Follicular lymphoma: data insights

HES data analysis

by Wilmington Healthcare

on behalf of Ipsen Pharmaceuticals

July 2023

Introduction

About this report

- Ipsen Pharmaceuticals commissioned Wilmington Healthcare to provide insights into the landscape of follicular lymphoma (FL) – a cancer of the lymphatic system in which the body makes abnormal B cells – in England.
- To achieve this, Wilmington Healthcare used Hospital Episode Statistics (HES) data[1] to analyse:
  - admission types: inpatient/outpatient, non-elective/elective
  - age/sex
  - treatment specialties
  - comorbidities
  - procedures
  - length of stay
  - costs.
- The HES analysis covers the 5-year full fiscal years 2017/2018 through 2021/2022 and uses the International Classification of Disease, 10th edition (ICD-10) codes for follicular lymphoma.[1]
- The report is divided into three colour-coded main sections summarising findings of particular interest. Appendices provide references, analytical methods, detailed data, and the HES disclaimer/digital licence. The full dataset is available in a separate Excel report.

About HES data[2]

HES is a database containing details about admissions, A&E attendances and outpatient appointments at NHS hospitals in England. It can be used to:

- monitor trends and patterns in NHS hospital activity
- assess effective delivery of care
- support local service planning
- provide the basis for national indicators of clinical quality
- reveal health trends over time
- inform patient choice
- determine fair access to health care
- develop, monitor and evaluate government policy
- support NHS and parliamentary accountability.

The HES disclaimer/digital licence is provided in Appendix 2.

ICD-10 codes for follicular lymphoma[1]

C820	Follicular lymphoma grade I
C821	Follicular lymphoma grade II
C822	Follicular lymphoma grade III, unspecified
C823	Follicular lymphoma grade IIIa
C824	Follicular lymphoma grade IIIb
C825	Diffuse follicle centre lymphoma
C826	Cutaneous follicle centre lymphoma
C827	Other types of follicular lymphoma
C829	Follicular lymphoma, unspecified

How to use this report

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HES, Hospital Episode Statistics; HRG, healthcare resource group; ICB, integrated care board.

HES data

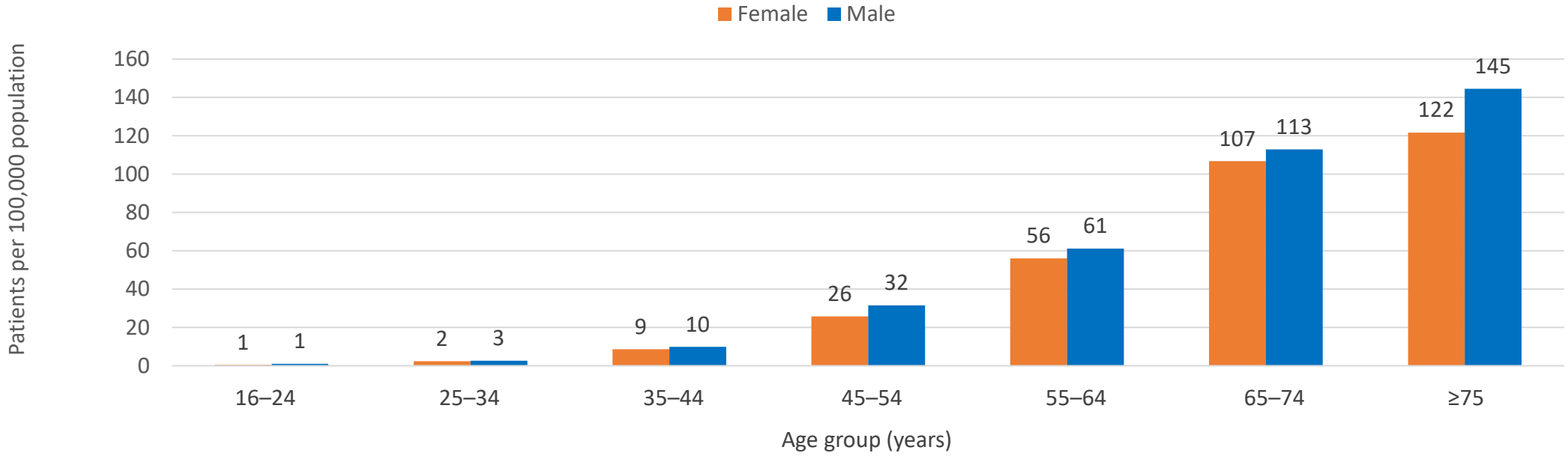
Inpatient data

Patients

The number of patients admitted with a diagnosis of FL per 100,000 population increases with increasing age

- The number of patients admitted with a diagnosis of FL:
  - increases with increasing age
  - is higher in males than females in all age groups except 16–24 years (but numbers are very small).

Patients admitted to hospital with a diagnosis of FL by age and sex – normalised per 100,000 population,[3] 5-year total (2017/2018 to 2021/2022)



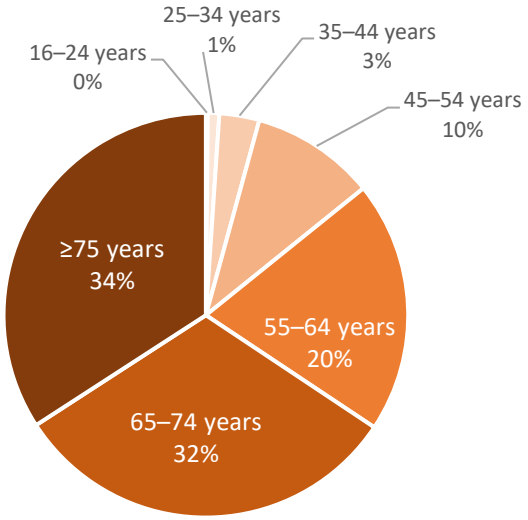
Source data in appendix

FL, follicular lymphoma.

Similar numbers of males and females with FL are admitted and the split between age ranges is also very similar

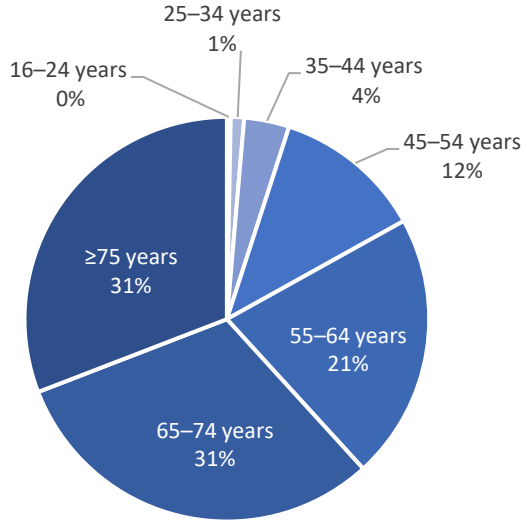
- Very similar numbers of female and male patients were admitted with a diagnosis of FL during the analysis period.
- The split between age ranges of admitted patients was also very similar for female and male patients.

Female patients admitted to hospital with a diagnosis of FL by age, 5-year total (2017/2018 to 2021/2022)



n=9,855

Male patients admitted to hospital with a diagnosis of FL by age, 5-year total (2017/2018 to 2021/2022)



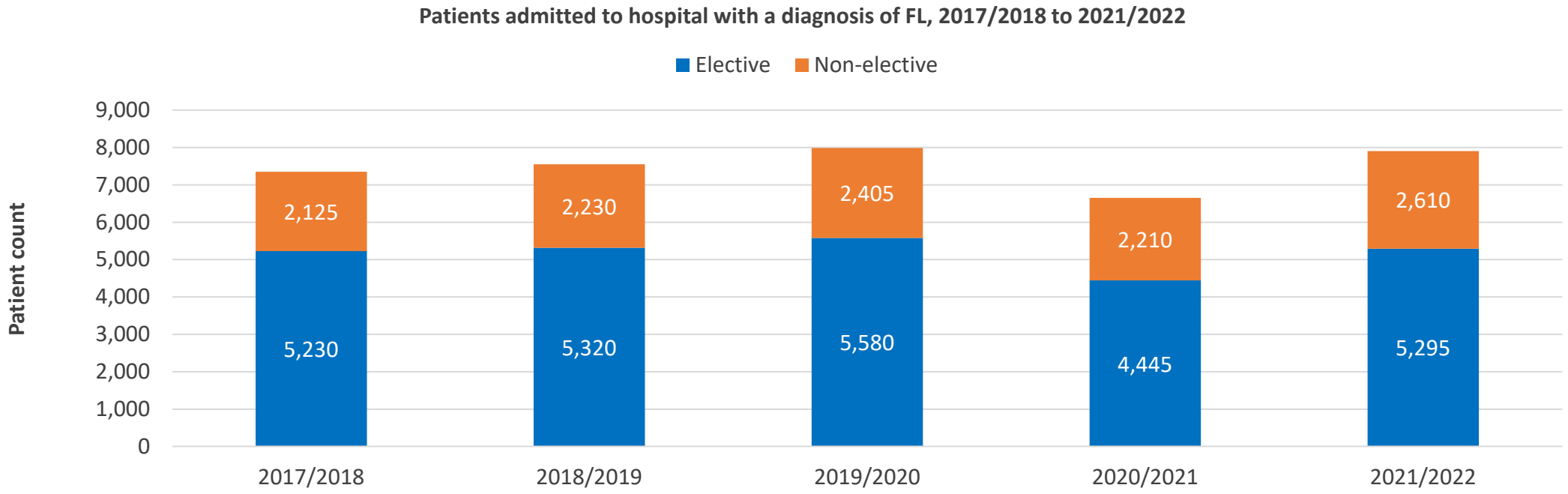
n=9,835

FL, follicular lymphoma.

Source data in appendix

Elective admissions where the patient has had a diagnosis of FL remained stable while non-elective admissions increased

- Between 2017/2018 and 2021/2022, elective admissions in patients with a diagnosis of FL remained relatively stable overall, while non-elective admissions increased by 23% overall.
- A pronounced decrease in elective admissions and a small decrease in non-elective admissions were seen during 2020/2021 at the peak of the COVID-19 pandemic. Non-elective admissions had increased beyond pandemic levels by 2021/2022, while elective admissions had not fully recovered.



COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

The number of patients admitted with a diagnosis of FL varies by ICB

During 2017/2018 to 2021/2022, the highest number of patients admitted with a diagnosis of FL was in:

- NHS North East and North Cumbria ICB (n=975)

followed by:

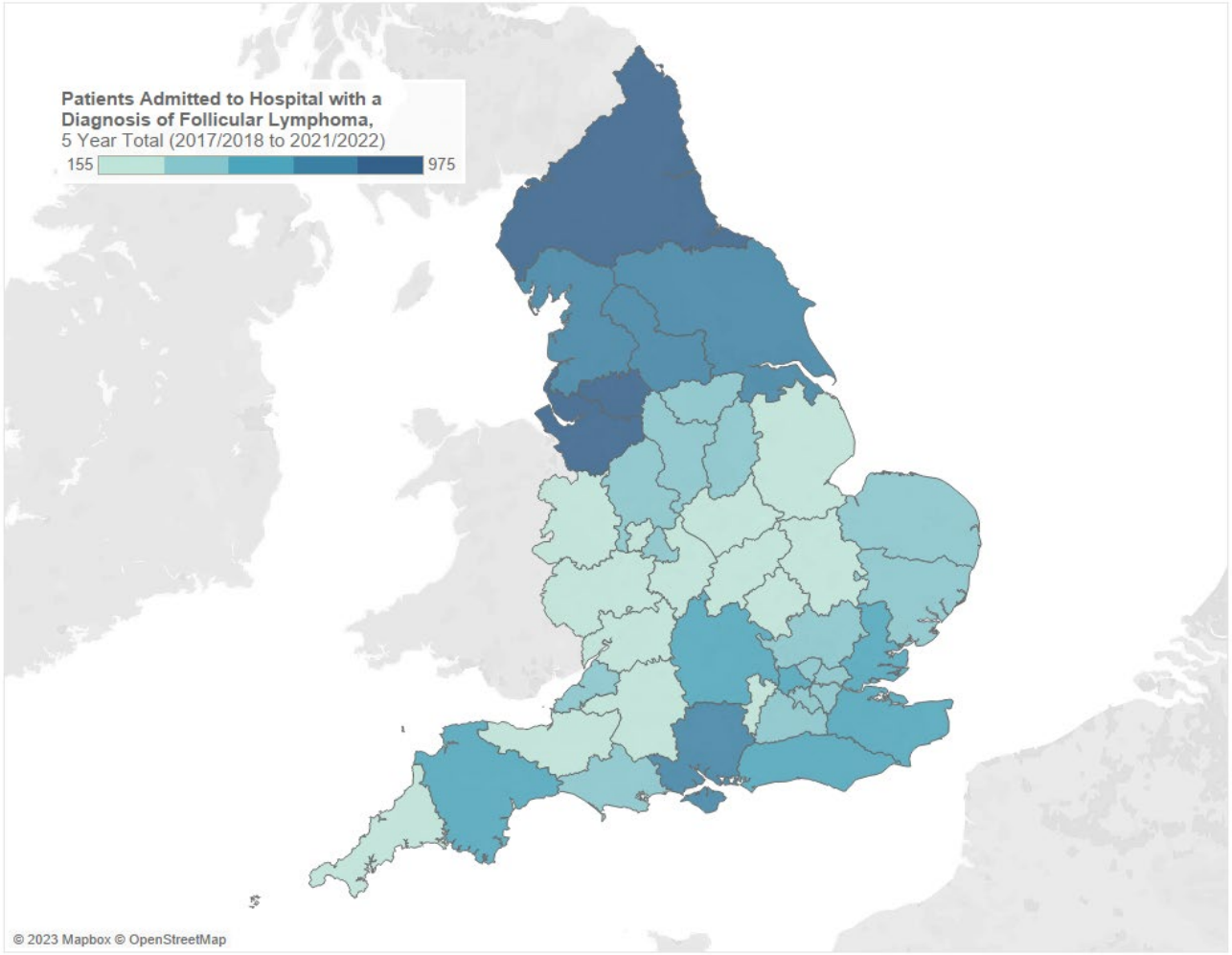
- NHS Cheshire and Merseyside ICB (n=910)
- NHS Greater Manchester ICB (n=865).

