Diagnostic Imaging Dataset: Standardised CCG rates 2018/19

NHS England and NHS Improvement

Diagnostic Imaging Dataset

Standardised CCG rates 2018/19

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1 Introduction

Imaging activity from the Diagnostic Imaging Dataset (DID) is presented by Clinical Commissioning Group (CCG) in Tables 7 and 8 of the annual 2018/19 report[1]. This Annex to the report expresses CCG activity as a rate per population, for each modality and for early diagnosis of cancer (EDOC) tests[2], standardised by age, sex and deprivation. It additionally shows the impact of age, sex and deprivation on the rates using Odds Ratios.

2 CCG Standardised Rates

2.1 Method

In 2018/19, the CCG of patients in the DID was derived from either their GP Practice code or, where this was missing, the Lower Super Output Area (LSOA) of their postcode. Rates per 10,000 population were calculated by dividing 2018/19 DID activity by CCG by October 2018 GP Practice-registered CCG populations. Both sources were available by age and sex, with Index of Multiple Deprivation (IMD) quintile information added based on Lower Super Output Area (LSOA[3]).

Counts of imaging activity by CCG, sex, 5-year age band, imputed IMD quintile and modality or EDOC were extracted from DID. Cases that did not have full completeness for all these fields were removed: approximately 580,000 (1.3%) cases in 2018/19, compared with 680,000 (1.6%) cases in 2017/18.

Rates were indirectly standardised by applying the national rate by modality or EDOC for each IMD/Sex/Age breakdown to the local CCG population, to obtain an expected rate for each CCG based on their demography. The extent to which the observed rate differed from the expected rate indicated the extent to which the CCG differed from the standard, national rate. A standardised rate for each CCG by modality or EDOC was calculated as:

$$\text{Standardised Rate}_{CCG} = \left(\frac{\text{Observed Rate}_{CCG}}{\text{Expected Rate}_{CCG}}\right) \times \text{National Rate}$$

Indirect standardisation allows each rate to be compared with the national average, but does not allow direct comparison between CCGs. Nevertheless, it can demonstrate regional patterns and indicate the extent of variation.

[1] Diagnostic Imaging Dataset Annual Statistical Release 2018/19, NHS England and NHS Improvement, 19th December 2019. Available (with tables by CCG) from https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/diagnostic-imaging-dataset-2018-19-data/

[2] See above publication for definitions of each modality and further details on the collection.

[3] The 2018/19 DID has 2011 LSOA derived from patient postcode, which was matched to 2015 IMD quintiles.

2.2 Results

The national rates[4] of diagnostic imaging tests in 2018/19 per 10,000 people are shown in Tables 1 & 2 below.

Table 1. National Imaging Rates per 10,000 by modality, 2018/19

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
Rate per 10,000 people	3,898	1,696	941	624	171	70	30	8	9

Table 2. National Imaging Rates per 10,000 by Early Diagnosis of Cancer[5], 2018/19

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
Rate per 10,000 people	129	1,375	102	40	219

The rates for some CCGs were impacted by missing data, as outlined in Section 4.1. Consequently rates for some CCGs, especially at the lowest end of the distribution across all modalities, may have shortfalls.

For most CCGs the standardised rate was within 10% of the crude rate, but there are bigger differences particularly in areas with predominantly younger or older populations. The impact of age, sex and deprivation on imaging rates is explored in Section 3.

Standardised 2018/19 rates by CCG are available in Annex B (separate Excel file). The following sections summarise the distribution of rates for each modality or EDOC and illustrate these on a map.

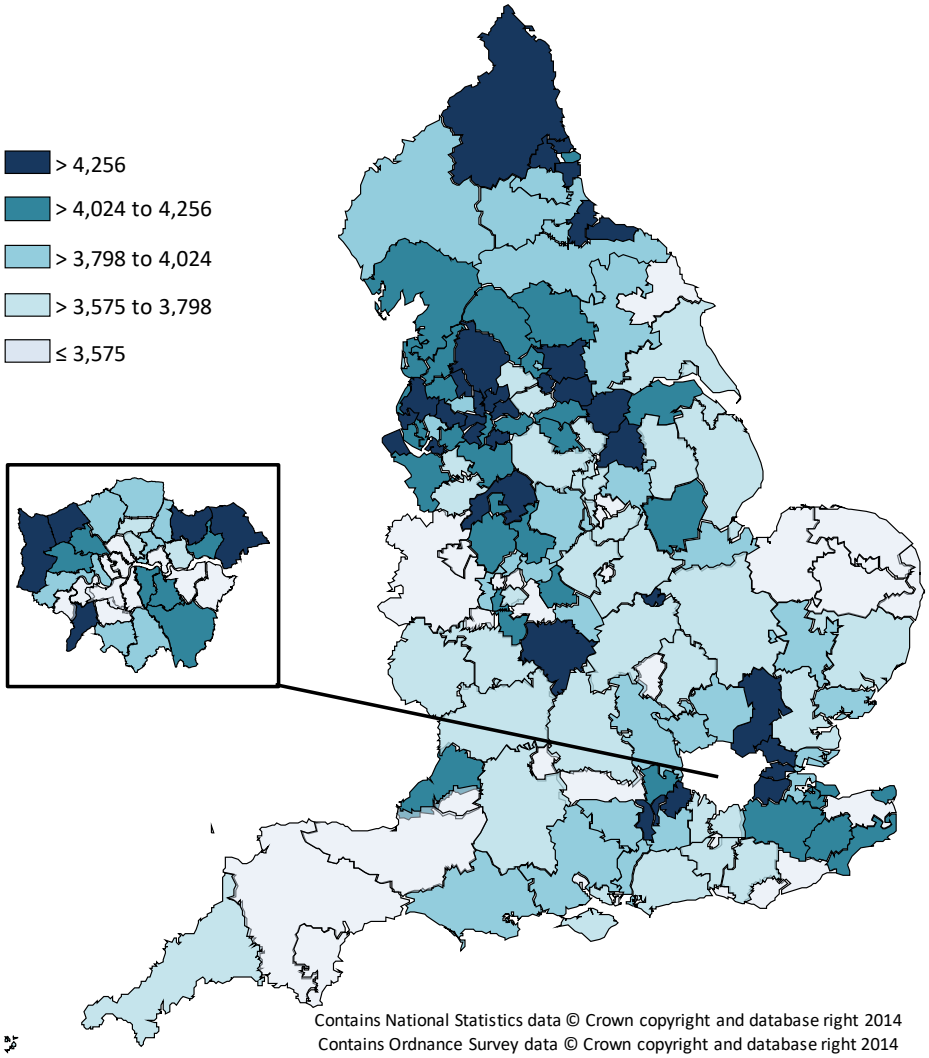
[4] These national rates exclude activity with missing age, sex, deprivation or CCG (1.6% of overall imaging tests).

