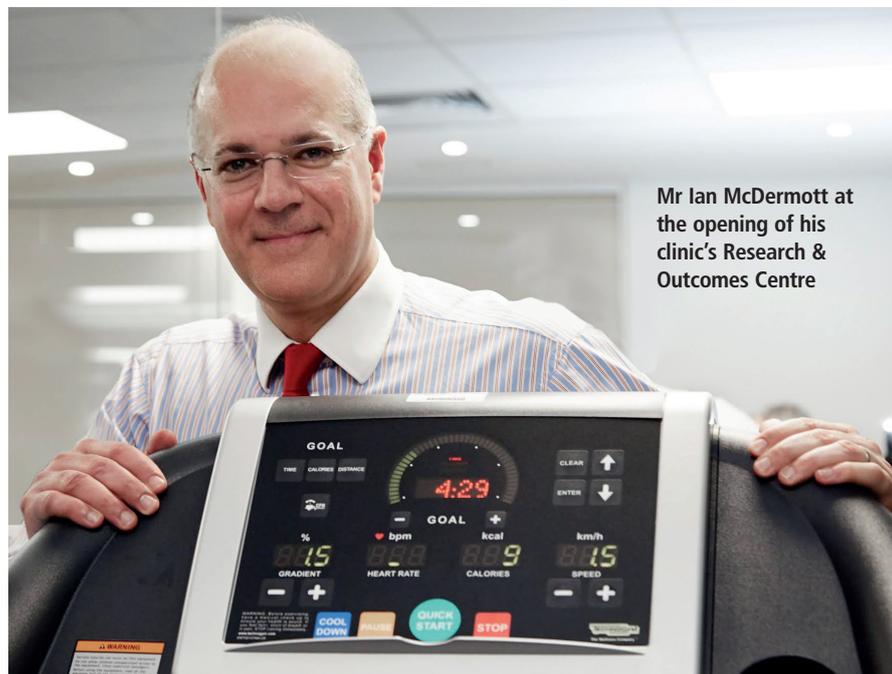


## ORTHOPAEDIC RESEARCH

# Proof of pudding is in collecting data

The London Sports Orthopaedics practice and HCA have launched a new Research & Outcomes Centre and the Sports Orthopaedics Research Foundation. **Mr Ian McDermott** sets out the aims



Mr Ian McDermott at the opening of his clinic's Research & Outcomes Centre

“Nowadays, it's not enough to say that you're good at what you do; quite rightly, you're now expected to provide evidence to back up what you say and to demonstrate quality of care

PERHAPS MOST people associate research with universities and with labs. But research underpins most of the clinical care that we deliver on a daily basis – and this applies as much, if not more, to the independent sector as it does to the NHS.

I left the NHS ten years ago and founded the London Sports Orthopaedics practice. We are a growing practice of currently 15 consultant orthopaedic surgeons, sports physicians, rheumatologists and pain specialists based in the heart of the The City of London.

We're lucky enough to have benefited from considerable investment in our clinic by HCA, so that our outpatient diagnostic centre at 31 Old Broad Street is one of the best equipped in the country.

There are plush consulting

rooms backed up by state-of-the-art imaging facilities, with on-site X-ray, three ultrasound machines and two MRI scanners. One of the latter is the best quality 3T scanner I've ever seen.

#### Academic links

Our consultants operate out of London Bridge Hospital, the best private hospital in UK. But that's not enough. All the consultants in our practice have academic links, with most coming from some of the top London teaching hospitals, with two of us holding honorary professor associate academic positions, and with a long list of publications to our names.

What underpins our combined approach and ethos is a deep desire to provide every one of our patients with the very best care

possible, every time. This means having a full knowledge of the latest research into not just what's new but what's best in each of our individual subspecialist fields.

This isn't something that just 'happens' – it requires constant hard work and effort to keep fully abreast of all the latest opinions, techniques and technologies, with an analytical mind to critically appraise what's best in the real-world clinical setting.

I remember well working in the NHS where any time you approached an NHS manager about anything new, the only question was 'is it cheaper?'

Now, however, I'm lucky enough to work in a supportive environment where there's a genuine drive for excellence and

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where, instead, the answer to the question is: 'is it better?'

Nowadays, it's not enough to say that you're good at what you do; quite rightly, you're now expected to provide evidence to back up what you say and to demonstrate quality of care.

The one good thing that has come out of the Competition and Markets Authority's ineffective review of the independent sector is the creation of PHIN, the Private Healthcare Information Network.

While PHIN's reception from many consultants has been perhaps lukewarm at best, what PHIN has done is to crystallise many people's long-lasting 'good intentions' about publishing their outcomes, so that outcomes are now becoming mandatory.

**Limited data**

The problem with this is the fact that data gathered by relatively disinterested third-parties with no particular vested interest in accuracy is rarely particularly reliable, and the extent of the useful dataset that can realistically be easily gathered is, inevitably, rather limited.

So the consultants from London Sports Orthopaedics have now assisted in the creation of a new independent body called The Sports Orthopaedics Research Foundation (SORF).

