National Hiatal Surgical Registry

5th Annual Report 2025





Message from the NHSR Chair and Society Presidents:

We delightfully present the third Annual Report of the National Hiatal Surgery Registry (NHSR). NHSR is the first surgical registry in the UK for benign hiatal surgical disease, with outcomes decided by the experience of end-users, and our patients.

Since its inauguration at the Annual AUGIS Conference in Belfast 2021, NHSR has been engaged widely by the UK hiatal surgeons in England, Wales, Scotland and Northern Ireland. Other Upper GI specialities (bariatrics and cancer resection) have benefited from detailed analysis of the quality and effectiveness of these procedures for some time by using Registry data input.

We do not currently know how effective outcomes from hiatal surgery in the UK are nationally.

On behalf of AUGIS and the entire NHSR Committee, we would like to thank all our peer Upper Gastrointestinal Surgeons for taking the time to input their valuable data into this long overdue Registry.

We aim to publish <u>NHSR</u> reports annually. We also aim to present this report annually at the AUGIS National Conference. The reports will be based on the outcomes of Trusts and Private Healthcare Organisations rather than individual surgeons.

We look forward to your ongoing contribution to this novel project and a more considerable success in the years to come.

Best Wishes

Sayan Bhattacharya

Mr Sayan Bhattacharya NHSR Committee Chair























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Overview and Executive Summary

The purpose of the National Hiatal Surgical Registry (NHSR) aims to provide foregut surgeons with an effective tool to reflect on their practice in treating hiatal surgical disease and, at a national level, benchmark outcomes for hiatal surgical procedures across the UK.

The NHSR database will allow surgeons to voluntarily enter meaningful and valuable information about the hiatal surgery they perform to audit their outcomes, reference themselves against peer outcomes and assist with an appraisal.

The Registry is free to use for all GMC registered surgeons concerning hiatal surgery conducted in the UK within the NHS and Independent Healthcare Sector that are members of AUGIS/BBUGSS/ALSGBI/ASGBI/RCS Ed/Eng.

Hiatal surgery encompasses surgical procedures for treating benign upper gastrointestinal conditions related to the hiatus of the diaphragm. These pathological conditions include gastro-oesophageal reflux disease, symptomatic hiatus hernias, hybrid reflux/hiatus hernia disease and Achalasia. The surgical procedures described under hiatal surgery include- Primary Anti-Reflux Surgery (both Fundoplication and Magnetic Sphincter Augmentation LINX™), Primary Hiatus Hernia Repair, Hybrid Anti-Reflux /Hiatus Hernia Surgery and Cardiomyotomy. Also included is Revisional surgery of these procedure types.

The Registry does not at present include endoluminal procedures.

NHSR uses a classification system of hiatal disease defined by the British Benign Upper GI Surgical Society Home | British Benign Upper Gastro Intestinal Society (bbugss.com) for Registry reporting.

The Registry records patient selection, pre-operative investigations, intra-operative techniques, volumes of practice and most importantly, Quality of Life (QoL) outcomes before and after procedures.

The Registry uses Patient Reported Outcome Measures (PROMs) to record the profile of pre and post-procedure QoL scores and reflect procedure effectiveness.

The Registry will automatically contact patients that have been entered (with their consent-see GDPR policy Downloads-National Hiatal Surgery Registry (nhsr.org)) concerning their symptoms using the QoL evaluation relevant for their condition at -6 months /-1 year /-2 years /-3 years/-4 years /-5 years after their surgery. The data will automatically be entered into users' accounts.

For Primary Anti-Reflux procedures and Hybrid Anti-Reflux/Hiatus Hernia procedures, the Registry will use GORD-QoL (<u>Downloads – National Hiatal Surgery Registry (nhsr.org</u>)) scores and the need for continued anti-acid medication use as outcome measures.

Eckhardt scores (<u>Downloads - National Hiatal Surgery Registry (nhsr.org)</u>) are used for Cardiomyotomy surgery.

For Hiatus Hernia Repair, a pre-operative and post-operative Hiatus Hernia-QoL score will be used (<u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>).

Surgeons can download a personal report populated by information they have entered and data the NHSR follow-up system has provided for their appraisal.

A national annual report will also be delivered each year at the AUGIS Annual Scientific Meeting and will be made publicly available.

This report will <u>not be</u> at the Surgeon level but at the Unit level. Volumes of activity, complication rates, and follow-up QoL outcomes will be reported.

Individual surgeon users will only be able to see their outcomes, and these will be statistically referenced against the average of other surgeons anonymised outcomes for the same conditions.

As an NHSR user, you cannot see other surgeons' outcomes.

The information collected about surgeons and patients is €confidential and will never be shared with any other organisation without your/their permission (see GDPR policy).

The Registry will not monitor/report/act on any individual or Unit data outcomes; individual outcomes are for confidential interpretation and reflection, and Unit outcomes can be seen publicly.

The Registry is governed by the AUGIS Executive/BBUGSS Council and a surgeons committee (NHSR Committee).

NHSR is operated on behalf of AUGIS by an IT Healthcare Company bound by GDPR confidentiality law. NHSR is the Information Commissioner Office (ICO), Care Quality Commission (CQC), and NHS Digital, registered and regulated, and is data safety compliant.

Outcome data will be published annually. The Registry is not recognised as a research tool and cannot be used as a research tool itself, but data downloaded by surgeons can be used with required consents outside the Registry.

The Registry aims to more specifically classify hiatal surgery to report a more meaningful comparison of outcomes.

NHSR Patient Status Definition

Active Patients- A patient entered into the NHSR, but not all data fields for that patient completed. These patients are thus not included in statistical analysis and not yet eligible for Patient Report Outcome Measures (PROMs).

Complete Patients- Patients have all data fields completed and thus are eligible for progression into PROMs and their data is included in statistical analysis.

PROMs Patients- Patients who have completed their data entry and are passing through their post-operative period of PROMs follow-up for 5 years and are included for statistical analysis.

Executive Summary

Currently from the centres that have engaged, the NHSR reports excellent improvement in patient-reported QoL outcomes for all aspects of benign hiatal surgery validating the quality of this surgery.

The grouped UK outcomes show statistically significant improvements in QoL score from pre-procedure baseline, to post procedure measurements in all subsets of Hiatal Surgery for primary procedures. These improvements seem to be maintained post-operatively. As the Registry matures it will be apparent if this trend continues.

Individually, all centres submitting data show statistically significant improvement with patient reported improvement of QoL scores in all areas of hiatal surgery, there are no outliers in practice.

Data volume has significantly increased since the last NHSR Report and is set to make a benchmark over time building a picture of Hiatal Surgery outcomes in the UK

Patient characteristics in relation to anti-reflux surgery and hiatus hernia repair appear different, supporting the decision to classify them separately and report them as different categories of surgery.

Although this registry reports quality, as it remains voluntary it can only validate the quality of those centres entering data and thus does not provide a complete picture of the entire national hiatal surgery practice.

Currently, no other national database provides quality of life outcome data for hiatal surgery and thus NHSR continues to complement the National Consultant Information Programme (NCIP) data (NCIP-FAQ-leaflet-Feb-2021.pdf) which provides more comprehensive volume and safety data.

1. Introduction to National Hiatal Surgery Registry (NHSR)

Hiatal surgery encompasses surgical procedures for treating benign upper gastrointestinal conditions related to the hiatus of the diaphragm. These pathological conditions include Gastro-Oesophageal Reflux Disease, symptomatic Hiatus Hernias and Achalasia. The surgical procedures described under hiatal surgery include- Anti-Reflux Surgery (both Fundoplication and Magnetic Sphincter Augmentation LINX™), Hybrid Anti-Reflux/Hiatus Hernia Surgery, Primary Hiatus Hernia Repair and Cardiomyotomy; the Registry does not at present include endoluminal procedures.

The current focus in surgery is to ensure standards of safety and quality. Outcomes for the vast majority of hiatal surgery outside the context of emergency intervention (acute hiatus hernia volvulus) are primarily based on long term Quality of Life Improvement (QoLs), of which we have little or no data on a national level. Multiple publications from different centres on long-term outcomes after anti-reflux surgery show us what good outcomes look like in high-volume units with interest in the condition. What is unknown is whether or not all UK providers of hiatal surgery have similar outcomes and patients are receiving equity of care. Experience from other disciplines in Upper GI Surgery suggest the link between outcome quality and volume, it is a reasonable assumption that hiatal surgery is similar.

Hospital Episode Statistics (HES) data can provide a broad measurement of hiatal surgery's safety and quality by providing information on the volume of activity, conversion rates, length of stay and readmission rates. These are essentially short-term outcome performance indicators, but do not provide important information about the longer-term QoL outcome benefits for patients having hiatal procedures. HES has no ability to record this data both now or in the near future.

Currently, hiatal operations are classified by coders using Office of Population Censuses and Surveys (OPCS4) codes to report specific operation types. These codes do not accurately allow classification of the symptoms that are being treated or the operation being performed

anti-reflux surgery carries code G243/G249

hiatus hernia carries code G233

The codes are often bundled together when the primary intent of the surgery is variable, and thus interpretation of outcomes based on these codes is confused. This Registry will use a classification system for defining which type of hiatal pathology is being treated and the specific procedure being provided rather than using the broad OPCS4 codes used by HES. NHSR moves away from the ambiguous system currently used.

Definitions for procedures can be found on the NHSR website or when entering data into the live database and are also detailed below in this report.

The level of detail recorded by the Registry pre-operatively and intra-operatively is currently far beyond what can be obtained and reported from HES. The NHSR committee has selected the information it believes is of most value for surgeons to audit, compare, and help future practice. The most important function of this Registry is to provide an automated system to collect and report Patient Reported Outcome

Measures (PROMs). The Registry is designed to allow patient data entry for both the NHS and Independent Healthcare Sector. Users will be able to download a report about their practice from the Registry dashboard and also be able to download a Surgeons Report benchmarking them against the average outcomes and performance of their peers nationwide. Users can select multiple centres they deliver care from. If Users move hospital, their personal outcomes will follow them, but historical activity will stay within the centre where they performed the surgery.

The process of PROMs follow-up will be automated and conducted by the NHSR administration team, and the data reported back will automatically appear in Users procedure dashboard when received back from patients. NHSR will inform Users if their patient is not responding to follow-up information requests.

The National Hiatal Surgical Registry (NHSR) aims to provide surgeons with an effective tool to be reflective in their surgical practice in treating hiatal disease and benchmark outcomes for hiatal surgical procedures across the UK.

The Registry is free for all GMC registered surgeons with respect to hiatal surgery conducted within the UK for NHS and Independent Sector Practice. That are members of BBUGSS/AUGIS or ALSGBI.

The Registry will record details about patient selection, pre-operative investigations, intra-operative techniques, volumes of practice and, most importantly, outcomes. The Registry has patient reporting outcome measures (PROMs) integral within it. The Registry will automatically contact patients (with their consent-see GDPR policy) about their symptoms at 6 months, 1 year, 2 years, 3 years, 4 years and 5 years after their surgery. For anti-reflux procedures Registry, they will use pre-operative and post-operative GORD-QoL (see downloads page-<u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>) scores and need for continued anti-acid medication use as outcome measures. For cardiomyotomy surgery, comparison of pre-operative and post-operative Eckhardt scores (see downloads page-<u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>) are used, and for hiatus hernia repair pre-operative and post-operative Hiatus Hernia-QoL score (see downloads page-<u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>)).

Surgeons will be able to download a personal report based on the information they have entered for the purpose of their appraisal. A National Annual Report will also be delivered yearly at the AUGIS Annual Scientific Meeting. This report will not be at the surgeon level, but at the unit level. Volumes of activity, complication rates, and follow up outcomes will be reported.

Individual surgeon users will only be able to see their individual outcomes, which will be statistically referenced against the average of other surgeons anonymised outcomes for the same conditions. As an NHSR User you will not be able to see other surgeon's outcomes.

The information collected about both surgeons and patients is entirely confidential and will never be shared with any other organisation (see GDPR policy) without Users/their permission. The Registry is governed by AUGIS/BBUGSS and a committee of

surgeons and run confidentiality law.	and	maintained	by	an	IT	healthcare	company	bound	by	GDPR
2. NHSR Com	ımit	tee:								

The NHSR committee is represented by the BBUGSS executive council, chaired by Mr Sayan Bhattacharya

The NHSR Committee is responsible for:

- a. Advising on the NHSR dataset, regarding its scope, structure, functionality, compatibility and confidentiality issues.
- b. Liaising with the Database provider and other stakeholders.
- c. Managing finance agreements and external sponsorship (if necessary) to run the database.
- d. Generating and editing annual database reports. Such a report will be initially presented to AUGIS and BBUGSS councils before general release.
- e. Address any governance or duty of candour issues that may arise from the NHSR database in conjunction with the Database Provider.
- f. All disclosure of outcomes from the NHSR database to external organisations or public members will be through the NHSR Chair/AUGIS Executive Team and Database Provider.

NHSR Committee members are unable to access any individual NHSR User's data.

3. Procedure Definitions/Classifications

The published literature describes and classifies hiatal surgery in considerable variation. For the NHSR to be consistent with what is reported by the Registry, Users are asked to follow a classification system described by the British Benign Upper GI Surgical Society Home | British Benign Upper Gastro Intestinal Society (bbugss.com) when entering data.

The Registry's classification system is detailed below.

Primary Anti-Reflux Surgery (Fundoplication)

Primary Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX™)

Hybrid Anti-Reflux/Hiatus Hernia Repair

Primary Hiatus Hernia Repair

Primary Cardiomyotomy

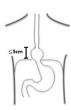
Revisional Anti-Reflux Surgery

Revisional Hiatus Hernia Repair

Revisional Cardiomyotomy

Primary Anti-Reflux Surgery (Fundoplication)

Definition: Elective, lifestyle, anti-reflux surgery with or without a synchronous hiatus hernia repair (type I/type II/type III hiatus hernia <1/3 of the stomach in the chest or ≤ 5 cm migration of GOJ from hiatus) that are associated with small and medium size hiatal defects.



Primary indications for surgery:

Patients in whom the primary symptom is volume reflux/regurgitation.

