

# Feasibility of Using Hospital Episode Statistics in England to Assess the Resource Use and Outcomes in Haemophilia

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**Background:** Haemophilia is a bleeding disorder characterised by a deficiency of clotting factor FVIII/FIX. Limited evidence has been generated on the hospital activity for haemophilia in the secondary healthcare setting in England. Information about these patients could provide a greater understanding of the burden of haemophilia in secondary healthcare settings.

**Aims:** This study aimed to assess the feasibility of utilising NHS England's hospital episode statistics (HES) to assess resource use and clinical outcomes in the secondary healthcare setting for haemophilia.

**Methods:** The HES dataset contains details of diagnoses and procedures for hospital admissions, outpatient appointments and A&E attendances at NHS hospitals in England. The dataset was queried from 2009-2018 (HES Years) for haemophilia patients that ever-used secondary healthcare in England over the 10 years which encompasses all ages (adults/paediatrics) and all haemophilia severities. Specific ICD-10 codes were queried for the patient counts: D66 (Hereditary Factor VIII deficiency) & D67 (Hereditary Factor IX deficiency). In addition, OPCS-4.7 procedure codes (X81-X98) were assessed to understand which high cost drugs are being frequently coded for haemophilia admissions in secondary care.

**Results:** The number of Haemophilia A and Haemophilia B patients captured over the 10 years is 16,940 and 2,473 respectively. Hospital activity in 2018 indicated that people with haemophilia A and B were coded 3,466 and 504 times respectively within the year. The most frequently coded high cost drug in the haemophilia cohort was X83 (High cost for other cardiovascular drugs) which encompasses blood products.

**Conclusions:** The feasibility of using the HES database is promising with large numbers of distinct patients across a 10-year period for haemophilia A and B. Coding of high-cost blood products as a procedure will assist in identifying hospital activity of different subsets of haemophilia patients. Further analysis of the dataset is planned to further understand resource use and outcomes in haemophilia.

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