[5] Brain MRI may be used to diagnose brain cancer; Chest X-ray and Chest CT to diagnose lung cancer, Kidney or Bladder ultrasound to diagnose kidney or bladder cancer and Abdomen and/or pelvis ultrasound to diagnose ovarian cancer (but this test, and the rates given here, are not restricted to females). Although these tests may be used to diagnose cancer, many have wider clinical uses and it is not possible to distinguish between the different uses of these tests.

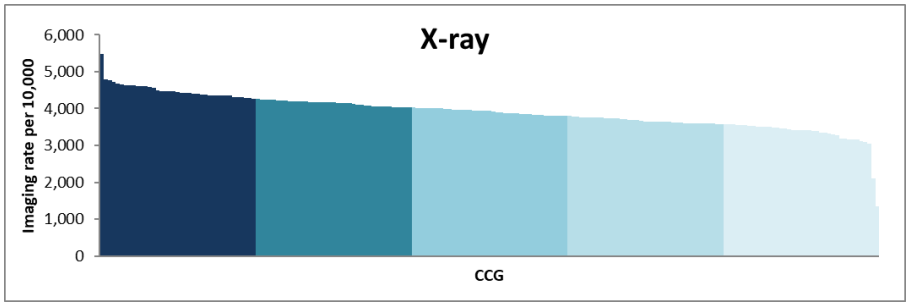
2.2.1 X-ray

There was some regional variation in X-ray rates, see Map 1 and Graph 1, with rates generally higher than average in CCGs in the North region. The rates for the two lowest CCGs illustrate the impact of missing data – a shortfall for NHS Bath and NE Somerset CCG arose from missing postcode-derived deprivation and Greenwich CCG was affected by wrongly coded data at Lewisham and Greenwich NHS Trust (although that does not fully explain their low rates). The national rate was 3,898 X-rays per 10,000 registered population and 74% CCGs were within one standard deviation of the mean, that is between 3,448 and 4,366 tests per 10,000 population.

Map 1. Standardised X-ray rates by CCG, 2018/19



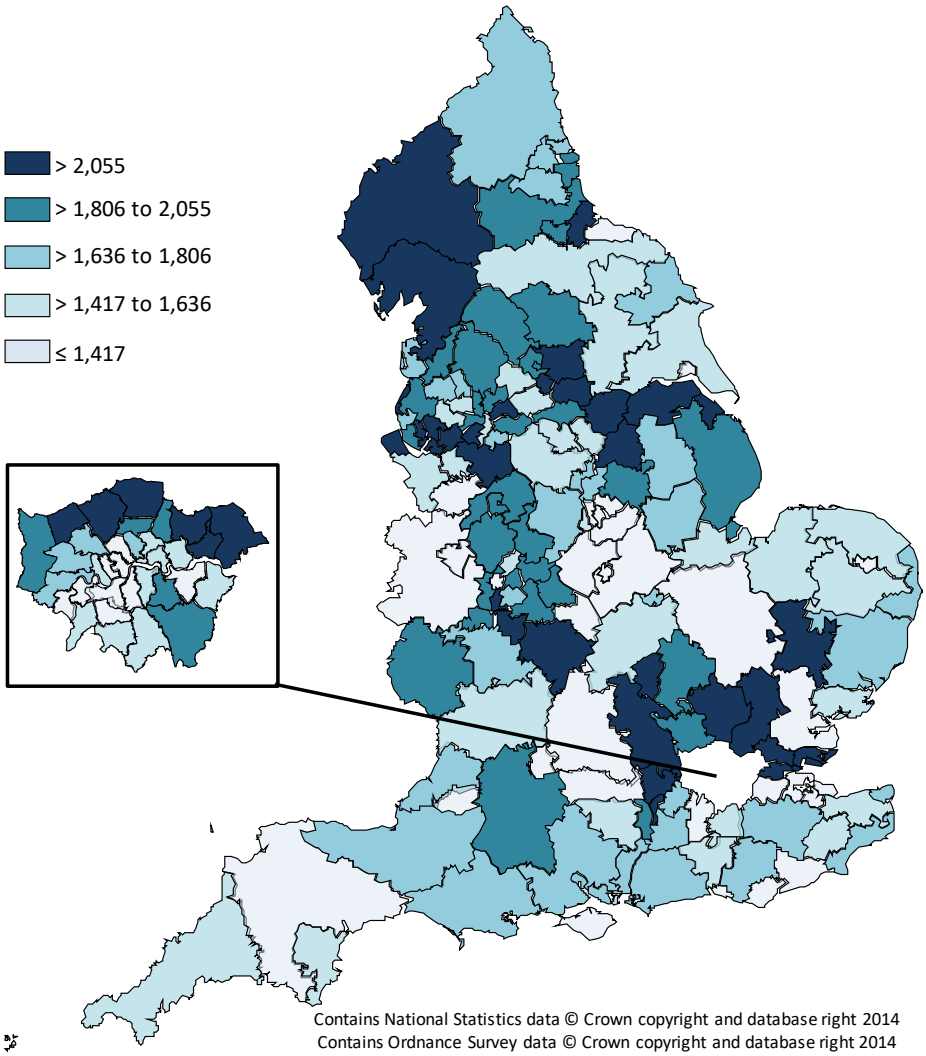
Graph 1. Standardised X-ray rates by CCG, 2018/19