A confirmed diagnosis of acid reflux and adequate symptom control with medical therapy but do not wish to continue with long-term therapy.

Patient with breakthrough symptoms despite maximum medical therapy.

A confirmed diagnosis of acid reflux and symptoms that respond to medical therapy but who are intolerant of medication side effects.

Atypical symptoms such as aspiration, cough or hoarse voice and confirmed evidence of GORD (these patients as a group have less successful outcomes than patients with typical symptoms).

Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX)

Definition: Non-anatomical altering, life style anti-reflux surgery with or without synchronous hiatus hernia repair with the use of prosthetic implant.

Primary Hiatus Hernia Repair Surgery

Definition: Elective/Urgent/Emergency surgery to correct a primary symptom * +/- associated secondary symptoms ** of a large hiatus hernia (>1/3 of stomach in the chest or GOJ >5 cm from hiatus, includes intra-thoracic stomach). These hernias are para-oesophageal and classified as type III and type IV (very rare type II). They are associated with medium and large hiatal defects. This classification of surgery does not include type I and II smaller hiatus hernias repaired as part of an anti-reflux procedure or large hiatus hernias repaired for a primary indication of reflux.

* Primary Symptom

Episode of emergency volvulus/post-prandial chest pain/shortness of breath/nausea and weight loss/dysphagia and weight loss /iron deficiency anaemia (other causes excluded)/major respiratory aspiration event.

** Secondary Symptom

Reflux/dyspepsia/post-prandial chest pain/shortness of breath/nausea/dysphagia/weight loss/iron deficiency anaemia (other causes excluded)/minor aspiration respiratory events.

Classification



Type III (Large)

Type III (Large)

Displacement of GOJ >5cm above diaphragmatic hiatus or >1/3 of stomach volume within chest on CT/contrast study.



Type III Intra-Thoracic Stomach

Type III Intra-Thoracic Stomach

Pylorus at, or above level of diaphragmatic hiatus, or if within the abdomen < 5cm distance from diaphragmatic hiatus.



Type IV

Type IV

Another organ above the level of the diaphragmatic hiatus, small/large bowel, pancreas, spleen (not inclusive of omentum).



Type II (Large)

Type II (Large)

>1/3 of stomach volume above level of the hiatus with the GOJ remaining at or below level of diaphragmatic hiatus (RARE).

Hybrid Anti-Reflux/Hiatus Hernia Surgery

Definition: Elective, life style primary intention anti-reflux surgery* +/- associated secondary symptoms ** in the presence of a synchronous large hiatus hernia (>1/3 of stomach in chest or GOJ >5 cm from hiatus, includes intra-thoracic stomach). These hernias are associated with medium and large hiatal defects. This classification of anti-reflux surgery is separate to primary anti-reflux procedures in the presence of smaller type I, II and III hiatus hernias, and does not fall into the same classification as primary hiatus hernia surgery.

* Primary Symptom

Reflux

Patients in whom the primary symptom is volume reflux/regurgitation.

A confirmed diagnosis of acid reflux and adequate symptom control with medical therapy but do not wish to continue with long term therapy.

Patient with breakthrough symptoms despite maximum medical therapy.

A confirmed diagnosis of acid reflux and symptoms that respond to medical therapy but who are intolerant of medication side effects.

Atypical symptoms such as aspiration, cough or hoarse voice and confirmed evidence of GORD (these patients as a group have less successful outcomes than patients with typical symptoms).

** Secondary Symptom

Post-prandial chest pain/shortness of breath/Nausea/Dysphagia/ weight loss/Iron deficiency anaemia.

Primary Cardiomyotomy Surgery

Elective surgery to correct symptoms of a diagnosis of Achalasia which may or may not have previously been treated with Botox or pneumatic dilation.

Hiatal Defects

Classification System

The defect is measured intra-operatively at the widest transverse point of the hiatus after oesophageal mobilisation.



Hiatal Defect Measurement

Hiatal Defect Measurements

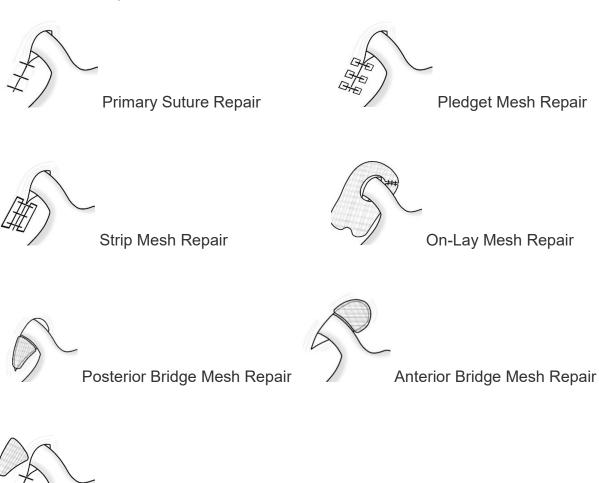
Type A (Small Hiatal Defect) < 3 cm

Type B (Medium Hiatal Defect) 3 - 6 cm

Type C (Large Hiatal Defect) > 6 - 9 cm

Type D (Giant Hiatal Defect) > 9 cm

Hiatal Defect Repair Classification



Diaphragm Relaxation Mesh

Fundoplication Types





360 Degree Fundoplication

Revisional Anti-Reflux Surgery (BBUGSS Classification)

Definition: Elective revisional surgery to correct symptoms after previous fundoplication or LINX procedures (excludes acute complications of primary procedure).

Classification of previous Anti-Reflux surgery failure requiring revisional surgery

Type I: In-situ fundoplication disruption.

Type II: In-situ fundoplication slip.

Type III: Trans-hiatal fundoplication migration.

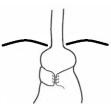
Type IV: Mixed fundoplication disruption and trans-hiatal fundoplication migration.

Type V: Trans-hiatal fundoplication slip.

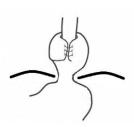
Type VI: LINX failure (migration/erosion/persistent dysphagia/poor symptom control).



Type I In-Situ Fundoplication Disruption



Type II In-Situ Fundoplication Slip

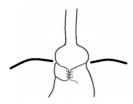


Type III Trans-Hiatal Fundoplication Herniation



Type IV Mixed Fundoplication Disruption and Trans-Hiatal Wrap

Herniation



Type V Fundoplication Slip Herniation



Type VI LINX Failure

Indications for surgery

Troublesome persistent dysphagia following previous anti-reflux/LINX surgery (resistant to non-surgical therapy).

Patients in whom the primary symptom is volume reflux/regurgitation despite previous anti-reflux/LINX surgery.

A confirmed diagnosis of recurrent acid reflux after previous anti-reflux/LINX surgery and adequate symptom control with medical therapy but do not wish to continue with long term therapy.

Patient with breakthrough symptoms despite maximum medical therapy for recurrent reflux after previous anti-reflux/LINX surgery.

A confirmed diagnosis of acid reflux in patients following previous anti-reflux surgery/LINX and symptoms that respond to medical therapy but who are intolerant of medication side effects.

Atypical symptoms such as aspiration, cough or hoarse voice and confirmed evidence of GORD in patients treated previously with anti-reflux/LINX surgery (these patients as a group have less successful outcomes than patients with typical symptoms).

LINX explant for erosion/migration.

LINX explant for psychological reasons.

Revisional Hiatus Hernia Surgery

Definition: Elective/Urgent/Emergency *revisional surgery* to correct a recurrent primary symptom * +/- associated secondary symptoms ** with evidence of a recurrent hiatus hernia (>1/3 of stomach in chest or GOJ >5 cm from hiatus), excludes acute complications of primary procedure.

* Primary Symptom

Episode of emergency volvulus/post-prandial chest pain/shortness of breath/nausea and weight loss/dysphagia and weight loss /iron deficiency anaemia (other causes excluded)/major respiratory aspiration event.

** Secondary Symptom

Reflux/dyspepsia/post-prandial chest pain/shortness of breath/nausea/dysphagia/weight loss/iron deficiency anaemia (other causes excluded)/minor aspiration respiratory events.

Classification of Recurrence



Type III (Large)

Recurrent Type III (Large)

Displacement of GOJ >5cm above diaphragmatic hiatus or >1/3 of stomach volume within chest on CT/contrast study.



Type III Intra-Thoracic Stomach

Recurrent Type III Intra-Thoracic Stomach

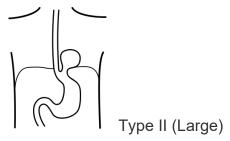
Pylorus at, or above level of diaphragmatic hiatus, or if within the abdomen < 5cm distance from diaphragmatic hiatus.



Type IV

Recurrent Type IV

Another organ above the level of the diaphragmatic hiatus, small/large bowel, pancreas, spleen (not inclusive of omentum).



Recurrent Type II (Large)

>1/3 of stomach volume above level of the hiatus with the GOJ remaining at or below level of diaphragmatic hiatus (RARE).

Revisional Cardiomyotomy Surgery

Elective revisional surgery to correct symptoms of a diagnosis of recurrent Achalasia after previous treatment- includes previous cardiomyotomy surgery or POEM, *not Botox and pneumatic dilatation* (excludes acute complications of the primary procedure).

4. Outcome Measures Recorded for NHSR

The Registry will record User entered details about patient selection, pre-operative investigations, intra-operative techniques, volumes of practice.

This includes:

Age (at time of surgery) DeMeester Score

BMI Radiological Investigation

ASA Procedure type

Care Type NHS/Private Method Open/Lap/Robotic/Converted

Centre of Practice Day Case/ Inpatient

Symptom Presentation Hiatal Defect Size

Pre-Procedure QoL Score Fundoplication type/LINX Size

Use of Anti Acid Medication Gastroplasty Required

Oesophagitis/Barretts Present Morbidity

pH/Manometry Mortality

Length of Stay 90-day Readmission

The Registry has patient reporting outcome measures (PROMs) integral within it. The Registry will automatically contact patients (with their consent-see GDPR policy) with regard to their symptoms at 6 months, 1 year, 2 years, 3 years, 4 years and 5 years after their surgery.

For Anti-Reflux and Hybrid Anti-Reflux/Hiatus Hernia Surgery procedures the Registry will use GORD-QoL scores (see downloads page-<u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u> and need for continued anti-acid medication use as outcome measures.

For Cardiomyotomy Surgery, comparison of pre-operative and post-operative Eckhardt scores (see downloads page <u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>) are used.

For Hiatus Hernia Repair pre-operative and post-operative Hiatus Hernia-QoL score (see downloads page <u>Downloads – National Hiatal Surgery Registry (nhsr.org)</u>).

5. Data Collection, Storage, and Security and Confidentiality

Data Governance is an important part of this national level project. It is vitally important that data is safe and compliant with all data protection laws and governing bodies. The data safety of patients and NHSR Users is critical and deliberately kept to a minimum but still allow functionality for its purpose.

No User (including Committee Member) can access another User's data, all activity and access events within the databased is logged and audited.

The Registry's service is under the control of the AUGIS Executive Council/BBUGSS and governed by the NHSR Committee. The NHSR and its webpages are operated on behalf of AUGIS/BBUGSS by Riviera Surgery LLP, a IT Healthcare Company registered in England and Wales. Riviera Surgery LLP registered office is: Westbury Hill, Bristol, Avon, BS9 3QA. The company registration number is OC429838. Riviera Surgery LLP is a registered Data Controller with the Information Commissioner's Office (ICO) under registration number ZA645133. This means that Riviera Surgery LLP is responsible for, and control the processing of any potentially identifiable information we collect about patients and users.

Any data loss/hack/corrupted/unauthorised access is reportable to ICO/CQC for which the NHSR management company is responsible.

Details of Riviera Surgery LLP notification to the regulator for data protection, may be found in the ICO's Public Register of Data Controllers at www.ico.org.uk. Riviera Surgery LLP is registered and data safety regulated by Care Quality Commission (CQC), (CQC CRT-9418357166), Riviera Surgery LLP is registered with NHS Digital and compliant with Data Security and Protection (NHS Digital- C9G2R).

Data entered into the NHSR is identified legally as a limited healthcare record, users of the NHSR are required to comply with the Terms and Conditions Policy <u>Terms & Conditions – National Hiatal Surgery Registry (nhsr.org).</u>

The data entered is completely confidential at the individual surgeon level, and no other person/organisation has access now or in the future to the data you enter without user permission unless required to by law. Outcome data will be available in the public domain at the Hospital Trust/Private Healthcare Organisation level.

