

Annual Imaging and Radiodiagnostics Statistics: Outcome of Consultation



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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1.1 Summary

- Between March and June 2015, NHS England sought comments and views from data producers and users on a proposal to cease collection and publication of the Annual Imaging and Radiodiagnostics Statistics. Instead of this collection it was proposed that the Diagnostics Imaging Dataset be used to derive this type of information in the future.
- The consultation found support for the proposal among organisations, individuals and the Royal College of Radiologists.
- As a result, a decision has instead been taken to drop the Annual Imaging and Radiodiagnostics collection.
- This change will take effect immediately and as a result the 2014/15 collection will not be made.

1.2 Background and purpose

Between March and June 2015, NHS England sought comments and views from data producers and users on ceasing collection and publication of the Annual Imaging and Radiodiagnostics Statistics.

NHS England has published, on an annual basis, National Statistics on NHS Imaging and Radiodiagnostics (KH12) in England since 1995. These have been used to monitor the number of imaging and radiodiagnostic examinations or tests. Since April 2012 however, NHS England has published monthly detailed information about

diagnostic imaging tests from a different collection, the Diagnostic Imaging Dataset (DID).

Comparison has shown that there is a good match between the two data sets. When adjusted for differences in counting methods, about 98% of annual diagnostic tests are included in the DID¹. Also, the DID has the benefit of being more frequent and being a richer, patient-level dataset. The annual data could be viewed as a duplication of data collection resulting in undue burden to the NHS and potential confusion for users.

The consultation was designed to seek comments and views from data producers and users on dropping the KH12 collection. This is in accordance with the Code of Practice for Official Statistics.

The main proposal of the consultation was to drop the Annual Imaging and Radiodiagnostics Statistics. The full consultation is available via the following link: <https://www.engage.england.nhs.uk/consultation/imaging-radiodiagnostics-statistics>
Full details of the questions asked are shown in annex A.

1.3 Number and nature of responses

In all there were **23** responses to the consultation. One response contained no data at all and was presumably made in error. This response was removed from the dataset. Of the **22** remaining responses **20** supported the proposal in whole and **2** did not support it. There were **0** responses that supported the proposal in part but not in whole.

There were **14** responses from organisations and **7** from individuals. Of the organisations **13** out of **14** support the proposal and of the individuals **6** out of **7** support the proposal. The organisations were all either hospitals or trusts with one

¹ Further information can be found in the annex section of: [Diagnostic Imaging Activity Comparisons 2013-14](#)

exception; the Royal College of Radiologists responded as an organisation and was in favour of the proposal.

There were **17** responses by data providers and **4** by data users. Of the data providers **16** out of **17** support the proposal of the data users **3** out of **4** support the proposal.

1.4 Comments on the proposal

Respondents were asked to provide comments on why they supported or opposed the proposal. Of the **22** respondents, **7** provided comments in this box. The main points made in the comments in favour of the proposal were:

- There are too many statutory returns already so eliminating one will relieve the burden on organisations.
- DID covers same ground as KH12 and the repetition is unnecessary.
- DID more detailed and more responsive as it is monthly.

The main points made in the comments opposing the proposal were:

- DID returns exclude all interventional exams (which can be a significant percentage of total exams), all non-NHS exams, and all exams where the patient has asked for their data to be excluded from collation. Additionally DID counts examination codes not examinations, there are often several examinations on one code. For these reasons DID does not capture the same data as KH12.
- KH12 is long established which helps with long term planning (business cases for new scanners etc).
- More time is needed to assess the difference between DID and KH12 and to prepare organisations for using just DID data

1.5 Comments for further consideration

Respondents were asked to provide further suggestions or proposals for consideration. Of the **22** respondents **6** provided comments in this box. The suggestions for further consideration fell into the following categories:

- Discontinue the Diagnostic Census.
- More funding for DID to make it run more smoothly, improve data quality and develop new uses for the data.
- The trust that reported significant differences in DID and KH12 figures (RJAH Orthopaedic Hospital Oswestry Shropshire) said that the differences could be an artefact of their data collection system. They reported that they were attempting to fix the problem and that if they succeeded, it should be expanded to other trusts that use the same system.

1.6 Decision

While the consultation did highlight some concerns over the comparability of the KH12 and the DID, we believe them to be relatively small and localised issues. We accept that at a local level there may be differences in specialisation and reporting systems which cause the two data sets to be divergent. At a national level however, the DID Technical report shows that the DID is sufficiently similar to the KH12 for it to be used to derive this type of information in the future. We believe that the overwhelmingly positive response to the proposal is a reflection of the fact that most data users and providers agree with this assessment. This suggests that there is now little added value in collecting and publishing the aggregate annual data.

In light of the response to the proposal the collection and publication of Annual Imaging and Radiodiagnostics Statistics will be discontinued with immediate effect.

If you have any other general feedback about the Imaging and Radiodiagnostics publication, please email unify2@dh.gsi.gov.uk

2 Annex A

1. What is your name?
2. Are you filling this in for an organisation?
3. Which email address is best for us to use to get in touch?
4. Do you support our proposal either in whole or in part?
 - Yes, in whole
 - Yes, in part
 - No
5. If answered 'Yes, in part' or 'No' to question 4, please provide further detail
6. Are you a data producer or a data provider?
 - Data producer (provider)
 - Data user
7. Do you have any further suggestions or proposals for consideration?