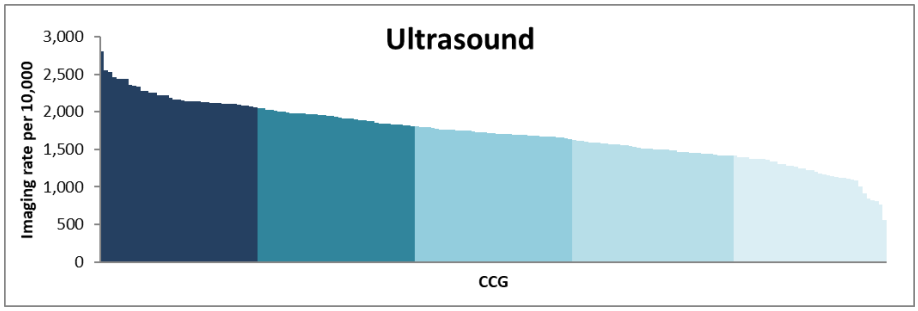
2.2.2 Ultrasound

As with X-ray, Ultrasound showed a concentration of higher rates in CCGs in the North region (Map 2). Ultrasound does not rise as steeply with age as the other modalities (see Odds ratios), so most CCGs have similar standardised rates and crude rates per 10,000 population. Nevertheless, the CCG rates varied more than the other major modalities, probably because of differences in the extent to which all ultrasound activity (especially obstetric) is recorded in hospitals' radiological information systems. The national rate was 1,696 ultrasounds per 10,000 population.

Map 2. Standardised Ultrasound rates by CCG, 2018/19



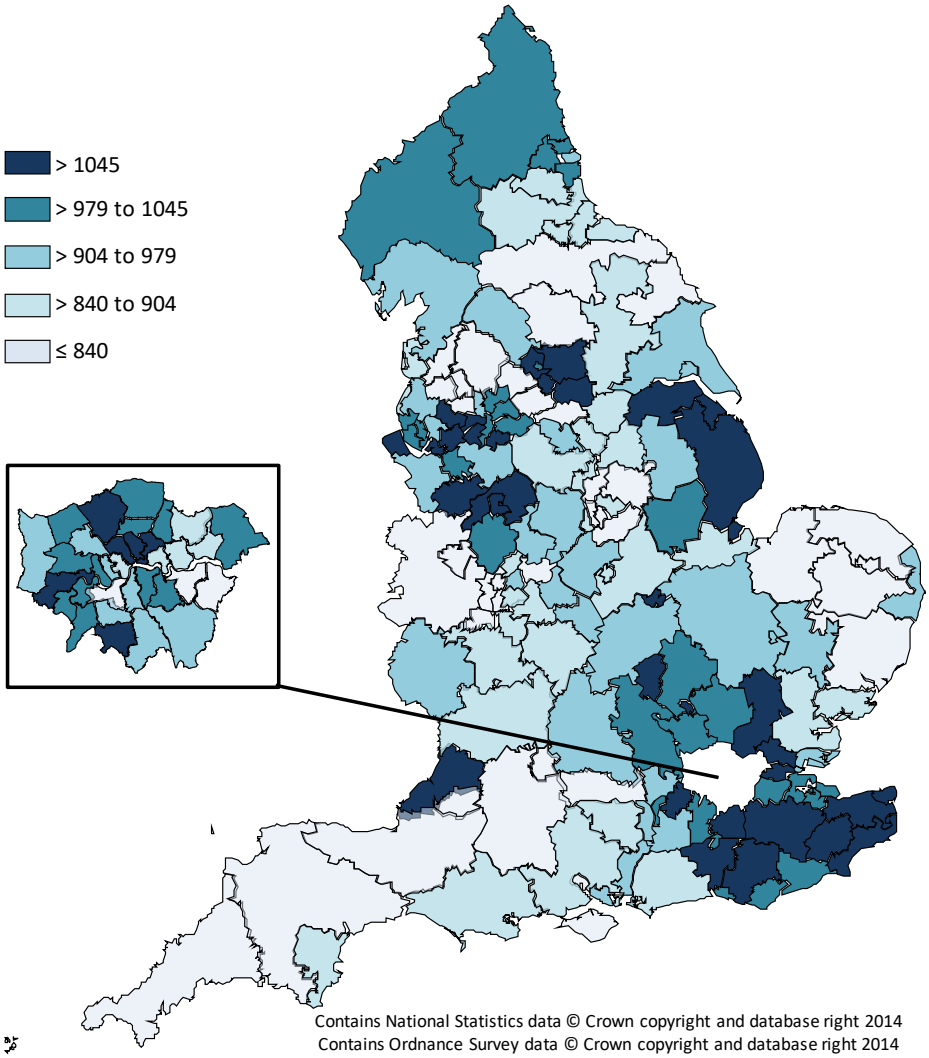
Graph 2. Standardised Ultrasound rates by CCG, 2018/19