6. Current Engagement with NHSR

At the time of this report there are currently 150 Consultant users from 70 registered centers in both NHS and Independent Healthcare Sector, with currently 1089 patients registered either in the Active or Complete phase





All NHS/Private Healthcare Organisations Currently Registered with

NHSR- (centres that have entered at least one patient that is complete and in PROMs follow up are in bold)

Trust/Organisation Name	Const Total	Iltants Active	Active	Patients Complete	
All Trusts/Organisations	150	49	221	868	1089
Aneurin Bevan University Health Board	4	3	11	63	74
Aspen Healthcare	4	0	0	0	0
BMI Healthcare	14	3	1	19	20
Barking, Havering and Redbridge University Hospitals NHS Trust	2	0	0	0	0
Bedfordshire Hospitals NHS Foundation Trust	2	0	0	0	0
Belfast Health and Social Care Trust	1	0	0	0	0
Betsi Cadwaladr University Health Board	2	0	0	0	0
Burcot Hall Bromsgrove	1	0	0	0	0
Calderdale and Huddersfield NHS Foundation Trust	1	0	0	0	0
Cambridge University Hospitals NHS Foundation Trust	2	0	0	0	0
Cardiff and Vale University Health Board	1	0	0	0	0
Chelsea and Westminster Hospital NHS Foundation Trust	1	0	0	0	0
Chesterfield Royal Hospital NHS Foundation Trust	3	0	0	0	0
Circle Healthcare Group	1	2	2	1	3
County Durham and Darlington NHS Foundation Trust	1	0	0	0	0
Croydon Health Services NHS Trust	2	2	14	50	64
Cwm Taf Morgannwg University Health Board	1	0	0	0	0
Dartford and Gravesham NHS Trust	1	0	0	0	0
East Sussex Healthcare NHS Trust	1	0	0	0	0
Epsom and St. Helier University Hospitals NHS Trust	2	2	18	37	55

Fife NHS 1 0 0 0 Forth Valley NHS 3 1 4 4 8 Frimley Health NHS Foundation Trust 4 2 4 16 20 Gateshead Health NHS Foundation Trust 1 0 0 0 0 Gloucestershire Hospitals NHS Foundation Trust 4 1 5 18 23 Great Western Hospitals NHS Foundation Trust 1 0 0 0 0 Guy's and St. Thomas' NHS Foundation Trust 2 0 0 0 0 Hull University Teaching Hospitals NHS Foundation Trust 2 1 4 17 21 Imperial College Healthcare NHS Trust 1 1 3 2 5 Kettering General Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 3 0 0 0 0 <						
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Gateshead Health NHS Foundation Trust 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Forth Valley NHS	3	1	4	4	8
Gloucestershire Hospitals NHS Foundation Trust	Frimley Health NHS Foundation Trust	4	2	4	16	20
Great Western Hospitals NHS Foundation Trust 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gateshead Health NHS Foundation Trust	1	0	0	0	0
Guy's and St. Thomas' NHS Foundation Trust 2 0 0 0 Hampshire Hospitals NHS Foundation Trust 2 0 0 0 Hull University Teaching Hospitals NHS Trust 2 1 4 17 21 Imperial College Healthcare NHS Trust 1 1 3 2 5 Kettering General Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 0 Kingsbridge Private Hospital Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 2 0 0 0 0 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Mid Yorkshire Hospitals NHS Trust 1 0 0 0	Gloucestershire Hospitals NHS Foundation Trust	4	1	5	18	23
Hampshire Hospitals NHS Foundation Trust 2 0 0 0 Hull University Teaching Hospitals NHS Trust 2 1 4 17 21 Imperial College Healthcare NHS Trust 1 1 3 2 5 Kettering General Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 0 Kingsbridge Private Hospital Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Mid and South Essex NHS Foundation Trust 1 0 0 0 <th< td=""><td>Great Western Hospitals NHS Foundation Trust</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></th<>	Great Western Hospitals NHS Foundation Trust	1	0	0	0	0
Hull University Teaching Hospitals NHS Trust 2 1 4 17 21 Imperial College Healthcare NHS Trust 1 1 3 2 5 Kettering General Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 0 Kingsbridge Private Hospitals Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0	Guy's and St. Thomas' NHS Foundation Trust	2	0	0	0	0
Imperial College Healthcare NHS Trust 1 1 3 2 5 Kettering General Hospital NHS Foundation Trust 1 0 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 0 Kingsbridge Private Hospital Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0	Hampshire Hospitals NHS Foundation Trust	2	0	0	0	0
Kettering General Hospital NHS Foundation Trust 1 0 0 0 King's College Hospital NHS Foundation Trust 1 0 0 0 Kingsbridge Private Hospital Belfast 3 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Hull University Teaching Hospitals NHS Trust	2	1	4	17	21
King's College Hospital NHS Foundation Trust 1 0 0 0 0 Kingsbridge Private Hospital Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Imperial College Healthcare NHS Trust	1	1	3	2	5
Kingsbridge Private Hospital Belfast 3 0 0 0 0 Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Kettering General Hospital NHS Foundation Trust	1	0	0	0	0
Lancashire Teaching Hospitals NHS Foundation Trust 3 0 0 0 0 Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	King's College Hospital NHS Foundation Trust	1	0	0	0	0
Leeds Teaching Hospitals NHS Trust 4 2 1 9 10 Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Kingsbridge Private Hospital Belfast	3	0	0	0	0
Lewisham and Greenwich NHS Trust 2 0 0 0 0 Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Lancashire Teaching Hospitals NHS Foundation Trust	3	0	0	0	0
Liverpool University Hospitals NHS Foundation Trust 1 0 0 0 0 London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Leeds Teaching Hospitals NHS Trust	4	2	1	9	10
London Bridge Hospital 2 0 0 0 0 Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Lewisham and Greenwich NHS Trust	2	0	0	0	0
Maidstone and Tunbridge Wells NHS Trust 1 0 0 0 0 Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Liverpool University Hospitals NHS Foundation Trust	1	0	0	0	0
Manchester University NHS Foundation Trust 3 1 3 43 46 Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	London Bridge Hospital	2	0	0	0	0
Mid Yorkshire Hospitals NHS Trust 2 1 2 15 17 Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Maidstone and Tunbridge Wells NHS Trust	1	0	0	0	0
Mid and South Essex NHS Foundation Trust 1 0 0 0 0 New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Manchester University NHS Foundation Trust	3	1	3	43	46
New Victoria Hospital 2 0 0 0 0 North Bristol NHS Trust 1 0 0 0 0	Mid Yorkshire Hospitals NHS Trust	2	1	2	15	17
North Bristol NHS Trust 1 0 0 0 0	Mid and South Essex NHS Foundation Trust	1	0	0	0	0
	New Victoria Hospital	2	0	0	0	0
North Cumbria Integrated University Hospitals NHS Trust 2 0 0 0 0	North Bristol NHS Trust	1	0	0	0	0
	North Cumbria Integrated University Hospitals NHS Trust	2	0	0	0	0

Northamptonshire Healthcare NHS Foundation Trust	3	3	9	105	114
Northern Care Alliance NHS Group	1	0	0	0	0
Northern Devon Healthcare NHS Trust	1	0	0	0	0
Northern Lincolnshire and Goole NHS Foundation Trust	1	0	0	0	0
Northumbria Healthcare NHS Foundation Trust	1	0	0	0	0
Nottingham University Hospitals NHS Trust	2	0	0	0	0
Nuffield Health	15	2	7	21	28
Oxford University Hospitals NHS Foundation Trust	3	0	0	0	0
Portsmouth Hospitals NHS Trust	5	2	57	31	88
Ramsay Health Care UK	11	3	1	7	8
Royal Berkshire NHS Foundation Trust	1	0	0	0	0
Royal Cornwall Hospitals NHS Trust	3	2	2	10	12
Royal United Hospitals Bath NHS Foundation Trust	2	1	2	6	8
Sandwell and West Birmingham Hospitals NHS Trust	2	2	1	8	9
Sheffield Teaching Hospitals NHS Foundation Trust	1	1	1	0	1
South Eastern Health and Social Care Trust	2	0	0	0	0
South Tees Hospitals NHS Foundation Trust	1	1	5	59	64
South Tyneside and Sunderland NHS Foundation Trust	1	0	0	0	0
South Warwickshire NHS Foundation Trust	2	0	0	0	0
Southern Health and Social Care Trust	1	1	2	50	52
Spire Healthcare Group	20	3	3	1	4
St. George's University Hospitals NHS Foundation Trust	2	1	3	4	7
St. Josephs Hospital, Newport	1	1	1	19	20
Swansea Bay University Health Board	1	0	0	0	0
Taunton and Somerset NHS Foundation Trust	1	0	0	0	0

The Dudley Group NHS Foundation Trust	2	2	12	93	105
The Hillingdon Hospitals NHS Foundation Trust	1	1	5	1	6
The Princess Alexandra Hospital NHS Trust	1	0	0	0	0
The Rotherham NHS Foundation Trust	1	0	0	0	0
Torbay and South Devon NHS Foundation Trust	6	6	21	62	83
Ulster Independent Clinic	3	0	0	0	0
University Hospital Dorset NHS Foundation Trust	1	0	0	0	0
University Hospital Southampton NHS Foundation Trust	4	2	1	40	41
University Hospital of Derby and Burton NHS Foundation Trust	2	1	0	1	1
University Hospitals Bristol and Weston NHS Foundation Trust	1	0	0	0	0
University Hospitals Coventry and Warwickshire NHS Trust	4	1	5	11	16
University Hospitals Plymouth NHS Trust	1	0	0	0	0
University Hospitals Sussex NHS Foundation Trust	2	1	0	9	9
University Hospitals of Leicester NHS Trust	1	0	0	0	0
University Hospitals of North Midlands NHS Trust	2	1	1	0	1
Warrington and Halton Hospitals NHS Foundation Trust	2	0	0	0	0
West Hertfordshire Hospitals NHS Trust	2	1	0	1	1
West Suffolk NHS Foundation Trust	2	2	7	34	41
Western Health and Social Care Trust	1	1	2	1	3
Worcestershire Acute Hospitals NHS Trust	1	0	0	0	0
Yeovil District Hospital NHS Foundation Trust	1	1	1	0	1
York Teaching Hospital NHS Foundation Trust	6	0	0	0	0

7. Outcome Reporting

NHSR Statistical Analysis Methodology

NHSR uses Standard Error (SE) to compare statistical significance between PROMs outcomes within the subsets of procedures.

+/-2 SEs are taken as significant with 95% confidence.

Worked Example of a Significance Test

NHSR uses t-test statistical analysis test using the mean of a sample of data, \bar{x} , to determine whether the population mean, μ , is zero. This tests the null hypothesis H0: μ = 0 with the alternative hypothesis HA: $\mu \neq$ 0. NHSR uses a t-test when the standard deviation is estimated from the sample data, and this is particularly important when the sample size is small (n < 30).

There are a number of steps in the calculation of the t-test to compare scores. This is illustrated with a worked example for testing a change at 1-year post-surgery compared to pre-surgery for Primary Anti-Reflux (Fundoplication patients).

The data includes all primary anti-reflux fundoplication patients with scores at presurgery and 1-year post-surgery timepoints. These are shown in Table 1 below.

Note: While results are presented to 1 decimal place in this example, unrounded values are used throughout the calculations.

i	Patient ID	QoL pre- surgery	QoL 1 year post- surgery
1	Patient 87	20	2
2	Patient 91	30	2
3	Patient 76	34	2
4	Patient 158	15	7
5	Patient 181	29	1
6	Patient 185	27	9
48	Patient 455	35	0
49	Patient 514	36	4

Table. 1

1. Calculate the change in score for each patient

For each patient, i, calculate the change in quality of life score: Table 2

 $change = xi = year \ 1 \ scorei - presurgery \ scorei$

i	Patient ID	QoL pre- surgery	QoL 1 year post- surgery	Change (xi)
1	Patient 87	20	2	-18
2	Patient 91	30	2	-28
3	Patient 76	34	2	-32
4	Patient 158	15	7	-8
5	Patient 181	29	1	-28
6	Patient 185	27	9	-18
48	Patient 455	35	0	-35
49	Patient 514	36	4	-32

Table 2.

3. Calculate the mean change

Calculate the sample mean, \overline{x} .

mean(change) =
$$\overline{x}$$
 = $\frac{\Sigma in= 1xi}{n}$
mean(change)= \overline{x} = $\frac{(-18 + -28 + -32 + -8 + -28 + -18 + \cdots + -35 + -32)}{49}$
= -22.16327

4. Calculate the standard deviation of the change

Calculate the sample standard deviation, s.d.

s.d.(change) =
$$\sqrt{\Sigma 2 \text{ni}} = (x\text{i} - \overline{x})$$

n - 1
s.d.(change) = $\sqrt{(-18 - 22.2)2 + (-28 - 22.2)2 + (-32 - 22.2)2 + \cdots + (-35 - 22.2)2 + (-32 - 22.2)2}$
49 - 1

s.d.(change) =
$$\sqrt{4.22 + (-5.8)2 + (-9.8)2 + 14.22 + (-5.8)2 + \cdots + (-12.8)2 + (-9.8)2}$$

$$= \sqrt{\frac{17.3 + 34.1 + 96.8 + 200.6 + 34.1 + \dots + 164.8 + 96.8}{48}}$$
$$= 10.14755$$

5. Calculate the 95% confidence interval for the mean change

The 95% confidence interval is calculated using the mean and standard deviation from the previous two steps and the critical value of the t-distribution.

The critical value for the t-distribution depends on the sample size, *n*. Critical values for a number of sample sizes, *n*, are given Table 3 below.

n	df = (n-1)	t(critical)
2	1	12.706205
3	2	4.302653
4	3	3.182446
5	4	2.776445
10	9	2.262157
15	14	2.144787
20	19	2.093024
30	29	2.045230
49	48	2.010635

Table 3

The 95% confidence interval is given by:

95% CI =
$$\overline{x}$$
 ± t(critical) × s.d. \sqrt{n}

$$= -22.2 \pm 2.01 \times \frac{10.1}{\sqrt{49}}$$

$$= (-25.1, -19.2)$$

6. Interpretation

The outcome is a 95% confidence interval for the population mean. The confidence interval is the interval we are confident that the true mean lies and is the basis for testing the hypothesis that the mean is zero.

If the 95% confidence interval is wholly below zero (i.e., the value of zero does not fall within the confidence interval) we can be confident that the change in quality of life is different from zero. This suggests that the null hypothesis is false, and the result is said to be statistically significantly different from zero.

If the 95% confidence interval includes the value of zero then there is either no change in the quality of life, or there isn't sufficient data to detect a difference.

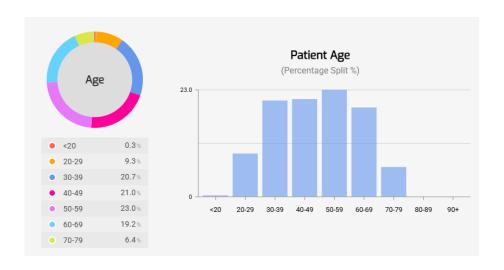
The above is applied other subsets of the data, for example, for comparing the change in quality of life score pre and 2-year post surgery or for individual procedures.