SORF has been set up as a charity and is in the final stages of the process for formally registering with the Charities Commission as an independent charity ([www.sorf.org.uk](http://www.sorf.org.uk)).

It has two trustees from London Sports Orthopaedics and three independent trustees, and its remit is the promotion of clinical audit, research, medical/surgical training and education in the field of orthopaedics and musculoskeletal medicine.

The aim is to generate funds to support projects, with a dedicated grants committee that reports to the trustees.

In tandem with this, HCA has funded a major refurbishment of the clinic at 31 Old Broad Street, with the jewel in our crown now being a dedicated Research & Outcomes Centre at the front of the clinic, with a research office staffed by a clinical nurse special-

**Sport clinic gets fitter**

By Robert Steele

London Sports Orthopaedics has installed a UK first of its kind... The new research centre will be undertaking a range of projects, which will encompass clinical audit and prospective clinical research. The new research centre will encompass a range of projects, which will encompass clinical audit and prospective clinical research. The new research centre will encompass a range of projects, which will encompass clinical audit and prospective clinical research.

**Our February issue reported on the opening of the research centre**

ist and two research physiotherapists.

The centre is kitted out with some high-end equipment, with a new top-of-the-range Biodex Isokinometer for measuring strength, speed and power, and the KneeKG video gait analysis kit from Emovi – this being the first time that this high-tech kit has ever been used in the UK.

**Customised system**

Whatever other kit might be required for any of the various subspecialties will simply be brought in as and when needed. Data collection is facilitated with the Meridian software from Optimum Contact, who already provide data collection for many NHS trusts.

London Sports Orthopaedics is, however, working closely with Optimum Contact to develop a customised system dedicated to the collection of a dataset that far outstrips the basic requirements of PHIN, and that matches and surpasses the datasets of all the relevant national specialty registers, such as Beyond Compliance,



**A patient at the research centre is put through their paces on the KneeKG video gait analysis machine by Alex Fuentes of manufacturers Emovi**

The National Ligament Registry and the National Osteotomy Registry, among others.

Soon, we'll be in a position where our data collection will far outstrip that of any other similar medical practice. However, for us, that will be nothing more than just the basics and our plans far exceed simple patient-recorded outcome measures (PROMs).

**Clinic audits**

We are already undertaking a number of retrospective clinical audits, including:

- The effect of Vivostat PRF biological glue in total knee replacement outcomes: a retrospective review of 120 cases;
- A retrospective audit of the outcomes of meniscal allograft transplantation in the knee: what is 'success'?
- Internal bracing for tendo-Achilles reconstruction: a review of 50 patients with two-year follow-up.
- But the real nirvana for us is to establish prospective clinical trials and, so far, we've already got two running:
- The effect of patellar taping on patellar tracking and perception of pain in patients with patellar maltracking of the knee using flexion MRI scanning;
- Cartiva interposition for symptomatic hallux rigidus: a prospective study of 30 patients.

And we already have several further potential studies in the pipeline.

We are lucky to be surrounded by a number of superb private physiotherapy practices and our physiotherapy partners have already started submitting various project plans to us, which we will be working on moving forwards.

In parallel to this, we have also already established a full diary of subspecialty multidisciplinary team meetings and continuing

professional development sessions for allied healthcare practitioners. These are all based at or near to our practice and all aimed at disseminating the latest subspecialty information and disseminating best practice.

**Core activities**

Research, clinical audit, training and education are more than just nice optional added extras. These core activities underpin any decent clinician who cares about the quality of the services they provide. In the future, all practices will eventually have to follow a similar path and prove that the care their patients receive truly is up to scratch, let alone excellent.

Our practice is already a Hospital Innovations 'Centre of Excellence' for meniscal transplantation surgery. We are also a Vivostat 'Centre of Excellence' for the use of biological glues in knees.

On top of this, we are a Conformis 'Surgical Visitation Centre' for training other surgeons in the techniques required for custom-made knee replacement surgery.

But, for us, our Research and Outcomes Centre and Research Foundation are now the jewel in our crown. This is because patient education and patient empowerment, with access to data about quality of clinical outcomes and proof of excellence will be key in the future as the expectations and demands of the consumer in the modern healthcare market evolve.

We are deeply grateful to HCA for its belief in us and its enormous support. ■

*Mr Ian McDermott is a consultant orthopaedic surgeon specialising purely in knees. He was the youngest ever surgeon to be elected as a council member and trustee of the Royal College of Surgeons and he has also been appointed as an honorary professor associate in the School of Sport and Education at Brunel University.*

*He is one of the UK's leading experts in the fields of meniscal transplantation, complex knee reconstruction and custom-made knee replacements, and is the president of the UK Biological Knee Society. Email: [mcdermott.admin@sportsortho.co.uk](mailto:mcdermott.admin@sportsortho.co.uk) Website: [www.sportsortho.co.uk](http://www.sportsortho.co.uk) and [www.kneesurgeon.london](http://www.kneesurgeon.london)*