

BRITISH HIP SOCIETY NEWSLETTER

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Dear BHS Member

Welcome to our Autumn 2020 newsletter. Typically this newsletter would represent a summary of the BHS activities at the Annual Meeting of the BOA for those not able to attend. As with most things in life these days, things are different. This year, for the virtual BOA congress, the BHS produced a series of recorded interviews with specialists reviewing the recent NICE guidance on hip and knee arthroplasty. Those videos are all available on the BOA website and will be available on the new BHS video platform, Panopto, being launched very shortly and outlined below in this newsletter. This will accompany a brand new website which the whole Executive, in particular Jonathan Howell, Ajay Malviya and Nic Wardle, have been working hard to deliver. We hope the members will enjoy exploring the content on both Panopto and the Website.

Once again, I'm eternally grateful to BHS members and to the Executive for their hard work in writing articles to update you on progress of the Society and member activities. I am indebted to Jonathan Howell and Martyn Wilson for their editorial support and keen eye in producing this newsletter and I hope you find it interesting and valuable. We have contributions from members of our new Culture and Diversity sub-committee, an update from Tim Board on the REJOIN COVID-19 study as well as reports from Miss Joanna Maggs and Mr Jeya Palan. Joanna and Jeya were successfully appointed to the BOA Future Leader's programme as representatives of the BHS and outline plans for their projects in the following pages.

As for the Annual Scientific Meeting next year, we were hopeful to be able to offer a face-to-face meeting at the usual time of year but it seems the changing face of COVID-19 makes that impossible. Jonathan and Dominic outline their vision for how the 2021 meeting will look in their articles below. Enjoy!



Mr Matt Wilson
BHS Honorary Secretary

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President's Note

Mr Jonathan Howell
BHS President



Welcome to the British Hip Society's Autumn Newsletter, and I would like to start by thanking all those who have contributed articles to it. Special thanks must go to the Society's Secretary, Matt Wilson, whose

tireless work on our behalf on this and many other projects is greatly appreciated.

This year has undoubtedly been one of unique challenges for our profession, our patients and our Society. I hope that in the articles in this Newsletter you will find evidence of the Society's strength and resilience, demonstrated by the extent and breadth of work currently being undertaken by the British Hip Society and its membership.

COVID-19 has of course dominated the landscape in 2020 and as we face the second surge it looks as though this will be the case for some time to come. However, the difficulties that it has thrown up have, in many instances, brought people together, and collaboration across the orthopaedic profession has certainly been a feature of the past eight months. The British Hip Society has engaged with other specialist societies this year, perhaps more extensively than at any previous time, working closely with the British Association for Surgery of the Knee (BASK) on a number of projects.

Together our two Societies have initiated the REJOIN study to monitor the safety of elective surgery in the COVID era, co-led by our BHS Research Committee, and about which you will find more details in this Newsletter. The BHS contributed over four and a half hours of pre-recorded content for the BOA Annual Congress

this year, collaborating with BASK on a project that examined in detail the NICE guidelines in primary arthroplasty.

Further collaboration with BASK and the BOA led to a live webinar at the Congress on re-starting elective surgery and I was delighted to be asked by the British Orthopaedic Trainees Association (BOTA) to contribute to their session on equality and diversity in orthopaedics. Collaboration continues, and most recently the BHS has joined with the British Orthopaedic Directors Society (BODS), with the BOA and BASK to produce the first in a new series of webinars entitled *Coping with COVID*. These webinars seek to support the profession as we deal with the pressures thrown up by the second surge.

Over the course of this year we have all had to adapt to an environment in which we cannot meet in person, where exchange of information must be done within a virtual space. Our plans for a meeting in May to develop the BHS approach to complex and revision hip surgery networks had to be abandoned, but we have taken that initiative online and we are now close to completion of a series of webinars on this issue. We have been delighted that so many of you have been able to join those webinars and of course we have made them available online for those unable to join the live events. We will be following up that series with a number of work streams, some of which are explained in more detail in this Newsletter.

A survey of BHS members on networked care for complex cases will follow shortly and we are backing up plans for networks with research in a number of areas, including a National Joint Registry project on the provision of revision hip replacement, and a project on defining complexity.

Meetings online have their advantages, and the regular meetings of the BHS Executive, hitherto done via a Sunday evening conference telephone call, have in my view benefitted significantly from the Zoom platform, which has facilitated the discussion across the Executive. The same

platform has also allowed us to form and bring together a new group, the Culture and Diversity Working Group, whose membership is drawn from within the BHS, as well as from outside it. The Group has representation from medical students through to experienced hip surgery consultants, giving it a broad and diverse perspective.

A wide range of work is now being undertaken by this Group, which is explained in more detail in this edition of the Newsletter. The projects include communication with the doctors of tomorrow through social media, the development of a survey on attitudes towards hip surgery, collaboration with other societies outside of orthopaedics to learn from their experiences, a new webpage for culture and diversity, and involvement in the newly-initiated BHS mentorship programme. The Culture and Diversity Working Group has launched with impressive energy and I am grateful to all its members; I think its work will be a huge benefit to the Society's future.

The Society continues to grow in size and its finances are robust, under the watchful eye of our Honorary Treasurer, Anil Gambhir, for whose diligent work I am very grateful. Our stronger finances have allowed us to develop into new areas, recently allowing us to purchase a subscription to the online education platform, Panopto. I am grateful to Vikas Khanduja for his leadership on this project and he has given more details on this, and other aspects of BHS Education, in this Newsletter.

The Society's strengthened finances have also allowed us to sponsor two places on the BOA Future Leaders Programme and both the BHS appointees will be undertaking quality improvement projects that are of great interest to the BHS. We will no doubt hear more about those projects in the future. Additionally, the Society's finances have allowed us to initiate a priority setting partnership with the James Lind Alliance, on revision hip surgery, described in more detail by Tim Board in his article on BHS Research in this Newsletter. Tim and the Research Committee are

now engaged in a wide range of projects and the scope of the Society's research continues to grow as a result of their hard work.

Looking ahead I am excited by the prospect of the new BHS website, the launch of which has been delayed by a combination of factors. We are very hopeful that we can release this very soon and I would like to acknowledge and thank Nic Wardle for his leadership on the design, branding and implementation of that project. My thanks also go to Ajay Malviya for his recent hard work on the website. As the Society grows, communication is more important than ever and I sincerely believe that the new website will be a great asset in this respect.

I hope that you have also found the monthly email updates this year to be of value in keeping you abreast of the Society's activities. With an eye on 2021, I have recently included our plans for the Annual General Meeting and the Annual Scientific meeting in my November monthly update. In his article for this Newsletter, Dominic Meek has described these plans in more detail. As a consequence of recent government restrictions, the AGM will go ahead online in March 2021, and the Annual Scientific Meeting and Instructional Course will be held in June, hopefully in person.

There is no doubt that 2020 has presented us with unique challenges but I believe that the contents of this Newsletter are a confirmation that the BHS and its members have risen to that challenge. The Society goes from strength to strength and I'd like to thank everyone involved for their enthusiasm, for the time they dedicate to the Society and for the hard work that they do on behalf of us all.

I wish you all the very best of health and happiness in the months ahead

Kind regards, Jonathan.