8 Hiatal Surgery Outcomes

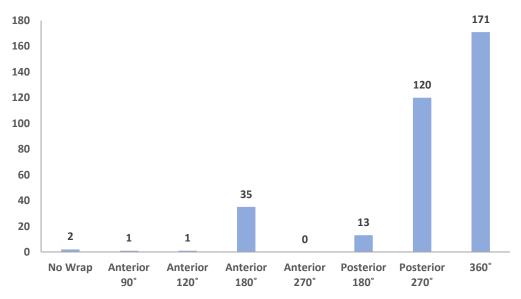
Primary Anti-Reflux Surgery (Fundoplication)- All Trusts/Organisations

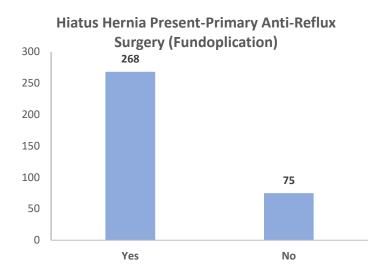
446 registered patients, 103 active, 343 complete, from 30 NHS Trusts/Independent HealthCare Organisations

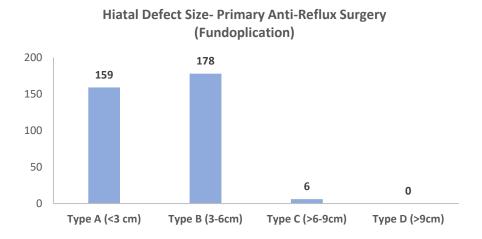
*To appear in statistical analysis the patient must have a complete status

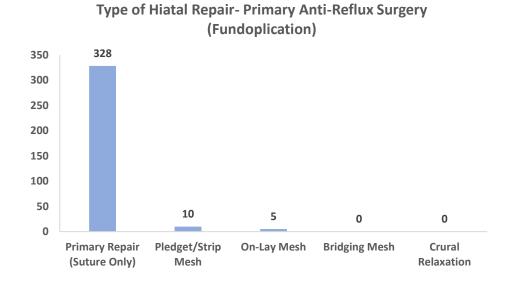


Fundoplication Type-Primary Anti-Reflux Surgery (Fundoplication)







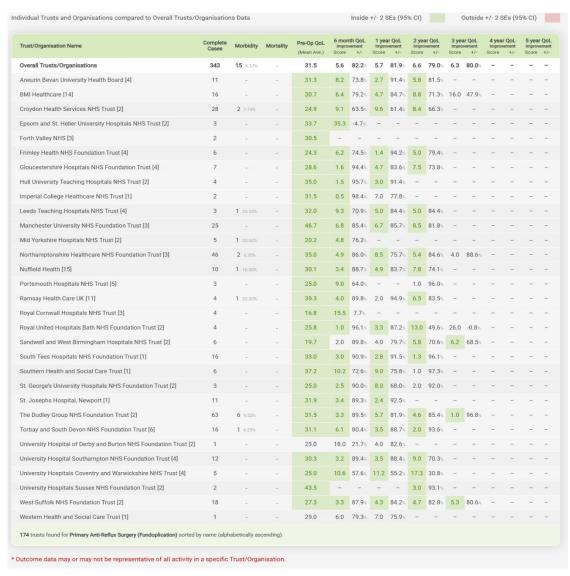


Primary	Anti-Ref	lux Sur	aerv (Fur	ndobli	atio	n)			
Total			<u> </u>		43		-/			
Sex					<u> </u>					
Male/Female/Other	16	4			179			_		
Age	10	•			1,3					
Median				Δ	19					
Range					-79					
Episodes		27.73								
Day Case		116 (34%)								
Inpatient					(66%)					
Time on Waiting List (Days)					(00/0)					
Median				23	2.5					
Range					630					
Method				2-1	.030					
Open					_					
Laparoscopic			-		- 95.3%)					
Robotic					95.3%) 1.4%)					
Converted					•					
Hiatus Hernia Present	1 (0.3%) Yes No									
Hiatus Herriia Fresent	2	Yes 68 (78%)				75 (2				
Hiatal Defect			D /2 Com	\	Tuno C ING			D /> 0 cm \		
HIAIAI Delect	Type A (<3 o		B (3-6cm 178)	Type C (>6	-90111)	Туре	e D (>9cm)		
Histol Dansir						Duis	l =: -= =	- Countries		
Hiatal Repair	Primary	Pledget,	-		On-Lay		dging	Crural		
	Suture	Mes			Mesh 5	IVI	esh	Relaxation		
Fundoplication Type	328 Anterior	Anterior		ior	Posterio	ior Posterior		360°		
rundoplication Type	Partial 90°		Anter	_	Partial					
	Partial 90	Partial 120°	Parti 180		180°	'	Partial 270°	Complete		
	1	120	35		13		122	171		
Gastroplasty	1	Yes			13		No	1/1		
Gastropiasty		2					341			
Length of Stay (Days)							341			
Median					1					
Range					·80					
Complications				0-	·8U					
_				12/2	2.00/\					
Morbidity (Overall) Return to Theatre					3.8%)					
					.9%)					
Readmission (90 Days)					3.7%)					
Mortality					0					
QoL Outcomes	N. I	Man (5)	Danie		CD		<u> </u>	050/ 01		
Pre-Procedure QoL	N 242	Mean (x̄)	Ranç		SD		SE	95% CI		
·								30.5-32.5		
6 Month QoL	175									
1 Year QoL								5.2-7.2		
2 Year QoL	67	7.8	1-30		7.25		0.89	6.0-9.6		
3 Year QoL	9	9.3	1-20	b	8.73	_	2.91	3.5-15.1		
4 Year QoL	-	-	-		-		-	-		
5 Year QoL	-	-	-		-		-	-		

Combined UK GERD-QoL Score PROMs- Primary Anti-Reflux Surgery (Fundoplication) All NHS Trusts & Independent HealthCare Organisations



Individual UK GERD-QoL Score PROMs- Primary Anti-Reflux Surgery (Fundoplication) All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category



Primary Anti-Reflux Surgery (Fundoplication)

Patient Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts)

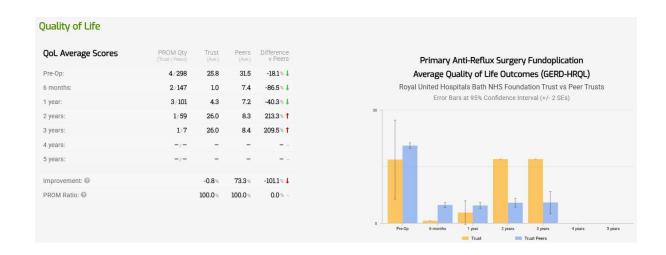
Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category

Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation













Quality of Life QoL Average Scores PROM Qty Primary Anti-Reflux Surgery Fundoplication Pre-Op: 3/299 7.0% t Average Quality of Life Outcomes (GERD-HRQL) 33.7 31.5 Epsom and St. Helier University Hospitals NHS Trust vs Peer Trusts 6 months 1/148 7.4 197.3% † 22.0 Error Bars at 95% Confidence Interval (+/- 2 SEs) -/104 7.2 1 year: -/60 8.3 -100 % 👃 3 years: -/8 8.4 -100% | 4 years: 5 years: Improvement: @ 34.7% 73.3% PROM Ratio: @ 100.0%





Quality of Life QoL Average Scores PROM Qty Peers Difference Primary Anti-Reflux Surgery Fundoplication Pre-Op: 3/299 32.0 31.5 1.6% Average Quality of Life Outcomes (GERD-HRQL) Leeds Teaching Hospitals NHS Trust vs Peer Trusts 25.7% ↑ 6 months 3/146 9.3 7.4 Error Bars at 95% Confidence Interval (+/- 2 SEs) 3/101 5.0 7.2 -30.6% ↓ 1 year: 2/58 5.0 8.3 **-**/8 -100 % 👃 5 years: Improvement: @ 84.4% 15.1% † 73.3% PROM Ratio: @ 100.0% 100.0% 0.0%



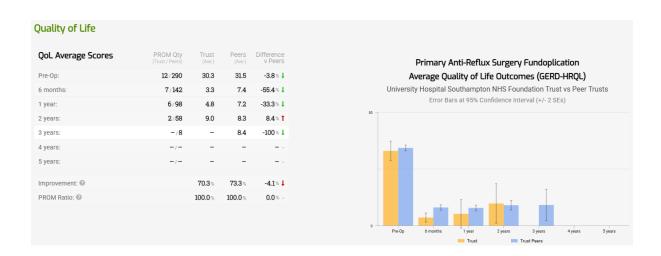


Quality of Life QoL Average Scores PROM Qty Trust Peers Difference v Peers Primary Anti-Reflux Surgery Fundoplication Pre-Op: 3/299 25.0 31.5 -20.6% Average Quality of Life Outcomes (GERD-HRQL) Portsmouth Hospitals NHS Trust vs Peer Trusts 6 months: 1/148 9.0 7.4 21.6% 1 Error Bars at 95% Confidence Interval (+/- 2 SEs) -/104 7.2 -100 % 👃 1 year: 2 years: 1/59 1.0 8.3 -/8 -100 % 👃 5 years: Improvement: @ 31.0% 96.0% 73.3% PROM Ratio: 0 100.0% 100.0% 0.0%



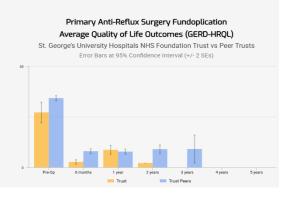


Quality of Life **QoL Average Scores** PROM Qty Primary Anti-Reflux Surgery Fundoplication Average Quality of Life Outcomes (GERD-HRQL) Pre-Op: 31.5 4.8% 16/286 33.0 South Tees Hospitals NHS Foundation Trust vs Peer Trusts 9/140 3.8 7.4 -48.6% 👃 Error Bars at 95% Confidence Interval (+/- 2 SEs) 5/99 4.6 7.2 2 years: 2/58 2.0 8.3 -75 9 % I 8.4 3 years: -/8 -100 % J 4 years: 5 years: 93.9 % 73.3% 28.1% 🕇 PROM Ratio: @ 100.0% 100.0% 0.0%

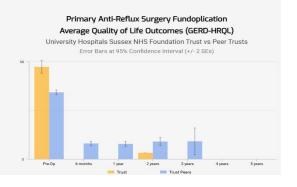




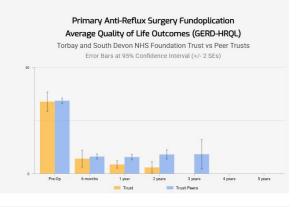
Quality of Life QoL Average Scores PROM Qty Peers Difference Pre-Op: 3/299 25.0 31.5 -20.6% 1 2/147 2.5 7.4 -66.2% ↓ 6 months: 1 year: 2/102 8.0 7.2 11.1% 1/59 -75.9% 👃 2 years: -/8 8.4 -100 % 👃 3 years: 5 years: Improvement: @ 92.0% 73.3% 25.5% 1 PROM Ratio: @ 100.0% 100.0% 0.0%



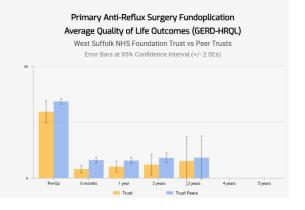
Quality of Life **QoL Average Scores** PROM Qty Difference v Peers 2/300 43.5 31.5 6 months 7.4 -100 % 4 -/149 1 year: -/104 7.2 -100 % 4 1/59 8.3 -63.9% 1 3 years: -/8 8.4 -100 % ↓ 4 years: 93.1% 73.3% 27.0% PROM Ratio: @ 100.0% 100.0% 0.0%



QoL Average Scores	PROM Qty (Trust / Peers)	Trust (Ave.)	Peers (Ave.)	Difference v Peers
Pre-Op:	16/286	31.1	31.5	-1.3%
6 months:	11/138	6.5	7.4	-12.2%
I year:	7/97	4.0	7.2	-44.4%
2 years:	3/57	2.7	8.3	-67.5%
3 years:	-/8	-	8.4	-100%
4 years:	-/-	-	-	-
5 years:	-/-	-	-	-
Improvement: 🔞		91.3%	73.3%	24.6%
PROM Ratio: @		100.0%	100.0%	0.0%



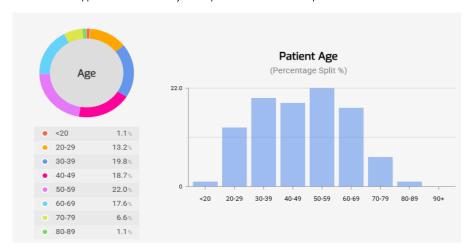


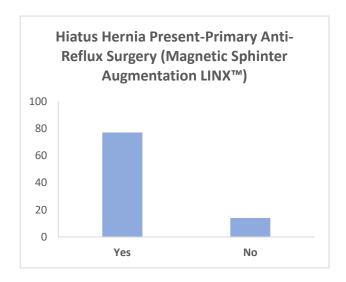


Primary Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX™)- All Trusts/Organisations

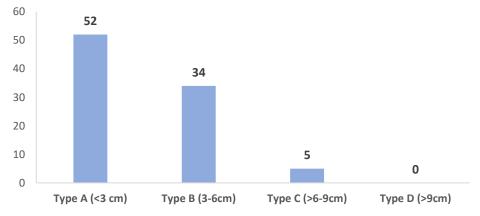
164 registered patients, 73 active, 91 complete, from 8 NHS Trusts/Independent HealthCare Organisations

*To appear in statistical analysis the patient must have a complete status

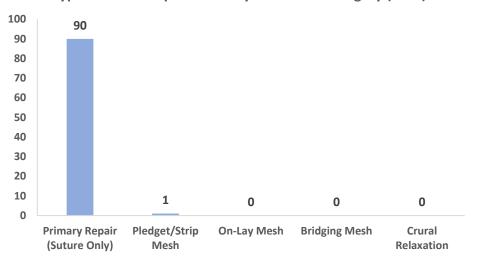




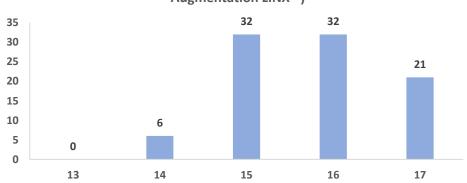
Hiatal Defect Size- Primary Anti-Reflux Surgery (Magnetic Sphinter Augmentation LINX™)

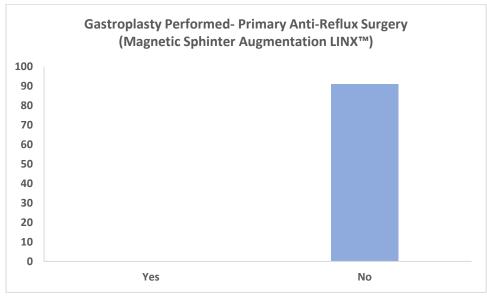


Type of Hiatal Repair- Primary Anti-Reflux Surgery (LINX)



