

Joint Approach

The newsletter of the National Joint Registry

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NJR 5th Annual Report

Publication of NJR's 5th Annual Report coincides with this edition of *Joint Approach*. As in previous years, the NJR Centre has been supported by the Royal College of Surgeons' Clinical Effectiveness Unit in the analysis of the data and the presentation of the results. The NJR dataset has again been linked to data from the Hospital Episode Statistics (HES) database and, for the first time, to data from the Patient Episode Database Wales (PEDW).

The report is in two parts – Part 1 which reviews the progress of the NJR over the year 1st April 2007 to 31st March 2008 and Part 2 which provides clinical information covering the period 1st January 2007 to 31st December 2007.

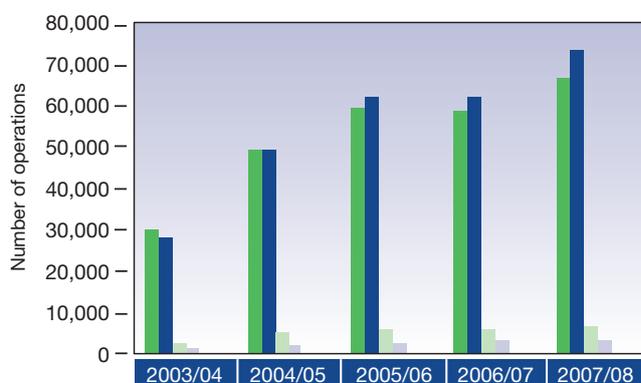
Part 2 summarises the data for hip and knee procedures carried out in England and Wales and includes a description of the outcomes of hip and knee replacements that were submitted to the NJR from 1st April 2003, when data were first collected. Revisions rates, mortality and incidences of pulmonary embolism are also included.

The report covers three key topic areas, providing an analysis of:

- current practice and outcomes for hip replacement surgery, including hip resurfacing and the use of different bearing combinations
- current practice and outcomes for total and unicompartmental knee replacement surgery
- mortality and pulmonary embolism following hip and knee replacement surgery in relation to thromboprophylaxis.

"I believe that the NJR is now entering a new phase of its work Hospitals have begun to use the data for clinical audit purposes and for reviewing their own hospital practice against the national statistics, demonstrating that the Register is a tool for excellence to enable improvement in best practice and the quality of patient care."

Mr Bill Darling, Chair, NJR Steering Committee



	2003/04	2004/05	2005/06	2006/07	2007/08
Hip Primary	30,036	49,168	59,817	58,746	66,839
Knee Primary	27,911	49,477	62,423	61,919	73,455
Revision Hip	3,012	5,168	6,211	6,223	6,757
Revision Knee	1,232	2,297	3,040	3,312	3,719
Hip Re-operation		245	340	306	284
Knee Re-operation		185	333	375	442

Type: hip and knee joint replacement operations entered on the NJR, 2003/04 to 2007/08, recorded by type of operation

Source: Operations entered on NJR 1st April 2003 – 31st March 2008.

- Hip Primary
- Knee Primary
- Revision Hip
- Revision Knee
- Hip Re-operation
- Knee Re-operation



NJR 5th Annual Report – clinical highlights

For the second year running the number of knee replacements (72,480) has exceeded that of hip replacements (68,950).

The trend towards more cementless procedures has continued and now accounts for 33% of all total hip replacements. The proportion of cemented procedures reduced from 48% in 2006 to 43% in 2007 and hip resurfacing now accounts for 8% of all total hip replacements.

More than 83% of the primary knee replacement procedures were cemented total knee replacement procedures. Unicompartmental knee replacement accounted for 8% of all primary knee procedures. These proportions are similar to those reported in previous reports.

The overall revision rate following primary hip replacement was 0.6% at one year and 1.2% at three years. Three year revision rates were lowest for those patients who received a cemented prosthesis, 0.7% and highest after hip resurfacing at 2.8%.

Please note that the clinical analysis section of this year's report will only include the three topics described on page 1. Further information such as brand usage will only be available from the NJR website.

All figures are based on a confidence interval of 95%. The Annual Report includes the confidence limits for the figures quoted.

The overall revision rate following primary knee replacement was 0.3% at one year and 1.2% at three years after surgery. The three year revision rates were lowest in patients who received a cemented prosthesis (1.2%) and highest in those who received a unicompartmental knee replacement (2.0%).