BHS Culture and Diversity Working Group

Miss V N Gibbs

*Speciality Trainee, East Midlands
South Deanery*



Mr S Jain

*Consultant Orthopaedic Surgeon,
Leeds Teaching Hospitals NHS
Trust*



Background

Our Society is enriched by a wide variety of talented individuals from diverse backgrounds and cultures. Diversity creates strong organisations that attract the most gifted people who are able to contribute, innovate and lead, regardless of gender, ethnicity, sexual orientation or physical disability.

However, there remains a significant problem with gender bias and discrimination in the orthopaedic workforce. Although orthopaedic surgery is the second largest surgical specialty in UK, it has the lowest number of female surgeons. Despite a higher prevalence of female medical undergraduates, only 7% of orthopaedic consultants are women¹. Whilst there has been a small rise in the proportion of female consultants (from 3.7% in 2010 to 7% in 2020), this rate of change does not match the larger demographic changes seen in our medical schools. Furthermore, numerous cross-sectional studies highlight issues to do with bigotry, prejudice and even sexual harassment in the workplace².

This behaviour also manifests itself in the world of academia where female researchers enjoy less success in publishing their work than their male counterparts³. Barriers include gender-related bias, negative attitudes from trainers, limited exposure to orthopaedic surgery during early years training, lifestyle concerns and, importantly, a lack of appropriate role models and mentors.

“Our ability to reach unity in diversity will be the beauty and the test of our civilisation.”

Mahatma Gandhi, Young India, 1925

Black and ethnic minority (BAME) individuals comprise 43% of senior doctors within the NHS and many come from underprivileged backgrounds and alternative healthcare systems with different cultural workplace behaviours⁴. Given the UK’s multi-ethnic society, the advantages of ensuring that our doctors are able to relate to various cultures are obvious, and ensuring appropriate representation within our surgical societies is essential.

The concept of 'white privilege' has received much media attention in recent history and is deserving of contemplation. However, perhaps the biggest challenge to eliminating inequality is identifying and managing biases, unconscious or otherwise, which may lead to stereotyping and negative attitudes. Not only can these implicit prejudices impact on recruitment decisions, on a more personal level, they may affect the psychological well-being of our colleagues, disrupt effective team-working and may ultimately lead to patient safety issues.

The purpose of the BHS Culture and Diversity Working Group is to promote inclusivity, support cultural understanding and encourage diversity amongst our membership, both in the present and in the future.

Workstreams

There are several workstreams we are working towards to improving diversity amongst the BHS membership. The first challenge identified by the group was to explore current attitudes within the Society. The group is currently developing a survey that will be sent to BHS members to express their views and opinions. We aim to present our survey results at the 2021 BHS congress.

The second workstream follows on from the enormous success of the Irish Surgical College's mentorship programme, and those of other societies globally, used to attract and retain members. We plan to develop a comprehensive and diverse network of mentors with varying experiences to support potential mentees. We are currently researching different models which may be adopted by the BHS.

The mentorship programme will exist in an informal fashion and provide advice to mentees on challenging situations, at three different career stages (before orthopaedic training, in specialty-training, and in fellowship/early consultancy), which may offer advice on challenges such as

physical and health-related issues, less than full-time training, and childcare constraints.

An imperative part of our role is to encourage future doctors to consider hip surgery at the grass-roots stage. Medical-student diversity is not currently sufficiently reflected in those considering orthopaedic surgery, and subsequently in hip subspecialisation. Medical student engagement will be key to improving diversity in the BHS in the long term.

One of the methods to reach out to a wider audience is through the ever-growing social media environment. We are working towards improving our social media presence through the creation of an Instagram page and Facebook page, which will link posts to the existing BHS Twitter account. The subcommittee has made a call for inspiring and diverse BHS members willing to participate in short social media video biographies to showcase and encourage doctors and medical students to consider hip surgery. If any members are interested in taking part, please email the BHS Honorary Secretary, Matt Wilson, at brithipsocsec@gmail.com. To follow our progress, please follow us via the BHS accounts on Twitter, Facebook and Instagram.

We look forward to sharing our work with you in the future and would encourage you to inspire your students, trainees and colleagues with the various themes presented in this article.

Working Group Members: Mr S Kohle, Miss V Gibbs, Miss J Dayananda, Miss S Eastwood, Miss J Maggs, Mr S Jain, Miss S Hook, Miss K Gill, Prof D Sochart, Mr J Howell

References.

1. NHS Digital. Medical and Dental staff by region, gender, specialty and grade AH3388. July 2020.
2. Halim UA, Elbayouk A, Ali AM, Cullen CM, Javed S. The prevalence and impact of gender bias and sexual discrimination in orthopaedics, and mitigating strategies. *Bone Joint J.* 2020 Sep 20:1-11.
3. Brown MA, Erdman MK, Munger AM, Miller AN. Despite growing number of women surgeons, authorship gender disparity in orthopaedic literature persists over 30 years. *Clin Orthop Relat Res.* 2020;478(7):1542-1552.
4. NHS Digital. NHS Workforce. January 2020. BAJIR

BHS Treasurer's Update

Mr Anil Gambhir

BHS Treasurer



The BHS remains on a sound financial footing. We now have 480 active paying members of the BHS. All members will be due their 2021 subscriptions on the last working day of January. All but a few

members now pay their subscriptions via the GoCardless Direct Debit system. I would encourage the remaining few who still pay by cheque or standing order to sign up to the new system which has proved to be a safe and reliable way for the BHS to collect its annual subscriptions.

On the back of three successful clinical meetings the BHS now has sufficient funds to embark upon a three-year investment programme.

Our major financial outlays going forward are:

1. A newly commissioned website, to be launched soon (£10k)
2. Panopto license (£10k per annum)
3. BHS sponsored Research fellow (£105k over two years)
4. BHS\BOA Future Leaders Programme for two candidates (£7k)
5. Priority Setting Partnership (James Lind Alliance). (£23k), with matched funds from John Charnley Trust, Devon Orthopaedic Trust, Bristol Orthopaedic Trust and the BOA.
6. Zoom account with webinar capability (£2k per annum)

This will deliver enhanced value to the BHS membership.

BHS forward financial planning is based upon the possibilities of physical, virtual and hybrid

meetings. The proposed physical meeting for 2021 has been carefully costed out. The meeting has attracted a full complement of commercial sponsorship. We have carefully put in place a contract with the venue to financially protect the BHS in the event that the meeting cannot go ahead due to a government-imposed restriction.

Some of you may remember that we have for some time had hanging over us a financial reconciliation with the BOA, following the fraud that took place in 2017. This matter is now finally resolved. We are now fully reconciled with the BOA going forward and we can now draw a line under this matter.

The BOA continues to audit the BHS accounts on a monthly basis. The BHS executive remain vigilant, and numerous security measures have been put in place to ensure that the BHS protects itself from any future attempts to defraud it.

The BHS has now been VAT registered for nearly 12 months. We have successfully submitted 3 quarterly returns and have received a VAT refund totalling £5790.

Moving forward, the BHS goes from strength to strength and now has the finances to carefully and purposefully invest in matters pertinent to hip surgery and its membership.

