



Welcome from the National Joint Registry

Welcome to this late summer edition – we are very happy to share further updates and insights into the NJR and our work, including the launch of our 9th Annual Report.



We are also pleased to share another imminent launch – the NJR will extend geographically to include Northern Ireland in October. The registry currently covers England and Wales and so this is an exciting development and we are working hard to ensure hospitals in Northern Ireland are supported and ready to start putting data into the NJR.

Now approaching our tenth year, and at over 1.3 million records, we will continue to grow as a rich source of evidence on the outcomes of joint replacement surgery for patients, surgeons, hospitals and implant manufacturers.

Looking ahead, in our autumn edition we will be following up on spring news stories, including our data sharing work with NHS Choices and the Care Quality Commission. In the meantime, we would welcome comments at any time on our newsletter and you can get in touch with us at communications@hqjp.org.uk or call 020 7469 2546.

With best wishes,

Elaine Young

National Lead for the NJR

NJR launches its 9th Annual Report

Below NJR patient representative and steering committee member Mary Cowern gives an overview of the launch, which took place on Thursday 13 September 2012 at the British Orthopaedic Association Annual Congress in Manchester. See page 2 for report summary.



“ The National Joint Registry has launched its Annual Report at the British Orthopaedic Association Annual Congress for a number of

years and this year I was invited to present at the official launch session. More than 250 surgeons were present to hear what the 2011 data revealed and what an additional year of data showed for trends in practice and implant (artificial joint) performance. I was delighted to share my experiences as a joint replacement patient (knees) and representative on the NJR Steering Committee as well as promote the key reasons behind the development of our Public and Patient Guide to the Annual Report.

For the first time this year, the NJR published individual hospital data on a range of areas. For example, the percentage of operations each hospital submitted to the NJR against how many were actually performed (known as compliance). This is crucial: the more information the NJR holds about joint replacement surgery, the more accurate and detailed the analysis can be – just



NJR team and visitors on the exhibition stand at the BOA Congress

one reason why I believe NJR data is becoming of increased interest to patients.

Overall, what was clear from the event is the surgical interest in the evidence the NJR provides and initiatives we are involved in. Back at the NJR exhibition stand, NJR Regional Coordinators were on hand to talk to surgeons about the report and the online NJR Surgeon Feedback system. This web-based log-in allows individual practitioners to look at their own data and results in relation to other surgeons, at their hospital and against national trends. Demonstrations were in demand throughout the three-day event! ”

IN THIS ISSUE:

Page 2:

NJR 9th Annual Report: Headlines

• Page 3:

• **NJR Patient Network**
• **Extension to Northern Ireland**

• Page 4:

• **News and events**



NJR 9th Annual Report: Headlines

Hip joint replacement: key trends 2003-2011

For hip replacements, the average body mass index (BMI) score for men and women was 28.59 – 'overweight' and the score has consistently increased within this category since 2004.

However, it is consistently lower for women than men. In the same time frame, the proportion of patients with a normal BMI has fallen by 7% to 20%.

Correspondingly, the proportion of patients rated fit and healthy (P1 - an ASA grade rating general health and fitness to undergo surgery) decreased again to 15%, from 16% in 2010 and 37% in 2003.

Despite some anecdotal suggestion that hip replacement patients are getting younger, NJR data describe a consistent age range of patients. For example, patients under the age of 50 represent 6% of the total which has not changed since 2003 and patients over the age of 80 remains around 14%.

The average age of a hip replacement patient was 67.2 – unchanged from last year.

Key facts 2011 (hips)

80,314 hip replacement procedures were carried out – an increase of **5% over 2010 (76,759)**

5% of this total represents resurfacing and metal-on-metal total hip replacement procedures, a decline from 2010 (8%)

The **average age** of a hip replacement patient was **67.2** – unchanged from 2010

Patient gender also went unchanged, **60% were female**

In 93% of patients, the indication for surgery was **osteoarthritis**. However, in patients less than 30 years of age, 22% were recorded as having diagnosis of **congenital dislocation/dysplasia of the hip** and 20% of patients has a diagnosis of **avascular necrosis**

Knee joint replacement: key trends 2003-2011

For knee replacements, the average BMI score was again 'obese' for men and women – 30.82 up from 30.66 the previous year (the overall average reached 'obese' in 2008). Women have scored a consistently higher BMI since 2004, the opposite trend to that shown for hip replacements.