The lowest number of admissions was in:

- NHS Shropshire, Telford and Wrekin ICB (n=155)

followed by:

- NHS Cornwall and the Isles of Scilly ICB (n=220)
- NHS Somerset ICB (n=230).



Click here to access interactive version of this map

FL, follicular lymphoma; ICB, integrated care board.

Source data in appendix

The number of patients admitted with a diagnosis of FL per 100,000 population varies by ICB[3]

During 2017/2018 to 2021/2022, the highest number of patients admitted with a diagnosis of FL per 100,000 population was in:

- NHS Dorset ICB (n=43)

followed by:

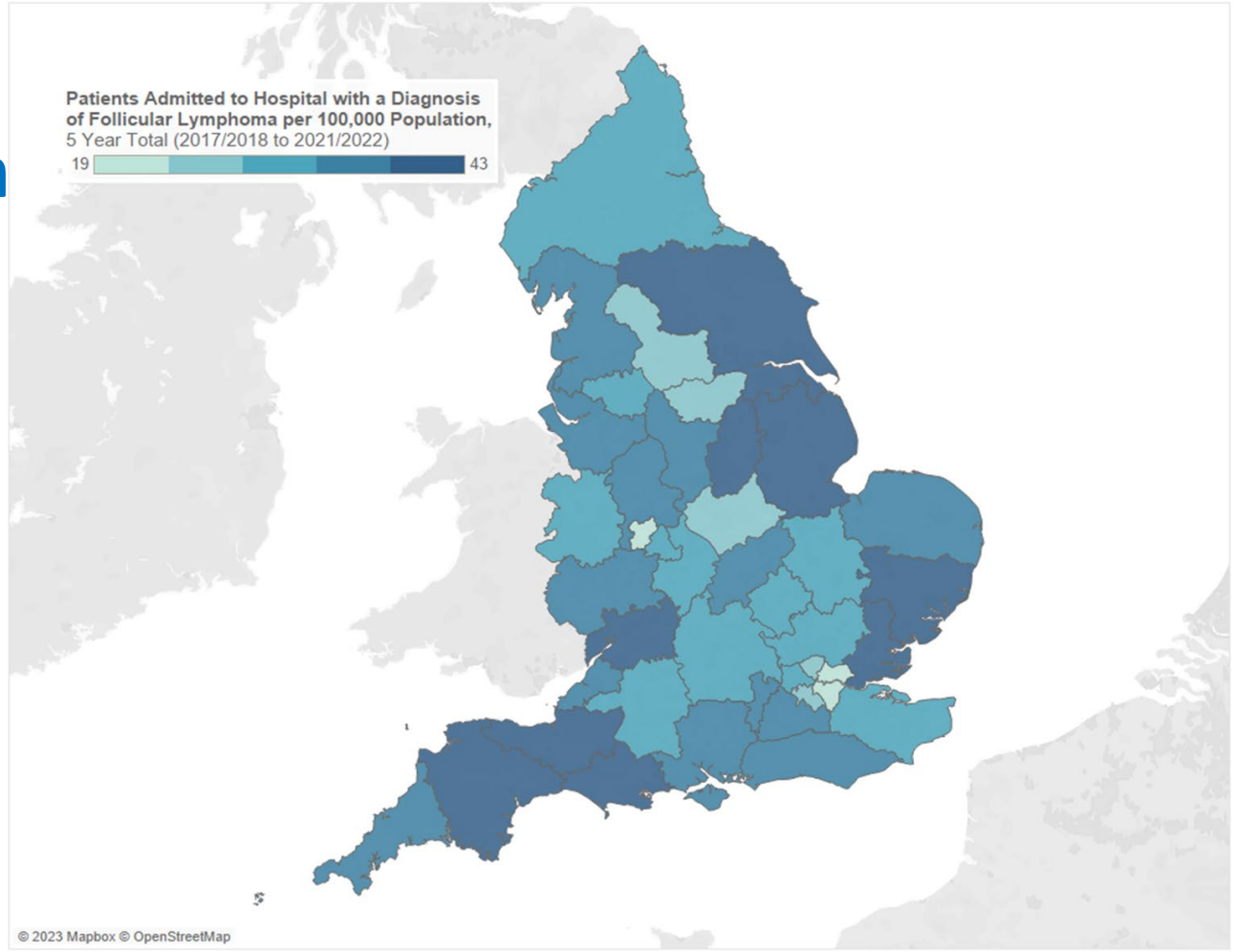
- NHS Suffolk and North East Essex ICB (n=42)
- NHS Somerset ICB, NHS Humber and North Yorkshire ICB and NHS Lincolnshire ICB (n=41 for each).

The lowest number of admissions was in:

- NHS North East London ICB (n=19)

followed by:

- NHS South East London ICB (n=20).



Click here to access interactive version of this map

FL, follicular lymphoma; ICB, integrated care board.

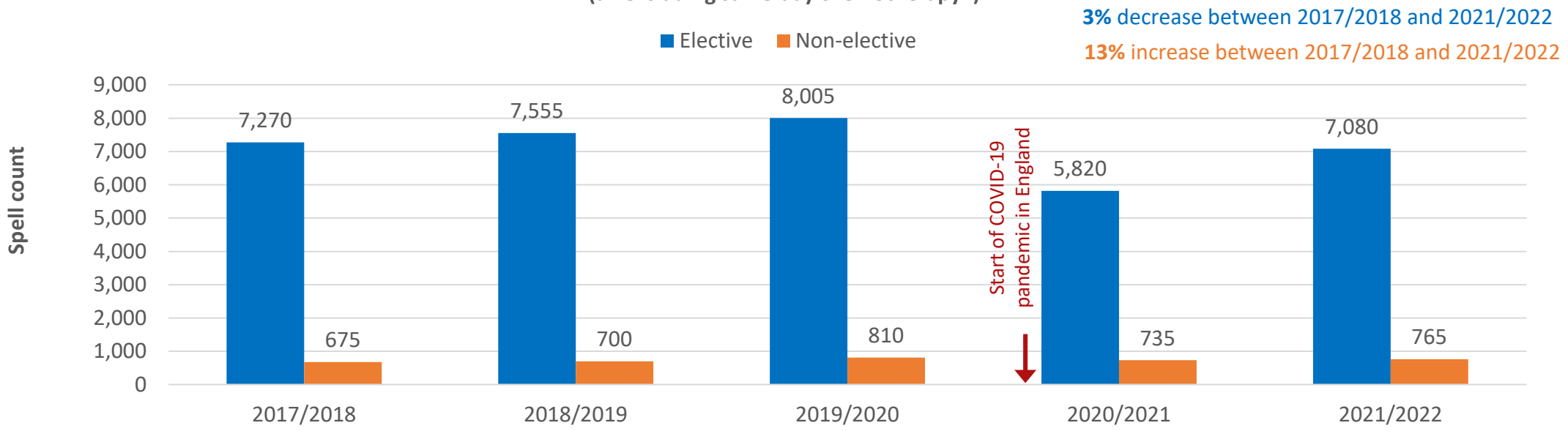
Source data in appendix

Spells

Inpatient spells with a primary diagnosis of FL decreased between 2017/2018 and 2021/2022

- An overall decrease of 3% in elective hospital inpatient spells with a primary diagnosis of FL was seen between 2017/2018 and 2021/2022, while the number of non-elective inpatient spells increased by 13%.
- A marked decrease in elective hospital inpatient spells for FL was observed shortly after the COVID-19 pandemic began during 2020/2021; these have increased but not yet returned to pre-pandemic levels.
- Non-elective hospital inpatient spells remained relatively stable during the pandemic.

Hospital inpatient spells with a primary diagnosis of FL, 2017/2018 to 2021/2022 (all excluding same-day chemotherapy*)



*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.

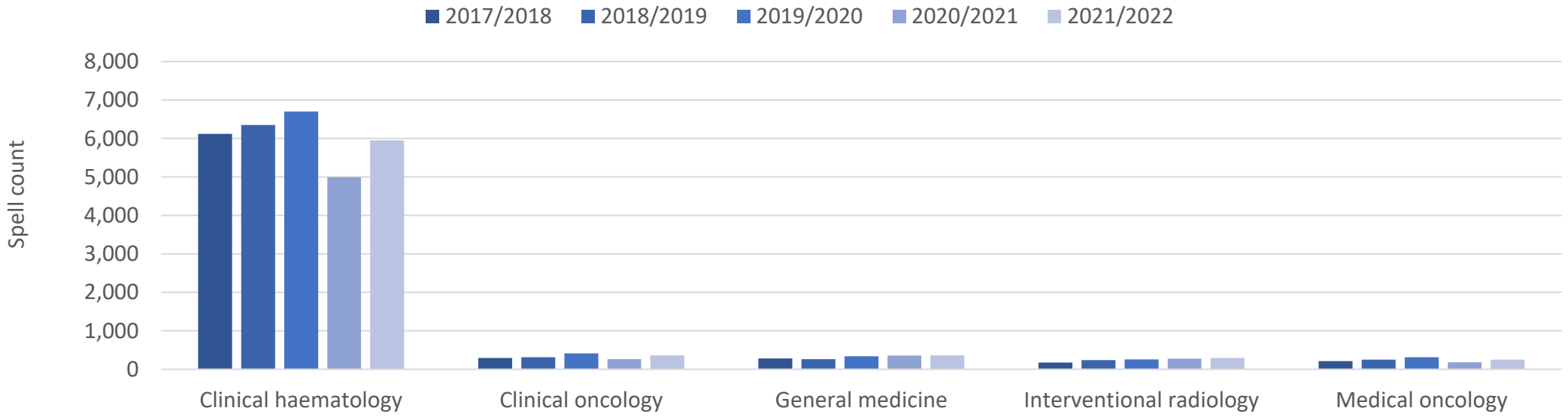
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Clinical haematology is the most common specialty seen in spells for patients with a primary diagnosis of FL

- Between 2017/2018 and 2021/2022, clinical haematology was by far the most common specialty in hospital spells for patients with a primary diagnosis of FL.
- A pronounced decrease in spells seen in clinical haematology occurred during 2020/2021 at the peak of the COVID-19 pandemic and numbers have not yet fully recovered.
- The numbers of spells involving other specialties are small, making trends difficult to identify.

Hospital inpatient spells with a primary diagnosis of FL by treatment specialty, 2017/2018 to 2021/2022 (all excluding same-day chemotherapy*)



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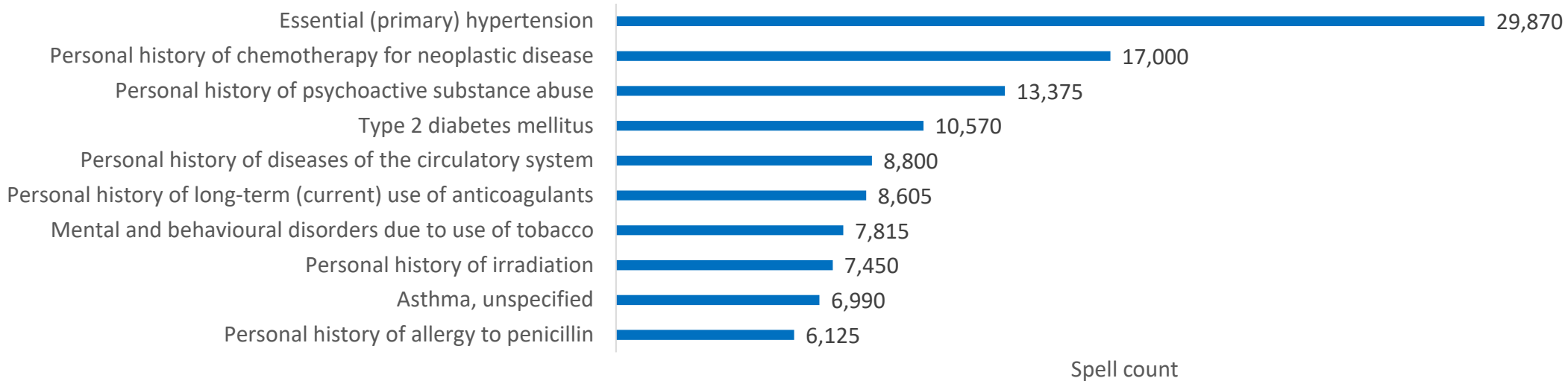
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Essential hypertension is the most common secondary diagnosis for patients with a primary diagnosis of FL

- Essential (primary hypertension) is the most common secondary diagnosis in patients with a primary diagnosis of FL, followed by:
  - personal history of chemotherapy for neoplastic disease
  - personal history of psychoactive substance abuse.