BHS 2021 Update

Professor Dominic Meek
BHS Editorial Secretary



As our president Jonathan Howell explained in his monthly update the "rule of six" would prevent the BHS Annual Scientific Meeting taking place physically for the previously proposed dates in March 2021. The AGM will still happen virtually in March for election of officers, Presidential handover and treasurer's report. However, as the preference of the vast majority of members is for a face to face meeting, dates later in the summer months have been explored for various venues during June 2021. Given the dynamic situation of COVID-19 we are still planning for various degrees of a virtual meeting with the possibility of pre-recorded content and have taken on board some interesting opportunities on reviewing the recent BESS virtual meeting. Whatever the final format, we hope the meeting will include interesting content for all the BHS membership.

We anticipate starting the BHS meeting with the very popular hot topics in hip surgery 2021, which will be chaired by Professor Fares Haddad who is preparing a number of exciting subjects.

The opportunity for members to present both posters and papers at the scientific session is felt to be very important and we will try to ensure live presentations take place in June. The call for papers has started with a closure date on 31st December 2020.

COVID-19 meant that the BOA 2020 BHS session on the management of metastases around the hip

was cancelled. We are pleased now to have the opportunity to now present information for both the proximal femur, with which many members maybe feel more comfortable with but also dealing with the nuances of acetabular reconstruction, with guidance on when surgeons might consider referring the patient onwards to a suitable network.

The National Joint Registry is maturing into an immense database. How such mega data is correctly and wisely used to guide clinical management will be opened up to an interactive session. This will enable members to get answers to some of their concerns, as well as seeing the multiple benefits.

For some time, the BOA has identified the need for culture and diversity particularly with respect to hip surgery. A new session on culture and diversity at the BHS meeting will hopefully contribute to the furthering of these aims. An excellent panel has been assembled for this. One of the session's aims will include the development of a mentoring network, not just for the aspects of hip surgery through a surgeon's career, important as these are, but to offer supportive advice on all aspects of life.

There has been much discussion on networks over the last year, and we have produced a series of webinars as part of our BHS networks programme. Integral to the ability of networks to function well is the ability to define what a complex revision hip replacement is. Therefore, a whole session will allow the presentation of the excellent hard work by a superb collaboration of people combined with the research committee of the BHS.

Last year the emerging hip surgeons' forum returned and was enthusiastically received, and given its popularity, the plan is to maintain this. A session for managing medicolegal risk will be run in parallel for those not involved in the emerging hip surgeons' forum.

The educational industry seminars also remain popular and are being maintained. The subjects of these will be aimed to complement the rest of the meeting.

One of the most prestigious talks at the BOA meeting is the Charnley lecture and we were denied the opportunity to hear it this year. It was therefore decided to ask Professor Peter Kay to deliver his lecture at the BHS 2021 meeting. Previous National Clinical Director, Musculoskeletal Services, NHS England and one of the great contributors to British hip surgery, Peter is based at the Wrightington Hospital.

Other highlights that we will include will be an interactive case discussion session.

Finally, the BHS would not be complete without a session on non-arthroplasty surgery, and this session will supply pearls of wisdom for the arthroplasty surgeon as well.

In addition, the second instalment of the instructional course for orthopaedic trainees will be taking place alongside the main conference on 11th June 2021.

As in previous years we aim to secure a high number of CPD as accredited by Royal College of Surgeons of England. Given the present situation we will obviously update you regularly on abstract submissions and registration deadlines, venue and degree of any virtuality as a clearer picture develops over the next few months.

BHS Website Update

Mr Nic Wardle

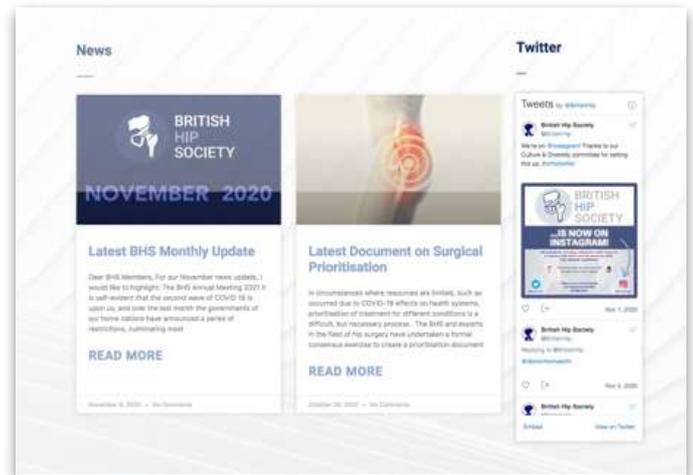


Since our last AGM in Cardiff, there has been much work on the backbone of the new website. Our web developer company was in part affected by COVID, but after a slight lull the new site

continued to take shape. The design brief had been agreed on the appointment of Digiology, but as with most projects there was some mission creep, with new desirable features being requested by the executive members, to include a research portal, and an improved membership directory to facilitate membership communication.

Some tasks, such as the integration of the new GoCardless Direct Debit system implemented by our treasurer, and linking of the membership mailing system that I had set up last year, presented some technical challenges that are now near resolved. The onboarding of existing members was pushed back to allow robust testing of the membership system.

The content of our website had changed very little in over 10 years, with small additions here and there. It was time for a refresh and the executive helped set about reviewing the whole site for relevance and accuracy – this was by no means a small task.



The overall design of the site is fresh and easy to navigate. The backend to the site should be easy to maintain by future webmasters due to the relative simplicity of the WordPress Content Management System, and where additional help is required for harder tasks then Digiology will remain on-board with their maintenance contract to facilitate this.

We have continued this year with Oxford Abstracts to administer our ASM scientific submissions for the 2021 meeting, and this system proved to be widely well received and easy to administer. Author-conflict declaration has been made clearer this time around and the future integration of a peer-submission conflict email confirmation is in beta testing and is something I would encourage us to adopt when available.

With the push back of the 2021 ASM because of the COVID-19 restrictions we have been afforded slightly increased breathing space but the launch of the new website is imminent. It is something I very much hope the membership will appreciate and turn towards as a repository of valid, relevant and up to date information from their Society.

Educational Committee Update

Mr Vikas Khanduja

BHS Vice President



COVID-19 has certainly presented a challenging time for all of us over the last eight months, but for the BHS Education Committee it has also been a period of productivity and positivity.

The BHS was conceived in 1989 with the aim of promoting training, education and research to ensure the very best care for patients with hip related conditions. To this end, we have had excellent scientific content being presented at our annual meetings but have lacked in imparting formal education and training.

BHS Instructional Course

The educational requirements of our trainees, fellows and practicing members are evolving constantly. At the same time, evidence-based knowledge in hip surgery is expanding at a very rapid rate. Furthermore, all of our trainees need to take exams towards the end of their training to demonstrate cognitive competency and mark completion of training.

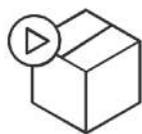
Also, all practicing surgeons do have to engage in the appraisal process annually and revalidate every five years to demonstrate fitness to practice. In both these scenarios, acquiring and updating knowledge at a rapid rate and in a short span of time is crucial. The BHS Instructional Course was conceived with exactly this purpose in mind

The first course was run on the last day of the Newport Annual Meeting and was a roaring success. We designed the course based on the FRCS (Tr & Orth) syllabus and the aim was to deliver the whole syllabus over a three year cycle. Dedicated and enthusiastic surgeons and academics from across the country were brought together to lecture on their area of expertise for the first course and the feedback has been excellent.

