

# **MINUTES EXECUTIVE COMMITTEE MEETING**

## **BRITISH HIP SOCIETY**

**25 MARCH 2007**

### **1. PRESENT**

Keith Tucker, Colin Howie, Peter Kay, Fares Haddad, John Skinner, Ian Stockley and John Hodgkinson. Martin Stone contributed to the item on the Leeds meeting. Apologies received from John Nolan and Peter Howard.

### **2. MINUTES FROM PREVIOUS EXECUTIVE MEETING**

The minutes of the previous executive meeting on 2 March 2007 were approved.

### **3. MATTERS ARISING**

#### **(a) FIPO**

Fares confirmed there is a meeting on Wednesday 28 March which he will attend. Charles Wynn-Jones and Fares Haddad hope to go through the new hip codes before the meeting and Fares will provide an email update report on the outcome of the meeting.

#### **(b) EUROPEAN AND AMERICAN TRAVELLING FELLOWSHIP INTERVIEWS**

The minutes of these interviews which were prepared by Colin Howie were approved.

#### **(c) McMINN BURSARY**

It was decided that Mr Andrew McBride should be asked to make a formal presentation of his research at next years annual BHS meeting in Norwich.

#### **(d) NEWSLETTER**

John Hodgkinson requested that contributions to this year's newsletter should be submitted as soon as possible.

#### **4. LEEDS MEETING DEBRIEF**

Martin and Colin were again congratulated and thanked for an excellent meeting in Leeds. There were 230 registered delegates and Ian reported that the income should match the outgoings. It was considered that the format of the meeting was excellent, but everyone felt that the Wednesday meeting should only be free to those people attending the rest of the meeting. If delegates chose only to attend the Wednesday afternoon meeting they should be requested to pay for this attendance.

It was noted that the presenters for two of the podium presentations failed to attend without good reason. It was felt that this was unacceptable and that if the nominated presenter could not attend then the senior author should agree to make the presentation. In future it was suggested that the abstract form should clearly state whether or not the senior author/other authors are members of the BHS. The abstract should also clearly state who will present the paper. At presentation there should be a statement on the title slides declaring any commercial interest and funding source.

Chairman should state that the audience be invited to ask questions and not make statements. There was some discussion as to whether the questions should be in written form and presented to the chairman before the presentation.

#### **5. MANCHESTER BOA MEETING IN SEPTEMBER 2007**

The Hip Society day will be Wednesday and the format of that day will be as follows:

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|-------------------|--|
| 7:30am – 8:20am   | ODEP debate – how important are minor changes in design and materials. Contributors Keith Tucker, Evert Smith, Martin Pickford, Andy Smallwood and Mike Boroff. It is hoped that at the end of this debate Evert Smith will be in a position to take back a message from the Hip Society to ODEP.  |
| 8:20am – 8:30am   | Short power point presentation advertising for future BHS meetings and travelling fellowships. Vacancies on the BHS Executive should also be advertised at this time.  |
| 8:30am – 10:00am  | Instructional course metal on metal – chairman Ian Stockley and Ian Learmonth. Speakers John Fisher, John Skinner, Patrick Case and Derek McMinn. It was agreed that the speakers should clarify their role in this instructional course in order to avoid repetition. It was also felt that the sessions should be included with a risk/benefit analysis. |
| 10:00am – 10:30am | Coffee   |
| 10:30am – 12:15pm | Free paper – BHS podium presentations.   |
| 12:15pm – 1:00pm  | BOA lecture (speaker to be arranged)   |
| 1:00pm – 2:00pm   | Lunch  |
| 2:00pm – 2:45pm   | BOA lecture (speaker to be arranged)   |
| 2:45pm – 3:45pm   | BOA AGM  |
| 3:45pm – 4:15pm   | Tea  |

4:15pm – 5:00pm Free paper podium presentations

5:00pm – 6:00pm Joint meeting with Oncology Society, Chairman Colin Howie.

Keith reminded everyone that Chairman would be required for the free paper sessions and it was suggested that Peter Howie would be left to organise this. Keith also pointed out that the BOA has invited three additional speakers who we may wish to invite to make presentations. These are Richard Kyle, John Harris and Dr Van de Yakt.

## **6. EIGHTEEN WEEK HIP ARTHRITIS PATHWAY**

This item was discussed at length. A letter from Pip Robinson, Eighteen Week National Implementation Director and the proposed eighteen week hip arthritis pathway were reviewed. Peter Kay explained that it was important to get as much feedback on the pathway from as wide a variety of stakeholders as possible. He explained that the aims of the pathway were to help the commissioners plan for the future and also to decide what diagnostic tests it would be appropriate for General Practitioner to carry out.

