

Simplification of the Non Arthroplasty Hip Register. Please start collecting data now!

It is becoming clear to all orthopaedic surgeons that setting up systems to collect accurate outcome data for their surgery and involvement of the profession in interpreting the data is of paramount importance. In this way patients and surgeons will be protected as the Transparency Agenda gathers pace.

Three years ago members of the British Hip Society unanimously supported the setting up of the Non Arthroplasty Hip Register (NAHR) and it was launched in March 2012. To-date 1394 patients have been recruited and 5052 Forms completed.

The Register can collect information on any patients with hip pathology whether they undergo surgery or not and is open to BHS and non-BHS members. Relevant operations include hip arthroscopy and those for FAI, PAO, femoral osteotomy, SUFE, DDH, bursitis etc. In fact – any operation other than acute fracture and arthroplasty. It is possible that we may link with the NJR in the future so that people can be followed longitudinally throughout their lifetime.

It is quite likely private institutions as well as NHS Trusts will soon require proof that outcome data is being collected. They will not have access to the data itself as this Register is owned and run by the BHS.

If you carry out surgery on the hip please engage now to make sure your data is entered.

Details of changes to NAHR

The NAHR has been simplified and a new Minimum Data Set (MDS) defined. The simplified NAHR will go live on Monday 4th November 2014.

New forms have been designed with a similar feel to the NJR forms to allow hospitals to use their existing NJR data entry infrastructure and free surgeons from data entry. Forms are available for download on the BHS website (www.britishhipsociety.com)

The first two pages consist of the patient consent form (obtaining email address is vital for outcome assessment).

The patient completes the iHOT12 and EQ5D (pages 3&4)

Surgeon/Theatre staff complete the Minimum Data Set (page 5)

Surgeons may also wish to complete the Extended Data Set (page 6)

Data from forms can then be entered into the NAHR. For those not already registered please contact gavin.webb@bluespier.com

Patients will then be emailed and asked to complete an on-line iHOT12 and EQ5D at 6 and 12 months post-operatively.

Surgeons will receive reports at 6 monthly intervals of their volumes and outcomes.

We must emphasise that the online registry has only been rearranged to mirror the new forms and the MDS. The data entry fields from the first iteration of the NAHR (Harris Hip Score, Non Arthritic Hip Score etc.) remain available to allow the Registry to be used for more detailed research projects and audits by individual surgeons. The search and reporting tools of the Registry database will be expanded to aid this. It is also envisaged that some data entry fields are expanded, particularly those on articular cartilage lesions.

We would also like to take this opportunity to thank Max Fehily, Tim Board, Damian Griffin, Tony Andrade, Matt Wilson and Paul Gaston who comprise the NAHR Steering Group in addition to Gavin Webb and David Selvey at Bluespier.

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