Hospital inpatient spells with a primary diagnosis of FL by secondary diagnosis, 5-year total (2017/2018 to 2021/2022)



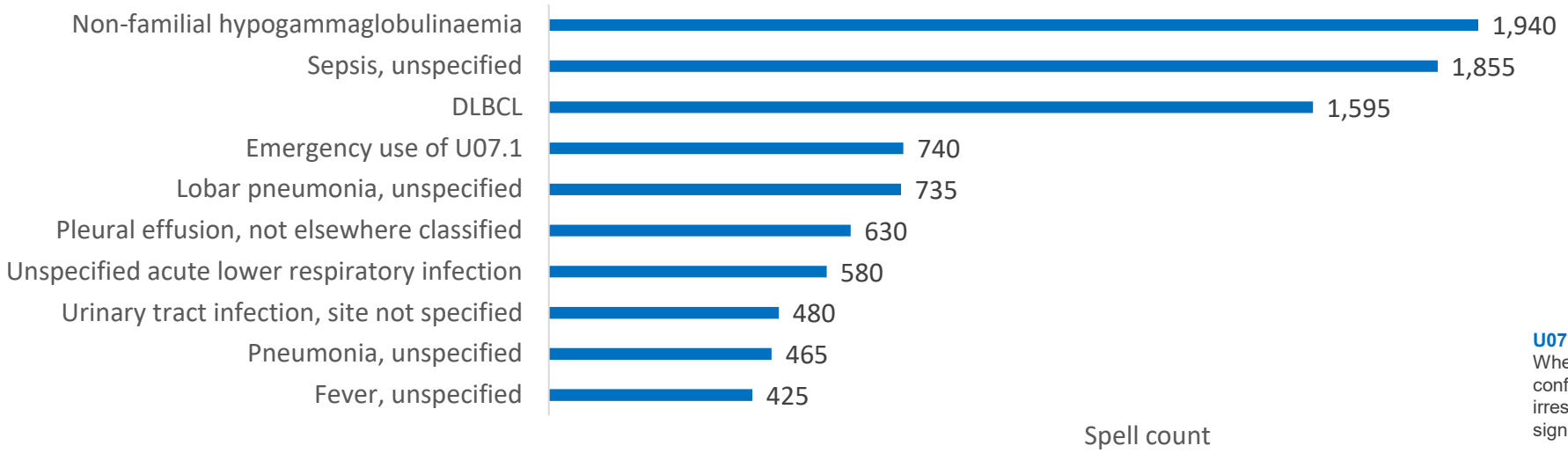
FL, follicular lymphoma.

Source data in appendix

Non-familial hypogammaglobulinaemia is the most common primary diagnosis for patients with a secondary diagnosis of FL

- Non-familial hypogammaglobulinaemia is the most common primary diagnosis on admission for patients with a secondary diagnosis of FL, followed by:
  - sepsis, unspecified
  - DLBCL.

Hospital inpatient spells with a secondary diagnosis of FL by primary diagnosis, 5-year total (2017/2018 to 2021/2022)



U07.1: COVID-19, virus identified
When COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

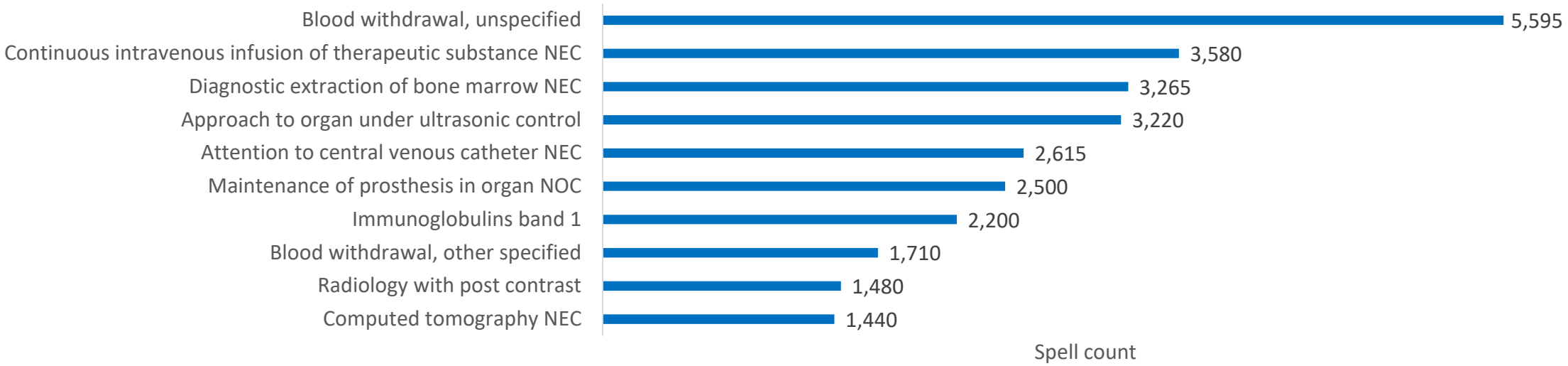
Source data in appendix

DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma.

Blood withdrawal is the most common inpatient procedure in patients with a primary diagnosis of FL

- Blood withdrawal, unspecified, is the most common inpatient procedure in patients with a primary diagnosis of FL, followed by:
  - continuous infusion of therapeutic substance NEC
  - diagnostic extraction of bone marrow NEC.

Hospital inpatient spells with a primary diagnosis of FL by procedure, 5-year total (2017/2018 to 2021/2022) (all excluding same-day chemotherapy*)



*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.

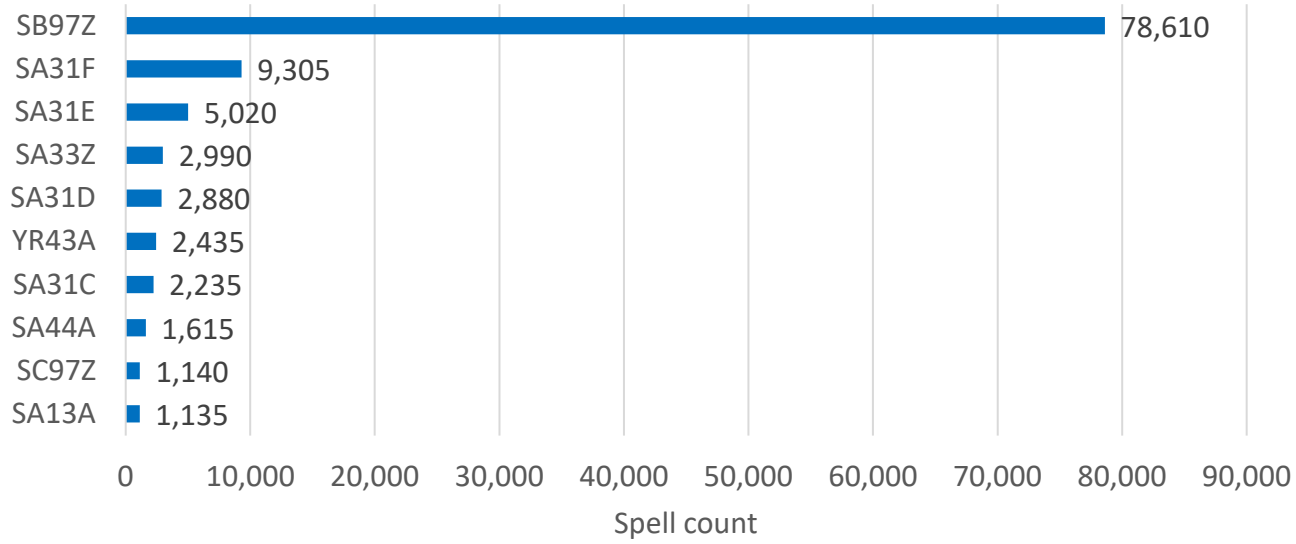
FL, follicular lymphoma; NEC, not elsewhere classified; NOC, not otherwise classified.

Source data in appendix

Same-day chemotherapy admission or attendance is the most common HRG code in patients with a primary diagnosis of FL

- Same-day chemotherapy admission or attendance is the most common HRG code in patients with a primary diagnosis of FL, followed by:
  - malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 01
  - malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 23
  - diagnostic bone marrow extraction.

Hospital inpatient spells with a primary diagnosis of FL by HRG code, 5-year total (2017/2018 to 2021/2022)



SB97Z	Same-day chemotherapy admission or attendance
SA31F	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 01
SA31E	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 23
SA33Z	Diagnostic bone marrow extraction
SA31D	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 45
YR43A	Attention to central venous catheter, 19 years and over
SA31C	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 69
SA44A	Single plasma exchange or other intravenous blood transfusion, 19 years and over
SC97Z	Same day radiotherapy admission or attendance (excluding brachytherapy)
SA13A	Single plasma exchange, leucophoresis or red cell exchange, 19 years and over

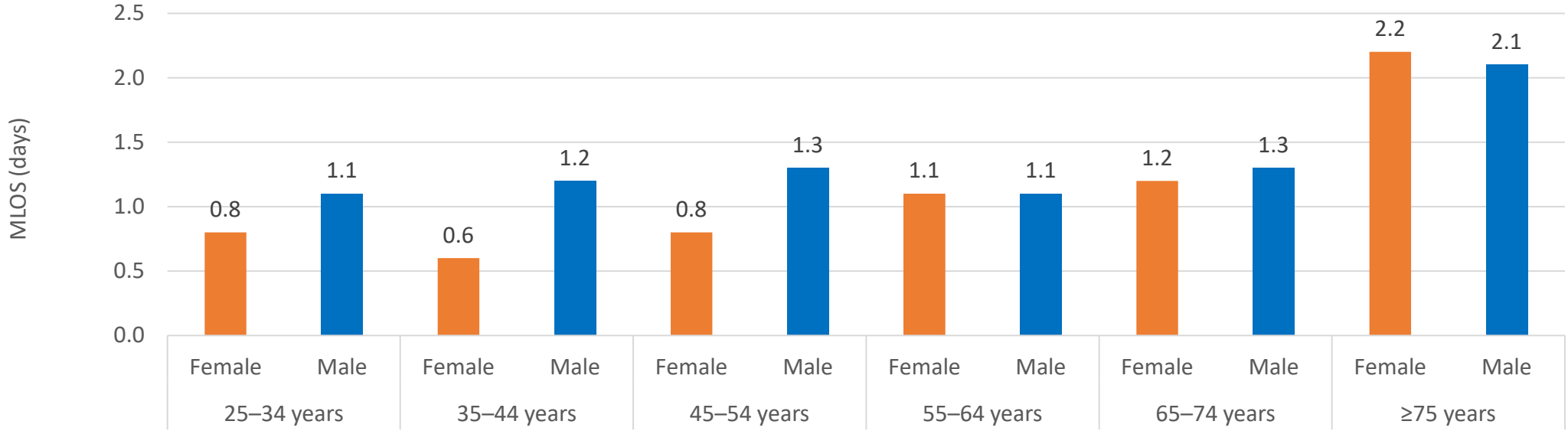
CC, complication and comorbidity; FL, follicular lymphoma; HRG, healthcare resource group.

Source data in appendix

MLOS for inpatient spells fluctuates with age but is typically higher for men who have a diagnosis of FL than women

- MLOS for hospital inpatient spells fluctuates across the age ranges:
  - It is typically longer for men than women but longer for women than men in patients aged ≥75 years.

MLOS of hospital inpatient spells with a primary diagnosis of FL by age and sex, 5-year total (2017/2018 to 2021/2022) (all excluding same-day chemotherapy*)



*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.

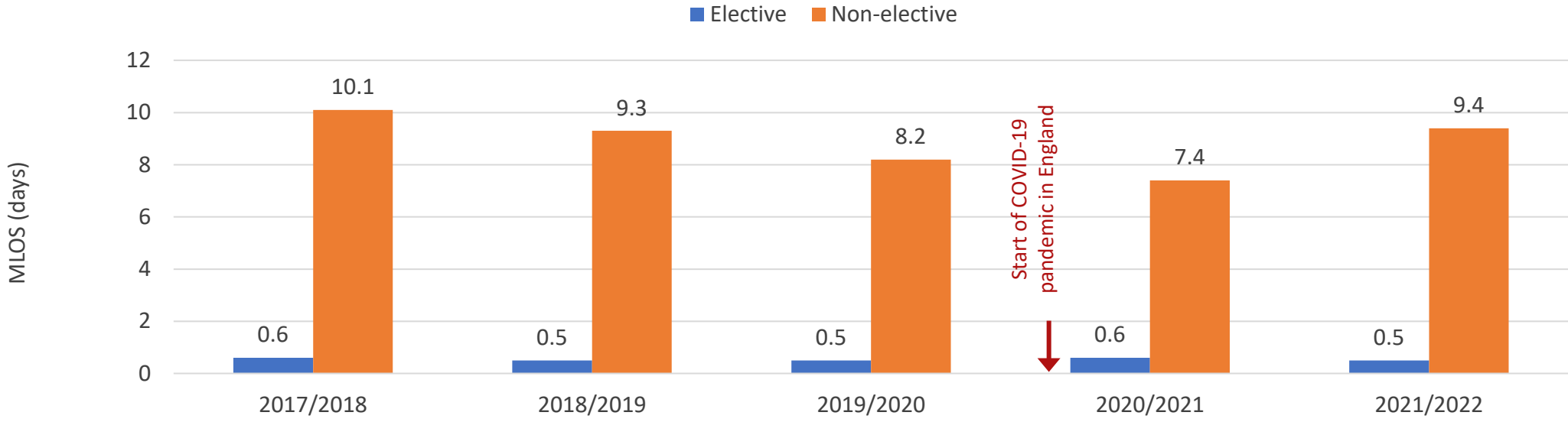
FL, follicular lymphoma; MLOS, mean length of stay.