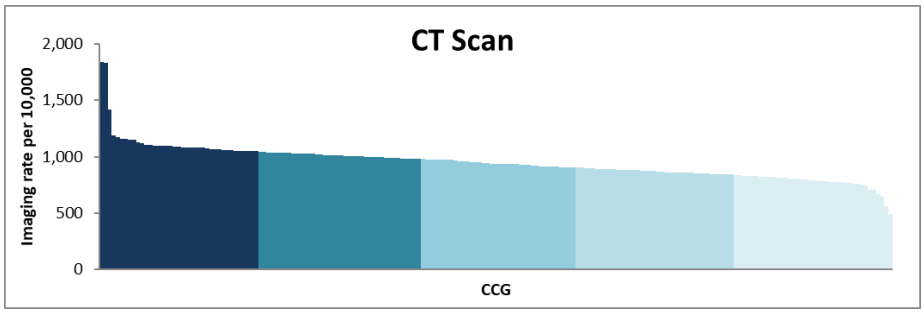
2.2.3 CT Scans

CT scans did not appear to show any strongly regional concentration and there were both high and lower rates across England (Map 3). Demographics had a large effect on CT scan rates, with only 52% of CCGs having a standardised rate within 10% of their crude rate. The national rate was 941 CT scans per 10,000 registered population and 81% CCGs were within one standard deviation of the mean, that is between around 800 and 1,100 tests per 10,000 population.

Map 3. Standardised CT rates by CCG, 2018/19



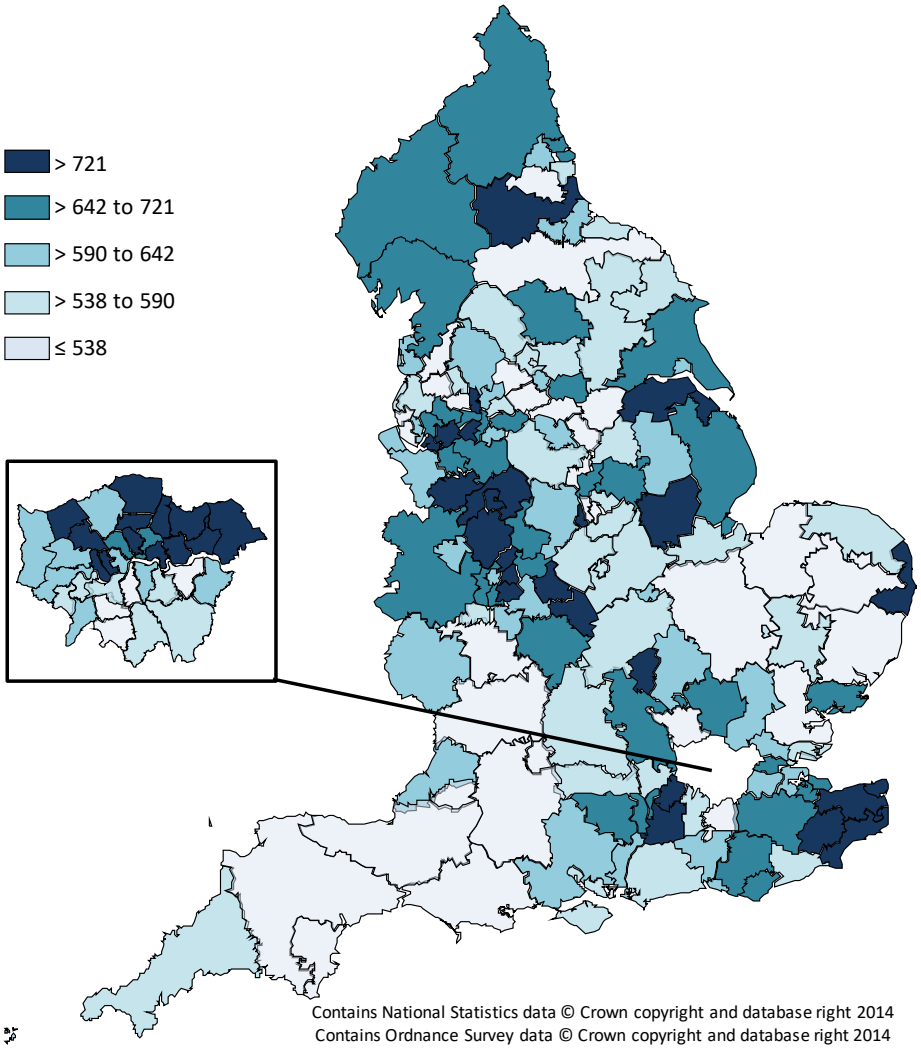
Graph 3. Standardised CT rates by CCG, 2018/19



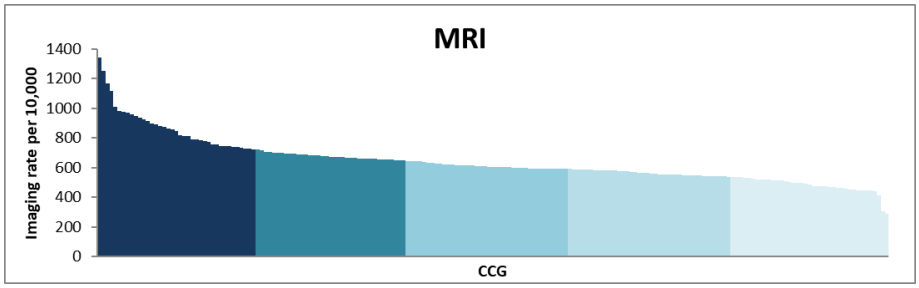
2.2.4 MRI Scans

MRI showed relatively little regional pattern but with a slight concentration of high rates in parts of Yorkshire, the Midlands and Kent (Map 4). The national rate was 624 MRI scans per 10,000 registered population but four CCGs were over 1,100 MRI scans: NHS Ashford, South Kent Coast and Thanet CCGs (all served by East Kent Hospitals University NHS Foundation Trust) and NHS North East Lincolnshire CCG.