Device Size- Primary Anti-Reflux Surgery (Magnetic Sphinter Augmentation LINX™)

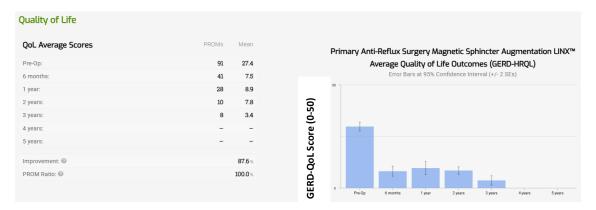




NHSR 2023 National Hiatal Surgery Registry Report

Primary Anti	-Reflux Surg	ery (N	Magnetic	Sphinct	er Augn	nentatio	n LINX™	¹)				
Total	91											
Sex												
Male/Female/Other	39 52 -											
Age												
Median				-	48							
Range				19	9-81							
Episodes												
Day Case				69 (7	75.8%)							
Inpatient	22 (24.2%)											
Time on Waiting List		EE [E-7:E/U]										
Median (Days)				10)4.5							
Range (Days)				6-	680							
Method												
Open					-							
Laparoscopic				71 (78%)							
Robotic					22%)							
Converted					-							
Hiatus Hernia Present		Ye	es				No					
		14 (15%)										
Hiatal Defect	Type A (<3	77 (8 cm)	Type B(3	3-6cm)	Type C ((>6-9cm)		D (>9cm)				
	52	34			5		7.	-				
Hiatal Repair	Primary	Ple	edget/Strip	On-Lay	/ Mesh	Bridging	ξ	Crural				
•	Suture		Mesh	•		Mesh		Relaxation				
	90		1		-	-		-				
LINX™ Size	13		14		15	16	5	17				
	-		6	3	32		2	21				
Gastroplasty		Ye	es				No					
			-				-					
Length of Stay					•							
Median (Days)					0							
Range (Days)				C)-4							
Complications												
Morbidity				1 (1	.1%)							
Return to Theatre					-							
Readmission (90 days)				9 (9).9%)							
Mortality					-							
QoL Outcomes												
	N	Mea	n (x)	Range	SD	SE		95% CI				
Pre-Procedure QoL	91		'.4	4-50	9.58	В	1.00	25.4-29.4				
6 Month QoL	41	7.	.5	1-50	7.1		1.11	5.3-9.7				
1 Year QoL	28	8.	.9	1-50	7.50	6	1.43	6.0-11.4				
2 Year QoL	10	7.	.8	1-50	2.9	7	1.80	4.2-11.4				
3 Year QoL	8	3.	.4	1-9 2.97 1.05			1.3-5.5					
4 Year QoL	-		-	-	-		-	-				
5 Year QoL	-			-	-		-	_				

Combined UK GERD-QoL Score PROMs- Primary Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX™) All NHS Trusts & Independent HealthCare Organisations



Individual UK GERD-QoL Score PROMs- Primary Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX™) All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category



Primary Anti-Reflux Surgery (Magnetic Sphincter Augmentation LINX™) Patient

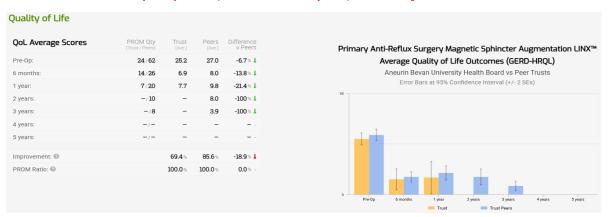
Reported Outcome Measures (PROMs) NHS Trusts- (Individual Trust vs Peer Trusts)

Included- all Trusts who have entered at least 1 patient into any NHSR reporting category

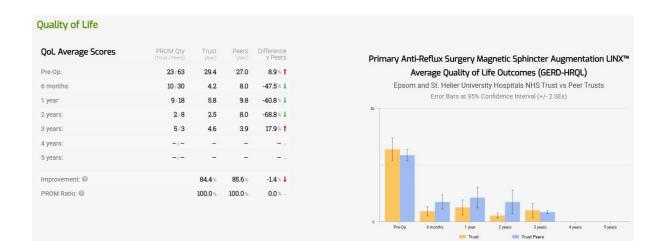
Excluded- Trusts that have not entered any patients into any category

*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation











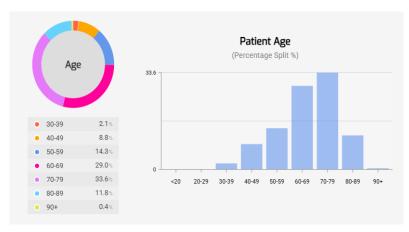


Quality of Life QoL Average Scores PROM Qty Difference v Peers Primary Anti-Reflux Surgery Magnetic Sphincter Augmentation LINX™ 9/77 34.9 Pre-Op: 29.3% 1 Average Quality of Life Outcomes (GERD-HRQL) 27.0 107.5% 🕇 Torbay and South Devon NHS Foundation Trust vs Peer Trusts 6 months: 7/33 16.6 8.0 Error Bars at 95% Confidence Interval (+/- 2 SEs) 7/20 17.4 9.8 11.8 47.5% 3.9 -48.7% ↓ 3 years: 1/7 2.0 4 years: 5 years: 94.3% 85.6% 10.2% 🕇 PROM Ratio: 🕝 100.0% 100.0% 0.0% -

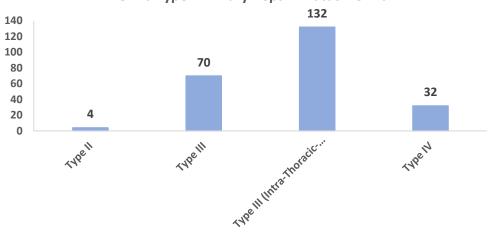
Primary Hiatus Hernia Repair- All Trusts/Organisations

302 registered patients, 64 active, 238 complete, from 26 NHS Trusts/Independent HealthCare Organisations

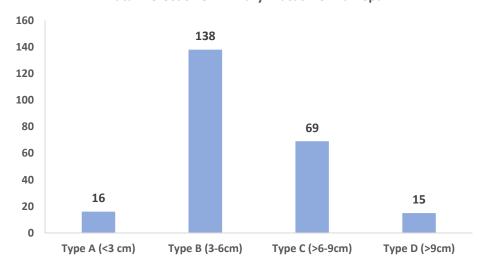
*To appear in statistical analysis the patient must have a complete or in PROM status



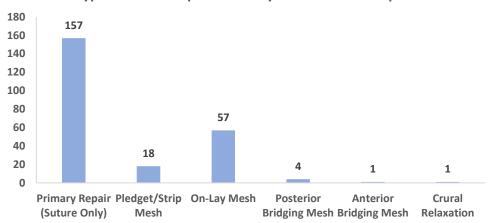
Hernia Type- Primary Repair Hiatus Hernia



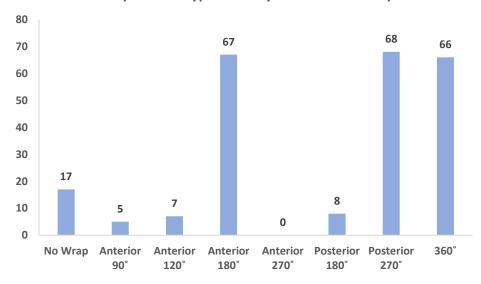
Hiatal Defect Size- Primary Hiatus Hernia Repair

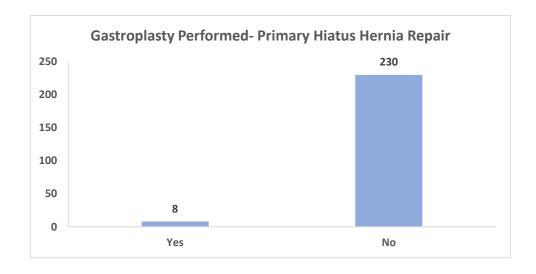


Type of Hiatal Repair- Primary Hiatus Hernia Repair



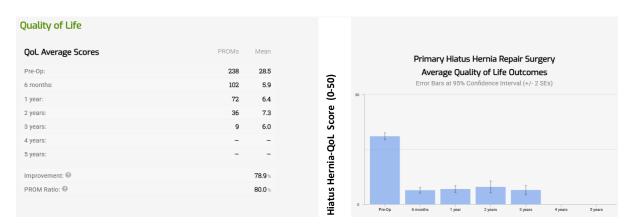
Fundoplication Type-Primary Hiatus Hernia Repair



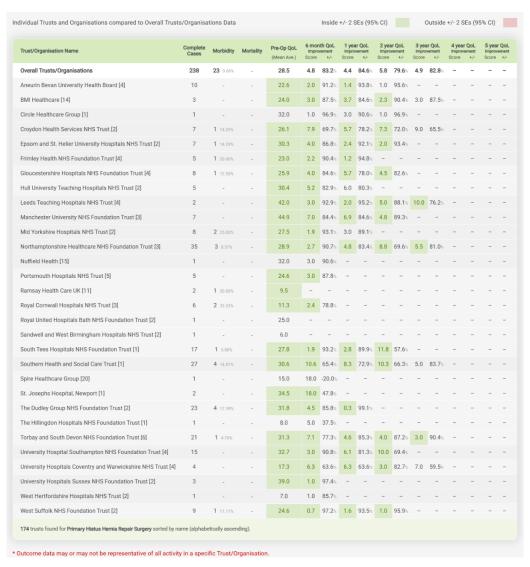


	Pr	imary	Hiat	tus Her	nia Re	pair						
Total		<u>-</u>			2	238						
Sex												
Male/Female/Other		72			16	56			-			
Age												
Median					(68						
Range					33	3-92						
Episodes												
Day Case		23 (9.7%)										
Inpatient		215 (90.3%)										
Time on Waiting List												
Median (Days)		115										
Range (Days)					1-	925						
Method												
Open					2 (0).8%)						
Laparoscopic						93.3%)						
Robotic						5.9%)						
Converted					•	-						
Hiatus Hernia Type	Туре	Type II Type III Type Thora							Type IV			
	4			70			132		32			
Hiatal Defect	Type A (<	:3 cm)	Т	/pe B (3-6cm) Type (C (>6-9cm)	Ту	Type D (>9cm)			
	16							15				
Hiatal Repair	Primary Pledget/Strip On-Lay Mesh Bridging Mesh								Crural			
									elaxation			
	157		1	L8	Į,	57	5		1			
Fundoplication Type	None	Anter		Anterior	Ant	terior	Posterior	Poste	rior	360°		
		90°	Partial		rtial	Partial	Partial		Complete			
	4-	_		120°		80°	180°		270°			
Ocation lastic	17	5		7		67	8	68	<u> </u>	66		
Gastroplasty			Yes					No				
Longth of Stay			8					230				
Length of Stay						2						
Median (Days)						<u>2</u> -22						
Range (Days)					U.	-22						
Complications Morbidity (Overall)					24 /	0.00/\						
Return to Theatre						8.8%)						
						L.3%)						
Readmission (90 days)					23 (9.7%)						
Mortality						-						
QoL Outcomes	N.	Moo	ın (x)	Do.				CE	<u> </u>	95% CI		
	N	IVICA	III (X)	Ка	nge	SI		SE		93 /0 CI		
Pre-Procedure QoL	238	20	3.5	2	50	10.	QE	0.71		27.1-29.9		
6 Month	102		.9		30 24		-	0.71	+	4.8-7.0		
1 Year QoL	72	1	.9 .4		41			0.67		5.1-7.7		
2 Year QoL	36		. 4 .3		41 25	6.8		_		5.0-9.6		
3 Year QoL	9		. <u>3</u> .0		10	3.3		1.14		3.9-8.1		
4 Year QoL	-		.u -		-			1.04	\dashv			
	<u>-</u>]			-	-		-		-		
5 Year QoL			_		_			_		_		

Combined UK Hiatus Hernia-QoL Score PROMs- Primary Hiatus Hernia Repair All NHS Trusts & Independent HealthCare Organisations



Individual UK Hiatus Hernia-QoL Score PROMs- Primary Hiatus Hernia Repair All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category



Primary Hiatus Hernia Repair Surgery

Patient Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts)

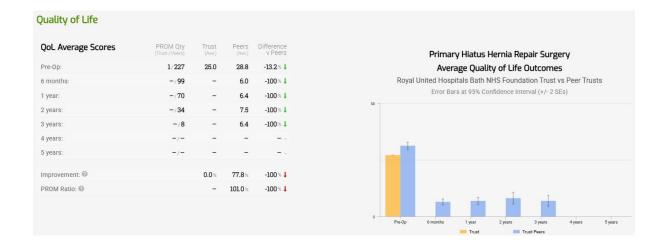
Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category

Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

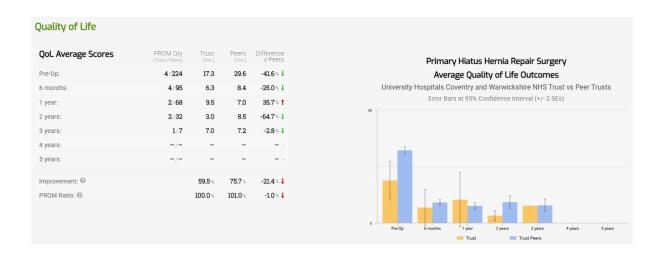
*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation



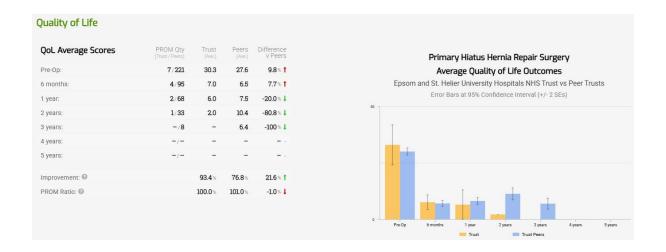


Quality of Life PROM Qty **QoL Average Scores** Trust Peers Difference (Ave.) v Peers Primary Hiatus Hernia Repair Surgery -62.3% 4 Pre-Op: 6/222 11.3 30.0 Average Quality of Life Outcomes Royal Cornwall Hospitals NHS Trust vs Peer Trusts 6 months: 1/98 4.0 7.5 -46.7% ↓ Error Bars at 95% Confidence Interval (+/- 2 SEs) 1 year: -/70 6.4 -/34 7.5 -100 % 👃 3 years: -/8 6.4 -100 % 👃 4 years: 5 years: Improvement: @ 64.6% 78.7% -17.9% ↓ PROM Ratio: 0 100.0%