Source data in appendix

MLOS is shorter for elective than non-elective inpatient spells with a primary diagnosis of FL

- MLOS for elective hospital inpatient spells was relatively stable during the analysis period (between 0.5 and 0.6 days).
- MLOS for non-elective hospital inpatient spells fluctuated throughout the analysis period (between 7.4 and 10.1 days). It was lowest during 2020/2021 at the peak of the COVID-19 pandemic and had largely returned to pre-pandemic levels by 2021/2022.

MLOS of hospital inpatient spells with a primary diagnosis of FL, 2017/2018 to 2021/2022 (all excluding same-day chemotherapy*)



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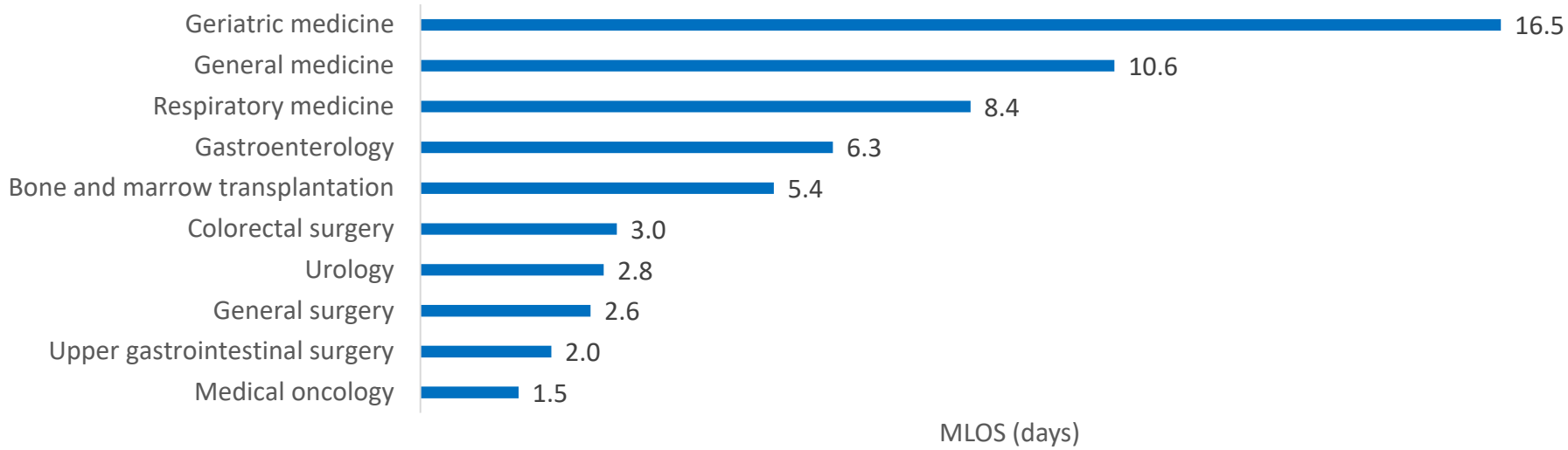
COVID-19, coronavirus disease 2019; FL, follicular lymphoma; MLOS, mean length of stay.

Source data in appendix

MLOS for inpatient spells with a primary diagnosis of FL is longest when patients are seen in geriatric medicine

- MLOS for inpatient spells with a primary diagnosis of FL is longest when patients are seen in geriatric medicine followed by:
  - general medicine
  - respiratory medicine.

MLOS of hospital inpatient spells with a primary diagnosis of FL by treatment specialty, 5-year total (2017/2018 to 2021/2022) (all excluding same-day chemotherapy*)



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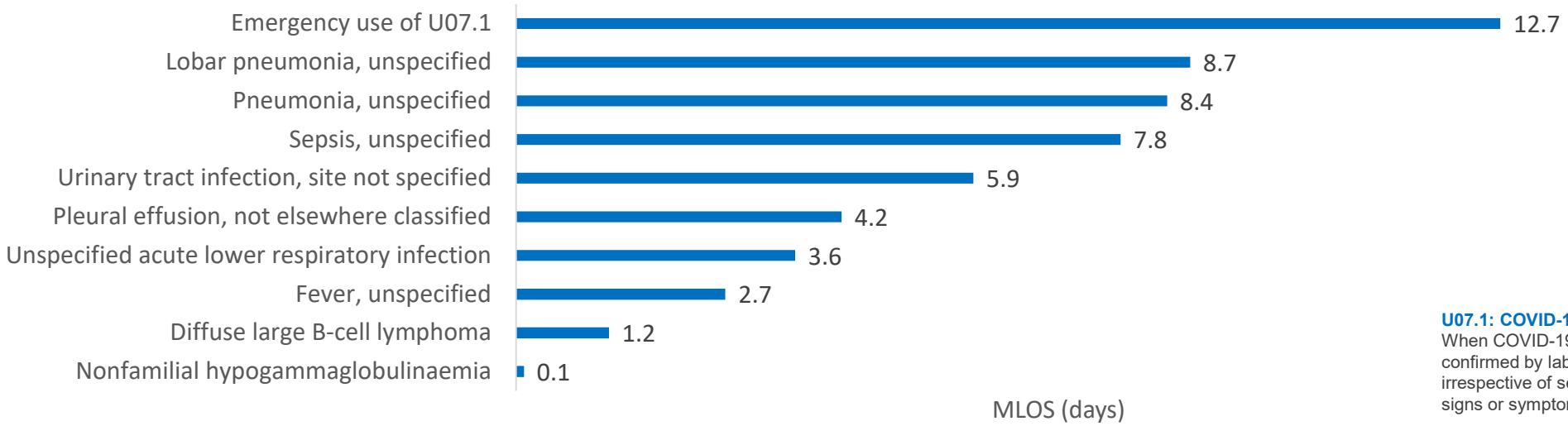
FL, follicular lymphoma; MLOS, mean length of stay.

Source data in appendix

MLOS for inpatient spells with a secondary diagnosis of FL is longest when emergency use of U07.1 is the primary diagnosis

- MLOS for hospital inpatient spells with a primary diagnosis of FL by secondary diagnosis is longest for emergency use of U07.1 – the code used when COVID-19 virus has been confirmed by laboratory testing – followed by:
  - lobar pneumonia, unspecified
  - pneumonia, unspecified.

MLOS of hospital inpatient spells with a secondary diagnosis of FL by primary diagnosis, 5-year total (2017/2018 to 2021/2022)



U07.1: COVID-19, virus identified
When COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

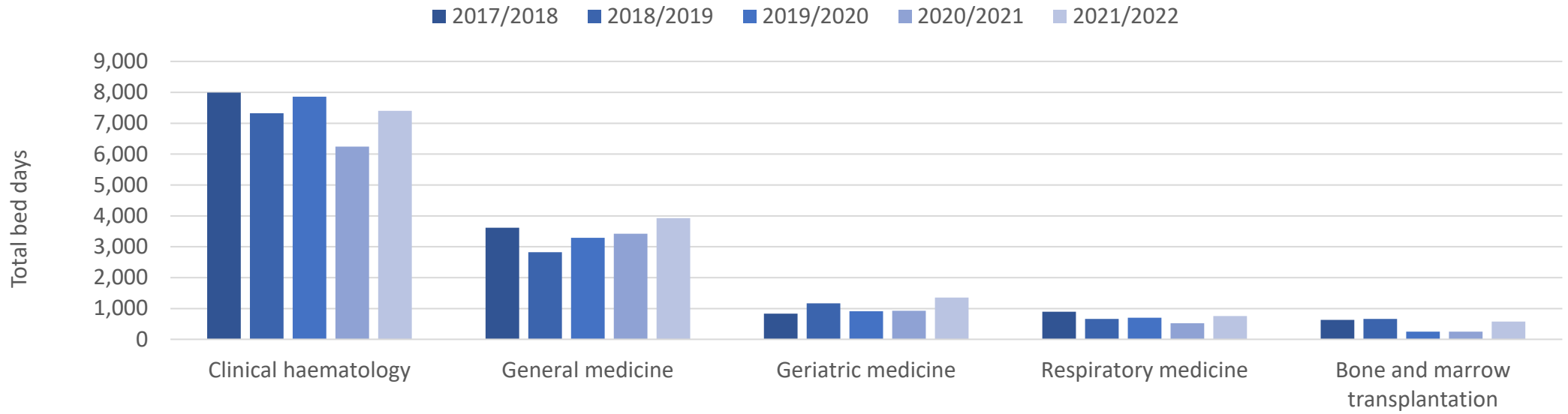
Source data in appendix

COVID-19, coronavirus disease 2019; FL, follicular lymphoma; MLOS, mean length of stay.

Bed days for inpatient episodes with a primary diagnosis of FL are highest for clinical haematology

- Bed days for inpatient episodes with a primary diagnosis of FL are highest for clinical haematology, followed by general medicine.
- Bed days in clinical haematology decreased during 2020/2021 at the peak of the COVID-19 pandemic and have since increased but not returned to pre-pandemic levels.
- Bed days increased slightly during the pandemic for general medicine and continued to increase in 2021/2022.

Total bed days of hospital inpatient spells with a primary diagnosis of FL by treatment specialty, 2017/2018 to 2021/2022 (all excluding same-day chemotherapy*)



*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.

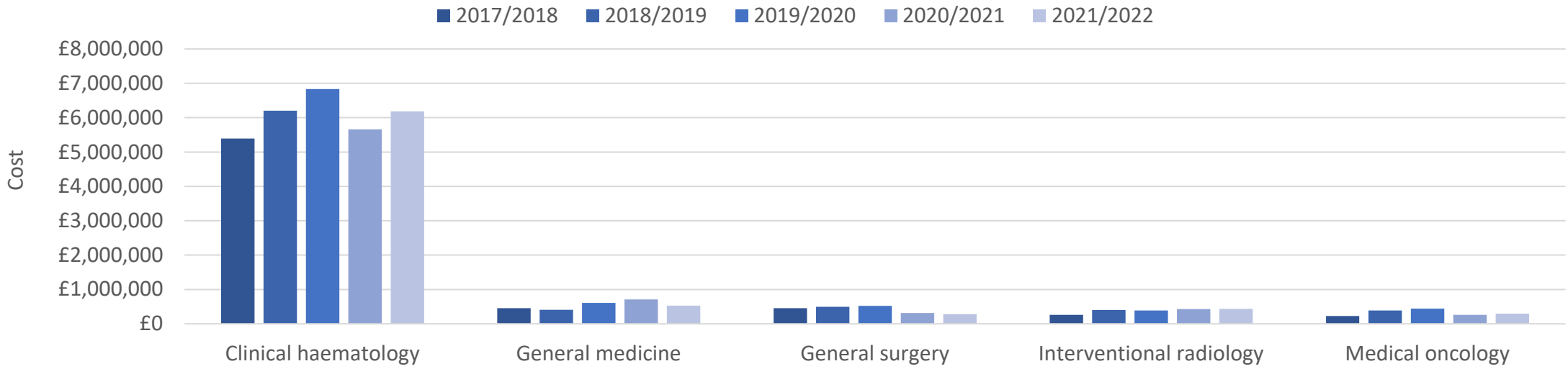
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Cost of hospital inpatient spells with a primary diagnosis of FL is highest for clinical haematology

- Cost of hospital inpatient spells with a primary diagnosis of FL is by far the highest for clinical haematology.
- Costs for clinical haematology were increasing prior to the pandemic but decreased considerably during 2020/2021 at the peak of the COVID-19 pandemic and have not yet returned to the pre-pandemic level in 2021/2022.
- Costs for other specialties are too small to identify any trends.

Cost of hospital inpatient spells with a primary diagnosis of FL by treatment specialty, 2017/2018 to 2021/2022 (all excluding same-day chemotherapy*)



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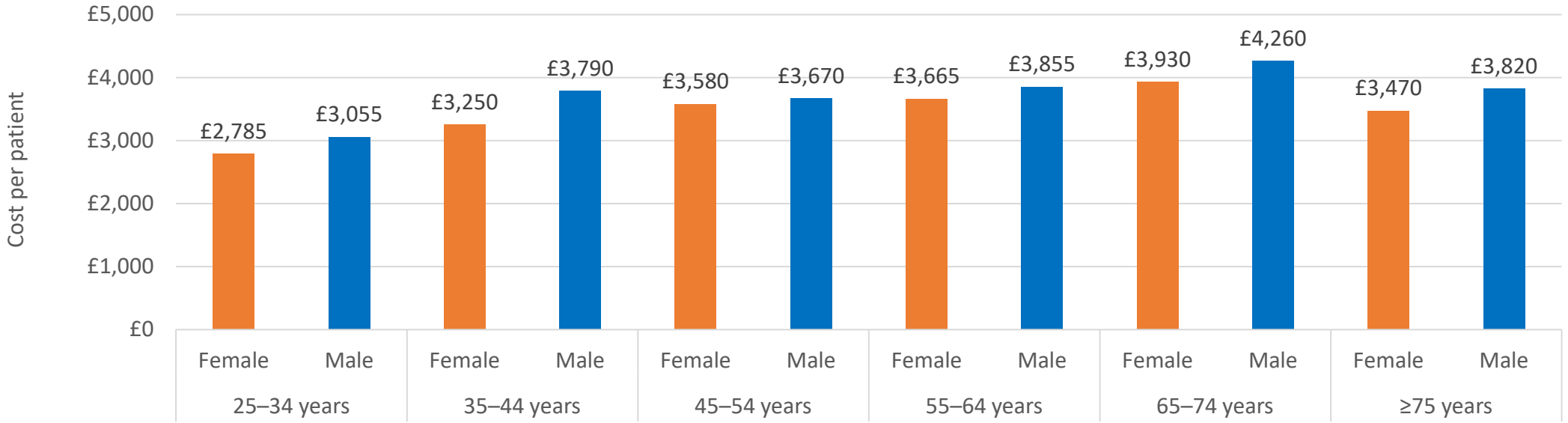
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Per-patient costs for inpatient spells in patients with a diagnosis of FL are slightly higher for men than women

- Per-patient costs of inpatient spells in patients with a diagnosis of FL:
  - are slightly higher for men than women in all age groups
  - typically increase slightly for both sexes with increasing age up to ≥75 years when they decrease.