Map 4. Standardised MRI rates by CCG, 2018/19



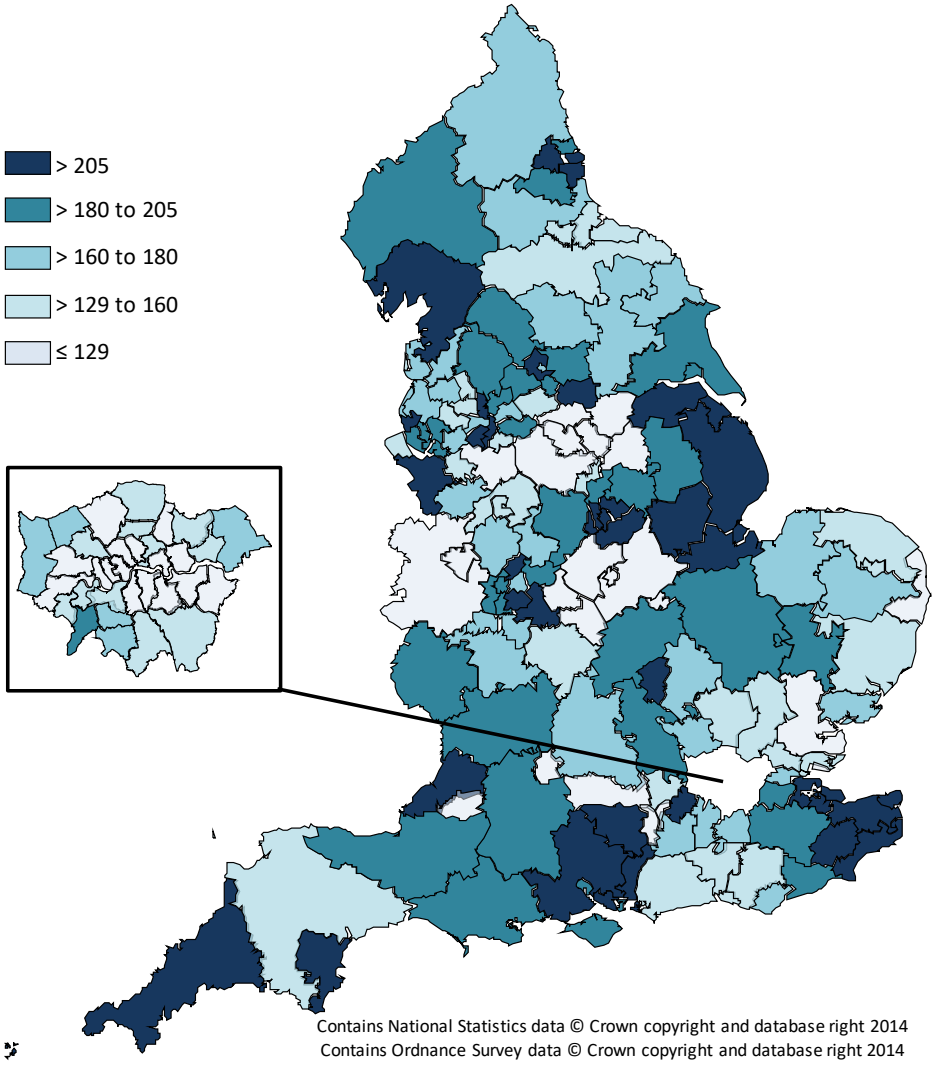
Graph 4. Standardised MRI rates by CCG, 2018/19



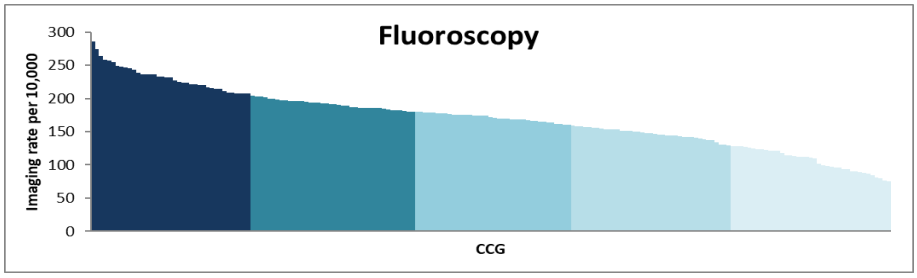
2.2.5 Fluoroscopy

Fluoroscopy showed no marked concentration of high or low standardised rates (Map 5), but rates were nonetheless quite variable across CCGs. The national rate was 171 Fluoroscopy scans per 10,000 registered population and 66% CCGs were within one standard deviation of the mean, that is between 125 and 213 tests per 10,000 population.

