

BRITISH HIP SOCIETY

Affiliated to the BOA

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BRITISH HIP SOCIETY NEWSLETTER AUTUMN 2008

Officers :

President - Peter Kay **Immediate Past President** – Keith Tucker
Vice-President – Ian Stockley **Vice President - Elect**- Graham Gie
Hon. Sec - John Hodgkinson
Treasurer - John Nolan
Editorial Secretary - Peter Howard
Web page Coordinator – Fares Haddad
Member at Large – John Skinner

CLINICAL EXCELLENCE AWARDS

The BHS is registered as a nominating body to recommend members of the Society for Clinical Excellence awards.

To be a nominating body a society has to have a certain number of members and thankfully the BHS remains large enough to make nominations.

We have appointed a panel to review applications and to arrange the BHS nominations in ranking order. The panel is 4 members of the Society plus one lay person and will change annually. It is the President / the member at large / a recent award holder/ a senior member of the BHS and a lay person.

The panel uses the same criteria as the ACCEA ranking the nominations. Please see more information at www.advisorybodies.doh.gov.uk/accea/index.htm

Our nominees in the past have not been as successful as we would have hoped. As a nominating society we are allowed to support 6 Bronze/ 3 Silver and 2 Gold nominations.

It is hoped the BHS nomination process will be completed by the end of November 2008. Therefore the officers of the Society would request that anyone seeking support should submit their applications, fully supported by CV and the relevant ACCEA form completed to the Hon Secretary by the 31st October 2008 [please submit by email to brenhd@aol.com] The panel can then consider the

applications and prepare citations well before the closing ACCEA date on 19TH December 2008.

NORWICH MEETING: 27th – 29th February –2008 at the St. Andrew's and Blackfriars Halls Norwich.

As ever the meeting was very well attended and a large number of high quality abstracts were submitted. There were substantial numbers of high quality poster and podium presentations that were very well received and left the judges with a difficult task when it came to awarding prizes.

Johan Witt organized an excellent instructional course on acetabular osteotomies. There was plenty of opportunity to discuss cases and surrounding issues with hands on experience in the dry bones workshop.

The Emerging Surgeon's Forum was chaired by Jim Wimhurst and Nish Chirodium whilst the senior members of the Society simultaneously attended a lively debate entitled 'Moving the National Joint Registry Forwards'. The Society as a whole listened to a worrying presentation by FIPO before the commencement of the main meeting at 2.00 on Thursday 28th February.

John Callaghan was the Presidential Guest Lecturer. John is the President Elect of the American Hip Society and gave an entertaining and informative lecture entitled "Why did we leave the Charnley Hip replacement?" He also made excellent contributions throughout the meeting and he helped with judging the best poster prize. The Society is very grateful for his invaluable contribution.

There were instructional sessions on –

1. The Use of Long Stems in revision THR.
2. Improved Efficiency
3. The Use of Blood in Total Hip Replacement.

The Society received a report from Callum McBryde the first McMinn Bursary award scholar.

The Society thanks all those who were involved in organizing the meeting – too numerous to mention here. Keith Tucker handed over the presidency to Peter Kay at the end of the meeting and we all look forward to our next gathering in Manchester.

Report on Prizes :

The McKee Prize for Best Podium Presentation – Andrew Gordon
Best Poster Presentation – Tim Board

The MacMinn Bursary was shared between Ben Oliviere and Graham Dall.
British Travelling Fellowships were not awarded this year.

TRAVELLING FELLOWSHIPS 2009

American Travelling Fellowship - Dedicated hips surgeons who are senior trainees or in their first 5 years of consultant practice who would like to visit several centres of excellence in the USA, courtesy of the American Hip Society, over a 3 week period in late summer/ early autumn 2009 should write to the Hon Sec. at brenhd@aol.com They should include 5 copies of their cv. and a brief statement saying how the trip would advantage them. These should be received by 31st December 2008. Interviews will take place for the short-listed candidates on the Wednesday evening, 11th March 2009, before the meeting in Manchester and the two successful travelling fellows will be notified later at the meeting.