Again, the proportion of patients rated fit and healthy prior to knee replacement surgery has fallen by 1% from 12% in 2010 and since 2003, a decline from 31%.

Key facts 2011 (knees)

84,653 knee replacement procedures carried out – an increase of **3.3% over 2010 (81,959)**

Patient age and gender was largely unchanged: **average age was 67.4 and 56% were female**

In 98% of patients, the indication recorded for surgery was **osteoarthritis**

Ankle joint replacement: key facts 2011

Ankle replacements have been recorded on the NJR since April 2010

492 ankle replacements were recorded and compliance rate overall for this type of joint replacement is 64% (358 were recorded in 2010)

Diagnosis was recorded as **osteoarthritis** in 88% of cases and of these, 19% had a previous history of fracture and hence post-traumatic osteoarthritis

75% of procedures were carried out in the NHS sector

56% of patients were male and average age of patients was 68 years old

The average BMI score was overweight, a higher score than hip replacement procedures but lower than the obese score for knee procedures



Are you interested in reading more? At www.njrcentre.org.uk you can find a copy of the full NJR 9th Annual Report for download as well as information about the types of implants (prostheses) used in 2011 for hip, knee and ankle replacements. The NJR Public and Patient Guide to this report will be published later in the year, but online you will find the Public and Patient Guide to the 8th Annual Report.

NJR Patient Network meets for the first time

Following on from the Patient Focus Conference earlier this year, the NJR has established a Patient Network to ensure the patient voice is at the heart of future publications and projects. Its first meeting was a focus group at the end of August to look at some of the draft material for the Public and Patient Guide to the 9th Annual Report, due for publication before the end of 2012.

Sue Musson, patient representative and NJR steering committee member, commented: "It was a pleasure to meet other patients and hear their views, especially in relation to the recently-published data. We all agreed that NJR information could help many patients to feel more informed and generate relevant questions for their surgeon about the joint replacement options available to them. As a pre-operative hip replacement patient, this whole process is especially relevant for me and I look forward to being involved in the development of the guide this year."



NJR Patient Network members take the opportunity on the day to 'Wave for World Arthritis Day 2012' – 12 October 2012 – find out more at www.worldarthritisday.org



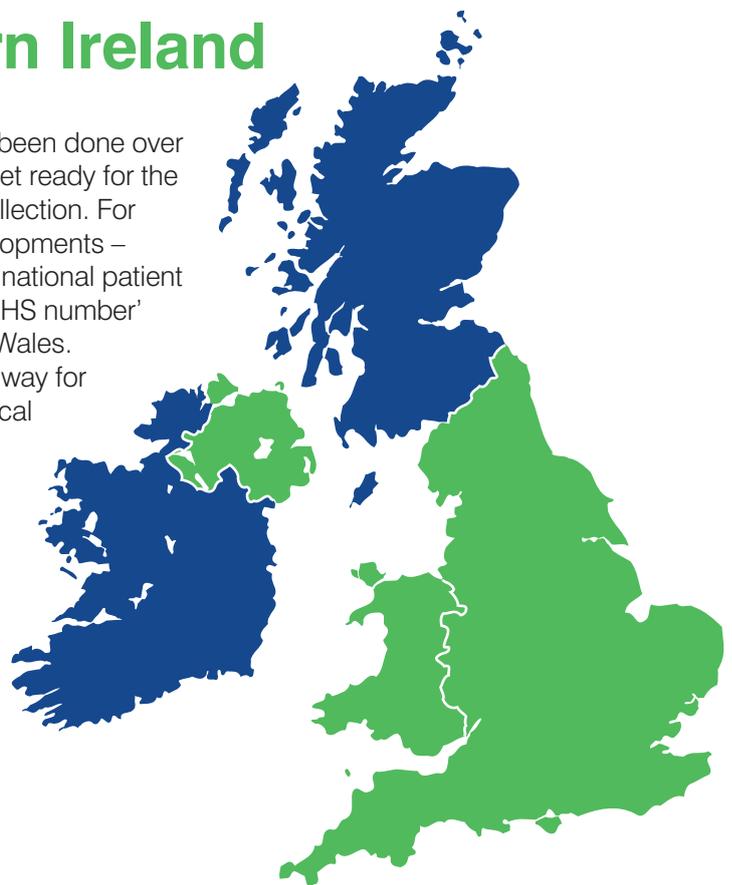
Would you like to find out more about the NJR Patient Network? Please call Rebecca Beaumont on 020 7469 2546 or email rebecca.beaumont@hqip.org.uk.