Map 5. Standardised Fluoroscopy rates by CCG, 2018/19



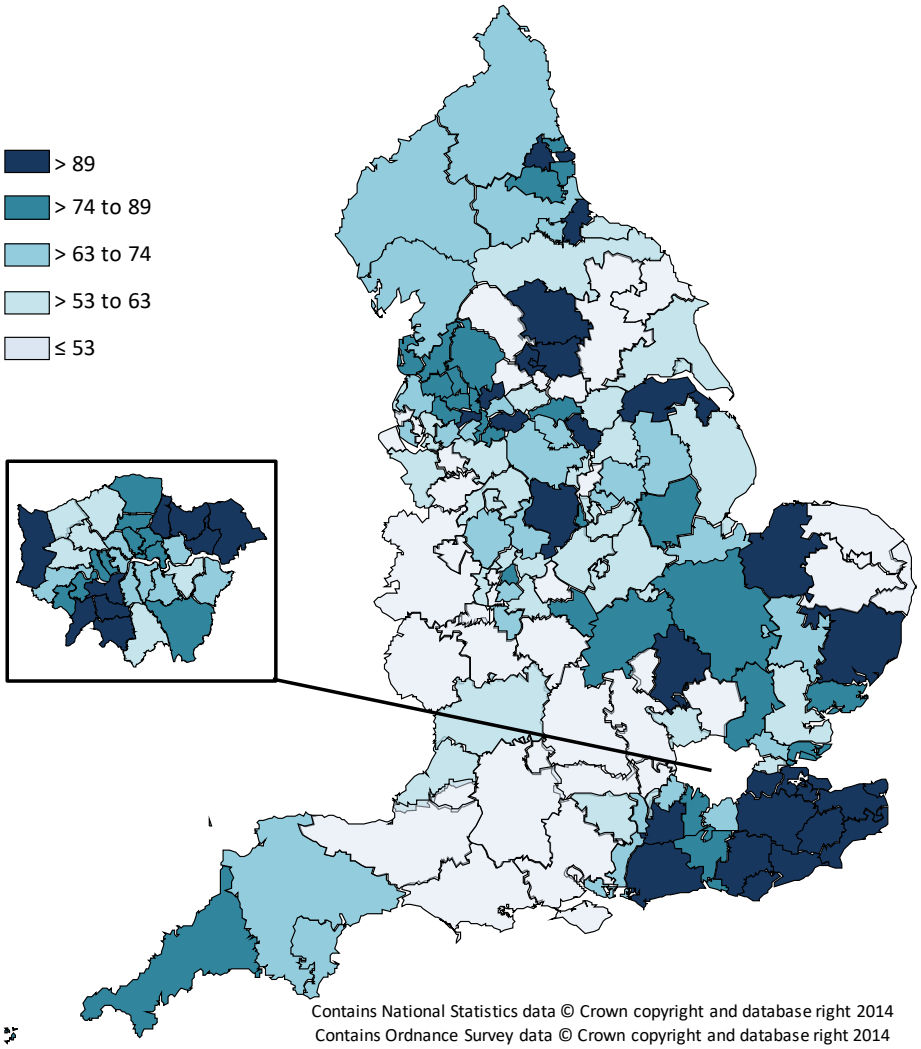
Graph 5. Standardised Fluoroscopy rates by CCG, 2018/19



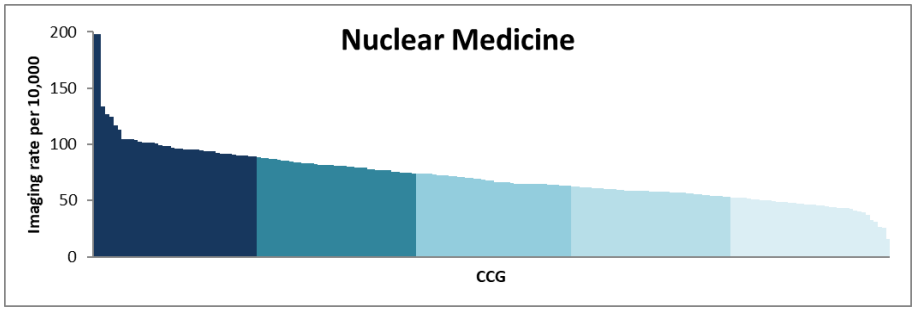
2.2.6 Nuclear Medicine

Nuclear Medicine showed some regional variation, with the highest rates around Kent (Map 6). The national rate was 70 Nuclear Medicine exams per 10,000 registered population, but two CCGs were more than twice that rate: NHS Medway and NHS Swale CCGs (both served by Medway NHS Foundation Trust).

Map 6. Standardised Nuclear Medicine rates by CCG, 2018/19



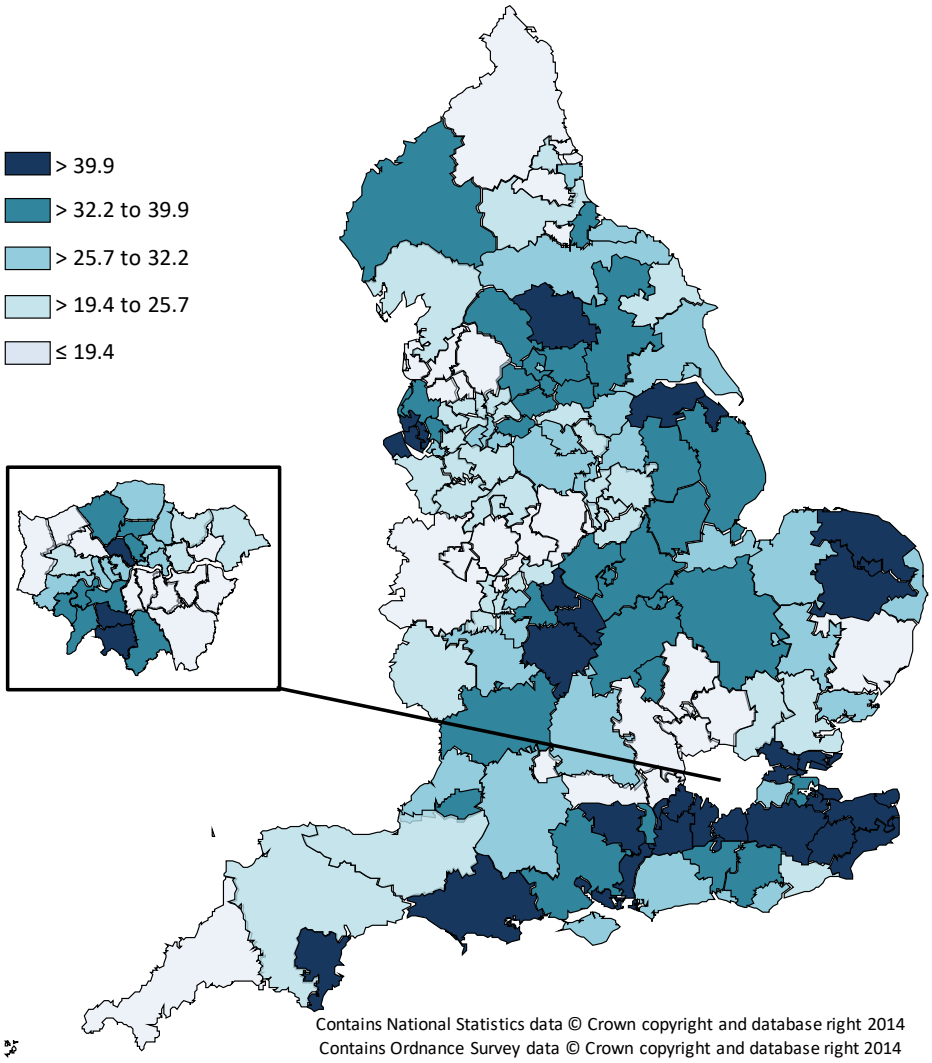
Graph 6. Standardised Nuclear Medicine rates by CCG, 2018/19