Quality of Life **QoL Average Scores** PROM Qty Primary Hiatus Hernia Repair Surgery 23/205 31.8 27.4 Average Quality of Life Outcomes The Dudley Group NHS Foundation Trust vs Peer Trusts 1/98 5.0 7.5 -33.3% 👃 Error Bars at 95% Confidence Interval (+/- 2 SEs) 1/69 1.0 8.0 -87.5% 👃 2 years: -/34 7.5 -100% 1 -100 % 👃 3 years: -/8 6.4 4 years: Improvement: @ 96.9% 76.6% 26.5% 1 PROM Ratio: 100.0% 101.0% -1.0% 👃

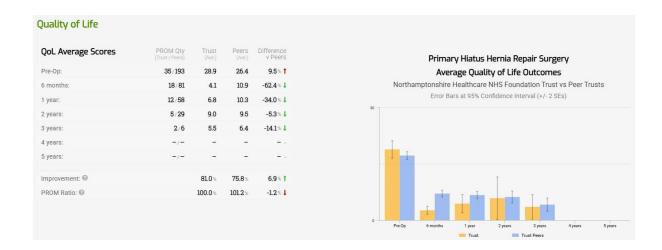




Quality of Life QoL Average Scores PROM Qty Primary Hiatus Hernia Repair Surgery -11.6% ↓ Pre-Op: 8/220 25.9 29.3 Average Quality of Life Outcomes Gloucestershire Hospitals NHS Foundation Trust vs Peer Trusts 6/93 5.3 8.0 Error Bars at 95% Confidence Interval (+/- 2 SEs) 5/65 9.0 8.0 1/33 8.8 104.5% 🕇 3 years: -/8 6.4 -100% | 4 years: 5 years: Improvement: @ 30.5% 78.2% -61.0% ↓ PROM Ratio: 🕝





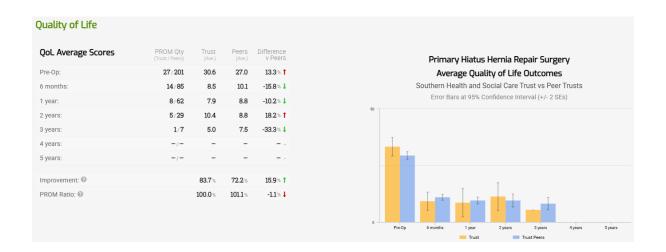




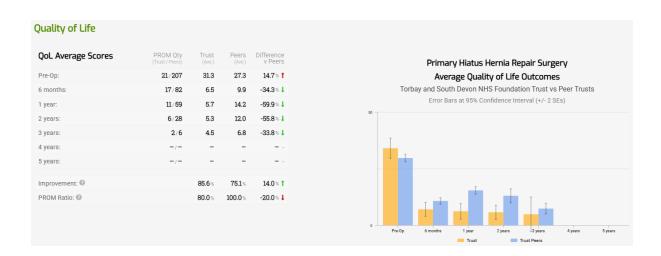


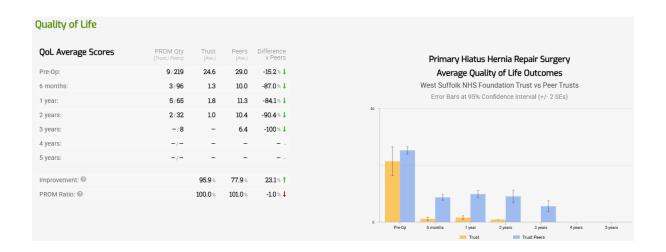
Quality of Life QoL Average Scores PROM Qty Primary Hiatus Hernia Repair Surgery 17/211 -4.8% 👃 Pre-Op: 27.8 29.2 Average Quality of Life Outcomes South Tees Hospitals NHS Foundation Trust vs Peer Trusts 6 months: 5/94 5.2 8.6 Error Bars at 95% Confidence Interval (+/- 2 SEs) 4/66 8.0 9.9 1 year: 2/32 12.5 7.9 58.2 % ↑ 3 years: -/8 6.4 -100% | 4 years: 5 years: Improvement: @ 55.0% 78.1% PROM Ratio: 🕝 100.0% 101.0%





Quality of Life PROM Qty **QoL Average Scores** Trust Peers Primary Hiatus Hernia Repair Surgery 39.8% ↑ Pre-Op: 3/225 39.0 27.9 Average Quality of Life Outcomes University Hospitals Sussex NHS Foundation Trust vs Peer Trusts 6 months: -/99 6.0 -100 % 👃 Error Bars at 95% Confidence Interval (+/- 2 SEs) 1 year: -/70 6.4 -/34 7.5 -100 % 👃 3 years: -/8 6.4 -100 % 👃 4 years: 5 years: Improvement: @ 0.0% 77.1% -100 % ↓ PROM Ratio: 0 101.0%

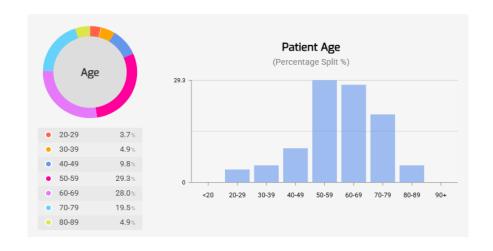




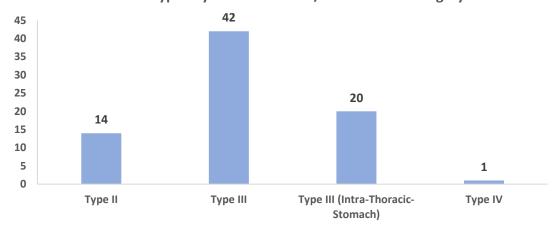
Hybrid Anti-Reflux/Hiatus Hernia Surgery- All Trusts/Organisations

101 registered patients, 19 active, 82 complete from 16 NHS Trusts/Independent HealthCare Organisations

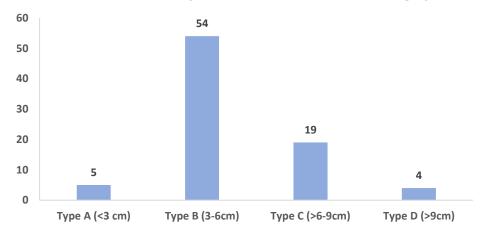
*To appear in statistical analysis the patient must have a complete or in PROM status



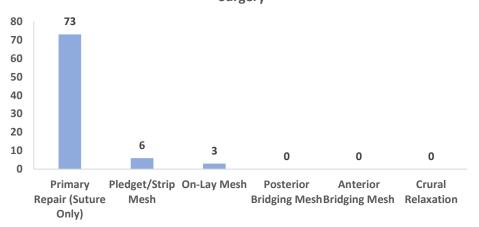
Hernia Type- Hybrid Anti-Reflux/Hiatus Hernia Surgery



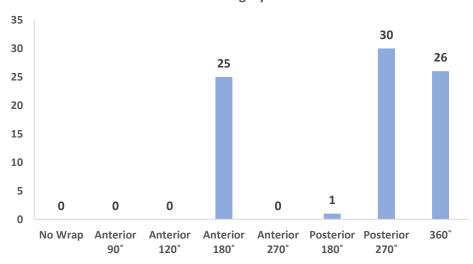
Hiatal Defect Size- Hybrid Anti-Reflux/Hiatus Hernia Surgery

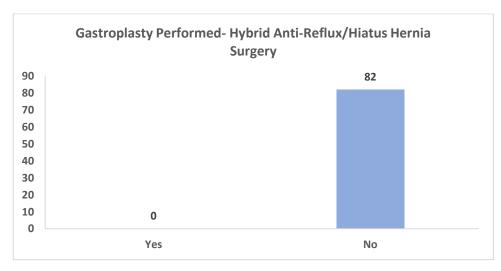


Type of Hiatal Repair- Hybrid Anti-Reflux/Hiatus Hernia Surgery



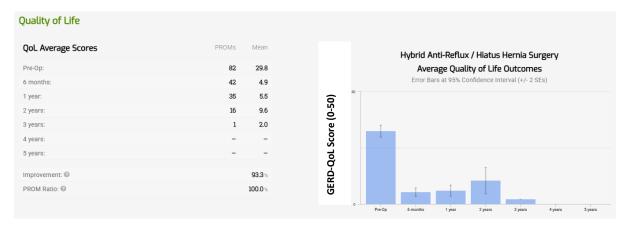
Fundoplication Type-Hybrid Anti-Reflux/Hiatus Hernia Surgery



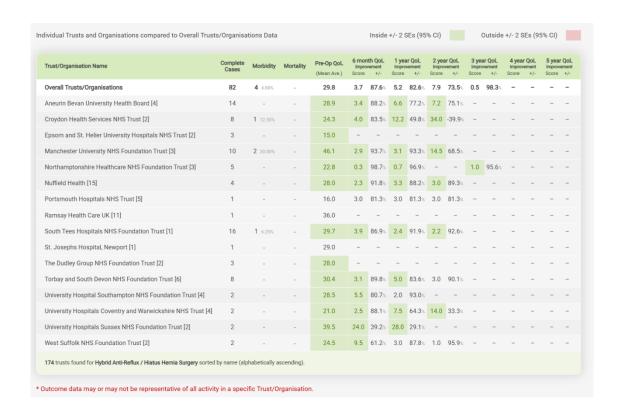


Hybrid Anti-Reflux/Hiatus Hernia Surgery											
82											
32 50 -											
				60	0.5						
				24	-83						
				13 (1	5.9%)						
	69 (84.1%)										
				0) (0	,						
154.4											
					_						
				4 (4	.9%)						
u			-		- 	/			T N/		
Type II			Type III				a-		Type IV		
					Sto						
		_			L		1				
Type A (<3	cm)	Type	Type B (3-6cm)						Type D (>9cm)		
					,						
								4			
									Crural		
73		6 3 -						-			
Anterior	Anto	erior							360°		
Partial 90°									Complete		
	12	20°)°					
-		<u>- </u>	25		1		3	0	26		
	Υ	es					N	lo			
		-					8	2			
				0-	69						
				6 (7	.3%)						
					-						
N	Mea	ın (x)	Ran	ge	SD				95% CI		
82	29	9.8	1-5	0	10.8	9	1.	20	27.4-32.2		
42	4	.9	1-2	1-24		5.5		85	3.2-6.6		
35	5	.5	1-2	8	6.6	6.6 1.1		12	3.3-7.7		
16	9	.6	1-3	4	10.7	8	2.	70	4.2-15.0		
1	2	.0			-		-		-		
-			-		-			-	-		
									1		
	32 Type II 14 Type A (<3 5 Primary Suture 73 Anterior Partial 90° N 82 42 35 16 1	Type II	Type II	Type II	32 56 66 24 13 (1 69 (8 15 2-1 15 2-1 15 15 15 15 15 15 15	S2	S2 S0 S0 S0 S0 S0 S0 S0	S2 S0 S0 S0 S0 S0 S0 S0	S2		

Combined UK GERD-QoL Score PROMs- Hybrid Anti-Reflux/Hiatus Hernia Surgery All NHS Trusts & Independent HealthCare Organisations



Individual UK GERD-QoL Score PROMs- Hybrid Anti-Reflux/Hiatus Hernia Surgery All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category



Hybrid Anti-Reflux/Hiatus Hernia Surgery

Patient Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts)

Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

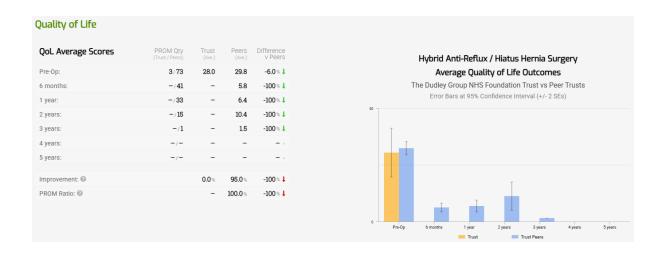
*To appear in statistical analysis the patient must have a complete status or in PROM status

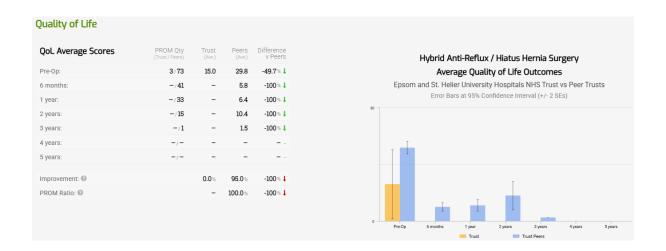
*Outcome data may or may not be representative of all activity in a specific Trust/Organisation

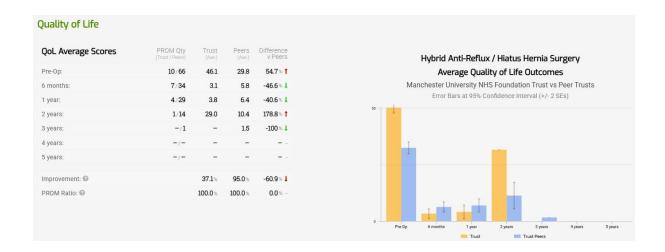


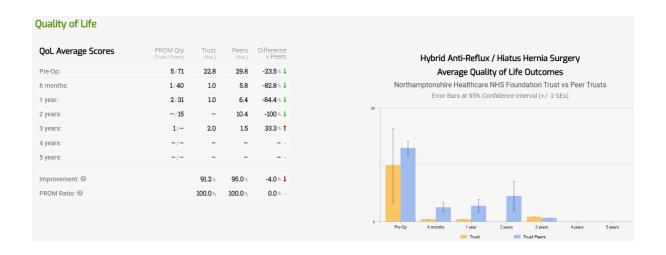


Quality of Life **QoL Average Scores** PROM Qty Hybrid Anti-Reflux / Hiatus Hernia Surgery Pre-Op: 8/68 24.3 29.8 -18.5% 👃 Average Quality of Life Outcomes 4/37 5.0 5.8 Croydon Health Services NHS Trust vs Peer Trusts Error Bars at 95% Confidence Interval (+/- 2 SEs) 4/29 8.3 6.4 29.7% 2 years: 1/14 34.0 10.4 226.9% 1 3 years: -/1 1.5 -100% 4 4 years: 5 years: -39.9% 95.0% -142.0% 👃 PROM Ratio: 100.0% 100.0% 0.0%