British/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 a visit to an Orthopaedic Centre of their choice in the year 2009. Two awards only will be available in any one year. The closing date is the 31st December 2008. Applications should be sent with a CV and details of the proposal to the Hon Sec. John Hodgkinson at brenhd@aol.com Applicants will be interviewed in Manchester at the Annual British Hip Society Meeting on 11th March 2009. A decision will be made and communicated at the meeting.

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, by the 31st December 2008, 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.

FIPO NEWS

Please note that the latest correspondence from Geoffrey Glazer and the FIPO Newsletter is available through a link on the BHS web page.

Fares Haddad

Autumn News 2008 from the National Joint Registry

The first thing to say is that the NJR has been amalgamated into the **Healthcare Quality Improvement Partnership (HQIP)**. This was announced in the CMO update last spring by Sir Liam Donaldson. The partnership or consortium comprises the academy of the Royal Colleges, the Royal College of Nursing and the Long Term Conditions alliance. The head of HQIP is Dr. Paul Lelliot, a consultant psychiatrist and the chief executive is Robin Burgess. HQIP has acquired premises in the city and their website is www.hqip.org.uk. As yet we are not sure as to exactly how this will work out.

During the past year Ramilla Mistry was replaced by Elaine Young as the department of health's representative on the NJR and she has now moved to HQIP. Elaine has worked closely with the orthopaedic members of the NJR.

Peter Howard, the chairman of the RCCs has joined the Steering Committee, this year as a non voting member. Peter's contribution has been excellent.

We hope you all enjoyed the NJR sessions at the BOA in Liverpool. The BOA congress is the end of one year and the beginning of the next for NJR.

For many the introduction of the "oulier" process is probably the most interesting and controversial initiative coming out of NJR over the past few months. All orthopaedic surgeons will have had Steve Cannon's letter. To some of you it might be intimidating and I would like to make a few points.

- It was enshrined in the introduction of the NJR that its main purpose was to pick up unsatisfactory implants and surgeons at an early stage
- The process is for Northgate to produce data that might suggest that an implant, a particular surgeon's cases or a unit's cases are being revised more often than could reasonably be expected.
- This data is then scrutinised by the Orthopaedic surgeons on the steering committee and representatives from MHRA if it is an implant that is being evaluated. We can assure you that we look at the data from all angles including case mix, complexity etc. In the case of implants we look at its use in more than one user. In the case of surgeons we look at their profile in other forms of lower limb joint replacement. At this stage the surgeon is not known by name, just by a number
- If a surgeon is judged, at this stage, as being a possible outlier an orthopaedic member of the steering committee will be given the name and will phone him or her and discuss the findings from Northgate with them. If appropriate they will be asked to respond with an audit of their work. It is envisaged that many enquiries will end at this stage with no further comment
- At this stage the surgeon who has made the contact will speak with Andrew Woodhead (representative of chief executives on the NJRSC) who will phone the surgeon's own CE and give the details. We all hope the surgeon involved would have made contact with their CE before Andrew makes his call. This

aspect of the process has caused great concern to the surgical members of the committee but our concerns were overruled by the DH.

- That is the end of the NJR's involvement but feed back from the parties involved is hope for.

It is hoped, in the future, that the process will never be needed as we now have clinical feedback.

Clinical feed back

If you have not already done so please go to www.njrclinicianfeedback.org.uk and interrogate your own data to see where you are in the funnel plot and check you are not becoming an outlier! I also suggest that you can use this data for your annual assessment, CPD etc. I am sure it will make sure your data is being entered accurately and that your consent levels are good.

Annual report

The annual report for 2008 was not ready for the BOA congress and this is for several reasons. The surgeons on the committee are keen that the editorial group is re-established and kept in action throughout the year. This year we only decided on the subjects we were to present in Liverpool in July. There may well be a full rethink on the function of the annual report

Comments

Paul Gregg (vice chairman) Martyn Porter and myself have been told we do not represent you since the style of our appointments changed. I can assure you that with Peter Howard we do our best to represent all surgeons and if you have any points to raise, please contact any of us.

Keith Tucker

European Hip Society

The European Hip Society was founded by Reg Elson, Emmanuel Dretakis and Eric Riska in 1994 to promote exchange of ideas amongst surgeons of the EU. The term EU is a fairly liberal one in that it extends from Finland to Turkey and Israel.