Cost per patient of hospital inpatient spells with a primary diagnosis of FL by age and sex, 5-year total (2017/2018 to 2021/2022) (all excluding same-day chemotherapy*]



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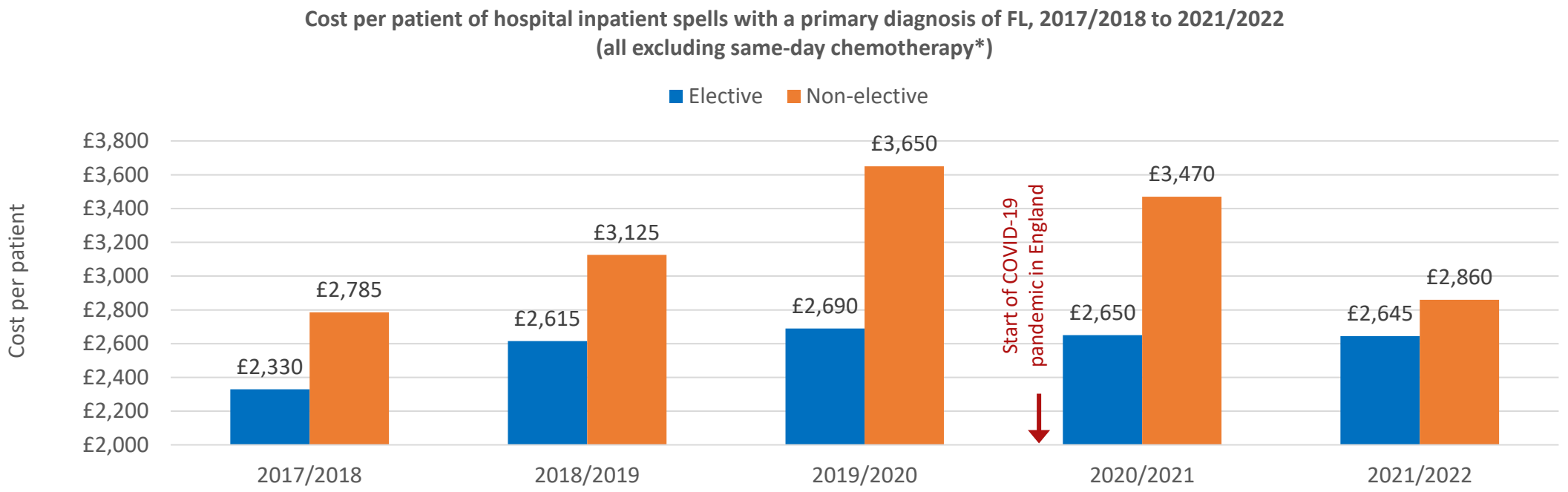
FL, follicular lymphoma.

Source data in appendix

Per-patient costs are lower for elective inpatient spells with a primary diagnosis of FL than for non-elective inpatient spells

- Per-patient costs for non-elective spells increased markedly between 2017/2018 and 2019/2020; however, a small decrease was observed in 2020/2021 at the start of the COVID-19 pandemic, with a pronounced decrease during 2021/2022.
- Per-patient costs for elective spells fluctuated but remained broadly the same during the analysis period.



*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.

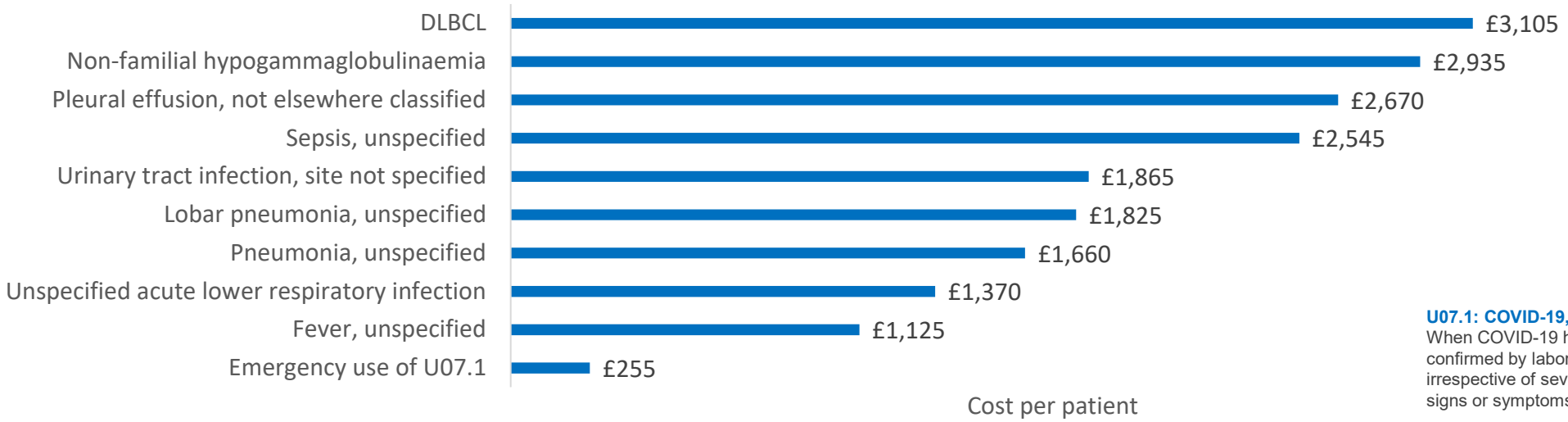
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Per-patient cost for inpatient spells with FL as secondary diagnosis is highest when DLBCL is the primary diagnosis

- Per-patient costs for hospital inpatient spells with FL as a secondary diagnosis is longest when DLBCL is the primary diagnosis followed by:
  - non-familial hypogammaglobulinaemia
  - pleural effusion not elsewhere classified
  - sepsis, unspecified.

Cost per patient of hospital inpatient spells with a secondary diagnosis of FL split by primary diagnosis, 5-year total (2017/2018 to 2021/2022)



U07.1: COVID-19, virus identified
When COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Source data in appendix

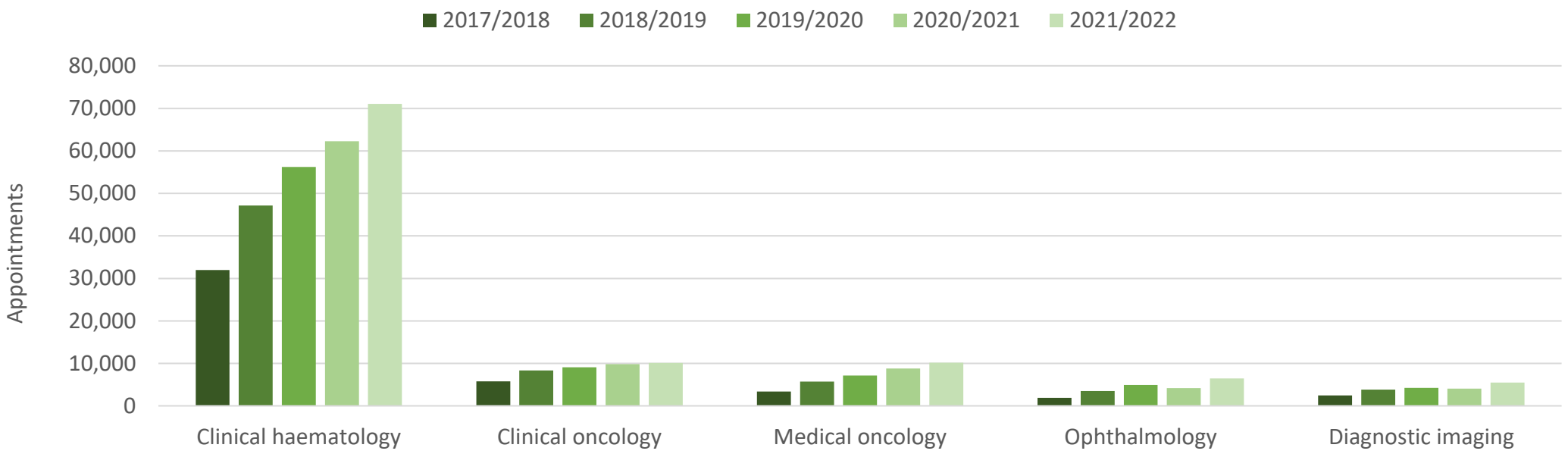
COVID-19, coronavirus disease 2019; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma.

Outpatient data

Patients who have a diagnosis of FL are most often seen as outpatients by clinical haematology

- Patients with FL are seen predominantly by clinical haematology, with appointments increasing steadily throughout the analysis period.
- Patients are also commonly seen, in much smaller numbers, by clinical oncology, medical oncology, ophthalmology and diagnostic imaging. The number of appointments for clinical and medical oncology also continued to increase throughout the analysis period; however, the number of appointments in ophthalmology and diagnostic imaging decreased during 2020/2021 at the height of the COVID-19 pandemic but exceeded pre-pandemic levels during 2021/2022.

Outpatient appointments for patients following a diagnosis of FL by treatment specialty, 2017/2018 to 2021/2022



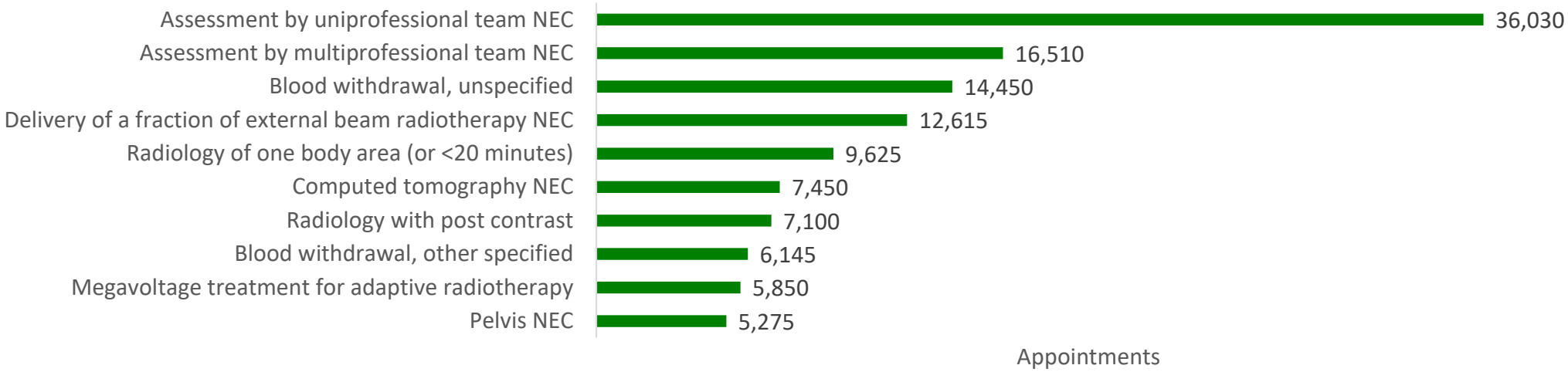
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Assessment by a uniprofessional team is the most common outpatient procedure for patients with a diagnosis of FL

- Assessment by a uniprofessional team NEC is the most common procedure within outpatient appointments for patients with a diagnosis of FL, followed by:
  - assessment by a multiprofessional team NEC
  - blood withdrawal, unspecified.

Outpatient appointments for patients following a diagnosis of FL split by procedure, 5-year total (2017/2018 to 2021/2022)

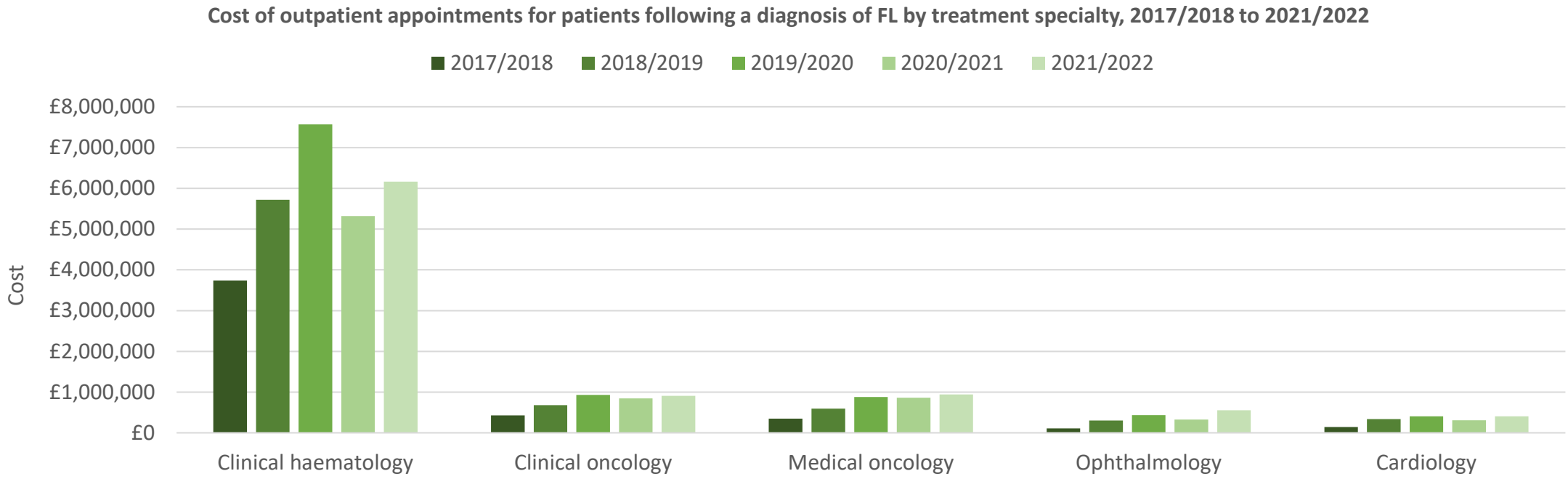


FL, follicular lymphoma; NEC, not elsewhere classified.