Colin Howie felt that it was important that the final decision on when to operate should remain with the operating surgeon. He felt that it would never be possible or appropriate for surgeons to operate on 100% of their referrals. He questioned the role of ICATS and CATS and felt that General Practitioner were perfectly capable of deciding which orthopaedic patients required direct referral to a hip specialist.

Keith Tucker expressed concern as to how tertiary referrals would be dealt with in this eighteen week pathway. It thought it would be totally inappropriate for tertiary referrals to be referred to anyone, but a named orthopaedic consultant.

Everyone expressed concern about the possibility of “*direct listing*”. The entire British Hip Society Executive Committee felt that whilst it may be appropriate for patients with carpal tunnel syndrome to be direct listed, it would never be appropriate for patients requiring hip replacement surgery to be listed directly from a CATS or ICATS.

The BHS executive recognises that CATS and ICATS are part of the musculoskeletal framework document and are not up for discussion. It was felt that orthopaedic consultants should be involved in the training of “*triage doctors, physiotherapy specialists and nurse practitioners*”. The BHS Executive Committee unanimously agreed that we should be available to help with the education and training of specialist assessors.

It was considered inappropriate for General Practitioner to be requesting MR scans for the investigation of hip pain. General Practitioners may do blood tests and x-rays, but at this stage should probably not have immediate access to MR scanning.

It was noted that there was a “*consensus event*” on 27 March and it was agreed that Peter Kay would represent the British Hip Society at this event.

## **7. INSTITUTE FOR INNOVATION AND IMPROVEMENT**

The report from Mark Emmerton, Clinical Lead NHS Institute for Innovation Improvement was reviewed. Many of the recommendations in this report were considered to be desirable and important requisites if Orthopaedic Units are to deliver high quality patient focus services which are cost effective. However, it was felt that some patients would never be suitable for same day surgery and thus the advertising and posters which have now been distributed may cause significant concern and dissatisfaction amongst many patients. Same day admission may be appropriate for some elective surgery, but even then it is essential that all supporting services are available if the system of to work. The consensus of opinion was that many orthopaedic surgeons have modernised their practice, but that the NHS is struggling to keep up. Same day admissions and reduced length of stay must be adequately resourced if patient care is to be maintained. It was noted that the Orthopaedic Unit at Chapel Allerton, Leeds, was an excellent example of how an elective Orthopaedic Unit should be managed and resourced. Martin Stone would be asked to write a report on the unit for publication in this year's newsletter. Keith Tucker will respond to Mark Emmerton's letter.

## **8. LONG TERM FOLLOW-UP OF HIP ARTHROPLASTY**

A recent government initiative has suggested that long term follow-up of hip and knee arthroplasty should become the responsibility of General Practitioners. It was pointed out that this may become a significant issue with regard to orthopaedic trainees. The Surgical Advisory Committee want orthopaedic trainees to have first hand experience of the long term results of surgery and in view of the fact that many of the implants on the market have no long term follow-up it would be entirely inappropriate for patients to be reviewed by General Practitioner's who have no specialist orthopaedic knowledge. It was also pointed out that long term follow-up data is required by ODEP and any future plans for the management of long term follow-up should take this into account. The consensus of opinion was that we should adopt a "*team approach*" for long term follow-up using arthroplasty care practitioner who would be trained to review patients and x-ray films, but the overall care of the patient would remain under the control of the orthopaedic surgeon.

## **9. MRHA NOMINATIONS FOR CE MARKING**

The nominations from the British Hip Society will be David Allen, John Skinner and Ian Stockley.

## **10. GERATRIC MEDICINE ARTICLE**

Colin Howie volunteered to write an article on "*DDH and problems in later life*".

## **11. OUTCOMES OF ELECTIVE SURGERY**

A comparison of independent sector treatment centres, NHS hospitals and NHS treatment centres. Ian Stockley agreed to check with John Getty to try and establish exactly what was expected. He would report back to the committee next time, but Fares Haddad and John Hodgkinson volunteered to do this work on behalf of the British Hip Society.

## **12. PATIENTS REPRESENTATIVE ON BHS**

It was agreed that it would now be appropriate for the BHS to have a patient representative on its Executive Committee. Keith agreed to write to David Adams to establish exactly how this should be arranged. Further details will be discussed at next year's AGM. The BOA already has a patient liaison group and they may be able to offer advice and input into how to establish this particular role.

## **13. ANNUAL BHS MEETING 2008**

Keith confirmed that he had now booked the venue in the centre of Norwich for the 27, 28, and 29 February 2008. Johan Whitt would be invited to continue with the Wednesday afternoon meeting and Keith would speak to him about next years topic. There was some discussion regarding the possible "*topics in focus*" for next year and the suggestions included:

- (a) Leg length discrepancy, long stem revisions and infection – one or two stage.

## **14. DATE OF NEXT MEETING**

The next BHS Executive Committee telephone conference will be on Sunday 10 June 2007 commencing at 8:00pm.