five years under his belt Baker is a year nearer completion. The coincidences don't end there: he is also part of the Northern Deanery Training Programme, specialising in arthroplasty and most-recently based at the University Hospital of North Durham. Although the two knew of each other professionally it was only after Jameson was rotated into a role that Baker had just moved on from as part of their training that they realised that they had both submitted proposals to the NJR and began to collaborate in order to avoid overlap and share their experiences.



#### What is his fellowship research hoping to achieve?

Baker explains that his focus is primarily on knee replacement outcomes, with an emphasis on analysing the revision rates for different demographic groups and for different procedures and how that might correlate with data such as PROMs (Patient Reported Outcome Measures).

#### What progress has been made so far?

Again, its early days for Baker, but his fellowship builds on previous work he has already completed using NJR data – he currently has four research papers being reviewed for potential publication by medical journals.

Baker agrees with Jameson that the two of them, as the first NJR Research Fellows, are in effect laying the foundations for future. "Having already worked with NJR data I have had something of a headstart," he says. "However, looking forward I have discovered a lot that will help future fellows."

If you would like contribute to *Joint Approach* or have suggestions about subjects you would like to see in future issues, please contact the editorial team via [communications@hqjp.org.uk](mailto:communications@hqjp.org.uk). All NJR information and documents are available on the NJR website or to receive copies by post, contact the NJR Helpline (number below). If you have any non-Joint Approach queries, please contact us via: The NJR Centre, Peoplebuilding 2, Peoplebuilding Estate, Maylands Avenue, Hemel Hempstead HP2 4NW. **NJR Helpline:** 0845 345 9991  
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