BRITISH HIP SOCIETY

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BRITISH HIP SOCIETY
NEWSLETTER
AUTUMN 2006

Officers :

President - Colin Howie
Immediate Past President – Charles Wynn -Jones
Vice-President – Keith Tucker
Vice President - Elect:- Peter Kay
Hon. Sec - John Hodgkinson
Treasurer - Ian Stockley [until March 2007] then John Nolan
Editorial Secretary - Peter Howard
Web page Coordinator – Fares Haddad
Member at Large – Dave Sochart

CLINICAL EXCELLENCE AWARDS

The BHS has registered as a body to recommend members of the Society for Clinical Excellence awards. We did this last Christmas. We still don't know who was and who was not successful.

The award circle is coming round again and will doubtless ruin another Christmas! There certainly aren't enough award holders in the Hip Society and there are many members who deserve higher awards.

Please see more information at www.advisorybodies.doh.gov.uk/accea/index.htm

Should you be applying for Bronze or Gold/Silver would you kindly notify John Hodgkinson.

Last year Martyn Porter and I, being higher award holders, put forward the list. This was done very much at the last minute as we didn't have a lot of warning. We would like to make it more efficient this year and early notification of your intention would be helpful. We have to write a citation, which will be signed off by one of the Executives of the Hip Society, so we need copies of CVs and copies of the submission.

Keith Tucker.

HRG,s and PBR

The Dept of Health Casemix service has accepted many of our suggestions for "new" Hip HRG,s (Health Related groups) that will reflect Complexity. Complications and Comorbidity supplements at 3 levels have been accepted. It goes without saying that clinicians have to be involved in coding so their hospitals get their dues!.
The new HRG,s are to be piloted in 2006/2007 and used for reimbursement against tariff from April 08.

There were only so many spare OPCS codes available but by using some ICD diagnostic codes also some new HRG,s could be compiled.
Of interest to us is
Complex THR as defined by the NJR ie involving femoral osteotomy
Surgery for complic of #NOF
Impaction Grafting and Revisional surgery
Acetabular # ORIF at 2 levels of complexity
It is unclear whether Hybrid hip has been accepted.
There is to be a further consultation exercise .
We will keep you posted and advise how to send your views to the Casemix Service.
We will put it on the Society Web Page .

NOPAG

In August 2004 Lord Warner stated that the NJR and the BOA were to agree a process by which the NJR provides data to the profession that identifies where there may be issues with the performance of individual surgeons. He added that he saw the NJR as, in effect, being an arm of the BOA. We are all mindful of the fact that the NJR was eventually born through the demise of the Capital hip.

Further to a meeting last year, chaired by Michael Benson, at which Bill Darling from the NJR, Fiona Davies (AEA Harwell) and myself were present, the concept has been developing.

I have been in close contact with Colin Howie, who is a leading player in the Scottish Arthroplasty Project. The Scottish Arthroplasty Project audits performance of surgeons.

Based on the discussions that have already been alluded to, and after a recent discussion within the British Hip Society Executive, we propose the following:-

Initial Trigger:

The National Joint Registry, now through Northgate (who has access to HES data), will initiate the process by providing the data suggesting that a particular surgeon appears to be having an excessive number of problems. It is accepted that it is possible that this data may be erroneous or misleading, but with time and practise the system should become efficient. It is not yet decided exactly what should constitute practice outside the norm and this will need further discussion by the NJR Steering Committee. I imagine that it will come down to an arithmetic model involving revision, return to theatre and untoward incidents. The present quality of data and the linkability will certainly have to improve if we are to be confident about the future of NOPAG. Concern has already been voiced with regard to case complexity and outcome.

