



NATIONAL JOINT REGISTRY

MINIMUM DATASET VERSION 7 (MDSv7)

IMPLEMENTATION GUIDE

(For existing and new users)

DCB1567 Amd 66/2017

Version 1.0

30 April 2018

Data Coordination Board

This information standard (DCB1567) has been approved for publication by the Department of Health and Social Care under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Specification
- Implementation Guide
- Change Specification.

An Information Standards Notice (DCB1567 Amd 66/2017) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 8 June 2018

Glossary of terms

Term	Acronym	Definition
Healthcare Quality Improvement Partnership	HQIP	Contracted by the NHS England to commission the NJR service.
National Clinical Audit and Patient Outcomes Programme	NCAPOP	A programme of audits commissioned by HQIP under contract to NHS England of which the NJR is part. Audits with NCAPOP are mandatory for providers.
Regional Coordinator	RC	A member of a team provided by the NJR Centre responsible for providing on-site support and training to units.
Regional Clinical Coordinator	RCC	A network of 25 orthopaedic consultants representing regions in England and Wales. They support the RCs in their work and represent the interests of orthopaedic stakeholders within their respective regions.
NJR Centre	-	The NJR Centre act the contact point for all NJR stakeholders, including the NJR Service Desk.
NJR Clinical Lead	-	Each NHS trust has a named orthopaedic lead, usually an orthopaedic consultant. They act the clinical point of contact for the NJR Centre.
Minimum Data Set	MDS	The data set used by the NJR, usually followed by a version number, eg. MDSv6
National Joint Registry	NJR	The National Joint Registry of England and Wales was established in 2002 and its purpose is to define, improve and maintain the quality of care of individuals receiving Joint Replacement Surgery across the NHS and the independent healthcare sector.

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Amendment History

Version	Date	Reason for Amendment
1.0	30/04/18	Release Version

1 About the National Joint Registry

The National Joint Registry (NJR) for England, Wales, Northern Ireland and the Isle of Man collects information on joint replacement surgery and monitors the performance of joint replacement implants. It was set up in 2002 by the Department of Health and Welsh Government, Northern Ireland joined in 2013 and the Isle of Man in July 2015. Its mission statement is:

'The purpose of the National Joint Registry for England, Wales, Northern Ireland and the Isle of Man is to collect high quality and relevant data about joint replacement surgery in order to provide an early warning of issues relating to patient safety. In a continuous drive to improve the quality of outcomes and ensure the quality and cost effectiveness of joint replacement surgery, the NJR will monitor and report on outcomes, and support and enable related research.'

Further information about the goals and governance of the NJR can be found on its website at www.njrcentre.org.uk.

On 1 April 2008, the management of the NJR was transferred from the Department of Health to the Healthcare Quality Improvement Partnership (HQIP), a consortium comprising the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices, as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). For further information about HQIP and NCAPOP, please visit the website at www.hqip.org.uk

2 Introduction

The guidance issued below is intended to support all staff responsible for entering data about hip, knee, shoulder, elbow, and ankle joint replacement procedures into the NJR's web-based data entry system. This may include surgeons, NJR Hospital Data Managers (HDM), data entry staff and any third party suppliers that support the NJR's Bulk Upload service. The guidance relates specifically to the change in the NJR's Minimum Data Set (MDS) version 6 to MDS version 7 (MDSv7) although it should also be used as a guide by new providers who have not previously used the standard. This Implementation Guide should be read in conjunction with the Change and Specification papers associated with this change to the NJR information standard. They are available from the NJR website at www.njrcentre.org.uk. The changes affect all joints and all data entry forms:

All current providers of orthopaedic joint replacement relevant to the NJR are already submitting data. However, this guidance is designed to support both new and existing users: providing direction to further information for new users and providing guidance to existing users of the changes necessary to implement the new NJR information standard, MDSv7. Information and supporting documentation about MDSv7 is available from the NJR website (www.njrcentre.org.uk).

2.1 Implementation Approach

The implementation of MDSv7 has been overseen by the NJR MDS Review Group which reports directly to the NJR's Steering Committee. A number of stakeholders have been directly involved in determining the new data requirements, including clinicians and researchers. Professional society involvement has included:

- The British Orthopaedic Association (BOA)
- The British Hip Society (BHS)
- The British Association for Surgery of the Knee (BASK)
- The British Elbow and Shoulder Society (BESS)
- The British Orthopaedic Foot and Ankle Society (BOFAS)

Industry was also consulted via the Association of British Healthcare Industries (ABHI), although requests were received directly from individual device manufacturers.