Source data in appendix

Cost of outpatient appointments for patients diagnosed with FL are highest for clinical haematology

- Clinical haematology is associated with the highest cost by far of outpatient appointments attended by patients diagnosed with FL.
  - Costs increased steadily prior to the COVID-19 pandemic, decreased during 2020/2021 and have not returned to pre-pandemic levels.
  - Costs were considerably lower for the next four most common specialties and typically followed a similar trend, increasing before the pandemic and decreasing during the pandemic; however, costs recovered to or exceeded pre-pandemic levels in 2021/2022.



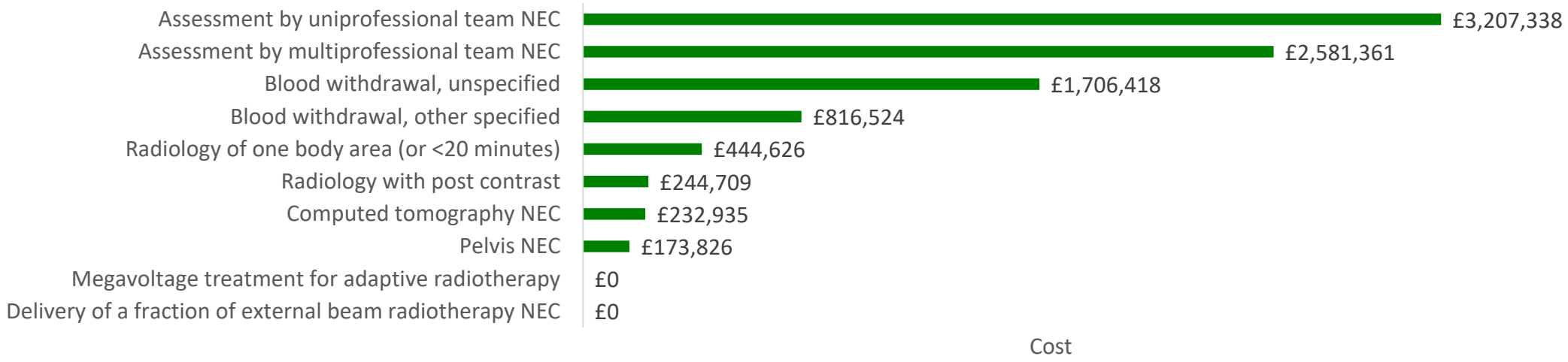
COVID-19, coronavirus disease 2019; FL, follicular lymphoma.

Source data in appendix

Assessment by a uniprofessional team is associated with the highest costs of procedures for patients with a diagnosis of FL

- Assessment by a uniprofessional team NEC is the most costly outpatient procedure for patients with a diagnosis of FL, followed by:
  - assessment by a multiprofessional team NEC
  - blood withdrawal, unspecified.

Total cost of outpatient appointments for patients following a diagnosis of FL split by operation, 5-year total (2017/2018 to 2021/2022)



FL, follicular lymphoma; NEC, not elsewhere classified.

Source data in appendix

Appendices

Appendices

Appendix 1: References

1. NHS Digital. *Hospital Episode Statistics.* Secondary care data are taken from the English Hospital Episode Statistics (HES) database produced by NHS Digital. Copyright © 2023, NHS Digital. Re-used with the permission of NHS Digital. All rights reserved.
2. NHS Digital. *Hospital Episode Statistics (HES): about the HES database*. Available at: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics (accessed 3 July 2023).
3. Office for National Statistics. *Mid-2020 population estimates for 2021 clinical commissioning groups (CCGs) in England by single year of age and sex*. Available at: https://www.ons.gov.uk/file?uri=%2Fpeoplepopulationandcommunity%2Fpopulationandmigration%2Fpopulationestimates%2Fdatasets%2Fclinicalcommissioninggroupmidyearpopulationestimates%2Fmid2020sape23dt6a/sape23dt6amid2020ccg2021estimatesunformatted.xlsx (accessed 3 July 2023).

Appendices

Appendix 2: HES disclaimer/digital licence (1)

1. Secondary care data is taken from the English Hospital Episode Statistics (HES) database produced by NHS Digital, the new trading name for the Health and Social Care Information Centre (HSCIC) Copyright © 2023, the Health and Social Care Information Centre. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
2. HES Data must be used within the licencing restrictions set by NHS Digital, which are summarised below. Wilmington Healthcare accept no responsibility for the inappropriate use of HES data by your organisation.
   - 2.1 One of the basic principles for the release and use of HES data is to protect the privacy and confidentiality of individuals. All users of HES data must consider the risk of identifying individuals in their analyses prior to publication/release.
     - 2.1.1 Data should always be released at a high enough level of aggregation to prevent others being able to 'recognise' a particular individual. To protect the privacy and confidentiality of individuals, Wilmington Healthcare have applied suppression to the HES data - '*' or '-1' represents a figure between 1 and 7. All other potentially identifiable figures (e.g. patient numbers, spell counts) have been rounded to the nearest 5.
     - 2.1.2 On no account should an attempt be made to decipher the process of creating anonymised data items.
   - 2.2 You should be on the alert for any rare and unintentional breach of confidence, such as responding to a query relating to a news item that may add more information to that already in the public domain. If you recognise an individual while carrying out any analysis you must exercise professionalism and respect their confidentiality.
   - 2.3 If you believe this identification could easily be made by others you should alert a member of the Wilmington Healthcare team using the contact details below. While appropriate handling of an accidental recognition is acceptable, the consequences of deliberately breaching confidentiality could be severe.
   - 2.4 HES data must only be used exclusively for the provision of outputs to assist health and social care organisations.
   - 2.5 HES data must not be used principally for commercial activities. The same aggregated HES data outputs must be made available, if requested, to all health and social care organisations, irrespective of their value to the company.
   - 2.6 HES data must not be used for, including (but not limited to), the following activities:
     - 2.6.1 Relating HES data outputs to the use of commercially available products. An example being the prescribing of pharmaceutical products
     - 2.6.2 Any analysis of the impact of commercially available products. An example being pharmaceutical products
     - 2.6.3 Targeting and marketing activity
   - 2.7 HES data must be accessed, processed and used within England or Wales only. HES data outputs must not be shared outside of England or Wales without the prior written consent of Wilmington Healthcare.
   - 2.8 If HES data are subject to a request under the Freedom of Information Act, then Wilmington Healthcare and NHS Digital must be consulted and must approve any response before a response is provided.

Continued on next page

HES, Hospital Episode Statistics.

Appendices

Appendix 2: HES disclaimer/digital licence (2)

3. 2022/23 HES data are provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, e.g. September from the April to September extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.
4. ICD-10 codes, terms and text © World Health Organization, 1992-2023
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6. ONS Mid-Year Population Estimates are published by ONS (www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates) and licensed under the Open Government Licence.
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Appendices

Appendix 3: HES analysis methods (1)

2017/2018 to 2021/2022

Topic	Description
1a. IP data by HRG	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) with a diagnosis of FL split by HRG code, fiscal year, diagnosis position and whether the admission was for same-day chemotherapy. This data is provided at national level only.
1b. IP data by admission type	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) with a diagnosis of FL split by admission type, fiscal year, diagnosis position and whether the admission was for same- day chemotherapy.
1c(i). IP data by age and sex	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) with a diagnosis of FL split by sex, broad age group, fiscal year, diagnosis position and whether the admission was for same-day chemotherapy.
1c(ii). Normalised IP data	Patient counts per 100,000 population for patients admitted to hospital with a diagnosis of FL split by sex, broad age group, diagnosis position and whether the admission was for same-day chemotherapy. This data is at national and ICB level only and is for the whole 5-year period. Population numbers have been taken from the '*ONS mid-2020 population estimates for clinical commissioning groups (CCGs) in England by single year of age and sex*'[3] and have been aggregated for each age group and sex at ICB and national level.
1d. IP data by specialty	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) with a diagnosis of FL split by treatment specialty, fiscal year, diagnosis position and whether the admission was for same-day chemotherapy. This data is provided at national level only.
1e. Top 10 IP comorbidities (P)	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) for the top 10 comorbidities in the primary diagnosis position where there is a diagnosis of FL in the secondary position, split by fiscal year and whether the admission was for same-day chemotherapy. This data is provided at national level only.
1f. Top 10 IP comorbidities (S)	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) for the top 10 comorbidities in the secondary diagnosis position where there is a diagnosis of FL in the primary position, split by fiscal year and whether the admission was for same-day chemotherapy. This data is provided at national level only.
1g. Top 10 IP operations	Inpatient activity (patients, spells, bed days, MLOS, cost and cost per patient) for the top 10 inpatient operations where there is a diagnosis of FL, split by fiscal year and whether the admission was for same day chemotherapy. This data is provided at national level only. Z codes have been removed from the analysis. as these are the subsidiary classification of sites of operation.
2a. OP data by specialty	Outpatient activity (patients, appointments, cost and cost per patient) for tracked inpatients that have had a previous diagnosis of FL split by treatment specialty and fiscal year.
2b. Top 10 OP operations	Outpatient activity (patients, appointments, cost and cost per patient) for tracked inpatients that have had a previous diagnosis of FL displaying the top 10 operations by fiscal year. Top 10 is based on appointment count. Z codes have been removed from the analysis. as these are the subsidiary classification of sites of operation.
Suppression	Patient counts, inpatient spell counts and outpatient appointment counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Cost per patient and patients per 100,000 population are suppressed wherever patients are suppressed.
Rounding	Patient counts, inpatient spell counts and outpatient appointment counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Cost per patient is rounded to the nearest 5. Mean length of stay and patients per 100,000 population are rounded to one decimal place.

CCG, clinical commissioning group; FL, follicular lymphoma; HES, Hospital Episode Statistics; HRG, healthcare resource group; ICB, integrated care board; IP, inpatient; MLOS, mean length of stay; ONS, Office for National Statistics; OP, outpatient.

Appendices

Appendix 3: HES analysis methods (2)

ICD-10 codes for follicular lymphoma

ICD-10 code	Diagnosis description
C820	Follicular lymphoma grade I
C821	Follicular lymphoma grade II
C822	Follicular lymphoma grade III, unspecified
C823	Follicular lymphoma grade IIIa
C824	Follicular lymphoma grade IIIb
C825	Diffuse follicle centre lymphoma
C826	Cutaneous follicle centre lymphoma
C827	Other types of follicular lymphoma
C829	Follicular lymphoma, unspecified

HES, Hospital Episode Statistics; ICD-10, International Statistical Classification of Diseases and Related Health Problems, 10th edition.

