

Minutes of the British Hip Society Meeting

– Sunday 19th April 2015

Chair – John Nolan

In attendance –

John Skinner

Fares Haddad

Marcus Bankes

Jonathan Howell

Richard Field

Dominic Meek

Stephen Jones

1. Apologies.

Peter Howard

Andrew Manktelow

2. Minutes of last meeting.

The Exec meeting on morning prior to BHS Annual Meeting in London was primarily a run through of the scientific program. As such formal minutes were not taken by SJ. At this time the AGM agenda was confirmed and voting questions that were put to the members discussed and formatted. The questions themselves and outcome of voting are in the minutes of the AGM that have been circulated to the Exec.

Regarding the minutes of the AGM whilst acknowledging that the formal setting for the acceptance of these is the next AGM the issue of membership applications was discussed.

FH highlighted one application on which he has been listed, the applicant has failed to request support for his application prior to submission and FH has not provided his support.

The following entry into the AGM minutes is confirmed as

“No objections noted from the membership present. However some applications do not have confirmation in place from Proposer and/or Seconder. This is a strict requirement of acceptance into the Society.

Noted also that for a new member to be successfully accepted into the Society both Proposer and Seconder need to be in good standing (i.e. up to date with fee subscriptions).

*Therefore **only** once these confirmations are in place would membership be confirmed.”*

Also noted by JS that one of the member applications has since tragically deceased.

Action Point – SJ to liaise with both RF & JH regarding membership confirmations.

3. Matters arising/actions

Discussion of the “Mix & Match” issue that arose at the AGM. DM commented on similar issues with pharmacological agents with involvement of the GMC.

JS emphasized that in 2015 with current knowledge it is increasingly difficult to endorse the use of mix & match implant combinations. It is accepted that for hard-on-soft bearing choices particularly in the light of some of the most successful implant combinations on the NJR that outcome is not adversely affected in this group. But for hard bearing combinations greater concern exists.

The LDMoM problems may be over-shadowed by the poor performance of this class of implants as a whole and whilst one manufacturer essentially makes ceramic bearings no company including ceramtec endorses the use of “untested” implant combinations.

RF commented that Beechcroft Solicitors are representing the NHS on the issue of mix and match and if a statement by the BHS is planned engagement with legal advice may be helpful.

JS & FH have previously produced a document on this issue although not published/distributed. Agreed that this document

should be revisited. A statement drawing a line under past activities may have merit.

Action Point – JS & FH to take forward previous “Mix & Match” document with a view to potentially featuring in BHS Newsletter.

4. BHS 2015 – discussion of feedback

JN congratulated & thanked both JS & AM for a very successful meeting in London. Overall the feedback unpinned the success of the meeting.

JN has discussed housekeeping feedback with Jai.

Regarding specific aspects of feedback it is noted that the clinical sessions scored highly. Also the feedback on 2 day versus the traditional 3-day meeting was discussed.

BHS 2016 in Norwich will return to the traditional format with the main meeting on Thurs/Fri 17th & 18th March.

FH commented on BORS session and how the evolution of this session may now be impinging on the main program. There may be value in this becoming an instructional session rather than scientific paper session. JN will discuss with AM the plans for the BORS session in Norwich.

Emerging Hip Surgeons Forum will be on Wednesday afternoon and JH highlighted some of the mixed feedback from this session, where in particular more senior surgeons have attended. Noted by several that perhaps some of the ethos of this session has been eroded. JN who has invited the chairmen for the 2016 Emerging Surgeons Session meeting will discuss this session with them. A very clear message in the program will emphasize that ONLY surgeons in their first 5 years of consultant practice are to attend this session (unless specifically invited).

Regarding the Young Adult Hip Session MB commented that whilst this year's session was a success it suffered due to the fragmentation from the main meeting. MB commented that the attendees would value a return to the traditional format at this session. It is planned that this session will return to Wednesday afternoon.

JN led discussion regarding attendees at the meeting in light of member of the MHRA who attended London meeting unannounced and registered at the trainee rate.

JS discussed the importance and benefits of a good working relationship with our regulators, highlighting how this benefited surgeons and patients at the height of MoM problems.

No Exec member felt that the MHRA should be excluded but several stated that if they are to be present at the meeting then society members and those submitting abstracts to the meeting should be aware of this. Registration fees should be paid at an appropriate level, again emphasizing that the BHS Exec themselves continue to pay registration fees in full to attend the meeting.

5. NJR / Surgeon level data

JN recently attended NJR MAC meeting. The political pressure for surgeon level data on revision rates continues. Martyn Porter and the NJR stance continues to stress the importance of unit level data. Data validation remains an ongoing concern and NJR await the outcome of a legal perspective if challenged on this.

JS discussed the importance of continued resistance to this political agenda. The London Implant Retrieval Centre, examining NJR entries on retrieved implants, has highlighted the inaccuracies present in the NJR dataset. JS presented at the BHS meeting a database error of 16% and more recently at the London Hip Meeting further data where only 40% of retrieved implants were registered on NJR. So that 60% of that cohort of revisions are **NOT** contributing to revision funnel plots. The implications of which to individual surgeons can be dramatic.