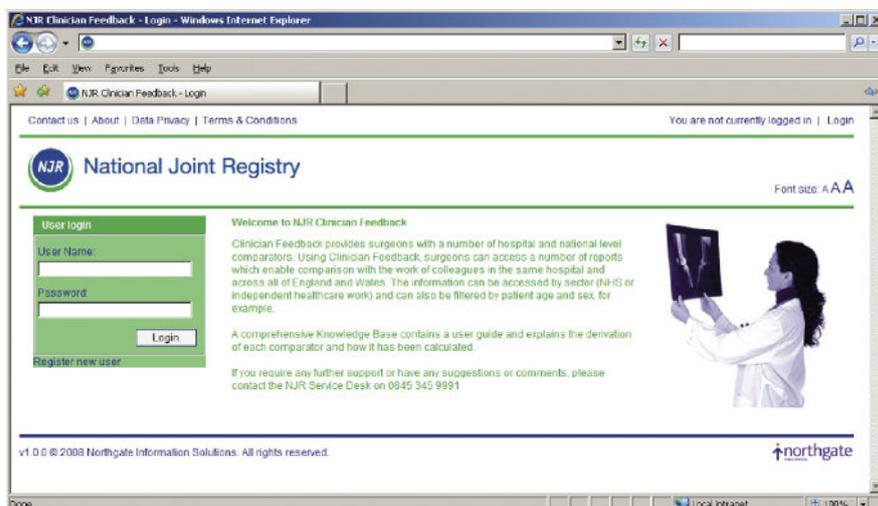
Copies of the Annual Report will be sent to the chief executives of all those NHS trusts undertaking hip and knee replacement surgery and to all NJR hospital data managers. Copies will also be sent to suppliers and manufacturers of orthopaedic devices and to all those surgeons who have requested them. In addition the report will be made available at the Annual Meeting of the British Hip Society (BHS) and the Annual Spring Meeting of the British Association for Surgery of the Knee (BASK).

The full report will also be available as a download from the NJR website but, if you would prefer to receive a hard copy, please request one through the NJR Service Desk.

NJR Clinician Feedback

In April 2008, the NJR Steering Committee approved a project which led to the launch on 28th October of *NJR Clinician Feedback*. The decision to develop the service, which enables surgeons to assess the outcomes of their own activity, was taken following the BHS Annual Meeting in February 2007 during which surgeons' comments highlighted the need to provide them with enhanced reporting based on NJR data.

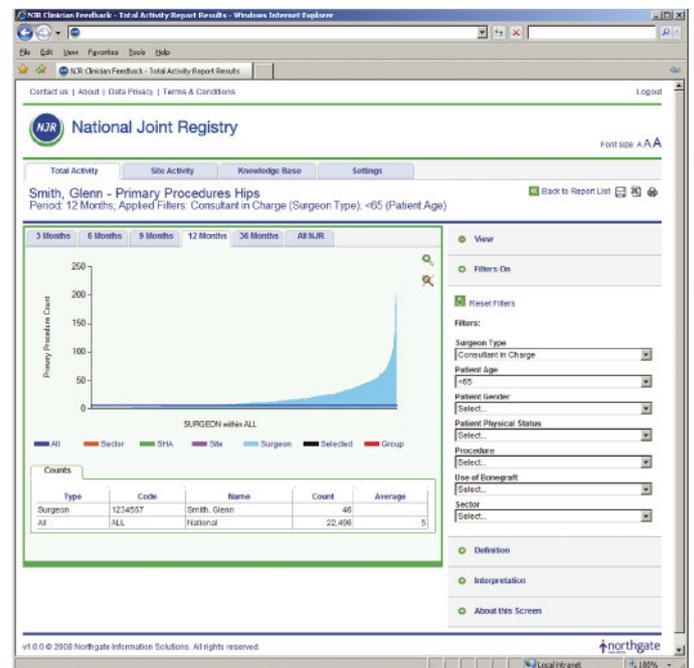
NJR Clinician Feedback is based on software written specifically for the presentation of health data to support the assessment of activity against defined comparators and benchmarks. It will enable surgeons to analyse their data within the wider context of hospital, sector (NHS and independent healthcare) and national benchmarks, and also to assess and understand any differences highlighted in clinical practice.



Clinician Feedback cont...

The system provides a number of pre-formatted comparative reports which can be filtered and saved by, for example, time period, age, gender and procedure type. All reports include a detailed explanation of the way in which they have been derived and should be interpreted. The data will be updated quarterly.

The initial set of comparators will be based on NJR data and it is hoped that later iterations of the service will include data from HES and PEDW. This will allow surgeons to create reports about incidences of venous thrombosis (VTE) within 90 days of surgery, mortality within 30 days of surgery, length of stay and associated co-morbidities (including dislocation).



“...this has the capability to provide surgeons with their own, individual, mini-arthroplasty register.”

Mr Martyn Porter, Consultant Orthopaedic Surgeon at Wrightington, Wigan and Leigh NHS Trust, Member, NJR Steering Committee

Clinician Feedback is a secure system, available via the NJR website to surgeons registered to the NJR and requires an NJR user name and password. If you are not a registered user or need to get your user name and password changed, please contact the NJR Service Desk either by telephone or email (see page 4).