The screenshot shows the Panopto interface with a sidebar on the left containing navigation options: Home, My Folder, Shared with Me, Everything, and Browse. The main content area is titled 'Featured' and displays several video thumbnails. The largest thumbnail is 'Surgical Techniques in Hip Surgery' with a duration of 1:37:47. Other thumbnails include 'NICE Guidelines for Primary Total Joint Replacement Part 1' (1:37:03), 'NICE Guidelines for Primary Total Joint Replacement Part 2' (1:11:12), and three 'BHS Complex Surgery Networks' webinars (1:10:52, 1:12:41, and 1:05:29). The interface also includes a search bar at the top, a 'Create' button, and a 'Download' icon.

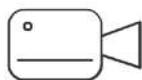
Panopto - the new BHS education portal

Enterprise video made easy.



Video Management

A secure portal for hosting and sharing all your video content



Recording and Editing

Easy-to-use software for recording and editing professional videos



Live Streaming

Live streaming software for broadcasting secure video streams at scale



Video Search

A unique search engine for finding any word mentioned in any video



Integration and APIs

Building blocks that bring video to your LMS, CMS, and portals

The functions of Panopto - another benefit for BHS members

So, if you wish to learn, share, debate and discuss ideas and surgical techniques in an exciting environment, the BHS Instructional Course is for you. Our next course will cover Hip Trauma and Revision Hip Surgery. If you are interested in lecturing on the next course please do let me know, vikaskhanduja@aol.com. We do look forward to seeing you there!

Enter....Panopto: The BHS Virtual Platform

In the last month we have launched one of our most ambitious projects yet, the BHS Virtual Educational platform via Panopto. Unprecedented disruption from COVID-19 has certainly accelerated digital transformations across every sector and has introduced millions globally to video communications technologies which have become essential communication tools. After much deliberation at the Executive meetings the BHS has, this year, invested in both Zoom and Panopto technologies this year. Zoom allows an extremely user friendly and simple video conferencing and webinar solution, while Panopto acts as a repository and allows for hosting and sharing recorded content.

The BHS has already engaged in a number of virtual events for the BOA Annual Meeting 2020 and a series of Networks webinars, all of which

were hosted via Zoom and now form a part of the BHS Panopto digital library. The symbiosis of this digital programme, together with our face-to-face Annual Congress programme, will help to facilitate knowledge transfer and exchange. We are currently working on facilitating a single sign-on access via our new website for all our members. Members will be to log onto the site via <https://britishhipsociety.cloud.panopto.eu/>.

Whilst we cannot be sure of what the future holds, I hope that this programme will go a long way to keep BHS members connected and on a path of personal and professional development.

Onwards and Upwards!

Non-Arthroplasty Hip Registry (NAHR)

Mr Ajay Malviya

Registry Representative



It gives me great pleasure to provide an update regarding the recent developments in the UK Non-Arthroplasty Hip Registry (NAHR). After the fantastic work done by Vikas Khanduja and Marcus Bankes as previous Chairs, I took

up the role with slight trepidation and a degree of underlying apprehension as to whether the NAHR would continue the progressive path set out by my predecessors. There were additional challenges that needed addressing, particularly concerning the Covid-19 pandemic and, as a team, we wanted to demonstrate that we were proactive and using our time effectively. I am glad to report that this certainly has been the case and there have been some exciting background developments. Please do look at our new upgraded [website](#) which has more modern and vibrant features.

We currently have close to 15,000 pathways registered in the NAHR under 106 surgeons. As can be seen in the latest monthly report from Amplitude, after the initial drop in March/April in patient recruitment there has been a gradual build-up of patients entered into the system, in keeping

with the effect of the pandemic on elective surgery provision.

The young patients that we typically see in our practice were perhaps best suited to test the waters during the resumption of elective operating, especially as day-case procedures, and some of the trusts including mine were keen to get things kick-started with this group. It was therefore critical that we put systems in place to facilitate this and ensure a safe resumption of elective operating, and as a team, we created a COVID-19 questionnaire.

COVID-19 audit

From 1st June 2020, all patients entered in the NAHR receive an additional set of questions. These include an introductory email to the patient at the time of the surgery to establish what protocols were in place to ensure they had their intervention in a safe environment and whether they understood the implications of having an elective procedure during this time. It is followed up by 30-day and 90-day emails to ensure that they did not develop any COVID-19 related complication.

During this period, of the 247 patients entered, 139 have completed their baseline scores with a 56% compliance. Of these 185 patients eligible for 30-day score completion, 99 have completed their 30-day scores giving a 53% compliance rate; of 82 patients eligible for 90-day score completion, 35 have completed their 90-day scores giving a 42% compliance rate.



We will share the detailed findings with the membership in due course but, as you can appreciate, compliance is an issue. Can I please request all of you to make your patients aware that they will be contacted by the registry and encourage them to complete their questionnaire?

Instant reporting upgrade

From the various conversations I've had with members, it is apparent that some of you have struggled to analyse the data entered in the registry. At its inception in 2012, the expectation to critically analyse the data was different. It is therefore imperative that we improve the functionality, specifically to look at the data in more granular detail. Over the last four months, Marcus Bankes and I have explored this with Amplitude, and identified some fundamental issues with the current report. Upgrades are now taking place, and you will hopefully find these beneficial to your practice, not just for appraisal but for audits and research.

Research

Some of you would have listened to the stellar work done by the team from the NAHR dataset presented in the free paper session at BHS 2020. We had the [first paper from NAHR](#) published in JBJS Am with others to follow. The key message from the recent publication is that periacetabular osteotomy is a successful surgical intervention for hip dysplasia and acetabular retroversion in the short term, with significant improvement in patient-reported outcome scores maintained up to two years postoperatively.

The study looking at the role of hip arthroscopy for femoroacetabular impingement (FAI) group has shown that 67% of patients achieved improvement in scores over and beyond the minimum clinically important difference. Pincer pathology, high-grade chondral lesions and higher preoperative score are predictors of lower improvement in scores. Age more than 40 and high BMI are also associated with poorer outcomes. Labral repair leads to

significantly better improvement in scores as compared with labral debridement.

If you are interested in looking at the NAHR dataset and have an appealing research proposal, do look at the [application process](#). Please note that to be eligible you'll need to be submitting data regularly to the NAHR.

Restructuring

The NAHR board has recently submitted to the BHS Executive a proposal to restructure the board with well-defined roles for the Executive and an expansion of the team. It will be presented to the BHS membership during the AGM for ratification. The proposal includes the formation of a group of trustees formed by the ex-Chairs of NAHR; appointment of a Vice-Chair, and allocating dedicated portfolios to the current team including the treasurer, research lead, compliance lead, editorial secretary and website lead. We also want to be inclusive and invite candidates for the role of regional representative (10 in total); these typically would be members who have been actively contributing to the registry for at least two years. We are hoping that this will go a long way in achieving our goal of increasing surgeon engagement and patient compliance. We'll be looking forward to the applications once this is approved.

Education Programme

Over the last few years, there has been an education programme in place, which hopefully you have found informative. For BHS 2021, we are hoping to have a case-based discussion involving periarticular pathologies in the hip with a panel of experts debating the management of these conditions. It will give a different perspective to the other themes we have been discussing. We will also be looking at inviting applications for a travelling fellowship for two weeks for enthusiastic candidates wishing to visit various centres in the UK and get exposed to the non-arthroplasty hip practice in different parts of the country. It will most

likely be for the summer of 2021, and I am grateful to Callum McBride for the work that he is doing to organise this.