Survey of Data:
When raw data suggests that a particular surgeon has a problem, the data will be forwarded under strictest confidence to the President of the BOA (or a named deputy). It will then be forwarded to one of the BHS Executive in the case of hips. I expect a similar arrangement will pertain to BASK for knee problems. The executive of the BHS have all agreed to be reviewers if called upon. The data reviewers should work in a different geographical area of the country from the surgeon in question. They will normally collaborate with one other member of the executive, naturally under strictest confidence. We will all be gaining experience with the process as it develops and collaboration will be important. The decision will then be taken by two reviewers as to whether there are issues to be resolved.
Given that this initiative was proposed by Lord Warner on behalf of the government and that the implementation of the initial trigger has been rested with the NJR by him, the legal responsibility for the data and the reviewer's opinion of it should lie outside the BOA, BHS and BASK. (NOPAG is a subcommittee of the NJR). The BOA may wish to contact the NJR to confirm this opinion.

Contact with the Surgeon:

Initially this should be by a telephone call from the reviewer to explain that a letter is in the post indicating that data collected about their practice from the NJR has generated concerns. Surgeons will be then asked to audit their practice in the light of the data presented. It will be strongly suggested to the surgeons that they discuss this audit with one of their colleagues or their clinical director. It would be reasonable to allow four to six weeks for a response to come back to the BASK/BHS reviewer overseeing the surgeon.
Failure to respond to the request for audit would lead to the Trust Medical Director being contacted with notification of the surgeon's non-compliance with national audit practice in contravention to GMC guidance. Initially the Medical Director (or Chief Executive) would be asked simply to encourage co-operation without suggesting that the surgeon may be operating outside acceptable norms. Further disclosure would be made only if independent audit was not undertaken.
The emphasis will always be to encourage the surgeon to look at their practice themselves. The responsibility for the audit and the possible restriction of practice that might ensue will rest in hands of the hospital(s) involved. It is important that the BOA/BHS/BASK reviewers will not be held responsible for the outcome in any particular case.

Further Action:
If, after careful review, it were shown that the surgeon had a real problem it would then be necessary for them to declare it to the Medical Director/ Chief Executive of their hospital with a proposed solution. Possible solutions could include retraining or cessation of their hip or knee replacement practice.
If the Medical Director or the Chief executive felt the issue was not amenable to a local solution they may wish to involve the Invited Review Mechanism (or equivalent) of the Royal Colleges. Failure to co-operate at this stage would lead to the information being passed to the Professional Standards Committee of the G.M.C.

Keith Tucker

EDINBURGH MEETING : 2 – 3 MARCH 2006

A regular feature of the Annual Scientific Meeting has become the half-day pre -meeting arranged to cover specific topics within hip surgery. This year, Johan Witt organised an excellent course on peri-acetabular osteotomy, which despite little publicity was overbooked and received rave reviews. Next year, a similar meeting will take place on "Impingement".

Emerging hip surgeons forum
This was organised by Dominic Meek, previous Hip Society American Travelling Fellow from Glasgow, and Paul Gaston, an Edinburgh hip surgeon. Again, this session was heavily oversubscribed by final year trainees and up to year five consultants. They received excellent formal presentations, but more importantly discussed complex cases in closed forum.

The main meeting was attended by 190 paying attendees (yet another record year) and opened by our President Charles Wynne-Jones. Over 200 papers had been submitted, of which around 40 were selected as podium presentations and 80 as posters after a rigorous and anonymous vetting conducted by the editorial secretary Peter Howard.

The meeting followed the usual format of debates, Presidential guest lectures and academic presentations. The President introduced Dana Mears as Presidential guest lecturer who treated us to excellent presentations on minimally invasive surgery and hip replacement following acetabular fracture.
At 7.00 pm on the Thursday evening British Hip Society piper, Mr David McDonald, led the Society out from the hotel bar onto the road to march to the Royal College of Surgeons for the Society dinner. This formal "parade", with Police escort, was perhaps the first time that many of our Fellows have been on an organised public march!

The Arthroplasty Care Practitioners Association joined us at the formal dinner. Two hundred and fifteen people enjoyed a great meal and the brief presentations thereafter, followed by a visit to the museum.