Appendices

Appendix 4: HES dataset (1) Inpatient data

Inpatient admissions with FL as a diagnosis in any position by patient count and patients per 100,000 population,[3] national, 5-year total

Sex	Patient count (5-year period)							Patients per 100,000 population[3]						
	16–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	≥75 years	16–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	≥75 years
Female	15	90	315	980	1,985	3,105	3,365	1	2	9	26	56	107	122
Male	30	105	355	1,175	2,095	3,040	3,035	1	3	10	32	61	113	145

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Patient counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Patients per 100,000 population are suppressed wherever patients are suppressed.
Patient counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Patients per 100,000 population are rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (2) Inpatient data

Inpatient admissions with a diagnosis of FL in any position by elective and non-elective admissions, national

Fiscal year	Elective admissions						Non-elective admissions						MLOS difference*
	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)	
2017/2018	5,230	26,860	8,496,938	1,625	6,253	0.2	2,125	3,240	5,922,829	2,790	22,798	7	6.8
2018/2019	5,320	27,505	9,964,781	1,875	6,508	0.2	2,230	3,565	6,658,208	2,990	22,871	6.4	6.2
2019/2020	5,580	29,090	10,855,549	1,945	6,994	0.2	2,405	3,875	7,698,674	3,200	25,005	6.5	6.3
2020/2021	4,445	21,440	8,473,472	1,905	5,272	0.2	2,210	3,350	7,004,471	3,170	24,123	7.2	7
2021/2022	5,295	26,590	10,044,444	1,895	6,562	0.2	2,610	3,970	6,055,398	2,320	29,707	7.5	7.3
% change	1	–1	18	17	5	0	23	23	2	–17	30	7	

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*Difference between non-elective and elective MLOS.
Patient counts and inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (3) Inpatient data

All admissions with a diagnosis of FL in any position, ICBs, 5-year total (1)

Organisation name	Patients	Population[3]	Patients per 100,000 population
NHS NORTH EAST AND NORTH CUMBRIA ICB	975	3,000,432	32.5
NHS CHESHIRE AND MERSEYSIDE ICB	910	2,503,902	36.3
NHS GREATER MANCHESTER ICB	865	2,881,890	30.0
NHS HAMPSHIRE AND ISLE OF WIGHT ICB	700	1,831,473	38.2
NHS HUMBER AND NORTH YORKSHIRE ICB	695	1,708,723	40.7
NHS WEST YORKSHIRE ICB	670	2,396,517	28.0
NHS LANCASHIRE AND SOUTH CUMBRIA ICB	650	1,701,655	38.2
NHS SUSSEX ICB	635	1,711,539	37.1
NHS KENT AND MEDWAY ICB	615	1,868,199	32.9
NHS NORTH WEST LONDON ICB	605	2,111,469	28.7
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	535	1,723,447	31.0
NHS DEVON ICB	485	1,209,773	40.1
NHS MID AND SOUTH ESSEX ICB	485	1,199,296	40.4
NHS HERTFORDSHIRE AND WEST ESSEX ICB	460	1,488,061	30.9
NHS SOUTH YORKSHIRE ICB	425	1,533,334	27.7
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	410	1,139,794	36.0
NHS SUFFOLK AND NORTH EAST ESSEX ICB	410	987,177	41.5
NHS NORTH CENTRAL LONDON ICB	405	1,526,582	26.5
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	405	1,052,195	38.5
NHS SOUTH WEST LONDON ICB	405	1,509,741	26.8
NHS NORFOLK AND WAVENEY ICB	390	1,032,661	37.8
NHS NORTH EAST LONDON ICB	390	2,036,470	19.2
NHS DERBY AND DERBYSHIRE ICB	385	1,030,393	37.4
NHS BIRMINGHAM AND SOLIHULL ICB	370	1,179,731	31.4
NHS SOUTH EAST LONDON ICB	360	1,818,226	19.8

Continued on next page

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Patient counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Patients per 100,000 population are suppressed wherever patients are suppressed.
Patient counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Patients per 100,000 population are rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (4) Inpatient data

All admissions with a diagnosis of FL in any position, ICBs, 5-year total (2)

	Patients	Population[3]	Patients per 100,000 population
NHS SURREY HEARTLANDS ICB	360	1,052,425	34.2
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB	345	969,256	35.6
NHS DORSET ICB	335	776,780	43.1
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE ICB	310	929,964	33.3
NHS BLACK COUNTRY ICB	310	1,380,809	22.5
NHS LINCOLNSHIRE ICB	310	766,333	40.5
NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	290	959,098	30.2
NHS COVENTRY AND WARWICKSHIRE ICB	285	963,173	29.6
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	285	791,685	36.0
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	285	1,107,597	25.7
NHS FRIMLEY ICB	275	746,739	36.8
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB	265	896,725	29.6
NHS NORTHAMPTONSHIRE ICB	260	740,111	35.1
NHS GLOUCESTERSHIRE ICB	250	640,650	39.0
NHS SOMERSET ICB	230	563,851	40.8
NHS CORNWALL AND THE ISLES OF SCILLY ICB	220	575,525	38.2
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	155	506,737	30.6

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Patient counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Patients per 100,000 population are suppressed wherever patients are suppressed.
Patient counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Patients per 100,000 population are rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (5) Inpatient data

Inpatient admissions with a primary diagnosis of FL by elective and non-elective admissions, national (all excluding same-day chemotherapy*)

Fiscal year	Elective admissions						Non-elective admissions						MLOS difference†
	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)	
2017/2018	2,600	7,270	6,051,366	2,330	4,232	0.6	575	675	1,599,770	2,785	7,180	10.7	10.1
2018/2019	2,695	7,555	7,041,120	2,615	3,832	0.5	580	700	1,814,808	3,125	6,840	9.8	9.3
2019/2020	2,745	8,005	7,380,079	2,690	4,159	0.5	645	810	2,352,777	3,650	7,025	8.7	8.2
2020/2021	2,235	5,820	5,922,396	2,650	3,301	0.6	620	735	2,156,167	3,470	5,852	8	7.4
2021/2022	2,590	7,080	6,843,069	2,645	3,491	0.5	620	765	1,769,396	2,860	7,556	9.9	9.4
% change	0	–3	13	14	–18	–17	8	13	11	3	5	–7	

Chart on page 14
Chart on page 21
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*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly MLOS and costs per patient, have therefore been restricted to all admissions excluding same-day chemotherapy.
†Difference between non-elective and elective MLOS.
Patient counts and inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (6) Inpatient data

Top 20 treatment specialties for inpatient spells with a primary diagnosis of FL by spells, national (all excluding same-day chemotherapy*)

	Spells					
Treatment specialty	5-year period	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Clinical haematology	30,115	6,120	6,350	6,700	4,995	5,955
Clinical oncology	1,655	295	315	415	265	365
General medicine	1,615	285	265	340	360	365
Interventional radiology	1,255	180	240	260	280	295
Medical oncology	1,215	215	250	315	185	250
ENT	930	230	220	205	120	155
General surgery	880	200	205	210	135	125
Bone and marrow transplantation	440	145	120	75	45	50
Respiratory medicine	420	85	75	85	80	95
Gastroenterology	350	60	75	70	85	60
Geriatric medicine	315	45	55	55	75	85
Diagnostic imaging	250	45	50	45	45	65
Urology	200	45	45	40	25	45
Colorectal surgery	145	30	30	30	25	30
Breast surgery	130	30	30	30	15	25
Oral surgery	115	30	25	20	10	25
Plastic surgery	115	25	25	30	10	25
Ophthalmology	105	10	20	20	20	35
Maxillo-facial surgery	105	20	25	25	20	15
Upper gastrointestinal surgery	80	20	10	20	10	20

*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly MLOS and costs per patient, have therefore been restricted to all admissions excluding same-day chemotherapy.
Green shading shows highest spell count in each row.
Inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows.
ENT, ear, nose and throat; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

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Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (7) Inpatient data

Top 10 secondary diagnosis codes where patient has a primary diagnosis of FL by spells, national, 5-year total

Secondary diagnosis code	Secondary diagnosis description	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)
I10X	Essential (primary) hypertension	4,395	29,870	14,380,800	3,275	17,569	0.6
Z926	Personal history of chemotherapy for neoplastic disease	2,820	17,000	10,020,988	3,555	11,561	0.7
Z864	Personal history of psychoactive substance abuse	2,315	13,375	6,115,213	2,645	8,155	0.6
E119	Type 2 diabetes mellitus	1,580	10,570	5,851,606	3,710	8,278	0.8
Z867	Personal history of diseases of the circulatory system	1,465	8,800	4,294,515	2,930	6,020	0.7
Z921	Personal history of long-term (current) use of anticoagulants	1,490	8,605	5,106,817	3,425	6,841	0.8
F171	Mental and behavioural disorders due to use of tobacco	1,220	7,815	4,202,986	3,440	4,172	0.5
Z923	Personal history of irradiation	1,170	7,450	4,000,472	3,415	3,449	0.5
J459	Asthma, unspecified	1,025	6,990	3,142,903	3,065	3,949	0.6
Z880	Personal history of allergy to penicillin	935	6,125	3,336,845	3,560	4,159	0.7

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Patient counts and inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (8) Inpatient data

Top 10 primary diagnosis codes, where patient has a secondary diagnosis of FL, by spells, national, 5-year total

Primary diagnosis code	Primary diagnosis description	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)
D801	Non-familial hypogammaglobulinaemia	210	1,940	619,642	2,935	149	0.1
A419	Sepsis, unspecified	1,460	1,855	3,710,584	2,545	14,555	7.8
C833	Diffuse large B-cell lymphoma	340	1,595	1,055,605	3,105	1,875	1.2
U071	Emergency use of U07.1*	635	740	160,906	255	9,458	12.7
J181	Lobar pneumonia, unspecified	660	735	1,203,399	1,825	6,415	8.7
J90X	Pleural effusion, not elsewhere classified	370	630	989,676	2,670	2,625	4.2
J22X	Unspecified acute lower respiratory infection	495	580	677,820	1,370	2,073	3.6
N390	Urinary tract infection, site not specified	415	480	774,120	1,865	2,843	5.9
J189	Pneumonia, unspecified	425	465	705,367	1,660	3,887	8.4
R509	Fever, unspecified	375	425	423,665	1,125	1,142	2.7

Chart on page 17
Chart on page 23
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*U07.1 [COVID-19, virus identified]: when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.
Patient counts and inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (9) Inpatient data

Top 10 procedures, where FL was the primary diagnosis, national, 5-year totals (all excluding same-day chemotherapy*)

Procedure code	Procedure description	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)
X369	Blood withdrawal, unspecified	1,205	5,595	5,714,659	4,745	71	0
X292	Continuous intravenous infusion of therapeutic substance NEC	970	3,580	3,528,068	3,645	545	0.2
W365	Diagnostic extraction of bone marrow NEC	2,845	3,265	2,138,358	750	4,684	1.4
Y532	Approach to organ under ultrasonic control	2,720	3,220	5,887,217	2,165	16,750	5.2
L913	Attention to central venous catheter NEC	490	2,615	794,101	1,615	358	0.1
Y031	Maintenance of prosthesis in organ NOC	465	2,500	764,795	1,645	300	0.1
X961	Immunoglobulins band 1	250	2,200	2,183,866	8,735	87	0
X368	Blood withdrawal, other specified	540	1,710	1,567,776	2,915	16	0
Y973	Radiology with post contrast	1,340	1,480	4,198,829	3,135	22,143	15
U212	Computed tomography NEC	1,335	1,440	3,951,032	2,960	21,378	14.9

*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly MLOS and costs per patient, have therefore been restricted to all admissions excluding same-day chemotherapy.
Patient counts, inpatient spell counts and outpatient appointment counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient and patients per 100,000 population are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay; NEC, not elsewhere classified; NOC, not otherwise classified.

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Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (10) Inpatient data

Top 10 inpatient HRGs, where FL was the primary diagnosis, by spells, national, 5-year total

HRG code	HRG description	Patients	Spells	Cost (£)	Cost per patient (£)	Bed days	MLOS (days)
SB97Z	Same-day chemotherapy admission or attendance	8,920	78,610	0	0	281	0.0
SA31F	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 01	2,445	9,305	5,526,511	2,260	3,171	0.3
SA31E	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 23	1,810	5,020	5,020,664	2,775	3,786	0.8
SA33Z	Diagnostic bone marrow extraction	2,620	2,990	1,389,307	530	0	0.0
SA31D	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 45	1,255	2,880	4,540,190	3,610	3,627	1.3
YR43A	Attention to central venous catheter, 19 years and over	460	2,435	603,712	1,310	4	0.0
SA31C	Malignant lymphoma, including Hodgkin's and non-Hodgkin's, with CC score 69	1,115	2,235	6,043,896	5,410	6,849	3.1
SA44A	Single plasma exchange or other intravenous blood transfusion, 19 years and over	515	1,615	778,179	1,510	9	0.0
SC97Z	Same-day radiotherapy admission or attendance (excluding brachytherapy)	110	1,140	0	0	0	0.0
SA13A	Single plasma exchange, leucophoresis or red cell exchange, 19 years and over	415	1,135	536,912	1,295	11	0.0

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Patient counts and inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Costs per patient are suppressed wherever patients are suppressed. Patient counts and inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. Costs per patient are rounded to the nearest 5. MLOS is rounded to one decimal place.
CC, comorbidity and complication; FL, follicular lymphoma; HES, Hospital Episode Statistics; HRG, healthcare resource group; ICB, integrated care board; MLOS, mean length of stay.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (11) Inpatient data

MLOS for hospital inpatient spells with a primary diagnosis of FL by age and sex, national (all excluding same-day chemotherapy*)

Fiscal year	MLOS (days)											
	25–34 years		35–44 years		45–54 years		55–64 years		65–74 years		≥75 years	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
2017/2018	0.5	1.2	0.5	1.4	1.0	1.2	1.1	1.2	1.3	1.3	2.6	2.3
2018/2019	0.9	0.3	1.2	1.1	0.7	1.1	1.2	1.0	1.0	1.1	2.4	2.2
2019/2020	0.0	0.7	0.4	1.0	0.7	1.4	1.0	1.1	1.0	1.2	2.0	2.1
2020/2021	1.8	0.2	0.6	2.5	0.7	1.5	1.2	1.0	1.5	1.3	1.8	1.9
2021/2022	1.6	2.9	0.3	0.7	0.8	1.4	1.2	1.3	1.4	1.4	2.1	2.0
5-year period	0.8	1.1	0.6	1.2	0.8	1.3	1.1	1.1	1.2	1.3	2.2	2.1

*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.
Green shading shows highest MLOS in each row.
Inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Inpatient spell counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows. MLOS is rounded to one decimal place.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

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Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (12) Inpatient data

Top 20 treatment specialities for inpatient spells with a primary diagnosis of FL, by MLOS, national (all excluding same-day chemotherapy*)†

Treatment specialty	MLOS (days)					
	5-year period	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Geriatric medicine	16.5	17.7	22.0	16.0	12.7	16.0
General medicine	10.6	12.7	10.6	9.7	9.5	10.8
Respiratory medicine	8.4	10.5	8.8	8.5	6.6	7.8
Gastroenterology	6.3	7.2	7.0	5.1	5.4	6.9
Bone and marrow transplantation	5.4	4.4	5.5	3.4	5.4	11.9
Colorectal surgery	3.0	4.2	2.6	2.8	2.3	3.2
Urology	2.8	2.7	2.1	2.3	3.8	3.6
General surgery	2.6	2.6	2.6	2.4	2.4	3.2
Upper gastrointestinal surgery	2.0	3.6	0.5	0.8	3.1	1.7
Medical oncology	1.5	1.6	1.2	1.4	1.8	1.7
Clinical haematology	1.2	1.3	1.2	1.2	1.3	1.2
Interventional radiology	1.1	1.5	1.6	1.0	0.8	0.8
Oral surgery	0.7	0.4	0.6	0.3	4.1	0.1
Breast surgery	0.6	0.1	1.4	0.9	0.3	0.0
Maxillo-facial surgery	0.6	1.4	0.3	0.6	0.4	0.1
Clinical oncology	0.5	0.6	0.6	0.2	0.6	0.4
ENT	0.5	0.3	0.4	0.8	0.4	0.4
Ophthalmology	0.3	0.3	0.2	0.2	1.2	0.1
Diagnostic imaging	0.2	0.3	0.4	0.0	0.1	0.0
Plastic surgery	0.0	0.0	0.0	0.0	0.1	0.0

*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.
†This table only includes the top 20 treatment specialties based on spells to ensure that specialties with a small number of spells but high MLOS are not included.
Green shading shows highest MLOS in each row.
Inpatient spell counts between 1 and 7 (inclusive) have been suppressed and are represented by *. MLOS is suppressed wherever spells are suppressed. Inpatient spell counts above 7 are rounded to the nearest 5, due to this totals may not sum across columns/rows. MLOS is rounded to one decimal place.
ENT, ear, nose and throat; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; MLOS, mean length of stay.