Quality of Life QoL Average Scores PROM Qty Hybrid Anti-Reflux / Hiatus Hernia Surgery 29.8 -0.3% 1 Average Quality of Life Outcomes Pre-Op: 16/60 29.7 South Tees Hospitals NHS Foundation Trust vs Peer Trusts 5.8 0.0% 6 months: 9/32 5.8 Error Bars at 95% Confidence Interval (+/- 2 SEs) 8/25 1 year: 2.9 6.4 5/10 10.4 3 years: -/11.5 -100 % **J** 4 years: 5 years: Improvement: 87.2% 95.0% -8.2% **↓** PROM Ratio: @ 100.0% 0.0% 100.0%





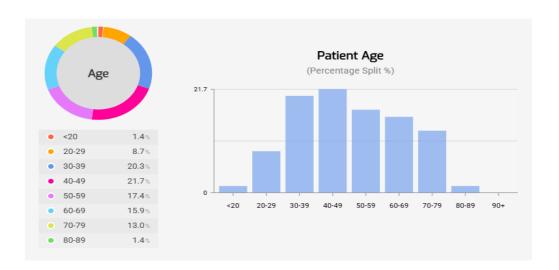
Quality of Life QoL Average Scores PROM Qty Hybrid Anti-Reflux / Hiatus Hernia Surgery Pre-Op: 8/68 29.8 2.0% Average Quality of Life Outcomes 30.4 7/34 5.8 -41.4% 👃 Torbay and South Devon NHS Foundation Trust vs Peer Trusts 3.4 Error Bars at 95% Confidence Interval (+/- 2 SEs) 6/27 -14.1% ↓ 2 years: 1/14 3.0 10.4 -71.2% 👃 -100% 👃 3 years: -/1 1.5 4 years: 5 years: 90.1% 95.0% -5.2% 👃 PROM Ratio: 🕝 100.0% 100.0% 0.0%

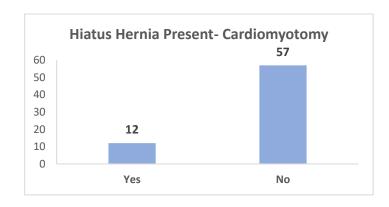


Cardiomyotomy Surgery- All Trusts/Organisations

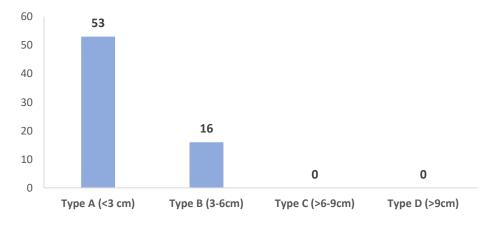
79 registered patients, 14 active, 69 complete, from 18 NHS Trusts/Independent HealthCare Organisations

*To appear in statistical analysis the patient must have a complete or in PROM status

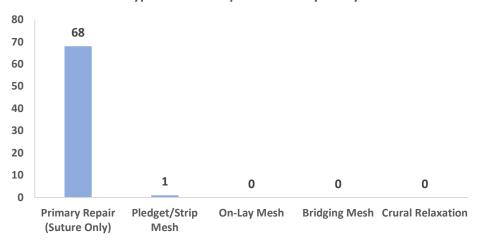




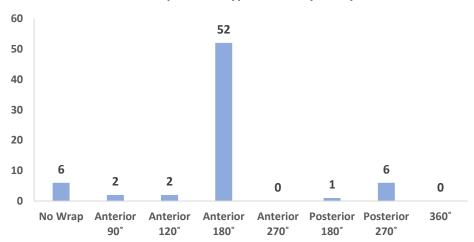
Hiatal Defect Size- Cardiomyotomy

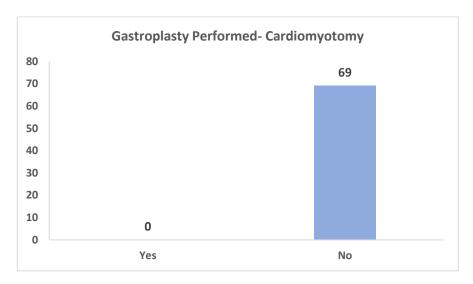


Type of Hiatal Repair- Cardiomyotomy



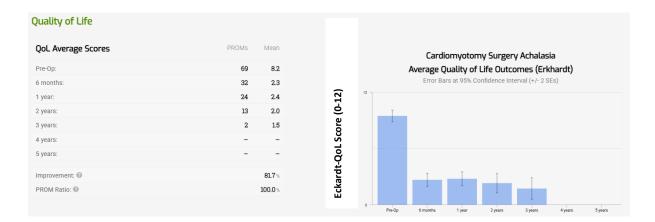
Fundoplication Type-Cardiomyotomy





		Card	diomy	otomy	Surge	ry						
Total	69											
Sex												
Male/Female/Other	42 27 -											
Age												
Median						49						
Range					17	7-82						
Episodes												
Day Case					1 (:	1.4%)						
Inpatient	1				68 (9	98.6%)						
Time on Waiting List												
Median (Days)		64										
Range (Days)	1				4-	-765						
Method												
Open						-						
Laparoscopic					68 (9	98.6%)						
Robotic					1 (:	1.4%)						
Converted						-						
Hiatus Hernia Present			Yes					No				
			12					57				
Hiatal Defect	Type A (<3 cm) Type E				6cm)	Type (C (>6-9cm)	Type D (>9cm)		(>9cm)		
	53			16			-			-		
Hiatal Repair	Primary Pledget/Strip On-Lay Mesh Bridging Mesh Suture Mesh						Crural					
								Relaxatio		elaxation		
	68			1		-	-			-		
Fundoplication Type	None		terior	Anterior		terior	Posterior	Posterior		360°		
		Part	ial 90°	Partial		artial	Partial	Parti		Complete		
	6		2	120° 2		80° 180° 52 1		270°		-		
Gastroplasty	0		Yes			3 2	<u> </u>	No		-		
Gastropiasty			163					-				
Length of Stay (Days)												
Median						2						
Range					1	33						
Complications						33						
Morbidity (Overall)					1 /	1.4%)						
Return to Theatre					•	1.4%)						
Readmission					•	1.4%)						
Mortality						- -						
QoL Outcomes						_						
QUE Outcomes	N		Mean (:	χ̄) P	ange		D	SE	Т	95% CI		
Pre-Procedure QoL	69	+ '	8.2		8-12		SD 2.16			7.7-8.7		
6 Month QoL	32		2.3		1-8	_	80	0.26 0.29		1.7-2.9		
1 Year QoL	24	-	2.4		1-6 1-6			0.32	\dashv	1.8-3.0		
2 Year QoL	13	-	2.0		1-6 1-5			0.32		1.2-2.8		
3 Year QoL	2		1.5		1-3 1-2	_	71	0.41		0.5-2.5		
4 Year QoL	-				-		-	-		-		
5 Year QoL						_			+			
U I CAI QUL										<u>-</u>		

Combined UK Eckardt-QoL Score PROMs- Cardiomyotomy All NHS Trusts & Independent HealthCare Organisations



Individual UK Eckardt-QoL Score PROMs- Cardiomyotomy All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category

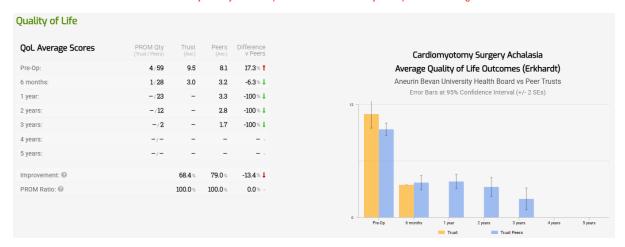


Cardiomyotomy (Achalasia)- Patient Reported Outcome Measures (PROMs) Eckardt Score 0-12 Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts)

Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation





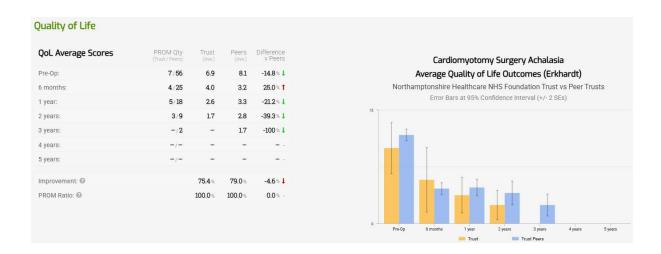


Quality of Life QoL Average Scores PROM Qty Cardiomyotomy Surgery Achalasia 8.1 23.5% Pre-Op: 1/62 10.0 Average Quality of Life Outcomes (Erkhardt) 3.2 Epsom and St. Helier University Hospitals NHS Trust vs Peer Trusts 6 months: -/29 Error Bars at 95% Confidence Interval (+/- 2 SEs) -/23 3.3 -100 % 👃 1 year: -/12 2.8 -100 % 👃 3 years: -/2 1.7 -100% ↓ 4 years: 5 years: Improvement: @ 79.0% -100 % 👃 0.0% PROM Ratio: 🔞 100.0%



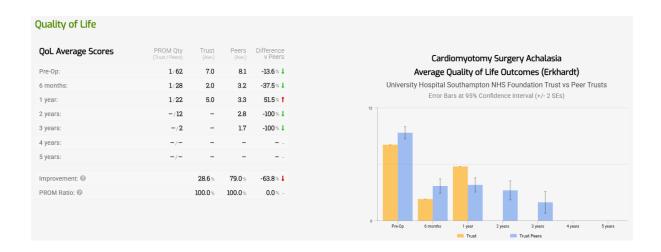


Quality of Life **QoL Average Scores** PROM Qty Cardiomyotomy Surgery Achalasia 1/62 48.1% Average Quality of Life Outcomes (Erkhardt) 12.0 8.1 -/29 -100 % 👃 Manchester University NHS Foundation Trust vs Peer Trusts Error Bars at 95% Confidence Interval (+/- 2 SEs) 1/22 2.0 3.3 -39.4% 2 years: -/12 2.8 -100 % **J** 1.7 -100% | 3 years: -/2 4 years: 5 years: 83.3% 79.0% 5.4% PROM Ratio: 🔞 100.0% 100.0% 0.0%





Quality of Life **QoL Average Scores** PROM Qty Cardiomyotomy Surgery Achalasia 6/57 8.1 13.6 % 🕇 9.2 Average Quality of Life Outcomes (Erkhardt) 3/26 1.7 3.2 South Tees Hospitals NHS Foundation Trust vs Peer Trusts Error Bars at 95% Confidence Interval (+/- 2 SEs) 1/22 4.0 3.3 21.2% 2 years: 1/11 5.0 2.8 78.6% **†** -100 % 👃 1.7 3 years: -/2 4 years: 5 years: Improvement: 🕝 45.7% 79.0% -42.2% **↓** PROM Ratio: @ 100.0% 100.0% 0.0%



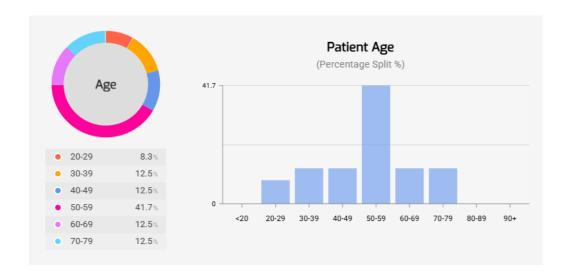


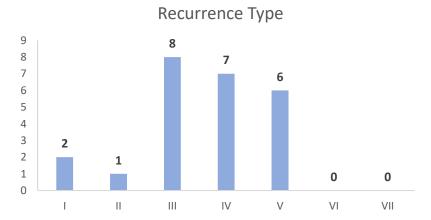
Quality of Life QoL Average Scores PROM Qty Cardiomyotomy Surgery Achalasia 9.0 11.1% 🕇 Pre-Op: 7/56 8.1 Average Quality of Life Outcomes (Erkhardt) 6 months: 5/24 1.4 3.2 -56.3% 🖡 Torbay and South Devon NHS Foundation Trust vs Peer Trusts Error Bars at 95% Confidence Interval (+/- 2 SEs) 5/18 2.0 5/7 2.2 2.8 -21.4% 👃 1.0 1.7 -41.2% ↓ 3 years: 1/1 4 years: -/-5 years: Improvement: @ 88.9% 79.0% PROM Ratio: 🕝 100.0% 100.0% 0.0% -

Revisional Anti-Reflux Surgery- All Trusts/Organisations

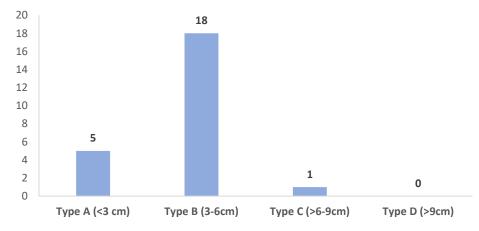
34 registered patients, 10 active, 24 complete from 10 NHS Trusts/Independent HealthCare Organisations

*To appear in statistical analysis the patient must have a complete or in PROM status

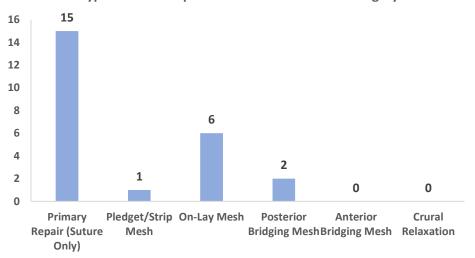




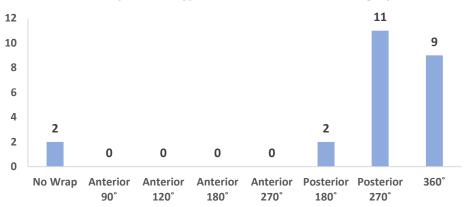
Hiatal Defect Size- Revisional Anti-Reflux Surgery