The next day began bright and clear. The meeting began on time, only to be delayed by a fire alarm, which turned out to be genuine. Subsequently, there was a heavy snowfall, which completely paralysed transport around Edinburgh,

In the meantime, the meeting continued with a very high standard of academic presentations, all hotly debated. The programme finished with Mr Malcolm Macnicol and President Charles Wynne-Jones acting as advocates for and against a case of negligence being heard on the point of patient consent. Lord Alan Johnston from the Court of Appeal decided that proper consent had not been obtained and a robust debate ensued. At 4.30 on a Friday afternoon, 200 people packed the lecture theatre, with standing room only.

By this time, much of the snow had disappeared. Rail and air transport had resumed and delegates were able to return home, some a little delayed.

The organisers would like to thank the delegates who kept to time and submitted their presentations in due order, the guest speakers (in particular Lord Johnston and Dana Mears) and Andrew Thomson the local organiser who made sure that the buses ran on time, the food arrived in copious quantities and the electronic wizardry gave little problem. (OK the fire; snow and Police presence are almost forgotten!) The meeting was self funding and enjoyable.

Highlights

The policeman chasing us out of the hotel to start the parade, the fireman telling us it was not a false alarm, six inches of snow and the sharp intake of 200 breaths when Lord Johnstone found against the surgeon.
Memo for next year: more barmen necessary!

Colin Howie

THE NATIONAL JOINT REGISTRY

Many of our membership have expressed their concerns about the NJR over the past few months. A lot has been going on.

- The original contractor, Momenta, lost the contract in the spring to "Northgate Information Solutions". This brings in a new team headed up by Mike Swanson (Principal Consultant) and his colleagues. The BHS has been in contact with the new group and it is fair to say they have responded well to us. Northgate have not had any previous involvement with joint replacement but they do run the HES project. They appear to be very keen to make a great success of the project.
- Martin Pickford moved over from the Momenta team as a consultant to Northgate, which is a bonus. As many of you know Martin has come up through implant selling and knows a huge amount about what we do. He is on the ODEP panel and he is very approachable.
- Earlier this year the government announced that NJR was to become an "Advisory Non-Departmental Public Body" and the constitution of the steering committee would have to change. Membership of the new Steering Committee was to be by interview with categories for surgeons, patient's rep's, the trade, epidemiology, allied professions, etc. The BHS, BOA and BASK were no longer going to have their own representatives as such. The number of surgeons on the committee was reduced from four to three.
- Paul Gregg, Martyn Porter and myself were appointed following interviews by Dr. Anne Moore's panel of interviewers.
- Bill Darling was re-elected as Chairman. He is determined that a representative from the Regional co-ordinator's committee should attend the Steering committee on rotation. This is important, as the members of the Steering committee are not allowed to have "stand ins" when they are absent.
- The DH supervisors to the NJR are Ramilla Mistry and Kate Wortham, Ramilla and her group oversees the contract.

- The PROMS, NOPAG and Editorial committees have all been amalgamated into the steering committee although exactly how this is going to work is not known.
- **The BHS will be forming its own NJR subcommittee(s**). The NJR steering committee has been basically reactive and has had few chances to initiate policy. We would like the BHS to help sort out the general issues and promote their ideas through Paul, Martyn and myself. We will be free of DH control at this level. Please contact any of us with comments.
  We are already delighted to hear that you will all be able to access your own data very easily by the end of October. We have suggested that the NJR data relating to DVT prophylaxis is compared with details of hospital re admissions through HES. There are many areas of data that could be profitably interrogated.

The NJR and the BHS are both committed to the fact that this registry is to advance the cause of patients. However unless surgeons are seeing the results of all their efforts and they are all confident of the value of the registry it will fail.

We all know that unless the compliance and consent rate goes up to over 95% worthwhile conclusions will not be possible.
It is the surgeons who are best placed to motor compliance and consent levels, by their insistence, encouragement and inspiration.

COMMENTS PLEASE

Keith Tucker

BRITISH ORTHOPAEDIC DIRECTORS SOCIETY MEETING on ISTC's : 12th May 2006

BODS organised this meeting to "extend an olive branch to the ISTC industry" and the meeting started with a plea from the outgoing chairman of BODS, Peter Mobbs, to "save the NHS".

