

# Joint Approach

The newsletter of the National Joint Registry

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## NJR Consent Process

Ensuring that patient consent is recorded on submissions to the NJR is a major issue in some units, with the consent form not being available to some of the staff entering the data. In order to avoid this issue, the Department of Health has recently approved a short text for obtaining NJR consent which can be added to local consent forms. This will ensure that the recording of NJR consent remains with patient notes and is not held on a separate piece of paper. The text is as follows:

**"I have read and comprehended the Patient Information Leaflet and consent to my personal details being submitted to the National Joint Registry in the knowledge that they will only be disclosed in the public interest or in other circumstances permitted by law.**

**I have been assured and understand that by declining my consent my care and treatment will not be affected in any way."**

Whilst the new text will help many units to ensure that consent for the NJR is recorded, it is essential that, during pre-assessment, patients continue to be made aware of the NJR through the Patient Information Leaflets so that they understand what they are consenting to.

## New Arrangements for the National Joint Registry

**From the 1st April 2008, the NJR will be incorporated into the National Clinical Audit and Patient's Outcomes Programme (NCAPOP), which will be managed by a consortium comprised of the Academy of Medical Royal Colleges, the Royal College of Nursing and the Long Term Conditions Alliance, to be known as the Healthcare Quality Improvement Partnership.**

NCAPOP was previously managed by the Healthcare Commission, and the NJR by the Department of Health.

The National Clinical Audit Advisory Group (NCAAG) has been established as the steering group for the expanded NCAPOP, and Nick Black, Professor of Health Services Research at the London School of Hygiene & Tropical Medicine, has been appointed to Chair NCAAG.

The NJR Steering Committee under the Chairmanship of Mr Bill Darling, will remain unchanged and continue to oversee the work of the NJR.

## Welcome – New Steering Committee Member

The Chair of the NJR Steering Committee, Mr Bill Darling, wishes to extend a warm welcome to Mr Dean Sleigh who has recently been appointed, by the Appointments Commission, to the NJR Steering Committee as one of the two Industry Members representing the orthopaedic implant suppliers. Mr Sleigh works for Biomet Europe and his membership on the Steering Committee runs to 31st January 2012.

# Patient Safety - NJR Support to Device Alerts

**The NJR has recently worked with the Medical and Healthcare products Regulatory Agency (MHRA), implant suppliers, and orthopaedic units following the issue of device alerts.**

The NJR can very quickly identify where all affected implants have been used (which frequently differs from the location to which they were sold) and can provide the MHRA and suppliers with information about national use. The NJR can also provide orthopaedic units with NJR references for all their patients who may be affected, enabling clinical staff to make speedier decisions about patient care and follow up.

This process significantly decreases the time between a device alert being issued and a clinical assessment being made. It also reduces the workload involved in the identification of individual patients who may have had an affected device implanted. The process does, however, rely on records being submitted to the NJR if all patients are to be identified.

## MDSv3

**The switchover to MDSv3 took place on the night of Friday 30th November 2007, with the first 3 records being submitted at 7.00 am on the Saturday morning!**

Currently, over 70% of all submissions are being made using MDSv3 which, compared to the time taken from the switchover from MDSv1 to MDSv2, is very encouraging. MDSv2 will only be available for a limited period of time and we would encourage those still using it to move to MDSv3 as soon as possible.

The comments received about MDSv3 have been very positive with users reporting quicker record submission times and easier data entry. However, there have inevitably been some issues with the new implementation and we have been working at delivering a number of priority fix deliveries to address these.

