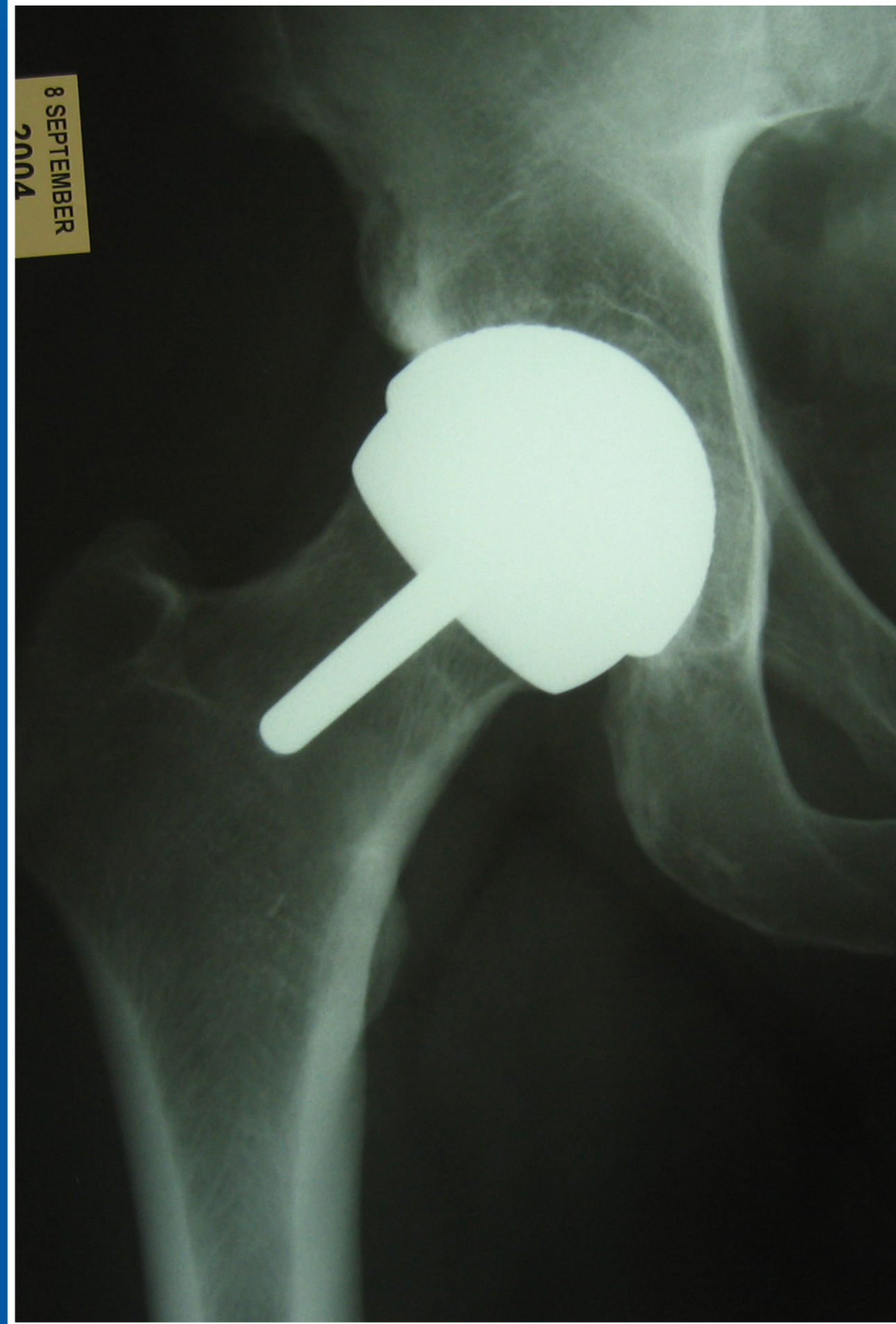


# Setting up a 'virtual' arthroplasty surveillance plan in the modern NHS: Problems, Pitfalls and Persistence

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**Screening Form**

Date of operation: 24/08/2008 Side: Right  
 Date X-Ray Reviewed: 02/08/2009

%Oxford Hip: 70 UCLA: 4 GenHealth: 85 EuroQoL: 0.106

1. Have you had any operations on your Right hip since your Right hip replacement operation on 24/08/2008?  
 [Yes] If 'No' go to Question 2 below  
 If 'Yes' which operation(s) have you had on the Right hip?  
 a. Treatment of dislocation (hip came out of joint)

At which hospital(s) did you have this operation(s)?