Working directly with the MDS Review Group, the implementation of MDSv7 is being managed by HQIP and the NJR Centre. HQIP and the NJR Centre are responsible for communicating all information about the changes and their implementation to all appropriate stakeholders, including trusts and individual hospitals. For further advice and assistance, please see the contact details at the end of this document. In order to ensure that the necessary support can be provided, new users of the standard should contact the NJR Centre prior to any local implementation.

HQIP and the NJR Centre will continue to publish information about the details and implementation of MDSv7 (including data entry forms and system user guides) via the [NJR website](#) and directly to named Trust NJR HDMs and Trust NJR Clinical Leads.

2.2 Summary of Changes

For details about the changes and the background to them, please see the associated Change Specification available on the [DCB website](#).

2.3 Status of documents

The documents associated with this change to the NJR Information Standard (this Implementation Guide, the Specification and the Change Specification) were submitted to the Data Standards Assurance Service (DSAS) for review under DCB1567, Amd 66/2017. Following acceptance by the Data Coordination Board (DCB) and confirmation of authority to publish by the Department of Health and Social Care, the official Information Standards Notice (ISN) and related documents were published on 8 June 2018.

These documents serve two purposes: to support those trusts which supply data to the NJR in order to identify the changes to the standard and, secondly to provide the necessary guidance to any new users of the standard. The standard is formally issued via DCB as an approved standard. All additional documentation (data entry forms, updated user guide, technical guides) is available from the [NJR website](#).

2.4 Changes to systems

The NJR data entry system is a web-based data entry application and no changes are required to trust systems. There are, additionally, no changes that will affect current network security elements, e.g. firewall settings. As data is provided by the surgeon in theatre, the new standard will not require changes to the processes currently in place in hospitals to collect and enter the data.

For those few trusts that use the NJR's Bulk Upload service, changes will be required to ensure the continued electronic exchange of data between the NJR and the third party supplier systems which are used to process the data required by the NJR. The four suppliers affected were contacted in November 2017 and alerted to the proposed changes to the Standard: the technical design documentation was sent to them in February 2018. These documents are available from the [NJR website](#).

2.5 Clinical safety and information governance

The NHS Digital Clinical Safety Team reviewed the amendment application and concluded that, as the NJR data does not directly affect patient care, the 'submission is deemed to be out of scope of SCCI0129, hence there is no clinical safety requirement for the planned changes to this standard'. A Clinical Safety Case Report is not, therefore, required to support the amended standard.

The data collection requirements have been agreed by a clinical expert group consisting of consultant orthopaedic surgeons and epidemiologists, supported by orthopaedic professional societies.

The information governance requirements for the NJR have not changed with the implementation of MDSv7 and the current Privacy Impact Assessment available on the NJR website is still extant. A new Privacy Impact Assessment will be published on the NJR

website in line with the requirements for the commencement of the General Data Protection Regulation on 25 May 2018.

3 Implementation Process - New users of the standard

Before using the NJR standard, providers must designate an NJR Hospital Data Manager (HDM). The HDM is required to act as the focal point for the NJR within the organisation and will act as the link between surgeons, trust management, data entry staff, and the NJR Centre. All NJR communication with the hospital, either from the NJR Centre or the local NJR Regional Coordinator (RC), will be through the NJR HDM.

New users of the NJR Standard can access information about the requirements for submitting data from the '[Healthcare Providers](#)' section of the NJR website. This provides information about

- Collecting patient consent.
- Data collection forms.
- The NJR data set.
- How to register users and surgeons.
- Training and user guides.
- Data requests.
- NJR reporting services.
- Best Practice Tariff.

However, before attempting to use the standard, new providers must contact either the NJR Service Desk or the NJR RC responsible for the local area. Contact details for the NJR Centre are provided at the end of this document and details of the NJR RCs, including contact details, can be found on the '[Regional Coordinators](#)' section of the NJR website.

