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FIPO
federation of independent practitioner organisations

Quality and Standards in UK Orthopaedic Surgery

June 2011

Clinical excellence and regulation of orthopaedic surgery in the private sector

Anyone requiring surgery needs to know that they are getting the very best treatment available. Patients want clear and transparent information about their health care options, before selecting a consultant or hospital. It is the responsibility of the medical profession and others to facilitate access to reliable information that will help individuals choose the care and treatment that is most appropriate for them.

Clinical excellence is a deliberate process, quality assured at every step in each patient's care pathway by providers and clinicians alike. Best practice standards in the UK private health sector are the result of a decade and more of unparalleled focus on clinical governance, audit and the most robust clinical quality accreditation.

As a matter of course, health care providers and surgeons in the NHS and independent sectors collect quality data including operation success rates, infection rates, and service satisfaction and use the information to progress best practice.

Regulators, including the Care Quality Commission and the GMC, use this quality information in accrediting doctors and hospitals. Ongoing formal assessment, appraisal, training and governance are undertaken for consultants through Royal Colleges and specialty associations, private hospital Medical Advisory Committees and NHS Trusts.

Background

The standard of orthopaedics in the UK is extremely high and British orthopaedics is the home of much of the pioneering work in joint replacement. Robust regulation, thorough quality assurance of practice and the guidance of the British Orthopaedic Association (BOA) and other specialty groups in knee and hip surgery (British Association for Surgery of the Knee and the British Hip Society amongst others) underpin the high standards that attract surgeons from all over the world to train. The traditional UK Independent Healthcare Sector is at the forefront of quality and comfort for patients.

The National Joint Registry

The quality of UK orthopaedics as recorded in the National Joint Registry (NJR) (www.njrcentre.org.uk) is more than satisfactory by international comparisons. The NJR has been systematically profiling hip and knee replacement surgery since 2003. It now holds records of a total 905,384 hip and knee procedures of which 64.9% were carried out in the NHS, 26.1% in independent sector hospitals and 8.9% in treatment centres in England and Wales. Surgeons record all their operations and can obtain their own individual practice information based on clinical outcome and audited data.

In 2010, the NJR recorded 72,432 hip replacements and 77,545 knee replacements. There is a tendency for older and thus frailer patients to undergo surgery compared with earlier years.

The National Joint Registry Results for 2010

	Hip	Knee
Revision rate for failure 3 years after surgery	2.1%	2.5%
Untoward intra-operative events	<1.0%	<1.0%

The results are from independent (private) hospitals and are the same as those in the NHS which reflects the fact that the same surgeons are operating. Overall the UK revision rates for hip and knee surgery were generally lower than those recorded in other national registries. The average length of stay was 6.9 days (hips) and 6.6 days (knees) which has been reducing over the years.

Patient Satisfaction

A survey of patients, one year following total knee replacement surgery, identified that 82% were satisfied[1]. Satisfaction was rated using the Oxford knee score where patients rate 12 criteria on a scale of one to five.

Infection control

Infection rate in knee and hip surgery is carefully monitored and is reported routinely to the Care Quality Commission as a statutory requirement. Both NHS and independent sector hospitals are making more information available in the public domain. Deep seated infection after joint replacement is most uncommon. A FIPO survey of infection rates in the independent sector showed a 0.001% (1 in a 1000) chance of having a significant infection affecting the function of the artificial joint that would need a revision after hip or knee replacements.

1 **The role of pain and function in determining patient satisfaction after total knee replacement. The Journal of Bone & Joint Surgery, Vol. 89- B, No. 7: 893-900 July 2007**

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Consultant Fitness to Practice

Patients may sometimes question the experience and background of their consultant. Every consultant is fully licensed and accredited for their practice by the General Medical Council (GMC). Consultants must also be on the appropriate specialist register of the GMC and all belong to a Royal College of Surgeons and a relevant professional association.

Consultants are required to undertake continuing medical education, annual appraisal and peer reviews as part of their fitness to practice assessments. New legislation has recently been enacted regarding Revalidation of all doctors; this now involves a Responsible Officer for every doctor and this process will further strengthen local assessments of consultant practice.

Within NHS and independent hospitals a consultant's scope of practice is carefully defined and for orthopaedics this will include all arthroscopic and other procedures. Quality assurance includes:

- Adherence to local care pathways derived from evidence based best-practice policies
- Individual consultant audits or governance reviews by NHS Trusts and independent hospital Medical Advisory Committees

In addition a number of national organisations provide guidance and reviews on surgical issues and consultant performance and practice. These cover infection, mortality, morbidity, re-operation and readmission and include:

- The National Institute for Health and Clinical Excellence (NICE)
- The Confidential Reporting System (CORESS)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- The National Clinical Assessment Service (NCAS)

Independent Hospital Accreditation

Independent hospitals are stringently regulated by the Care Quality Commission under the Care Standards Act. This Act vests professional standards in a Medical Advisory Committee (MAC) which is responsible for the maintenance of clinical standards and the statutory reporting of a number of hospital quality statistics. Another important role of the MAC is in the monitoring of individual consultant performance and scope of practice.

Best Practice Guidelines and References

Best practice guidelines in orthopaedic surgery are published by the British Orthopaedic Association (BOA) and regularly updated by panels of senior specialist surgeons (see www.boa.ac.uk). Some specific documents from the many listed are

- Knee Replacement - a Guide to Good Practice
- Primary Total Hip Replacement: A Guide to Good Practice
- Best Practice for Primary Isolated Anterior Cruciate Ligament Reconstruction
- BOA Statement on Prophylaxis for Thromboembolism
- Theatre Efficiency

About FIPO

The Federation of Independent Practitioner Organisations (FIPO) represents professional independent medical organisations and specialist groups in Britain. It provides guidance, policies and co-ordination to membership organisations, acting on behalf of the profession to advance the cause of independent health care.

FIPO promotes the highest standards of health care provision, achieved through robust clinical governance and audit, as well as expert, independent advice for best patient care and clinical outcomes.

FIPO has provided support and information to the Chairmen of independent hospital Medical Advisory Committees and has developed formal, professionally structured Guidelines to assist them in their role as well as a Rights and Responsibilities Leaflet for patients.

FIPO has published a **Charter** which reaffirms the principles of best practice and professionalism and which has been endorsed by the Patients Association, the GMC and many Royal Colleges and professional associations. **Amongst these principles is the maintenance of choice for the patient and the rejection of any role for outside financial bodies in the clinical care of the patient, or as any type of quasi-regulator or reviewer of clinical decisions. The FIPO Charter may be seen here;** (http://www.fipo.org.uk/docs/patientcharter.htm)

FIPO Membership

Association of Anaesthetists of Great Britain & Ireland
Association of Coloproctology of Great Britain & Ireland
Association of Independent Radiologists
Association of Ophthalmologists
Association of Surgeons of Great Britain and Ireland
British Association of Plastic, Reconstructive and Aesthetic Surgeons
British Association of Aesthetic Plastic Surgeons
British Association for Surgery of the Knee
British Association of Urological Surgeons
British Elbow and Shoulder Society
British Hip Society
British Orthopaedic Association
British Orthopaedic Trainees Association
British Society of Gastroenterology
ENT-UK
FIPO CGAC (Clinical Governance Advisory Committee)
FIPO - National Medical Advisory Committee
Group of Anaesthetists in Training
Hospital Consultants and Specialists Association
Independent Doctors' Federation
London Consultants' Association
Society of British Neurological Surgeons
Sussex Association of Consultants
Young Consultants Otolaryngologists Head & Neck Surgeons