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Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (13) Inpatient data

Top 20 treatment specialties for inpatient spells with a primary diagnosis of FL, by bed days, national (all excluding same-day chemotherapy*)

Treatment specialty	Bed days					
	5-year period	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Clinical haematology	36,815	7,992	7,325	7,857	6,242	7,399
General medicine	17,086	3,618	2,827	3,291	3,423	3,927
Geriatric medicine	5,199	831	1,166	914	930	1,358
Respiratory medicine	3,542	899	660	702	525	756
Bone and marrow transplantation	2,381	632	661	255	252	581
General surgery	2,301	527	545	510	323	396
Gastroenterology	2,196	448	533	347	468	400
Medical oncology	1,862	343	290	459	332	438
Interventional radiology	1,350	267	377	251	221	234
Endocrinology	1,265	250	87	225	475	228
Rehabilitation	991	298	220	297	141	35
Cardiology	977	46	116	279	244	292
Trauma and orthopaedics	795	115	275	92	133	180
Clinical oncology	752	168	183	104	166	131
A&E	741	158	160	153	113	157
Diabetic medicine	695	23	176	268	200	28
Nephrology	668	75	78	194	153	168
Urology	569	115	95	89	102	168
Critical care medicine	478	113	75	73	53	164
Palliative medicine	453	53	100	89	182	29

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*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.
Green shading shows highest bed days in each row.
A&E, accident and emergency; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (14) Inpatient data

Top 20 treatment specialities for inpatient spells with a primary diagnosis of FL, by cost, national (all excluding same-day chemotherapy*)

Treatment specialty	Cost (£)					
	5-year period	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Clinical haematology	30,274,299	5,390,320	6,205,519	6,831,052	5,662,956	6,184,452
General medicine	2,698,154	451,438	405,768	606,035	705,822	529,092
General surgery	2,070,217	456,841	497,003	520,838	312,296	283,239
Interventional radiology	1,906,857	257,108	401,706	389,664	425,024	433,356
Medical oncology	1,613,065	226,836	386,417	441,186	262,419	296,207
ENT	1,207,291	285,609	262,653	294,044	166,196	198,789
Respiratory medicine	580,950	126,537	93,356	120,405	134,187	106,465
Clinical oncology	574,095	77,426	135,574	120,299	138,033	102,763
Geriatric medicine	477,958	70,343	60,314	96,049	130,563	120,690
Urology	403,539	65,254	91,638	90,648	89,579	66,419
Gastroenterology	402,282	91,097	69,678	72,245	122,462	46,800
Diagnostic imaging	370,853	64,845	86,912	62,533	69,166	87,398
Colorectal surgery	351,721	67,763	76,233	86,760	65,890	55,074
Bone and marrow transplantation	269,289	84,089	58,791	70,950	31,889	23,571
Upper gastrointestinal surgery	195,991	47,803	24,305	46,103	29,872	47,908
Breast surgery	170,544	50,141	38,915	24,750	21,831	34,905
Thoracic surgery	163,600	15,187	30,762	61,207	13,324	43,119
Maxillo-facial surgery	130,510	34,941	32,800	28,508	21,397	12,865
Cardiology	130,430	18,307	16,064	56,379	28,076	11,604
Hepatobiliary and pancreatic surgery	128,053	14,342	51,362	21,178	32,997	8,174

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*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.
Green shading shows highest costs in each row.
ENT, ear, nose and throat; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (15) Inpatient data

Cost per patient of hospital inpatient spells with a diagnosis of FL by age and sex, national (all excluding same-day chemotherapy*)

Fiscal year	Cost (£)											
	25–34 years		35–44 years		45–54 years		55–64 years		65–74 years		≥75 years	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
2017/2018	2,115	2,320	2,005	2,360	2,810	2,600	2,335	2,515	3,005	2,630	2,685	2,400
2018/2019	2,905	2,080	2,035	2,845	2,085	2,850	2,655	2,815	2,950	3,345	2,925	3,630
2019/2020	1,495	3,170	2,675	2,905	2,565	3,350	3,230	3,195	3,130	3,410	2,875	3,325
2020/2021	2,015	1,550	3,070	2,960	2,675	2,455	3,130	3,135	3,215	3,640	2,850	3,180
2021/2022	1,820	2,575	3,210	2,820	2,975	2,320	2,865	2,605	2,980	3,425	2,870	2,910
5-year period	2,785	3,055	3,250	3,790	3,580	3,670	3,665	3,855	3,930	4,260	3,470	3,820

*A large majority of patients with FL are admitted to hospital for same-day chemotherapy. This skews MLOS and cost per patient data, as they are short stays that are not on the national tariff (and therefore have no costs attached). Some data, particularly in regard to MLOS and costs per patient have therefore been restricted to all admissions excluding same-day chemotherapy.
Green shading shows highest cost per patient in each row.
Patient counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Costs per patient are suppressed wherever patients are suppressed. Costs per patient are rounded to the nearest 5. FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

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Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (16) Outpatient data

Top 20 treatment specialties, where patient has had a diagnosis of FL, by appointments, national

Treatment specialty	Appointments					
	5-year total	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Clinical haematology	268,765	32,000	47,160	56,250	62,275	71,085
Clinical oncology	43,210	5,785	8,360	9,090	9,825	10,150
Medical oncology	35,275	3,400	5,755	7,180	8,785	10,155
Ophthalmology	20,965	1,880	3,485	4,925	4,195	6,480
Diagnostic imaging	20,225	2,505	3,875	4,265	4,060	5,520
Cardiology	15,365	1,440	2,725	3,355	3,505	4,345
Dermatology	13,420	1,220	2,295	3,110	3,080	3,720
Respiratory medicine	12,625	1,200	2,200	2,795	2,830	3,600
Urology	11,465	1,000	1,960	2,590	2,545	3,365
Trauma and orthopaedics	10,100	915	1,730	2,400	2,040	3,015
ENT	9,005	1,065	1,805	2,135	1,680	2,320
Physiotherapy	6,915	730	1,380	2,010	1,090	1,705
General surgery	6,695	670	1,110	1,380	1,570	1,970
Intermediate care	5,695	165	820	1,115	1,610	1,985
General medicine	5,630	605	890	995	1,125	2,015
Gastroenterology	5,615	480	970	1,160	1,280	1,730
Rheumatology	5,120	405	925	1,170	1,165	1,450
Plastic surgery	4,335	390	740	1,015	910	1,285
Nephrology	4,070	470	645	865	1,030	1,065
Bone and marrow transplantation	3,710	705	820	660	675	845

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Green shading shows highest appointment count in each row.
Outpatient appointment counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Outpatient appointment counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows.
ENT, ear, nose and throat; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (17) Outpatient data

Top 10 procedures, where patient has had a diagnosis of FL, by appointments, national

Procedure code	Procedure description	Appointments					
		5-year total	2018/2019	2018/2019	2019/2020	2020/2021	2021/2022
X621	Assessment by uniprofessional team NEC	36,030	3,595	5,930	7,565	8,485	10,455
X622	Assessment by multiprofessional team NEC	16,510	1,950	3,725	4,595	2,650	3,595
X369	Blood withdrawal, unspecified	14,450	1,855	2,770	3,510	2,605	3,710
X654	Delivery of a fraction of external beam radiotherapy NEC	12,615	2,130	2,845	2,750	2,305	2,585
Y981	Radiology of one body area (or <20 minutes)	9,625	1,025	1,755	2,180	1,870	2,795
U212	Computed tomography NEC	7,450	990	1,450	1,580	1,580	1,855
Y973	Radiology with post contrast	7,100	850	1,380	1,515	1,515	1,840
X368	Blood withdrawal, other specified	6,145	790	1,120	1,400	1,325	1,515
Y914	Megavoltage treatment for adaptive radiotherapy	5,850	NA*	1,195	1,235	1,180	1,550
O161	Pelvis NEC	5,275	NA*	NA*	1,105	1,090	NA*

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*Not in the top 10 for that year.
Green shading shows highest appointment count in each row.
Outpatient appointment counts between 1 and 7 (inclusive) have been suppressed and are represented by *. Outpatient appointment counts above 7 have been rounded to the nearest 5, due to this totals may not sum across columns/rows.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; NA, not in the top 10 for that year; NEC, not elsewhere classified.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (18) Outpatient data

Top 20 treatment specialties, where patient has had a diagnosis of FL, by cost, national

Treatment specialty	Cost (£)					
	5-year total	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Clinical haematology	28,509,474	3,740,488	5,719,600	7,566,632	5,318,191	6,164,561
Clinical oncology	3,802,753	427,839	681,347	934,172	849,162	910,233
Medical oncology	3,640,468	351,020	598,430	882,607	862,055	946,357
Ophthalmology	1,736,321	113,638	302,929	435,449	329,713	554,591
Cardiology	1,615,106	145,845	341,740	406,294	311,082	410,144
Respiratory medicine	1,430,437	146,788	301,375	375,781	253,279	353,215
Dermatology	1,217,631	67,219	217,277	314,513	254,255	364,368
Urology	1,064,321	69,840	210,475	297,759	205,160	281,087
Trauma and orthopaedics	915,278	80,122	169,390	243,255	163,889	258,623
ENT	738,990	59,816	165,590	201,557	122,516	189,511
General medicine	719,874	77,687	119,997	140,312	139,739	242,139
General surgery	670,245	65,664	123,192	157,320	141,373	182,696
Gastroenterology	538,815	56,942	117,979	153,458	87,384	123,051
Rheumatology	524,384	55,620	125,533	141,630	84,603	116,997
Nephrology	504,138	61,691	89,089	119,219	116,528	117,610
Gynaecology	403,417	29,560	79,430	104,772	72,310	117,346
Breast surgery	383,867	25,980	64,675	90,507	81,330	121,377
Plastic surgery	369,056	22,109	62,258	98,178	71,799	114,712
Anaesthetics	291,324	13,985	27,317	44,229	78,475	127,318
Oral surgery	284,653	24,372	52,091	81,307	48,356	78,527

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Green shading shows highest costs in each row.
ENT, ear, nose and throat; FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board.

Full data for England, ICBs and trusts are available in the Excel report

Appendices

Appendix 4: HES dataset (19) Outpatient data

Top 10 procedures, where patient has had a diagnosis of FL, by cost, national

Operation code	Operation description	Cost (£)					
		5-year total	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
X621	Assessment by uniprofessional team NEC	3,207,338	305,888	576,664	856,230	679,112	789,445
X622	Assessment by multiprofessional team NEC	2,581,361	301,232	627,519	830,690	345,641	476,279
X369	Blood withdrawal, unspecified	1,706,418	190,001	319,097	457,130	311,572	428,619
X368	Blood withdrawal, other specified	816,524	83,943	152,125	210,048	175,021	195,386
Y981	Radiology of one body area (or <20 minutes)	444,626	36,732	74,181	116,744	87,334	129,635
Y973	Radiology with post contrast	244,709	17,452	38,622	80,625	44,590	63,420
U212	Computed tomography NEC	232,935	20,452	37,754	76,185	42,041	56,503
O161	Pelvis NEC	173,826	NA*	NA*	53,229	31,763	NA*
X654	Delivery of a fraction of external beam radiotherapy NEC	0	£0	0	0	0	0
Y914	Megavoltage treatment for adaptive radiotherapy	0	NA*	0	0	0	0

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*Not in the top 10 for that year.
Green shading shows highest costs in each row.
FL, follicular lymphoma; HES, Hospital Episode Statistics; ICB, integrated care board; NA, not in the top 10 for that year; NEC, not elsewhere classified.

Full data for England, ICBs and trusts are available in the Excel report

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