None of these would be possible without the support of a fantastic team to help, and I am grateful to the whole of the NAHR board for their support and time to improve all aspects of NAHR. On behalf of the team, I would also like to thank Matt Wilson who had been an integral member for a long time and has decided to leave the role to focus on the task of being BHS Secretary. Matt was instrumental in producing the first NAHR report in 2016 and was heavily involved in preparing the subsequent annual reports. I would also like to extend my heartfelt thanks to all the surgeons contributing to NAHR and would like to get your feedback on aspects we should be working on (ajay.malviya1@nhs.net).

BHS Research Committee update

Professor Tim Board

BHS Member-at-Large



The BHS Research Committee was set up with the aim of promoting and fostering hip-related research in the UK. As BHS member at large I was tasked to chair this committee and get things up and running.

We put together a research specific

session at BHS 2020 to highlight some of the opportunities and barriers to surgical research and I hope many of you found that a useful and interesting session. Following this we have been active in a number of areas.

Priority setting partnership (PSP)

A PSP is a lengthy and robust process by which health professionals, care givers and patients come together to agree on the top ten research questions in a given area. The list of priorities is then published and significant weight is given to these priorities by all the major research funding bodies. Essentially this means you are more likely to receive research funding if you can point to a PSP that links to your specific research question. There are already PSPs on 'hip and knee replacement for osteoarthritis' and 'early intervention for hip and knee osteoarthritis'. In order to improve the ability of UK researchers to access funding we will be running a PSP on the topic of revision hip arthroplasty. The James Lind Alliance is a wing of the NIHR that facilitates running of PSPs in the UK and we will be working with them on this project. Obviously, this process costs money and we have worked hard to secure funding from the BOA, John Charnley Trust, Devon Orthopaedic Trust, Bristol Orthopaedic Trust and the BHS. We are now in a position to start the process in earnest and I would welcome contact from any of our members who wish to be involved in this process over the next 12-18 months.

Revision hip networks

The launch of the revision knee network project has been delayed due to COVID-19 and this will inevitably have a knock-on effect on the development of revision hip networks. This does, however, give us as a Society a little more time to develop tools and data to inform the design of such networks. One project which will be starting soon is a Delphi process to design a comprehensive complexity classification for revision hip arthroplasty. The purpose of such a classification would be to allow easy stratification of cases, facilitating communication between centres. We would hope this would be of use to MDTs, allowing them to develop a locally agreed flow of cases. You are likely to see some email traffic seeking expert engagement with this process and we look forward to working with our members on this project.

Understanding the current national landscape of revision hip delivery is another important aspect of informing any network decisions. We have supported Richard Holleyman in a successful NJR research application to look at this data in detail. I am sure that Richard and Simon Jameson, his supervisor, will deliver some very useful insights from this work.

REJOIN study

The committee have been instrumental in setting up the REJOIN study on return to elective hip and knee arthroplasty in conjunction with BASK. Read more on this from Mike Whitehouse on page 24.

Website

With the new BHS website comes increased functionality and an area of the site dedicated to research is planned. I think that one of the key roles the Research Committee should provide is to link up members who wish to engage in research with academic units, both clinically and from a basic science, engineering, biological and statistical perspective. I would like to use the website to facilitate such a directory. Any ideas or input or offers of help from members on this would be gratefully received.

Research Committee members: Jonathan Howell, Mike Whitehouse, Sion Glynn Jones, Richie Gill, Mike Reed, Vikas Khanduja

Professional Affairs Committee

Mr Stephen Jones

BHS Immediate Past President



The Professional Affairs Committee was initiated in 2018 by the then President Andrew Manktelow. The concept was to draw upon the experience and opinion of BHS

members beyond the Executive committee with regard to the increasing number of enquires that were being received at that time. Under the existing BHS Constitution three members were initially co-opted and subsequently the “*Terms of Reference*” for the Professional Affairs Committee were ratified at the BHS Annual General Meeting and now form part of the Society’s formal constitution.

The Professional Affairs Committee comprises five members, chaired by the BHS Immediate Past President and supported by the BHS Secretary from the elected Executive. Three BHS members in good standing complete the committee and currently Simon Buckley, Phil Mitchel and David Sochart fill these positions.

In terms of the activity and nature of enquires received these has been varied. Common themes have included challenges with the provision of support from management, theatre assistance and also training issues, especially in the theatre environment. The committee members have also provided feedback and comment on many of the practice and policy documents that the BHS receives and contributes to on behalf of the membership. These include, for example, the recent series of NICE evidence reviews applicable to hip surgery; in addition, the Committee significantly contributed to the recent surgical prioritisation document produced by the BHS.

In my opinion, the establishment of this Committee represented a tipping point in the activity of the Society. Really quite rapidly it became apparent that engaging more people beyond the elected Executive in the activity of the Society clearly delivers benefits in the expertise that others bring, but also adds to the productivity of the Society and thus added value for the membership. The establishment of this committee therefore fuelled the development of both the education and research committees and most recently the Culture working group.

In terms of enquires to the Professional Affairs Committee from BHS members these can be submitted to the BHS Secretary Matt Wilson at brithipsocsec@gmail.com. Finally I'd like to formally acknowledge Simon, Phil and David for both their contribution and on-going support with this valued BHS activity.

BHS guidelines for prioritisation in hip surgery

Mr Vikas Khanduja

BHS Vice President



The COVID-19 pandemic has presented all medical professionals with new and unexpected challenges in 2020.

For orthopaedic surgeons, as we come to the close of the year, this means

facing a huge backlog of delayed elective procedures, as well as ongoing emergency cases. Surgical prioritisation and decision-making have become more critical than ever before as, even in the recovery phase, the NHS's resources and personnel continue to be stretched and tested.

Whilst the Federation of Surgical Specialty Associations and the Surgical Royal Colleges have published general clinical guidelines to help surgeons with patient prioritisation, the Executive Committee of the British Hip Society (BHS) has taken the extra step to build a framework specifically for hip surgeons, under the headings of primary arthroplasty, revision arthroplasty and non-arthroplasty interventions. The broad guidelines prioritised surgery according to the maximum time that each condition can wait before surgical intervention. However, the BHS guidelines aim to both add detail and granularity to the range of

conditions considered and add nuance to these timescales.

As the most scientifically robust method of consensus building, the Delphi method was chosen as the best way to sort and compile the guidelines. A Delphi study proceeds as follows: experts answer a questionnaire anonymously, the answers are collected by the study facilitators, the aggregated results are fed back to the experts in a standardised format and then the process is repeated for multiple iterations.

As the Delphi study method requires anonymous survey participation rather than face-to-face meetings, there were no logistical issues in carrying out this research despite the social distancing and travel restrictions currently in place in the United Kingdom. It has been suggested previously that a minimum of 12 experts are needed for a study of this sort; in all, 28 experts took part in this case. The decision to use the Delphi method is further supported by the fact that there were surprisingly high levels of initial disagreement among the field of experts that the process helped to resolve. That said, it should be noted that for some procedures, a 70% consensus was not reached, and this is reflected in the published guidelines.