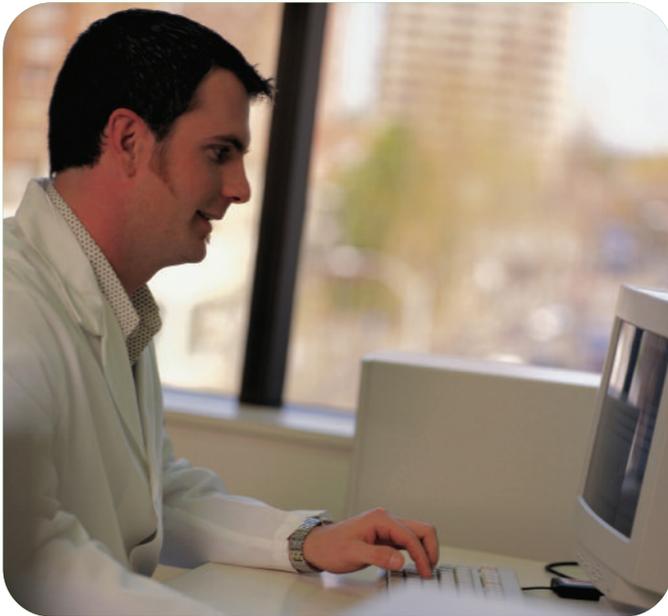
It has recently been agreed that MDSv3 will be changed to allow a 'Not Available' option for three key fields that have been causing particular issues for some units as the data has not been available for them to complete at data entry. These refer to the Angle of Knee Flexion, Component Brands Removed and the Primary Hospital Details. Development on this change has commenced and will be included in the delivery of the changes to Bulk Upload.

The NJR recognises that not having this option on some fields may lead to poor data being submitted but would ask that it is not simply used as the easy option. The NJR really does need comprehensive, good quality data if it is to achieve the aims of its stakeholders, and a process of regular monitoring of the use of these fields will be introduced to ensure that support is given to units to improve data quality and accuracy.



# Bulk Upload

The Bulk Upload facility was originally designed to reduce the data entry burden for those hospitals who were already collecting NJR data in other computer systems.



Bulk Upload enables data from other systems to be imported into the NJR database electronically, removing the requirement to re-key all the data.

The Bulk Upload facility is currently being updated following the change from Minimum Dataset Version 2 (MDSv2) to MDSv3. In essence, the different systems exchange a pre-formatted 'message' which contains the data. The change in data from MDSv2 to MDSv3 means that the message used to exchange data must also be changed.

The consequence of this is that, for those units already using Bulk Upload, changes will need to be made to local systems to accept the new interface. We are currently liaising with those units who will be affected by this redevelopment.

The re-development will also take the opportunity to improve the current capability in a way that will encourage other units to use it. NJR component information will be made available to other systems so that all records submitted will contain the required component information and will not, therefore, automatically end up on the NJR edit stack. Improvements will be made to the upload process to allow users to monitor progress at their own leisure, rather than having to wait for the processing to complete. Users will be told what has happened to each record submitted and, where a record is missing mandatory fields, it will be transferred to the edit stack, rather than simply being rejected. For all records that are not automatically submitted, a report will be provided detailing what data items are missing.

This new development will only support MDSv3 and the current facility for MDSv2 will not be updated. We recognise that some units will have to undertake further development but the current facility will remain operational for a period of time as we move over fully to MDSv3.

# Website Redevelopment

The NJR Steering Committee has approved a project to re-design and re-launch the NJR website which has remained largely unchanged since the NJR started collecting data in April 2003. The project was started in January and the new website will be launched in April.

Not only will the website have a new look, the information will be re-structured so that the website is easier to navigate and important information can be accessed quickly. There is also work going on that will enable the NJR Centre to manage and update content more easily and to provide more up-to-date data. One feature of this effort is to provide daily updates to NJR StatsOnline, rather than the current, monthly updates.

With the use of a focus group representing both patient and surgeon interests, a full review is taking place of the content, updating the current information and creating new content where required.

Your suggestions for possible information for inclusion moving forward is always welcome, and should be communicated via the NJR Service Desk or discussed with your local Regional Coordinator.



# Annual Figures - Well Done to All

The NJR Steering Committee would like to extend their thanks to all compliant units for their continued commitment to submitting data to the NJR.