An RC visit will be arranged and will provide:

- Advice on the best process by which to implement the standard, based on the needs of both the NJR and the organisation.
- Assistance with the initial set up of the data entry system, including the registration of the HDM, data entry users, and surgeons.
- Initial training to the HDM and data entry staff.
- Provision of hard copy information folders for HDMs.
- Details of where further information and support can be found.

The RC will arrange for a follow up visit to monitor conformance with the standard and to assist with resolving any issues. However, requests for RC support can be made at any time.

4 Implementation Process - Existing users of the standard

For existing users of the standard, implementation of the new standard is a straightforward process. It is recommended that the following steps are followed:

4.1 Read the ISN, Specification, and Change Request

The ISN is the official notification of the NJR Information Standard (MDSv7), is published by the Data Coordination Board (DCB), and provides an outline of the approved standard. The Specification is published alongside the ISN and provides information about requirements, conformance criteria, data flows, and information governance. The Change Request provides both a summary and a detailed list of changes to the NJR Standard.

These documents are available from the NHS Digital website and should be read by those individuals in trusts responsible for the management and entry of NJR data.

4.2 Download the MDSv7 Data Entry Forms and the updated User Guide

Although the process by which data is entered into the NJR may vary from hospital to hospital, e.g. some surgeons may complete a paper form with the data being submitted by a data entry clerk at a later date or the record is submitted directly in theatre by a member of surgical team, the MDSv7 data entry forms and updated User Guide should be downloaded from the NJR website. Although changes to the User Guide will be limited, being familiar with the data entry forms for each of the ten joint procedures, prior to the MDSv7 go-live date, is essential to understand the new data requirements. The new data entry forms were made available in March 2018 and the amended User Guide was available from May 2018.

User guides will also be sent directly to each NJR HDM and each NJR Trust Clinical lead prior to the implementation date of MDSv7. The data entry forms have already been sent, by email, to the orthopaedic professional societies, NJR Clinical Leads and NJR HDMs in each trust, and all surgeons registered to use the online NJR 'Clinician Feedback'¹ reporting service

4.3 Inform stakeholders

It is essential that all staff associated with collecting and submitting the data are informed as early as possible about the changes to the data collection or the need to implement the standard for the first time. This will ensure that records are submitted using the new standard, MDSv7, from the implementation date. Although the NJR has already contacted each Trust NJR Clinical Lead, each Trust HDM, all surgeons via the NJR Clinician Feedback service, and all professional societies directly, it is essential that internal communication takes place for the following:

- All surgeons (consultants, associate grade, and trainee) undertaking joint replacement procedures.
- All clinical pre-assessment staff.
- All NJR HDMs.
- All data entry staff.

¹ NJR Clinician Feedback is an online reporting service used by all Consultants who have procedures registered with the NJR. Among the services provided is an annual Consultant Level Report which is required for appraisal and validation purposes. Surgeons are required to provide an email address when being registered for the service.

- All theatre staff with data entry responsibilities.

It is essential that all surgeons are aware of the changes to the data collected so that the new data items can be provided by them, either at the time of surgery or immediately afterwards. It is also recommended that NJR HDMs communicate with all orthopaedic clinical directors and surgeons, and raise awareness through routine meetings such as monthly, departmental clinical audits.

4.4 Planning the change from MDSv6 to MDSv7

All procedures undertaken after the go-live date for MDSv7 will have to be submitted as MDSv7 records. However, for six months following go-live it will be possible to submit MDSv6 records for procedures carried out before the deployment of MDSv7. It is recommended that trusts start to use the MDSv7 data collection forms for at least one month prior to the deployment of MDSv7 but it will not be possible, however, to submit the procedure records until the actual go-live date.

All system users will be warned well in advance of the planned date of 31 December 2018 from which it will no longer be able to create new procedure records using MDSv6.

4.5 Readiness - data submission via the NJR data entry system

Hospitals providing data to the NJR already have well established processes for the submission of data, from collecting patient consent at pre-assessment, through capturing details of the procedure at the time of surgery, to the submission of data via the data entry system. The new NJR standard will not affect those processes nor will it require data from additional sources.

Changes to the data entry system have been deliberately limited to account for changes between MDSv6 and MDSv7 only. This is to ensure that there are minimal training requirements placed upon hospital data entry staff already using the standard. Existing users will need to familiarise themselves with the changes.

