



# Joint Approach

National Joint Registry News for Hip, Knee and Ankle Replacements

WINTER 2011

## Welcome

Welcome to Joint Approach. I am pleased to be able to share with you so many updates on the work of the National



Joint Registry. If this is your first introduction to the NJR, please turn to the back page for a little bit more 'About Us'.

Over the past few months, we have worked hard to progress partner projects with national organisation NHS Choices and the Care Quality Commission so that the data we hold on joint replacement surgery can help promote and inform better patient choice and quality of care.

We are also delighted to have launched our first public and patient guide to the NJR Annual Report, available to download from [www.njrcentre.org.uk](http://www.njrcentre.org.uk) or by request (contact details below).

As an NJR stakeholder, either potential or current joint replacement patient, a friend or family member, clinician or manufacturer, we'd like to hear your ideas and comments on this newsletter. We'd be very pleased to hear from you at [communications@hqip.org.uk](mailto:communications@hqip.org.uk) or call 020 7469 2546.

With best wishes for the New Year,

*Elaine Young*

National Lead for the NJR

## First Public & Patient Guide launches

The NJR is delighted to announce the launch of its first Public and Patient guide to the Annual Report 2011. Melissa Wright, Development Officer, NJR said: "As part of the project group for this Guide, it's been great to work with patients to find out what they would like information on and how they would prefer it to be presented. The main report contains a vast wealth of surgical data from the past seven years – over 150 pages of data and technical language. It is a key aim for the NJR to make sure the data we have becomes increasingly digestible and accessible to patients and the public so they can make informed choices about their healthcare."

The Guide is split into three sections:

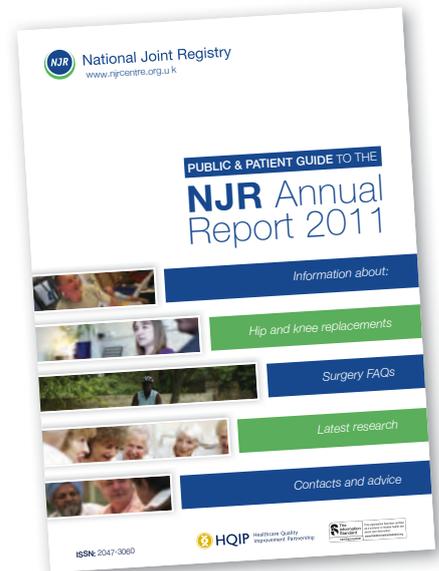
- **Part One** looks at the NJR and answers FAQs in relation to joint replacement. It contains a glossary to help decipher medical and surgical jargon and has the names and contact details of organisations and charities that can offer information and advice.
- **Part Two** contains a summary of the replacement procedures that took place in 2010 and offers some explanatory information about the different types of prostheses (implants).

- **Part Three** examines the performance of particular types of artificial joint (known as implant survivorship) at seven years of data held by the NJR.

Copies are available for free online at [www.njrcentre.org.uk](http://www.njrcentre.org.uk) or by request from [communications@hqip.org.uk](mailto:communications@hqip.org.uk) and 020 7469 2546.

### Don't miss our 2012 launch event!

The NJR is holding a series of launch events in early 2012, to discuss the Guide in full and talk to patients, patient representatives and practitioners about its work, share more of its data and get feedback on future projects and plans.



Would you be interested in attending and sharing your views?

Please email [rebecca.beaumont@hqip.org.uk](mailto:rebecca.beaumont@hqip.org.uk)

or call 020 7469 2546 for more information.

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OVER 80% REPLIED



## NJR data to publish on NHS Choices website

NHS Choices, run by the Department of Health, is a valuable source of online information for patients. It provides performance data and information on a range of treatments and healthcare providers, to support patient choice.

The team at NHS Choices has expressed an interest in publishing NJR data online, to share more detail about hip and knee replacements. Work is currently underway to agree

which NJR performance indicators will best support patient choice and the best way to publish the information. These indicators will be reported in a future edition of this newsletter and online at [www.njrcentre.org.uk](http://www.njrcentre.org.uk).

“We are all agreed at the NJR that this is a valuable opportunity and yet another way to present NJR data to patients and the public” said NJR Lead Elaine Young.

## Upgrading the NJR database: Component Management System

The NJR database has updated its component management system covering the individual components of hip, knee and ankle prostheses. It has brought the system fully up to date and will allow the registry to monitor the performance of artificial hips, knees and ankles more accurately.

Since its creation in 2003, the NJR database has recorded each type of artificial joint used and its component parts. However, as the joint replacement sector has advanced significantly, the original design of the system resulted in certain implants and

components being misclassified – this affected around 15% of entries into the system. Now, all components will be classified correctly and validated so the database provides a true reflection of the implants being used.

The project’s implementation has been based on the six years of first-hand knowledge by Northgate Information Solutions (NIS), contracted by the NJR to manage the 1 million-strong database.

Ian Mulcahy, Client Service Manager from NIS said:

### Joint working

The NJR and the Care Quality Commission (CQC), which regulates health and adult social care in England, are working together to ensure that patients receiving hip, knee and ankle surgery experience good outcomes.