Please do make use of the system which is the first attempt to provide surgeons with the ability to assess their activity using data submitted to the NJR. We would welcome your comments and suggestions as to what you would like to be included in the future.

World's largest Registry

To date, more than 720,000 records have been submitted to the NJR, which makes it the largest Registry of its type in the world. While such a large volume of records is impressive, those submissions require good quality data if the NJR is to achieve its aims and provide stakeholders with the information necessary to improve patient outcomes and patient safety.

The 5th Annual Report records that 95% of all the hip and knee replacement operations carried out in England for the year 1st April 2007 to 31st March 2008 were submitted to the NJR. This compliance rate, which is the highest achieved in any year since the NJR started to collect data in April 2003, is calculated by comparing the number of levies with the number of procedures reported to the Registry. The final quarter of the year also saw the highest submission rate for all quarters.

Patient consent

Obtaining patient consent is vital if the NJR is to succeed. The consent rate for the last quarter of 2007–'08 was 86.5% – the highest since the NJR started collecting data. Regional Coordinators have been working closely with all units to ensure that the processes are in place to seek and obtain patient consent. As reported in the Spring 2008 edition of *Joint Approach*, a shortened form of NJR consent is available for inclusion in local 'consent to operate' forms, and the Steering Committee has since approved the inclusion of the same text in the procedure-specific consent forms published by Orthoconsent (www.orthoconsent.com).

Linkability

Making the most of the mandatory data fields in the most recent release of the NJR minimum dataset (version 3) has seen an improvement in the linkability of records submitted to the NJR. While the number of records submitted with an NHS number has continued to increase, the requirement to provide a patient's address has resulted in an increase in the rate of NHS numbers that can subsequently be traced using the National Strategic Tracing Service. The linkability rate for the last quarter of 2007–'08 was 83%.

The ability to link primary to revision procedures is key to the success of the NJR. Continuing improvements in the coverage and quality of the data submitted to the Registry means that clinicians and other NJR stakeholders are provided with information that will lead to improvements in patient outcomes.

Patient Safety

Six percent of records submitted last year recorded 'No' for patient consent. Not only does this mean a loss of data with which to monitor outcomes, it also means that 9,500 patients who underwent hip or knee replacement surgery last year cannot be identified quickly in the event of a device alert or product recall. The NJR is now actively involved in assisting the Medicines and Healthcare products Regulatory Agency (MHRA) and hospitals with the rapid identification of patients affected by any device alert. However, the lack of patient details means that some will have to wait longer for clinical assessment.

Metal on Metal Study

The NJR is supporting an MHRA sponsored study examining specific outcomes of metal on metal hip articulations used in hip replacement surgery. In the opinion of Mr John Skinner of the Royal National Orthopaedic Hospital in Stanmore, who is also Chair of the supporting, expert committee, such an important study could not have been undertaken without the NJR. He encouraged all surgeons to ensure that details of all their procedures were submitted to the NJR.

National Patient Reported Outcomes Measurement Study (PROMS)

The NJR has established a working relationship with the Department of Health's National PROMS. This should enable the NJR to carry out further PROMS studies by linking pre and post-operative Oxford Hip and Knee scores to large numbers of patients undergoing treatment with different prostheses and with differing surgical practices and providers.

Northgate Information Solutions, the contractor for the NJR, has been selected as the preferred bidder for the administration and data aggregation services for the national PROMS programme.

Wider use of the NJR

Requests for information and support from the NJR with its large number of records and increasing awareness of its capabilities, continue to grow. Most notable is the support for the MHRA metal on metal study and a request for information from the United States Food and Drug Administration.

The NJR Steering Committee is keen to encourage the use of NJR data for research and other studies and also by staff undertaking projects for their own, professional development. Details on how to apply for access to NJR data are available from the NJR website.

"The NJR is entering the next phase of its development. With five years' of comprehensive data, it is now time to engage with all NJR stakeholders and to provide them with the information that they need to improve patient outcomes with regard to hip and knee joint replacement surgery in England and Wales."

Mr Bill Darling, Chair, NJR Steering Committee

As announced in the previous edition of *Joint Approach*, the ownership of the NJR was successfully transferred from the Department of Health to the Healthcare Quality Improvement Partnership (HQIP) on 1st April 2008. Continuity and knowledge transfer were ensured with the move of Elaine Young, the responsible project manager with the Department, to HQIP.

We are pleased to announce that Elaine has recently been appointed to the post of National Development Lead within HQIP. She will continue to support the work of the NJR as part of her new remit. Yvonne Tse, who has recently joined Elaine's team as the development officer (NJR), will be working closely with the NJR's Steering Committee to develop its operational business and to develop its strategic aims.

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: health_servicedesk@northgate-is.com

All NJR information and documents are available on the NJR website (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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