Non Arthroplasty Hip Surgery Register (NAHSR)

POLICY
PROVISION OF REPORTS

NAHSR General Policy

The BHS is the Data Controller of the NAHSR.

The NAHSR is administered by Executive members of the British Hip Society (BHS). All positions on the Executive of the BHS are elected from the general membership in open competition.

The independence of the reporting of data remains critical to the credibility of the NAHSR. The BHS must protect the confidentiality of the information contained in the NAHSR and maintains high level data security procedures.

All data presented to the Executive will be anonymised at surgeon level. Clinicians will not be able to identify individual surgeons.

Surgeons will be able to view and interrogate the data they have entered. Non-identifying information relating to patient demographics and outcomes will be presented in the form of regular reports in the public domain.
In addition, non-identifying information will be provided on request to surgeons, hospitals and other third parties at the discretion of the Executive of the British Hip Society (see below).

All requests for ad hoc reports must be lodged with the BHS on the NAHSR Data Release Request Form with each section completed in full. Any member of the Executive of the BHS who wishes to carry our research using the data must also apply on the NAHSR Data Release Request Form by the conventional route. All requests for information will be logged on the BHS website.

On behalf of the BHS the NAHSR Director is responsible for approving the release of ad hoc reports.

The NAHSR Director or BHS President is to advise the President and the CEO of the British Orthopaedic Association prior to the release of data that may attract attention in the public arena.
The NAHSR will endeavour to supply ad hoc reports within a six week turnaround provided all necessary information has been made available in the appropriate format.

**NAHSR Policy on Use of Data**

**A. Surgeons/Academic Institutions**

1. The data provided may be used for presentation at the discretion of the requester.
2. The NAHSR must be acknowledged as the source of data in any publication (including electronic versions) in which the NAHSR is quoted.
3. If data provided by the NAHSR is to be used in a publication, the NAHSR must be actively involved in the preparation of the manuscript and must agree details of the submission including appropriate authorship, nomination of contact person and details of the review process to be followed for the manuscript.
4. Where consensus between authors cannot be reached concerning the interpretation of NAHSR data the document shall be circulated to the whole BHS Executive for discussion and resolution.
5. At least one clinician from the NAHSR or Executive of BHS or clinician advising on behalf of BHS plus the relevant statistician and epidemiologist giving advice on behalf of BHS should be included as authors, if applicable.
6. Undergraduates, trainees, fellows and post graduates are encouraged to use NAHSR data; however an orthopedic consultant who is a member of the British Hip Society must be nominated as the Principal Requester on the request form.

**B. Government/Government Agencies**

1. The BHS will consider providing non-identifying information to Government/Government Agencies if appropriate requests are made on the **NAHSR Data Release Request Form**.
2. A critical aspect of the provision of data is its interpretation. It is the view of the BHS that prior to public comment being made on data provided by the NAHSR there must be consultation with clinicians on the BHS to assist in understanding the relevance and significance of the data provided.

**C. Hospitals**

1. The NAHSR will provide anonymised comparative reports to hospitals for internal review purposes only and not for publication.

**D. Other Stakeholders**

1. If data is provided to other organisations or individuals the BHS will
determine the relevant policy approach depending on the nature of the requesting organisation or individual.

6/10/2011