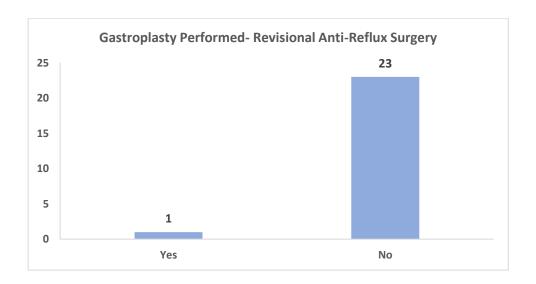


Type of Hiatal Repair- Revisional Anti-Reflux Surgery



Fundoplication Type-Revisional Anti-Reflux Surgery



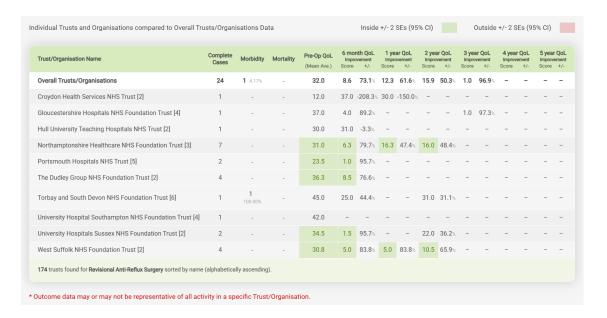


	Revi	sional	Anti-	-Refl	ux Sur	gerv						
Total	Revisional Anti-Reflux Surgery 24											
Sex	24											
Male/Female/Other	11 13											
Age	11 15											
Median	54.5											
Range	29-78											
Episodes	25-70											
Day Case	4 (16.7%)											
Inpatient	20 (83.3%)											
Time on Waiting List	20 (03.3%)											
Median	213											
Range	10-896											
Method	10-030											
Open	_											
Laparoscopic	23 (95.8%)											
Robotic												
Converted	1 (4.2%)											
Recurrence Type	1 11		III		- I IV		V	VI				
Necurrence Type	2	1	1		8	7		6	-			
Hiatal Defect				B /3-			(>6-9cm)		e D (>9cm)			
Tilatai Delect	Type A (<3 cm) Type B (3-6cm)				Jenny		<u>//0-9011)</u> 1) Type D (>9cm)				
Hiatal Repair	Primary Pledget/S					_		g Mech	Crural			
matai Nepali	Suture Mes			•	Oli-Lay	Wicsii Dilugilig		g IVICSII	Relaxation			
	15				6		5 2		-			
Fundoplication Type	Anterior	Ante		Anterior				Posterior	360°			
i diidopiiodiioii iypo	Partial 90°				Partial 180°		Partial 180° Pa		Complete			
	-			-	2	9						
Gastroplasty	Yes					2 11 9 No						
	1 23											
Length of Stay (Days)						•						
Median						1						
Range	1-23											
Complications												
Morbidity (Overall)	1 (4.2%)											
Return to Theatre	1 (4.2%)											
Readmission (90 days)	3 (12.5%)											
Mortality					•	-						
QoL Outcomes												
	N	Mear	ı (x)	Rá	ange	SD		SE	95% CI			
Pre-Procedure QoL	24	32.0		12-46		10.3	6	2.11	27.8-36.2			
6 Month QoL	13	12.0		1-37		11.92		3.31	5.4-18.6			
1 Year QoL	8	14.6		3-30		10.8		3.82	7.0-22.2			
2 Year QoL	7	17.4		2-31		10.56		3.99	9.4-25.4			
3 Year QoL	1	1.0			1-1		-		-			
4 Year QoL	1 1.0 1-1							-				
5 Year QoL	_			İ				_	_			

Combined UK GERD-QoL Score PROMs- Revisional Anti-Reflux Surgery All NHS Trusts & Independent HealthCare Organisations



Individual UK GERD-QoL Score PROMs- Revisional Anti-Reflux All NHS Trusts & Independent HealthCare Organisations Surgery who have entered a patient in this category



Revision Anti-Reflux Surgery

Patient Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts)

Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category

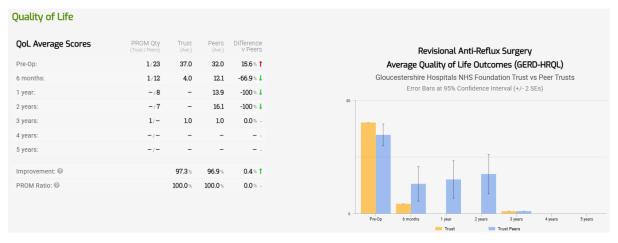
Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation







QoL Average Scores	PROM Qty (Trust / Peers)	Trust (Ave.)	Peers (Ave.)	Difference v Peers
Pre-Op:	7/17	31.0	32.0	-3.1% ↓
months:	6/7	6.7	12.1	-44.6%↓
1 year:	5/3	15.4	13.9	10.8% 🕇
2 years:	3/4	16.0	16.1	-0.6%↓
3 years:	-/1	-	1.0	-100 % ↓
4 years:	-/-	-	-	
5 years:	-/-	-	-	
Improvement:		48.4%	96.9%	-50.1% ↓
improvement.		40.4 n	30.3 %	-00.1 ~ •





Quality of Life PROM Qty Peers Difference **QoL Average Scores** Trust Revisional Anti-Reflux Surgery 7.8% t Pre-Op: 2/22 34.5 32.0 Average Quality of Life Outcomes (GERD-HRQL) University Hospitals Sussex NHS Foundation Trust vs Peer Trusts 6 months: 1/12 12.1 -75.2% 3.0 Error Bars at 95% Confidence Interval (+/- 2 SEs) 13.9 1 year: -/8 -100 % 👃 1/6 22.0 16.1 3 years: -/11.0 -100% 1 4 years: -/-5 years: Improvement: @ 36.2% 96.9% -62.6% PROM Ratio: @ 100.0%

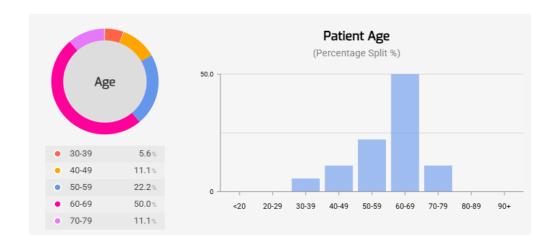




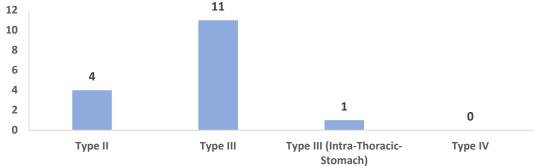
Revisional Hiatal Hernia Surgery- All Trusts/Organisations

25 registered patients, 8 active, 17 complete, from 9 NHS Trusts/Independent HealthCare Organisations

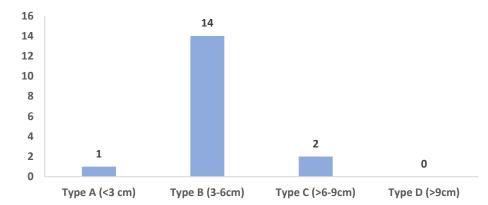
*To appear in statistical analysis the patient must have a complete or in PROM status



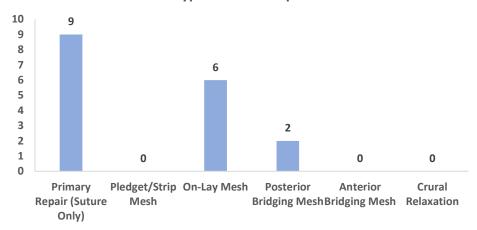




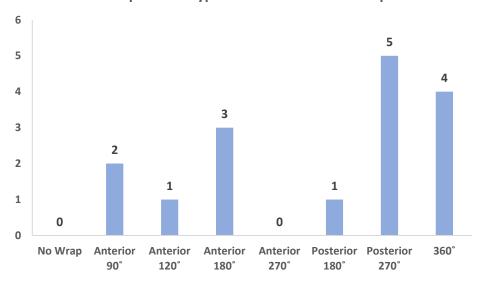
Hiatal Defect Size

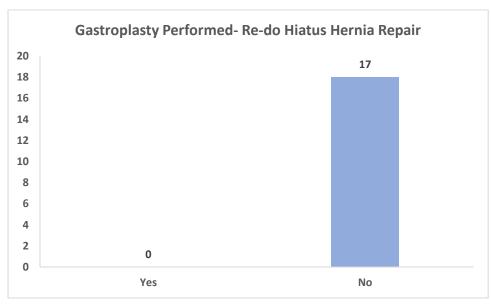


Type of Hiatal Repair



Fundoplication Type-Re-do Hiatus Hernia Repair





Revisional Hiatus Hernia Repair												
Total	17											
Sex												
Male/Female/Other		5			1	.2			_			
Age												
Median	62											
Range	37-76											
Episodes												
Day Case	2 (11.8%)											
Inpatient	15 (88.2%)											
Time on Waiting List	,											
Median (Days)	288											
Range (Days)	69-966											
Method												
Open	-											
Laparoscopic	16 (94.1%)											
Robotic	1 (5.9%)											
Converted	-											
Hiatus Hernia Type	Type II Type III Type III					horacic-St	omach)	7	Type IV			
	5	1	.1		1				-			
Hiatal Defect	Type A (<	ype B(3-0	3(3-6cm) Type C (>6-9			n) Ty	Type D (>9cm)					
	1			14			2			-		
Hiatal Repair	Primary	et/Strip	t/Strip On-Lay Me		Bridg	ing Mesh	Mesh Crural					
	Suture		М	esh					Relaxation			
	9			-		6		2		-		
Fundoplication Type	None					erior Posterio				360°		
		Partia	l 90°	Partial	-	rtial	Partial			Complete		
	1	2		120°			180° 1	270 5)	4		
Gastroplasty	1				1 3 1							
Gastropiasty	Yes No											
Length of Stay		- 17										
Median (Days)	2											
Range (Days)	3											
Complications	3-4											
Morbidity (Overall)												
Return to Theatre	-											
Readmission (90 days)	- 1 /F DO/)											
Mortality	1 (5.9%)											
QoL Outcomes						_						
QOL Outcomes	N Mean (x̄) Range SD SE 95% (95% CI		
Pre-Procedure QoL	17	-	3.5		-43	_	.86	1.91		24.7-32.3		
6 Month	11	7.6			35		45	2.85		1.9-13.3		
1 Year QoL	7	11.9			43		.35	5.42		1.1-22.7		
2 Year QoL	6	11.3		-	13 19	_	5.24			7.0-15.6		
3 Year QoL	1	30.0			-30	<u> </u>	_	2.14		-		
4 Year QoL	-		- -		.	-		-		_		
5 Year QoL								-				
o rear QOL	-		-	1 .	•	1	-	-		-		

Combined UK Hiatus Hernia-QoL Score PROMs- Revisional Hiatus Hernia Repair All NHS Trusts & Independent HealthCare Organisations



Individual UK Hiatus Hernia-QoL Score PROMs- Revisional Hiatus Hernia Repair All NHS Trusts & Independent HealthCare Organisations who have entered a patient in this category



Revisional Hiatus Hernia Surgery

Patient Reported Outcome Measures (PROMs) NHS Trusts- (Trust vs Peer Trusts) Included- NHSR registered NHS Trusts who have entered at least 1 patient into any NHSR reporting category Excluded- NHSR registered NHS Trusts that have not entered any patients into any category

*To appear in statistical analysis the patient must have a complete status or in PROM status

*Outcome data may or may not be representative of all activity in a specific Trust/Organisation













Quality of Life QoL Average Scores PROM Qty Peers Difference (Ave.) v Peers Revisional Hiatus Hernia Surgery Pre-Op: 4/13 27.3 28.5 -4.2%↓ Average Quality of Life Outcomes Southern Health and Social Care Trust vs Peer Trusts 6 months: 4/7 11.8 7.9 49.4% 1 Error Bars at 95% Confidence Interval (+/- 2 SEs) 1/6 43.0 11.3 280.5% 1 1 year: 10.6 3 years: -/1 15.5 -100 % 👃 4 years: -/-5 years: Improvement: 56.0% 45.6% 22.8% 1 PROM Ratio: 🕝



9 Conclusion and Summary

Currently, the NHSR Registry voluntarily submits data, and the level of engagement is variable. There are several potential causes of bias in this report; the data submitted may or may not be representative of an entire individual, centre/unit, depending on the level of engagement. Early adopters of this Registry are potential higher performers in hiatal surgery; it perhaps couples with interest and performance in this area.

Parts of the data collection are self-reporting and thus vulnerable to bias, which includes entering all cases and complications. However, one of the most exciting elements of this Registry, QoL improvement data, is populated independently of the surgeon by the intrinsic mechanism of the NHSR and thus is independent, high-quality feedback data.

Currently, the centres that have engaged the NHSR report remarkable improvement in patient-reported QoL outcomes post-operatively for all aspects of benign hiatal surgery. Significant improvement in QoL score is shown from the pre-procedure baseline in all sub-sets of primary hiatal surgery, validating the quality of surgery being performed by submitting centres.

Data is currently limited as the Registry is in the infancy of its growth, and only those patients with complete status or in PROMs can be included for statistical analysis. Many patients are still in the 'active' stage, but these will filter through with time.

In terms of ambitions for the future, as more data populates, we hope to report more detailed outcomes in terms of techniques used for hiatal surgery, fundoplication type, mesh technique, robotic hiatal surgery, etc, at a national level.

We are currently working with GIRFT (<u>Getting It Right First Time – GIRFT</u>) and NHS Digital on integrating HES data to cross-reference activity in hiatal surgery to address the vulnerability of self-reporting volume of activity and complication rates.

We are also working with Electronic Patient Record Systems (EPR) providers to integrate and allow the use of NHSR in a paperless hospital.