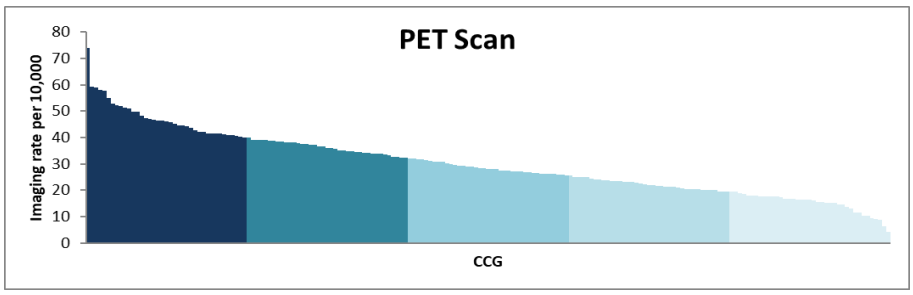
2.2.7 PET Scan

PET scan showed some regional variation, with several clusters of higher rates (Map 7). Some of the variability arose from the relatively small numbers: the national rate was 30 PET scans per 10,000 registered population and 67% CCGs were within one standard deviation of the mean between 18 and 42 tests per 10,000 population.

Map 7. Standardised PET Scan rates by CCG, 2018/19



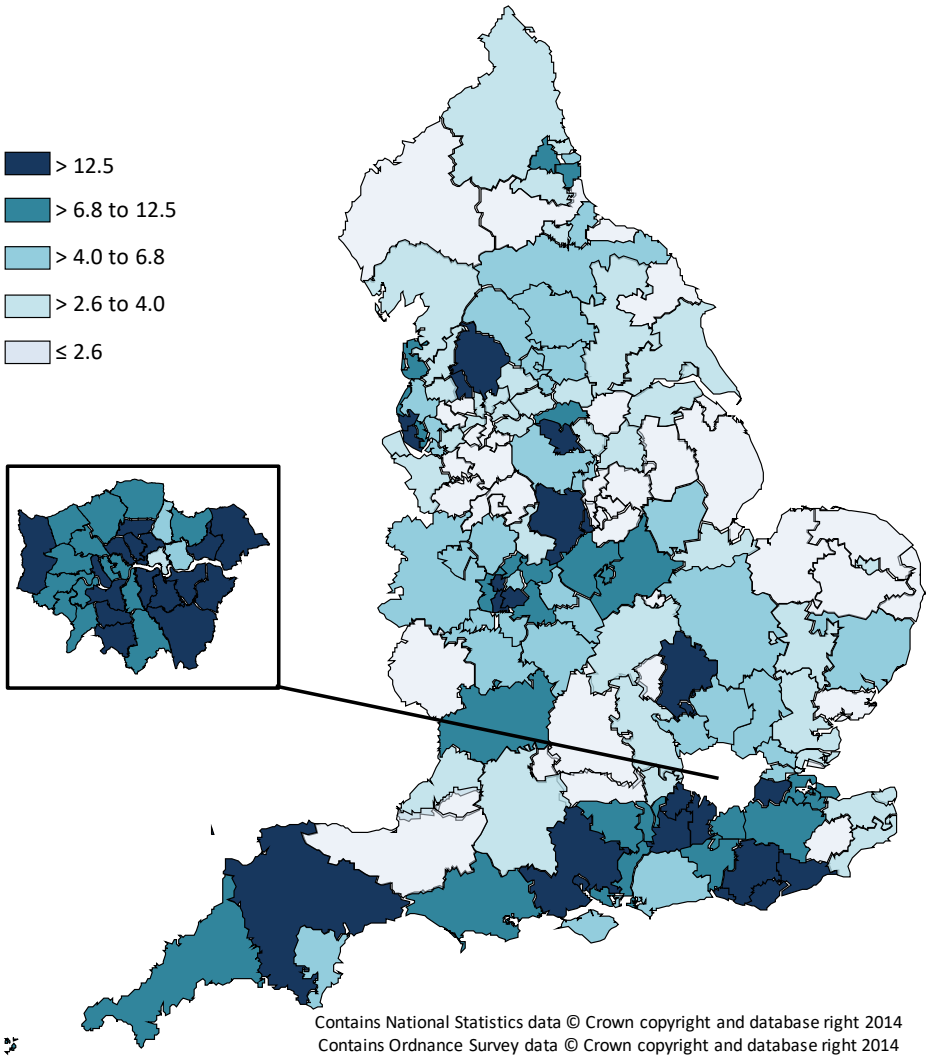
Graph 7. Standardised PET Scan rates by CCG, 2018/19