It is hoped that these guidelines will help orthopaedic hip surgeons and their teams to make the best and most informed choices for their patients, avoiding further anxiety and stress in the already strained atmosphere of this year's health crisis. The guidelines should be used not to replace, but to compliment and supplement advice already published by the British Orthopaedic Association, NHSE, Public Health England and/or the Surgical Royal Colleges. Whilst much of the future for the NHS and other health systems around the world remains unclear, the BHS Executive Committee do believe that this new framework will bring some clarity and order for its membership, at least in the matter of hip surgery prioritisation.

Indication	70% consensus level
Treatment of newly admitted patient with native septic arthritis of the hip who is deteriorating (hypotension not responding to fluid resuscitation)	1a
Treatment of native septic arthritis of the hip in a deteriorating patient (increasing pain and rising CRP)	1a
Intracapsular fracture of the neck of femur	1b*/1b

Table 1: Prioritisation of Key Indications

Indication	70% consensus level
Acute THR associated with pelvic trauma +/- fixation of pelvic trauma (fix and replace)	1b
Fracture / major bone destruction around the hip joint due to metastasis	1b
Bone tumour associated with a fracture	1b
Malignant bone tumour associated with impending fracture	2*/2
Subacute failure of DHS, proximal femoral fracture or hemiarthroplasty	2*/2
Severe pain/disability where loss of independent living is imminent or has occurred	2
Primary benign tumour without impending fracture	3*/3
Collapse of the femoral head secondary to AVN	3*/3
THR where delay will prejudice outcome (function and/or increasing risk of complications)	3*/3
Significant deterioration in pain / function now requiring opiates	3
Primary osteoarthritis	4
Secondary osteoarthritis (secondary to DDH, SCFE, Perthes)	4
Inflammatory arthritis of the hip with significant loss of joint space	n/a – 3 & 4*
Catastrophic failure (or failure with an associated infection) of a DHS, proximal femoral fixation or hemiarthroplasty and inability to weight bear	n/a – 1b & 2*
CUMARS or Antibiotic loaded primary for treatment of acute infection of the native hip in a stable patient	n/a – 1b & 2*

Table 2: Prioritisation of Indications for a Primary THR

Indication	70% consensus level
Dislocation with paraesthesia in nerve distribution (sciatic or femoral) or uncontrolled pain	1a
Acute periprosthetic joint infection in a septic or deteriorating patient	1a
Periprosthetic fracture with neurovascular compromise, open fracture, skin at risk or haemodynamically unstable patient	1a
Acute dislocation with no neurovascular compromise	1b*/1b
Acute periprosthetic joint infection in a stable patient requiring DAIR or other procedure	1b
Closed periprosthetic fracture with no neurovascular compromise in a haemodynamically stable patient	1b
Grossly unstable hip replacement with rapid sequence of recurrent dislocations	2*/2
Implant failure in a coping patient with e.g. stem shaft fracture or 'Spun Cup'	2*/2
Destructive bone lesion around existing THR with impending risk of fracture	2
Revision surgery for progressive loosening / osteolysis, with impending failure of fixation, implant or surrounding bone	3*
Second stage revision after periprosthetic joint infection for patient not coping	3*/3
Recurrent intermittent dislocation (e.g. once every 4 to 6 months)	3*/3
Revision for ARMD with significant soft tissue destruction but no dislocation	3*/3
Second stage revision after periprosthetic joint infection in a stable, coping patient who is weightbearing with a stable spacer in situ	4*/4
Slowly progressive osteolysis with low risk of rapid deterioration or construct failure	4
Takedown of arthrodesis and conversion to a THR	4
Revision for any other reasons	4
Acute and catastrophic implant failure (neurovascularly intact) e.g. ceramic failure, stem neck fracture	n/a – 1b & 2*
Subacute / chronic periprosthetic joint infection requiring 1 or 2 stage revision	n/a – 2, 3 & 3*

Table 3: Prioritisation of Indications for Revision Hip Surgery

Indication	70% consensus level
Arthroscopy of an infected joint in a stable patient	1b*/1b
Open surgical dislocation for slipped capital femoral epiphysis	1b
Open repair of hamstring tendon (acute)	2*/2
Endoscopic repair of abductors (acute)	2*/2
Open repair of abductors (acute)	2*/2
Endoscopic repair of hamstring tendon (acute)	2
Core decompression for AVN	3
Arthroscopy for femoroacetabular impingement with associated lesions	4
Arthroscopy for periarticular pathologies (IT band snapping, Gluteus medius repair, Psoas tenotomy)	4
Arthroscopy for undiagnosed hip pain	4
Arthroscopy for Perthes disease	4
Pelvic osteotomy for: hip dysplasia, acetabular retroversion or Perthes	4
Femoral osteotomy for: high femoral anteversion/retroversion or Perthes	4
Open surgical dislocation for femoroacetabular impingement or Perthes	4
Arthroscopy for internal snapping hip	4
Arthroscopy for external snapping hip	4
Arthroscopy for iliopsoas impingement in a THR	4
Open TFL Decompression	4
Endoscopy for lateral or posterior hip pain	4
Open Sciatic nerve decompression	4
Endoscopic hamstring repair (chronic)	4
Open hamstring repair (chronic)	4
Open repair of the abductors (chronic)	4
Endoscopic repair of the abductors (chronic)	4
Arthroscopy for loose bodies/ synovial chondromatosis with symptoms of pain and locking	n/a- 3 & 4

Table 4: Prioritisation of Indications for Non-arthroplasty Hip Surgery

Key	70% consensus
Patient has significant co-morbidities.	AFFECTS PRIORITY
The patient is healthy, and the operation is simple and could be done as a day case without exposing the patient to additional risks.	AFFECTS PRIORITY
The patient is suffering from increasing pain.	AFFECTS PRIORITY
Should a threat to employment/career, or capacity to compete at elite level sport, be considered when prioritising surgery?	AFFECTS PRIORITY
Would the prioritisation be altered if recommendations were made on intervals and/or triggers for review for patients in Categories 3 and 4?	AFFECTS PRIORITY
Would the prioritisation be altered by the results of research on the safety of orthopaedic surgery in the Covid-19 era?	AFFECTS PRIORITY
The patient is enrolled in a clinical trial.	NOT RELEVANT
The procedure is complex/high risk.	n/a
The patient has waited for longer than a usual (pre-COVID) waiting time for their procedure type.	n/a

Table 5: Additional considerations affecting priority

British Orthopaedic Association Future Leaders Programme

The BOA Future Leaders Programme was developed with the aim of creating an alumni of leaders with the skills and knowledge to improve the delivery of clinical care and to influence positive change within the profession.

The 12-month programme supports 25 T&O surgeons with the passion to be future leaders within their specialty and equip them with the advanced leadership skills necessary to excel. These leadership skills are developed through a process of building a Quality Improvement Project, supported by a highly regarded faculty.

The British Hip Society took the decision to sponsor two BHS members for this programme and, after a competitive interview process, we were delighted to award Miss Joanna Maggs and Mr Jeya Palan these positions. In the words that follow, Jo and Jeya outline what the programme means for them and outline the projects they intend to focus on

BOA Future Leader 2020/2021

Miss Joanna Maggs



As I approach the start of my consultant career, I increasingly find myself the only female surgeon in the room, at the meeting, or attending the conference. There were women everywhere when I started this journey at medical school.

Where are they now?

My grandmother was a doctor. She finished her training while bombs were dropping on London

and was thrown into work in the middle of World War Two. She was a pioneer. A woman who was not held back either by the expectations of her time or of her society. The sort of woman who blazed a trail for future generations. Or at least that is the role I assign to her in my imagined story of cumulative progress.