NJR extends to Northern Ireland

The NJR is extending its benefits to Northern Ireland (NI) in October. All relevant hospitals in the region carrying out hip, knee, ankle, elbow and shoulder replacements will be submitting data. Operation details and, where consent is given, patient information, will join the 1.3 million records already on the NJR and be included in the vital analysis and research undertaken to protect patient safety. (See the back page for more 'About the NJR').

Elaine Young, NJR National Development Lead said: "This is an important development for the NJR and we recognise the support and commitment of the NI Department of Health, Social Services and Public Safety in achieving this step."

A lot of work has been done over the past year to get ready for the launch of data collection. For instance, IT developments – NI use a different national patient identifier to the 'NHS number' used in England Wales. This will pave the way for further geographical extensions in the future. We would also like to say a big thank you hospital data input staff for their recent and continued work in complying the registry."



News and events

NJR annual event for hospital staff

On 12 October, the NJR is holding its annual event for hospital staff who are involved in the NJR process, including administrators, data clerks, managers, nurses and surgeons.

More than 80 people have registered for the full-day session in Nottingham,

which will have a strong educational focus, with speakers including regional orthopaedic surgeons, members of the NJR team and NJR steering committee patient representative Sue Musson. Find out more in our next edition.

NJR Steering Committee member named British Orthopaedic Association President



The NJR is delighted to congratulate surgeon representative and Steering Committee member Martyn Porter on his election as President of the British Orthopaedic Association (BOA) for 2012-13. As a membership organisation, the BOA cares for patients and support surgeons by focusing on excellence in professional practice, training and education and research.

NJR National Development Lead Elaine Young commented: "The

NJR has always worked closely with the BOA and the wider surgical community. We are pleased to have such strong links with the profession, who support and assist the registry in developing data quality – many surgeons input their operation data directly into the NJR.

This role reflects Martyn's considerable experience and commitment as a surgeon to improving patient care. Through his work as one of several NJR steering committee surgeons and Chairman of the Editorial Board, we can only continue to succeed in developing our remit as world's largest joint replacement register."



Martyn Porter, on stage at the BOA Congress shortly before becoming President for 2012-13

About the NJR

The role of the National Joint Registry is to drive better care for joint replacement patients. Our registry helps to improve patient safety by monitoring the performance of artificial joints (implants) and the results of different types of surgery.

If you are a hip, knee, ankle, elbow or shoulder replacement patient in England, Wales or Northern Ireland (in October) you will be asked during your treatment for consent to store your personal details alongside those medical details of your operation. This combination of information means the NJR can:

- Help surgeons choose the best artificial joints (implants)
- Improve patient safety by checking how well artificial joints, surgeons and hospitals perform
- When implant problems are found, help surgeons decide quickly whether patients need to return to hospital
- Give hospitals and implant manufacturers feedback so they can improve their patient care

Patients' personal data is treated as confidential at all times and cannot be used outside of the NJR. This data is only available to the patient that it relates to and their surgeon.

Procedures are in place to protect the information and to keep it confidential. Data collected via the NJR may be used for medical research, but only if it has passed ethical review and if the outcomes are expected to provide significant benefits to the healthcare of patients. Any data provided is made anonymous so that it is not possible to identify individuals.

In accordance with the Data Protection Act (1998), patients can request a copy of the personal information that the NJR holds about them at any time. Please visit www.njrcentre.org.uk for more information or call 0845 345 9991.

Do you need more copies of Joint Approach for a waiting area?
Call 0845 345 9991 or download online at www.njrcentre.org.uk