The CQC monitors the compliance of health and social care providers with essential standards of quality and safety using a variety of tools including Quality and Risk Profiles (QRP). The QRP is an essential tool used for gathering together key information about health and social care providers. This enables CQC compliance inspectors to assess where risks lie and may prompt front-line regulatory activity.

The NJR is keen to include its data as part of the QRPs. Discussion on the data indicators to be included as part of QRPs (for NHS Trusts and Independent Sector) is ongoing and these indicators will be published in Joint Approach next year (2012).



We are really pleased to have launched these improvements to the system. Joint replacement technology is fast-paced, driven by the need to give patients the best possible outcome after surgery. It will allow us to dig deeper into the information held in the individual records and allow the NJR team to use the data more effectively, to measure performance of individual components and whole implants.



#### Are you a hospital data manager?

If you would like more information on the new component management system and how to use it you should contact your NJR Regional Co-ordinator in the first instance on 0845 345 9991.

# AT THE HELM:

## New Steering Committee representatives join the NJR team

The NJR Steering Committee has recruited two new members; patient representative Sue Musson and independent healthcare sector representative Dr Jean-Jaques de Gorter. The Committee now has a full complement of 12 representatives with orthopaedic surgeons, patient representatives, implant suppliers and independent experts.

In this edition, we speak to Sue Musson about her new role:

### How did you get involved with NJR?

Just a few days after a consultation with my orthopaedic surgeon I received an email advertising the NJR patient representative vacancy. I was immediately interested and thought, "that's me!" Although I am atypically young, I need a hip replacement and am currently being treated at Wrightington, Wigan and Leigh NHS Trust.

Aside from the first-hand patient experience, I was a former non-executive director of a large, specialist Foundation Trust, so I know how important it is to consider the patient's perspective when making decisions about improving the quality of healthcare.

Full-time, I run a management consultancy business and have experience in researching topics and looking closely at evidence to come up with conclusions. I think both of these skills are important for coming up with practical ideas for healthcare improvement.

Additionally, as a qualified Pilates instructor, I exercise regularly with lots of other joint replacement patients. We come in all shapes, sizes and ages, and I am lucky to have access to a ready-made market testing group! We routinely swap stories, and I have learned a lot about different pre-surgery and post-surgery experiences and devices.

### What aspirations do you have as a patient representative?

Some of my specific aspirations include initiating more in-depth, personalised research to learn more about the detail of patients' experiences. This information would complement the excellent large-scale, statistical data the NJR currently holds.

I am also very passionate about providing accessible, robust information to help patients understand their options and make informed decisions about every stage of their treatment and recovery. I think the new patient guide is a great example of this (see the front cover) and for future projects, we want to involve more patients in



testing information and ideas possibly through 'virtual' networks and support groups.

Building on this, I am interested in helping patients become proactive in their own care; to help them feel more confident about preparing for surgery, looking after their new joint and maintaining their own physical, emotional and mental good health.

### What's on the agenda for the first six months?

I have been made very welcome by my new NJR Steering Committee colleagues and look forward to getting to know them better as well as completing my official induction. In particular, working alongside Mary Cowern (a long-standing NJR patient representative) will be very insightful and help me to support further the patient engagement plan and represent views effectively.

Lastly, I am enthusiastic about learning more about the existing information and research activity undertaken by the NJR so that I can use my knowledge to make valid and forward-thinking contributions to the committee meetings.

# Evaluating surgery:

## The patient's perspective (PROMS Update)

In order to understand and improve the benefits of surgery, greater attention is being focused on the patient's experience. Since 2009, for a range of procedures in the NHS including joint replacement surgery, data has been gathered on a national scale through the use of patient-reported outcome measures (PROMS). In pre-operative assessments and a post-operative survey at 6 months, measurements of pain and physical function for example are collected.

In the last year, the NJR has extended the PROMS follow-up assessments to 12 months post-operatively in a sample of 50,000 patients who have undergone hip or knee joint replacements. We plan to follow the outcome in this same group of patients for up to five years.

**Over 80% of those who were sent a 12 month questionnaire replied.**

The overwhelmingly successful response rate of 80% will allow a detailed analysis of the risk factors determining outcomes of surgery in the longer term.

Professor Alex MacGregor, Principle Investigator and Chair of the NJR Research Sub-Committee said: "Thank you to all those patients who responded to the NJR survey. The enthusiasm of all those who responded will allow us to build up a very detailed picture of the factors that are most important in ensuring a successful surgical outcome from the patient's perspective."

**“  
THANK YOU TO ALL  
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”**

## International collaboration continues

The NJR has recently become a member of the International Society of Arthroplasty\* Registries. The aim of the Society is to harness international cooperation and knowledge to improve the outcomes for patients receiving joint replacement surgery.

In May 2012, NJR will be attending the first World Congress of Arthroplasty Registers in Bergen, Norway. It is an opportunity to share NJR best practice in collection and use of data, research and patient engagement – watch this space for future reports.

\*Arthroplasty: the surgery of joint replacement.

## 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 and the results of different types of surgery.

If you are a hip, knee or ankle replacement patient in England or Wales, 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.

### Patient FAQs: who can use the data collected?

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](http://www.njrcentre.org.uk) for more information or call 0845 345 9991.

**Do you have a question about the role of the NJR? Send it in to [communications@hqip.org.uk](mailto:communications@hqip.org.uk) or call 020 7469 2546.**