But this is a narrative that falls short. Somewhere in the two intervening generations, progress has stalled. Why else, in over ten years of specialist training, have I never worked for a female arthroplasty consultant? Why, in a list of over 30 supervisors I've had as a registrar or fellow has not a single one been female? These are questions that need asking with force and urgency.

Throughout my training I have thought about the ways in which gender dictates the experience of medics, or influences the career choices they make. As the representation of women in orthopaedics dwindles, these thoughts have become more pressing. For my own interest I have researched many of the issues that underpin them, read studies that have attempted to start addressing gendered experiences, and discussed these issues with many brilliant colleagues, both male and female. I was delighted to be invited to form a working group examining culture and gender in orthopaedics as part of the BHS initiative to improve representation in hip surgery. And I am delighted to have been able to propose a qualitative study into women's experiences as trainees, as part of the BOA Future Leaders Programme.

I hope that the skills the Future Leaders Programme will deliver, combined with the opportunity to focus on this important topic, will put me in a strong position to influence positive change in our profession. I am indebted to the BHS for agreeing to sponsor me to undertake the programme.

BOA Future Leader 2020/2021**Mr Jeya Palan**

I am a consultant trauma and orthopaedic surgeon working at Chapel Allerton Hospital/ Leeds General Infirmary (Leeds Teaching Hospitals NHS Trust) with a special interest in primary and revision

hip and knee arthroplasty and, in particular, the management of periprosthetic joint infections and fractures. My academic interests (from my PhD and NJR Fellowship) include outcomes of primary and revision arthroplasty surgery, and I have been awarded national research grants to run and coordinate research studies. I served as an Associate Editor on the editorial board of the BJJ (2012-2016). I have a strong interest in helping to develop the profession. My time as British Orthopaedic Trainees' Association (BOTA) President and sitting on the RCS England Council and BOA Council has given me valuable insight into strategies for promoting and enhancing T&O as a specialty and an understanding of the challenges of clinical leadership.

What the BOA Future Leaders Programme means to me

This experience has provided me with the desire to undertake more formal leadership training, and I particularly value the fact that the BHS\BOA Future Leaders Programme is practical and designed specifically for orthopaedic surgeons. I am looking forward to engaging with the programme in order to further develop my clinical leadership skills and to have the support, guidance and mentorship of senior clinicians who have an enormous wealth of experience leading our profession. I believe that the programme will provide me with the necessary foundation and skills to take on senior clinical leadership roles in the future, both in my own Trust but also with a view to getting involved in

committee roles in the BOA and BHS in order to help develop our specialty.

I want to have the necessary tools to be able to cope with an ever-changing NHS environment and this means I need to be innovative, creative, adept, reflective and nimble in order to successfully deliver my stated goals. I believe this programme will provide the framework to help me hone these skills.

My proposed quality improvement leadership project: Developing regional revision arthroplasty networks across the UK*Background*

Every year, the number of revision arthroplasties being performed is increasing. In 2015, 8,925 revision hip arthroplasties and 5,873 revision knee arthroplasties were performed in England and Wales. Between 2005 and 2010, the number of revision hip arthroplasties rose by 49.1% and revision knee arthroplasties by 92.1%; these are predicted to rise by 31% and 332% respectively by 2030.¹ The Getting It Right First Time (GIRFT) report² identified that a significant majority of surgeons (80%) carrying out revision knee surgery and 60% of surgeons carrying out revision hip surgery performed fewer than ten revisions per year. Furthermore, the report found that clinical outcomes for patients was significantly adversely affected if complex revision surgery was being done by low volume surgeons and in low volume units. Revision surgery is also extremely expensive. GIRFT recommended the setting up of specialist revision arthroplasty networks so that surgeons could undertake sufficient revision operations, and share experience whilst promoting best practice, thus improving clinical outcomes for patients and reducing the financial burden of revision surgery.

Objectives

1. Identify which UK regions currently have a regional revision network and those that do not
2. Identify how regions that have a regional network successfully set them up, the potential

challenges they have had to overcome, and how they did so

3. Identify the reasons why other regions have not been able to implement regional networks

At present, there are several regional revision arthroplasty networks in the UK and my own fellowship experience in Nottingham, Leicester and Coventry gave me first-hand experience as to how well such networks can work. I am also aware that, despite these regional successes, many parts of the UK still find it difficult to implement such networks and I am aware of some of the issues and logistical problems that act as a barrier to such networks. For example, a revision network that works well in London may not be easily replicated in more rural regions with a wider geographical spread of local hospitals. I would like to undertake a piece of work that helps identify the barriers to setting up the networks more widely. An understanding of each region's particular strengths and challenges will help the BHS and each region find solutions to implement the setting up of the networks. I hope to achieve this objective by undertaking a detailed survey of consultants in each region. This will also include talking to consultants who work in regions where successful networks already exist. I would like to be able to develop, with the help of the BHS and BOA, a toolkit or 'recipe' for the setting up of regional networks, taking into account regional variation in practice and hospital set-up and logistical hurdles.

I am extremely grateful to the BHS for their support in funding my place on the Future Leaders programme and I hope to be able to repay their faith in me by delivering on my stated QI project.

References

1. Bloch B, Raglan M, Manktelow A, James P; Experiences using a revision arthroplasty network: a review of the first 250 cases. Orthopaedic Proceedings, Vol. 98-B, No. SUPP_1, published online 21 February 2018
2. Briggs T, A national review of adult elective orthopaedic services in England, March 2015. <https://www.gettingitrightfirsttime.co.uk/girft-reports/>

Bone and Joint Infection Registry (BAJIR) - an update

Mr Tim Petheram

Mr Luke Farrow

Mr Mike Petrie

Mrs Anji Kingman

Professor Mike Reed

BAJIR Steering Committee



2020 has clearly been a year like no other. Luckily for BAJIR it has been a year of progress, largely unaffected by other events, and I am delighted to be able to provide a positive news update in among all the doom and gloom!

Engagement

Thanks to both hard work and enthusiasm from supporting surgeons, and the appointment of our engagement officer, Mike Petrie, we can report progress here. Now with 16 Trusts signed up and starting to enter data, we look forward to a step-change in case-entry and thus data for analysis over the coming year. Please do get in touch if your Trust is not yet signed up to BAJIR and we can help guide you through the governance signoff involved; email nhc.tr-bajir@nhs.uk

Current participating sites include only those in England and Wales, but there remains significant interest from Scotland and work is under way for an initial pilot of six Scottish sites with a plan for

later expansion. We are hopeful that these sites will begin data entry during 2021.

Mike Petrie and Anji Kingman have run a popular webinar on how to use BAJIR to help get teams started with data entry. We appreciate that the data entry process requires some learning and navigating, with multiple screens and data fields necessitated by the complexity of infection work, and the webinar really helps guide new teams through the process. Do look out for further webinars if you are interested – they will be announced on our Twitter feed @BAJIR_UK and on the website.

Current data

Case numbers continue to grow, with 190 confirmed infections now entered, a further 400 cases being in the Registry awaiting confirmation of infection or not. With increasing engagement, we fully expect an exponential increase as Trusts start entering data, allowing further meaningful data entry to start hopefully prior to next year's annual report. It is important that you understand that you will be able to access all data entered by your unit, and can accordingly continue to complete audit and research on your own caseload. The Registry in fact provides a natural comprehensive database to hopefully make this easier for you.