All discussed the benefits of Unit level data and JN highlighted the in-house validation exercise they have undertaken in Norwich. FH stated that this information would be useful to our members demonstrating mechanism and support needed so others could learn lessons/replicate.

Action Point – potential JN article for newsletter with commentary of experience/learning points in NJR Data Validation Exercise.

On the issue of BHS involvement in NJR sub-committees despite continued engagement and with JN personally chasing outcome of this, no further confirmations have been received.

Action Point – JN will continue to push forward the BHS involvement in the NJR and again contact NJR regarding BHS representation on NJR Sub-committees.

PHIN – JN confirmed that a formal letter of appointment has now been sent to FIPO. In terms of additional data requests from the NJR it is understood from Martyn Porter that the current stance of the NJR is for no further additional data release.

FH explained that the next meeting of FIPO is scheduled for 29th April. The major current focus is the CMA challenge and perhaps once settled then engagement via a quorum of BHS Exec with FIPO would be the best way forward.

6. Beyond Compliance

JN lead discussion on Orthimo and their persistence at approaching both BHS and individual Exec members regarding their generic implants.

JH commented on some of the claims being made regarding the Exeter stem and the manufacturing factory and will circulate a letter from the official Exeter stem manufacturer to the Exec clarifying this.

JN has continued to confirm with Orthimo that ODEP rather than the BHS is the representative body whom they most appropriately need to continue to engage with on this issue.

7. Treasurer's Report

JH – current account current balance around £16K.

Total receipts/balance of 2015 meeting yet to be finalized but expected losses as predicted of around £30K.

Discussion led by JH & JN on concept of selling advertising space in future meeting programs. No member of Exec present objected to this potential revenue stream. FH highlighted how with both EFORT & BOA prior to BHS 2016 this would provide a significant lead-time & opportunity to both maximize and secure this proposal.

Action Point – JN & JH to take formally take forward concept of

selling advertising space in the BHS Annual Scientific Meeting Program.

8. Website

RF – Nil of significance since formal meeting update.

SJ to forward update of whole Exec disclosures to ensure these are uploaded onto website.

9. BHS / IHS meeting in Milan

JN Preceded discussion of combined meeting with update on BOA 2016 meeting.

JN confirmed Goran Garrelick as accepting the invitation to deliver the Charnley Lecture. Topic is what registries can and cannot tell us about surgeons. JN highlighted discussion with BOA to secure the main auditorium for this prestigious lecture that has implications for all Orthopaedic Surgeons.

The hip free paper session has been organized and coordinated by the BOA. JN discussed & confirmed the plans for the 60 minute BHS revalidation session.

Similar theme to EFORT session with 5 x 8 min presentations.

Chairman RF & JH with title & speakers –

1. Is it infected? - FH
2. Is it loose? - JN
3. Is it the taper? - JS
4. Is it unstable? - SJ
5. Is it outside the hip? - AM

FH – Combined meeting.

Plans continue to progress well with over 60 abstracts submitted to date. Depending on final industry support the plan is to run 2 parallel rooms with a combination of instructional sessions / crossfire & symposia. Outline of meeting and lecture topics previously circulated by FH. Exec present again confirmed support and attendance.

10. NAHR

MB discussed a recent conference call with the BOA regarding the contract review with amplitude and potential omissions/ inconsistencies. Key objective moving forward was a consistent agreement with Amplitude with NAHR and other registries.

This piece of work is ongoing.

JN raised the issue of indemnity cover for the NAHR. MB highlighted that currently this is not in place but is actually timetabled as an agenda item for discussion at next NAHR Group meeting. Preliminary indications around cost are not thought not to be prohibitive, possibly in the region of £500.

FH tabled for future discussion the role of the NAHR in terms of monitoring/measuring its success and the continued benefit/justification of using society funds to finance the register. Noted that BASK has handed over the Knee Ligament Registry to HQIP.

Action Point – JH & MB to feedback at next Exec call detail of NAHR costs currently and moving forward. Noted that John Timperley would be a valued addition to discussion on the NAHR and SJ to co-ordinate invitation to next Exec conference call.

11. Joint meeting BSCOS 2017

JN discussed invitation received from BSCOS for a joint meeting in March 2017 in Glasgow. All agreed this would represent a major departure from BHS standard meeting format and whilst of value this would be limited to a small proportion of the BHS membership. FH highlighted that a specific session with invited speakers at the BSCOS meeting may be a better way forward.

Action Point – JN will feedback to Aresh Hashemi-Nejad that concept of combined meeting not attractive but happy to engage/support in a more appropriate educational event.

12. Any other business

JN discussed BHS newsletter 2016 confirmed role of secretary in coordinating and compiling this.

FH highlighted need for contributions from Exec and suggested a firm timescale of 4 weeks for this.

Action Point – SJ to lead on BHS Newsletter liaise with Exec members on contributions with a suggested timeframe of 4 weeks.

13.Date of next meeting

Next Exec Conference Call confirmed for Sunday 21st June
20.00hrs.