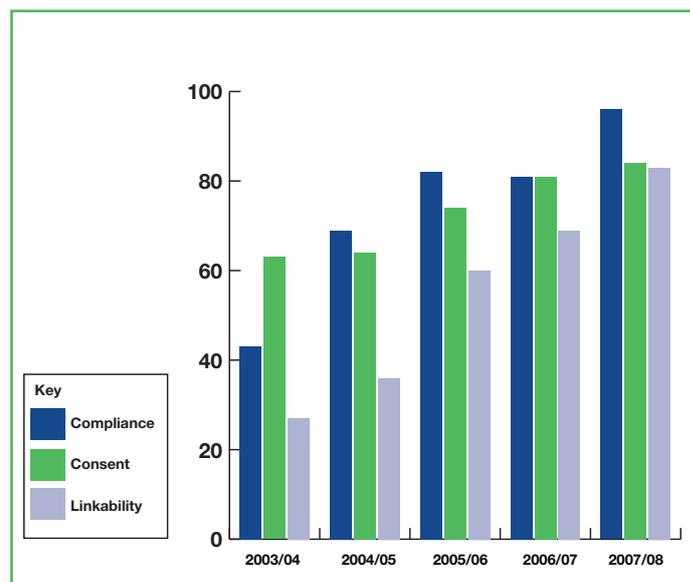
The rates for compliance, consent and linkability have continued to increase and, in some respects, the NJR now has more data than any other similar registry in the world. Whilst compliance is above 90% for the first time, it is hoped that the new consent text, designed for use in local consent forms, will provide a step increase in the amount of consented records submitted to the NJR.

Having said that, we have not reached our target level yet and, as we enter our last year to reach the March 2009 target of 95%, we really need to continue to work hard together in a final push, and with a real focus on record linkability.

For those of you that need some extra encouragement, the Chair of the NJR Steering Committee will be writing to NHS Trusts for those units that are not currently complying the NJR, to help emphasise the importance of this final effort now to meet the NJR's targets.

It is too early to assess the impact that MDSv3 has had on improving linkability (NHS number needed) but for all those consented records currently being submitted without NHS numbers, we have been able to determine NHS numbers for over 80% of them using the patient details included. This tracing process is time consuming and units are encouraged to include a patient's NHS number.

The increase in linkability means that we are able to carry out more detailed analyses. Through linkage to the Hospital Episode Statistics (HES) system, the NJR was recently able to provide information about the incidence of Deep Vein Thrombosis and Pulmonary Embolism following hip replacement surgery to the British Hip Society. The Society was able to use the data when presenting to a Parliamentary Sub Committee review into the use of chemical thromboprophylaxis resulting in the reconsideration of the NICE guidelines.



## British Hip Society Conference

The Chair of the NJR Steering Committee, Mr Bill Darling, and a team from the NJR Centre attended the Annual Meeting of the British Hip Society in Norwich from 28-29 February.

The meeting included a session on the NJR and Mr Darling updated members on the progress of the NJR to date and its plans for the future. Some members raised concerns that the process for the identification and handling of potential implant and clinical outlier performance was not widely understood. Mr Darling took the opportunity to reassure those members that a communications plan for the dissemination of all the relevant information was in the process of being agreed with the President of the British Orthopaedic Association and that, once agreed, the details would

be sent personally to all members of the BOA performing hip and knee replacement surgery. The meeting also enabled the NJR Centre team to discuss the types of information that surgeons would like to see provided regularly by the NJR and an outline paper has since been provided to Mr Darling and the clinical representatives of the Steering Committee. The NJR will be present at the British Association for Surgery of the Knee (BASK) Annual Meeting in Bournemouth in April.

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](mailto:health_servicedesk@northgate-is.com)

All NJR information and documents are available on the NJR website ([www.njrcentre.org.uk](http://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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