Our 2020 Annual Report was released just after the virtual BOA, and can be found on our website www.bajir.org

Funding

The Registry continues to be funded entirely by the generous donations of industry. We have solid funding to take us through the next couple of years of predicted growth, and the donations have also allowed development of our latest exciting aspect of the Registry in the form of the MDT software.

MDT Functionality

The Registry already had a relatively rudimentary MDT area for recording MDT meeting outcomes. The MDT software project should be complete by



the time you read this newsletter. It will hugely improve the usability of this area, the intention being that you run your infection and/or revision MDT meetings through the Registry, recording data as you go. This in turn should make BAJIR a routine part of your MDT process, and harvest significantly more data for the Registry.

The MDT page has three lists; one for pending patients, one for monitoring and one for active patients, with the ability to move patients between (Figure 1). The active patient list will form the basis of the subsequent MDT meeting and can be pre-populated prior to the meeting. Any patient entered on to the Registry under a unit can be searched for

and selected for the MDT meeting. New patients not previously entered on to BAJIR can also be added during the meeting for those last-minute additions. Patients can also be referred to another Trust at this point to be discussed in their MDT meeting, with the patient record accessible to both Trusts.

As patients are discussed, a summary of that discussion can be entered directly into the MDT screen for each patient. Once all patients have been discussed and an outcome confirmed, the MDT report for each patient can then be printed for the patient's notes.

HES-BAJIR data linkage

Luke Farrow, BAJIR Fellow, has done a tremendous job of moving this project forward. By linking BAJIR data to HES we can identify patient episodes not entered in BAJIR, and communicate with units to get these entered. Essentially, we are aiming to be able to perform a 'live' data quality audit as we collect data, making sure we have high quality and accurate data that we can rely on from the very start of the project. For example, the software should pick up further procedures that patients may have had (eg. further DAIR) in HES, but that are not yet recorded in the BAJIR, or be able to identify comorbidities not yet entered. As you can imagine this is somewhat complex, and Luke has done a fantastic job of navigating the various hurdles and red tape to allow this to progress.

Fellow and team

We successfully appointed not just a Fellow, but also Engagement Lead and future Fellow in our recruitment process earlier in the year. We are



Figure 1. MDT Meeting home page

delighted to welcome aboard Luke Farrow as Fellow, and Mike Petrie as Engagement Lead and Jerry Tsang who will join us early next year. A fantastic addition to the team, they have already been worth their weight in gold, helping drive the project forward with the MDT software, HES-BAJIR data linkage, Trust engagement and preparation of the annual report. As ever in the background our ever-present, hardworking, and invaluable Anji Kingman helps steer the ship behind the scenes, works relentlessly on ironing out glitches with the software, guides the Fellows (and the rest of us), and carries out all of our PROMs collection.

We thank those units entering data and who have recently joined for their support, and look forward to welcoming many of you aboard in the coming months. We appreciate there are multiple data fields to enter, and that participating in the BAJIR is indeed time consuming. This reflects the complex nature of orthopaedic infection work. Hopefully with the new features described above, the Registry now offers gains to units in the organisation of patient pathways and management, to compensate the time that clearly needs investing in data entry.

As ever we are available to support units in joining the Registry and gaining appropriate governance clearance. Please contact us through the website www.bajir.org and at the following email address: nhc.tr-bajir@nhs.uk

The REJOIN Study Restarting Elective orthopaedic JOINT surgery after COVID-19: a BHS and BASK Collaboration *Mr Mike Whitehouse*



COVID-19 has presented the most significant challenge in our lifetimes to our profession and to our established ways of working. We have had to adapt to an unprecedented degree of disruption to the way we work, and our

patients have been left without access to elective treatments, often for prolonged periods. The expectation that we use contemporary, accurate and individualised data to inform patient consent means that high quality data is required to inform discussions with patients. This data is often lacking and we are reliant either on isolated local audit data, often out of date in this fast-moving setting, or on even more out of date large collaborative projects that are of limited generalisability to the patient we are talking to. Elective surgery is restarting at different rates around the country according to local COVID-19 rates, available facilities, staff and often inconsistent policies.

The paucity of data has prompted the British Hip Society (BHS) and the British Association of Surgery of the Knee (BASK) to form a collaborative group, to establish a new research project to collect the essential data we need on COVID-19 treatment pathways, patients undergoing elective hip and knee surgery, and the outcomes of treatment. The study is called Restarting Elective orthopaedic Joint surgery after COVID-19 (The REJOIN Study).

The BHS and BASK research committees have jointly created the research protocol for this study

which has been finalised and an online secure web platform portal has been created for data entry into a secure online database. External funding is being sought to support the national roll-out of the platform so that all sites are able to enter data. At the current time, funding and resources has been provided by BHS, BASK and the organisations of the collaborative group. This has allowed us to commence internal pilot data entry at a limited number of sites, but further funding will be required before it can be rolled out further.

The nationally coordinated database will allow service evaluation of patients undergoing elective hip and knee replacement in COVID-19 elective pathways. As data accumulates, reports will be able to be generated for participating sites that shows their outcomes and allows comparison to the national rates of participating sites. Sites will be required to enter data on the details of their treatment pathways and patients, to analyse results from around the country and to determine:

1. Treatment pathways at sites
2. Changes in treatment pathways over time
3. Patient risk factors for COVID-19
4. Length of hospital stay
5. Admission rates to HDU and ITU
6. How many patients die 30 and 90 days after surgery
7. How many patients test positive for COVID-19 by 30 and 90 days after surgery
8. How many patients develop COVID-19 related complications at 30 and 90 days after surgery
9. Whether there is any change in the HES reported 30- and 90-day rate of new-comorbidity following surgery in this new cohort of treated patients
10. Whether there exist regional differences in outcomes
11. The effect of different pathway designs on outcomes (for example, length of isolation, timings of tests, use of PPE)

No study-specific virtual or face-to-face appointments will be required. Data entry will be performed by identified individuals at participating sites and individual logins will be provided for

those individuals. The individual that creates the data record for a patient will receive email prompts at 30 and 90 days to review patient records and complete outcome data.

The BHS and BASK are keen to invite all members and their sites to participate in this research which will help us inform our decisions about increasing elective throughput, provide vital information to allow informed consent of patients undergoing treatment in the COVID-19 era and generate the data we need to help us design and deliver appropriate and timely patient care during the current situation and in any further increases in COVID-19 rates.

We are currently awaiting the outcome of a number of different funding strategies. As soon as we have successfully obtained funding to support national roll-out, this will be done. In the meantime, if you are interested in joining the project, expressions of interest can be submitted to rejoin@ndorms.ox.ac.uk. You will receive an email of acknowledgement and we will log your interest pending the outcome of our funding applications.

We very much hope that you will support this project, which will swiftly collect and feed-back data from several thousand lower limb joint replacements, providing our profession with valuable data on the risks of elective joint replacement during the COVID-19 pandemic.

REJOIN Committee

Michael Whitehouse

Research Committee Member, British Hip Society

Tim Board

Research Committee Chair, British Hip Society

Andrew Metcalfe

Research Committee Chair, British Association of Surgery of the Knee

Jonathan Howell

President, British Hip Society

Andrew Price

Past President, British Association of Surgery of the Knee



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