Richard Dale (a retired general surgeon) now Medical Director of the Commercial Directorate of the DOH spoke to justify ISTC's. Whilst recognising the need to incorporate training into Wave 2,he revealed few details of proposals" due to commercial confidentiality". He implied a relaxation of additionality, except where a shortage of professionals existed. A more considered approach to both follow-up and ASAIII patients now seems likely.

All of the ISTC's then presented, most represented by their Medical Directors. The range of performances was striking, ranging from candid, properly audited practice (mainly with local surgeon involvement), to questionable reporting of results and complications(where, in general, local surgeons were excluded).

Ian Leslie revealed that he had not received a single reply, following an invitation to all the foreign ISTC surgeons to join the BOA and re-iterated the need for proper assessment of surgeons.

[A fuller account of the meeting is available from john.nolan@nnuh.nhs.uk]

John Nolan

AMERICAN TRAVELLING FELLOWS

Drs Ranawat and Archibeck have recently spent 3 weeks in the UK visiting several orthopaedic centres including London, Exeter, Wrightington, Warwick, Sheffield, Leeds, Edinburgh and Glasgow. The usual format is for them to spend 2-3 days in each centre, during which time they attend theatre sessions and/or clinics. They are keen to present their own research and to join teaching sessions. It is important they are made to feel welcome and are entertained socially. If anyone would like to act as a host to the American Fellow in September 2008 please let John Hodgkinson have your details.

TRAVELLING FELLOWSHIPS and AWARDS

1. **British Travelling Fellowship –** applications are invited from senior SpR's, Hip Fellows and junior Consultants to travel to North America in September 2007 for a period of 3 weeks as guests of the American Hip Society. Please send your CV and a letter of application [outlining your centres of interest and how this experience would improve your practice] Two Fellowships are available. The closing date is the 31st December 2006. Applicants will be interviewed in Leeds at the Annual British Hip Society Meeting on 1st March 2007. A decision will be made and communicated at the meeting.
2. **European Travel Awards -** applications are invited from senior SpR's, Hip Fellows and junior Consultants to apply for a £1500 {max} grant towards travel and accommodation to facilitate the visit to an Orthopaedic Centre of their choice in the year 2007. Two awards only will be available in any one year. The closing date is the 31st December 2006. Applicants will be interviewed in Leeds at the Annual British Hip Society Meeting on 1st March 2007. A decision will be made and communicated at the meeting.

THE McMINN BURSARY:

This bursary funded by Derek McMinn is to support orthopaedic trainees who wish to study for an MD. The basis of the study should involve the aetiology or treatment of diseases of the hip.

Applicants should submit their CV to the Secretary of the BHS, John Hodgkinson C/O The Specialist Societies Secretary at the BOA, The Royal College of Surgeons, 35-43 Lincoln's Inns Fields, LONDON WC2A 3PE with details of their proposed study. The name of the proposed supervisor and the institution where the study is to take place plus an outline of the costs involved, the name of three referees, together with the proposed date on which the study is to start should be enclosed.

LEEDS MEETING : 28TH February 2007 to 2nd March CHAIR : Colin Howie

28th February : Scientific Meeting in the afternoon on 'Hip Impingement Syndrome' – places limited – BOOK EARLY !!

1st March : Morning – 'Emerging Surgeons Meeting' – SpR's and junior Consultants
Afternoon – Main Meeting commences
2nd March : All day – Main Meeting continues

Local Organiser – Martin Stone

Call for papers - deadline **30th November 2006** details for submission on the BHS website www.britishhipsociety.com

E-MAIL ADDRESSES
Leslie O'Leary, the Specialist Secretary for the BHS at the BOA, is trying to compile an up to date list of members email addresses. Could you **PLEASE** contact her and let her know your up to date email and should you have 2 which one you prefer to use! – many thanks.

John Hodgkinson