Name of hospital(s)/Town	When (Year)?	Right hip (Type of Operation)
George Elliot	2002	Treatment of dislocation

2. Do you have any other problems - apart from your Right hip - which make everyday activities (eg. walking, washing, dressing) difficult?  
 [No] If 'Yes', Please specify...

3. Overall, how pleased have you been with your Right hip - which make everyday activities  
 [3. Fairly pleased]

4. Following your Right hip replacement operation, for how many years were you pain free?  
 [Side hip still pain free] OR Number of years [ ] pain free

31 / 44 Oxford Hip 70%

**About your RightHip**  
 During the last 4 weeks...

1. How would you describe the pain you usually had from your hip? [1. Moderate]

2. Have you had any trouble washing and drying yourself (all over) because of your hip? [3. Very little trouble]

3. Have you had any trouble getting in and out of a car or using public transport because of your hip? [3. Very little trouble]

4. Have you been able to put on a pair of socks, stockings or tights? [3. With little difficulty]

5. Could you do the household shopping on your own? [4. Yes, easily]

6. For how long have you been able to walk before the pain from your hip becomes severe? (with or without a stick) [2. 5 to 15 mins]

7. Have you been able to climb a flight of stairs? [3. With little difficulty]

8. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip? [4. Not at all painful]

9. Have you been limping when walking, because of your hip? [3. Sometimes, or just at first]

10. Have you had any sudden severe pain - 'shooting', stabbing or 'spasms' - from the affected hip? [3. Only 1 or 2 days]

11. How much has pain from your hip interfered with your usual work (including housework)? [Not answered]

12. Have you been troubled by pain from your hip in bed at night? [2. Some nights]

Date of completion: 01/03/2009

4 / 10 UCLA Activity-Level Rating

4. Regularly participate in mild activities

0.106 EuroQoL (-1, 0, 1)

Please select which statements best describe your own health state today.

Mobility: [2. I have some problems in walking about]

Self-Care: [3. I have no problems with self-care]

Usual Activities: [2. I have some problems with performing my usual activities]

Pain/Discomfort: [3. I have no pain or discomfort]

Anxiety/Depression: [3. I am not anxious or depressed]

85 General Health (100)

Submit Cancel

Figure 1 Online PROMS questionnaire (above).

## PURPOSE OF THE STUDY

We report the problems associated with setting up an electronic arthroplasty surveillance plan and suggest some solutions which are appropriate to the modern NHS setting.

## METHODS AND RESULTS

In 2006, the lower limb arthroplasty surgeons at UHCW NHS Trust decided to set up a 'virtual' arthroplasty surveillance plan to provide long-term radiographic and patient reported clinical outcomes for all patients undergoing hip and knee arthroplasty. In the face of increasing pressure

upon outpatient waiting time and funding issues, this system was designed to replace the routine clinical review of patients in the outpatient department.

While simple in principle, the virtual arthroplasty surveillance plan required input from surgeons and allied health professionals, hospital management, PCT clinicians, PCT finance, hospital finance, IT services and of course patients. However, in 2009 we were able to provide an electronic record of functional outcome scores and associated radiographs for over 1000 patients who had primary hip and knee arthroplasty surgery in our unit. Response rates for the first 6 months of 2009 for hip arthroplasty were 85.2% for functional outcomes and 84.2% for radiographic review. The subsequent clinical input is managed through 'virtual' clinics which provide a means to track patient outcomes and also an automated mechanism for financing the system. There are several areas which can still be improved, but early qualitative feedback suggests that this system provides high levels of satisfaction for both patients and surgeons.



## CONTACT

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