British Hip Society

Non-arthroplasty hip surgery group meeting - 16th March 2011

Venue: Chancellor’s Hotel, Manchester.

Present: Damien Griffin, John Timperley, Keith Tucker

Chair: John Timperley

1. Minimum datasets.

   a. DG, FH and JW have been working on the dataset to include all non-arthroplasty surgery (NASD). It was re-confirmed that all data acquisition would be on-line.

   b. DG will circulate the NASD to the group during the next week for initial feedback.

   c. A conference call will be arranged by JT in the next fortnight to allow discussion of this dataset.

   d. It was agreed that the initial agreed draft NASD would then be circulated to a selection of interested hip specialists for feedback.

   e. It is important that all interested members of the BHS should be given the opportunity to contribute and comment on the final dataset so there will ultimately be wider consultation to the whole membership of the BHS.

   f. DG will aim to discuss the provisional size and layout of the dataset with Mike Swanson or Richard over the next two weeks in order that an idea of cost can be established. There is no need to expound the ultimate scope of the project at this stage since future funding will be sought when appropriate to do so.

2. Aim for data collection

   a. The initial aim, in conjunction with NICE advice is to get full compliance of surgeons entering data for open and closed FAI surgery.

   b. The full NAHD (including fields to record all acetabular work, peripheral compartment work and extra-articular interventions)
would be available for those who wish to use it to gather their own data or to run studies. The future aim will be to promote compliance in data collection for other diagnoses in a step-wise fashion. A further collaboration with NICE will assist with this aim.

3. Meeting with NJR steering committee:
   a. Damien Griffin is due to describe the case for FAI data collection to the Steering committee on 25th April 2011. It is essential that agreement to set up and fund this initiative should be established at this meeting in order that the expert group can report back to NICE prior to the publication of their forthcoming report on FAI surgery.
   
   b. DG will discuss the presentation with KT and MP before this date.

4. Follow-up of FAI patients
   a. PROMS data will be collected in the future but plans and funding to do this need not form part of the initial request for data acquisition. A pop-up linkage to an arthroplasty in the NJR will form part of the later analysis.

16/3/2011