4.6 Readiness - data submission via the NJR Bulk Upload system

The new standard will require changes to other systems for those hospitals submitting data to the NJR from those systems using the Bulk Upload facility. The changes to Bulk Upload reflect the differences between MDSv6 and MDSv7 only: the transfer mechanism has not changed. Bulk Upload will remain available only for the submission of hip and knee procedures. In 2017/18 there were seven hospitals using Bulk Upload.

Trusts are required to ensure that their software suppliers make the changes necessary to transfer the data from existing orthopaedic/patient administration systems to the NJR. This may require those systems having to collect new data items in addition to making the necessary changes to the extraction and transfer mechanism.

The NJR has been in direct contact with the four suppliers of the systems registered to use the Bulk Upload since November 2017 and provided the final version of MDSv7 data specification to them in February 2018. Although suppliers have confirmed that they are in

contact with their customers, hospitals should ensure that all necessary changes will be implemented by the go-live date. All technical information relating to Bulk Upload is available to download from the NJR website.

4.7 Check for Updates

Information about the implementation and changes to the standard are available via the NJR website (www.njrcentre.org.uk) and should be checked regularly for updates. This includes:

- The Change Specification.
- The Specification.
- This implementation Guide.
- Planned dates.
- New MDS Forms for all joints.
- Updated user guide.
- Updated Bulk Upload documentation.
- Frequently Asked Questions (FAQ).
- Details of how to obtain further support.

In addition to information published on the website, all information about changes and updates will be sent by email to NJR HDMs, NJR Clinical Leads, and surgeons.

Information will also be published in the NJR's monthly eBulletin which is available from the [NJR website](#) and to which users can subscribe.

Any additional staff wishing to be added to the NJR's distribution list should contact the NJR Service Desk.

4.8 Data Quality Audits

Each year, all hospitals complete a data quality audit based on the previous financial year's submissions to the NJR. This audit highlights any procedures that have not been submitted to the NJR or errors in submitted procedures that require amendment.

For six months from go-live, any procedures missing from financial year 2017/18 can be submitted as new MDSv6 records. Thereafter, any missing records will have to be submitted as MDSv7 records. However, it will still be possible to edit previously submitted MDSv6 records and re-submit them as MDSv6 records. It has yet to be agreed for how long it will be able to edit and re-submit MDSv6 records but it is likely to be between eighteen months and two years.

5 Testing

The testing of the new standard will be comprehensive and take place over a two month period, once development is complete. However, if users find any issues or have difficulty using the amended data entry system, they should contact either the NJR Service Desk or

the local Regional Coordinator immediately. If it is not a local issue, it is likely to be affecting all users.

The NJR will support suppliers in the testing of the Bulk Upload interface but the timeframe for this is dependent upon the implementation timescales planned by those suppliers. Whilst the NJR will contact suppliers to determine readiness prior to the implementation of MDSv7, it is recommended that those hospitals using Bulk Upload contact their suppliers as well.

6 Implementation Review

In line with industry programme and project management standards, the NJR, and HQIP, will undertake a comprehensive review of the implementation of the new standard. This will include all aspects of the development and roll out of MDSv7, including a 'Lessons Learned' exercise. Some hospitals will be asked to contribute to the latter in order to assess how, from a user perspective, the implementation was managed and any difficulties encountered.

The lessons learned will be published on the NJR website and used to feed into the planning and implementation of any future changes to the NJR standard. The lessons learned will be published by 31 December 2018.

7 Further information and support

- The NJR website (www.njrcentre.org.uk).
- The NJR Service Desk (0845 345 9991 or enquiries@njrcentre.org.uk).
- Your local NJR Regional Coordinator (NJR RC), contact details on the NJR website.
- Your Trust NJR Clinical Lead, contact via your local NJR RC².
- Your local Regional Clinical Coordinator (NJR RCC), contact via the NJR Centre Service Desk or your RC.

² Each NHS Trust and NHS Foundation trust has a nominated NJR Clinical Lead, normally a consultant orthopaedic surgeon. The NJR maintains a central register of all Clinical Leads, NJR Hospital Data Managers, and all surgeons registered to use its online services. The NJR Centre or local NJR RC can provide contact details for the relevant individual if required.