The society runs a bi-ennial domestic meeting of 3 days duration alternating with a day at EFORT. The last domestic meeting was in Madrid and the next one is in Athens in 2010.

The European Hip Society has its own Journal, Hip International, which is now indexed on Med-line. This is published quarterly and comes free with membership.

The Society is keen to promote the development of young surgeons and as such gives free membership to trainees under the age of 35 throughout the EU with free access to Hip International on the Internet.

The advantage of the EHS is that it brings together the imagination of the southern European countries and the academic rigor of Scandinavia and is a very much more fertile source of ideas than the Anglo-American approach that prevails in Britain.

Membership is a modest 60 Euros, we only admit members who have a proven record in hip surgery or who have read a paper to the Society, as well as free membership for trainees under the age of 35.

We have a special section in domestic meetings for the best paper by young surgeons, as we are very keen to foster contact between young British and other European trainees.

All meetings and communications are carried out in English.

I have been the British Representative for the last 10 years. I am very happy to deal with any enquiries: gordon.bannister@nbt.nhs.uk

Gordon Bannister

VENOUS THROMBOEMBOLISM

In April 2007 the National Institute for Clinical Excellence produced clinical guidelines on the prevention of venous thromboembolism following hip surgery. Members expressed concerns relating to these guidelines at the AGM, subsequently the British Orthopaedic Association note on venous thromboembolism outlining our position was made available on the website.

We have been led to believe that there may be funding for a national study to compare pharmacological prevention regimes, looking at death as singular and defining common end point. This study would be co-ordinated by the British Orthopaedic Association using a nationally gathered dataset. Local recruitment co-ordinators would be funded and a national randomisation schedule followed. Unfortunately this initiative seems to have stalled in the short-term.

Managing and assessing risk is the key to the process. At the Norwich Hip Society Meeting we asked for copies of risk assessment scoring systems which are currently in use we have received over twenty. There were a variety of systems with little science behind them. We would encourage the use of a scoring system as outlined in an article "Evidence of the Prevention of Venous Thromboembolism" by Ricky Autar in the British Journal of Nursing, Volume 15, Number 18, 1006 which, while not perfect, outlines the benefits of prophylaxis.

These must of course be balanced against the risks of active treatment, or stopping antiplatelet therapy.

In the meantime, members are encouraged to ensure that all their patients are assessed for venous thromboembolic risk and that this assessment is recorded. Any decision to treat should be recorded in the notes. The American Orthopaedic Association guidelines are very extensive and up to date. The Scottish Intercollegiate Guideline Network is currently revisiting DVT Prophylaxis Guidelines.

In short, in the meantime,
Ensure that you risk assess your patient in an appropriate way
Any decision to treat or not to treat is recorded in the notes.
Have a unit and uniform written policy

Colin Howie

Report from the American Travelling Hip Fellows – September 2008

The Travelling Hip Fellowship sponsored jointly by the British and American Hip Societies continues to provide a rich educational journey. This three week experience during the month of September 2008 included visits to six orthopaedic hip centres of excellence with a concluding stop at the BOA Annual Congress in Liverpool. As US consultants in practice for just 3-5 years, the experience provoked reflection on our practice habits and philosophies.

Throughout the travelling fellowship, we observed surgical procedures and clinics, participated in academic and case presentations, and engaged in productive discussion on all aspects of the hip joint. The hospitality at all times was superb, and we were treated to some of the finest dining in the UK. This unforgettable experience will undoubtedly make a marked impact on our practice habits. More importantly, the contacts made will certainly cultivate strong professional relationships and long lasting friendships.

Mike Dayton
Hutch Huddleston

MANCHESTER MEETING at the Manchester Conference Centre Parallel meeting with Arthroplasty Care Practitioners :

11th – 13th March 2009 CHAIR : Peter Kay

11th March : Scientific Meeting at National Tissue Bank at Speke, Liverpool in the afternoon
– places limited to 20 – BOOK EARLY !!

12th March : Morning – ‘Emerging Surgeons Meeting’ – SpR’s and junior Consultants
Afternoon – Main Meeting commences

13th March : All day – Main Meeting continues

Local Organisers – Peter Kay and John Hodgkinson

Call for papers - deadline **23rd November 2008** details for submission on the BHS website www.britishhipsociety.com

John Hodgkinson
Hon Secretary.