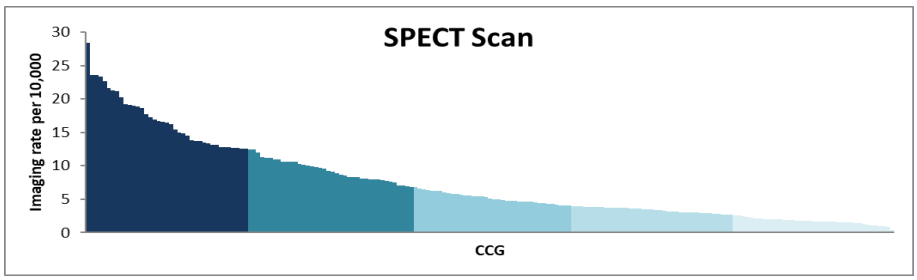
2.2.8 SPECT Scan

SPECT scan showed clusters of high rates amongst generally low rates (Map 8). The biggest volume providers of SPECT were in Sheffield, Southampton, Derby and Plymouth, with others in and around London, leading to higher rates in those and some neighbouring CCGs (Chart 8). The national rate was 8 SPECT scans per 10,000 registered population but the variance was wide and one standard deviation of the mean extended from 1 to 13 tests per 10,000 population (with 78% CCGs within this range, but some considerably higher).

Map 8. Standardised SPECT Scan rates by CCG, 2018/19



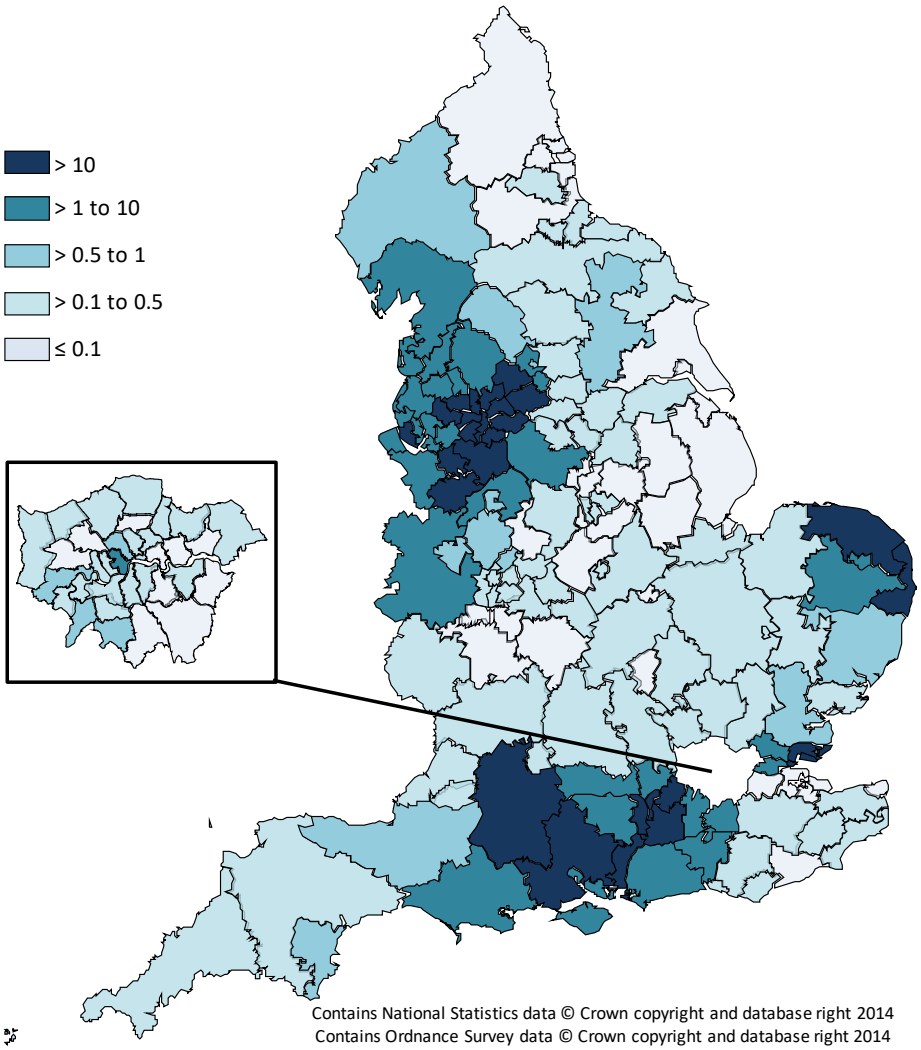
Graph 8. Standardised SPECT Scan rates by CCG, 2018/19



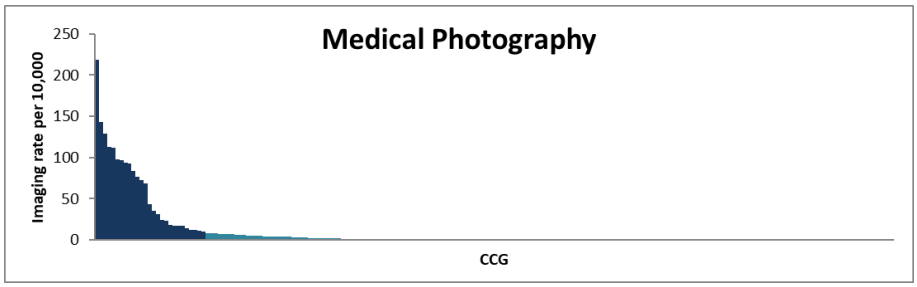
2.2.9 Medical Photography

Medical Photography showed a very marked cluster of high rates in the North West of England and Wessex (Map 9). However, only 10 providers nationally reported more than a few Medical Photography images in the DID, the biggest being Manchester University NHS Foundation Trust and Salford Royal NHS Foundation Trust. Most CCGs had no reported Medical Photography (Graph 9).

Map 9. Standardised Medical Photography rates by CCG, 2018/19



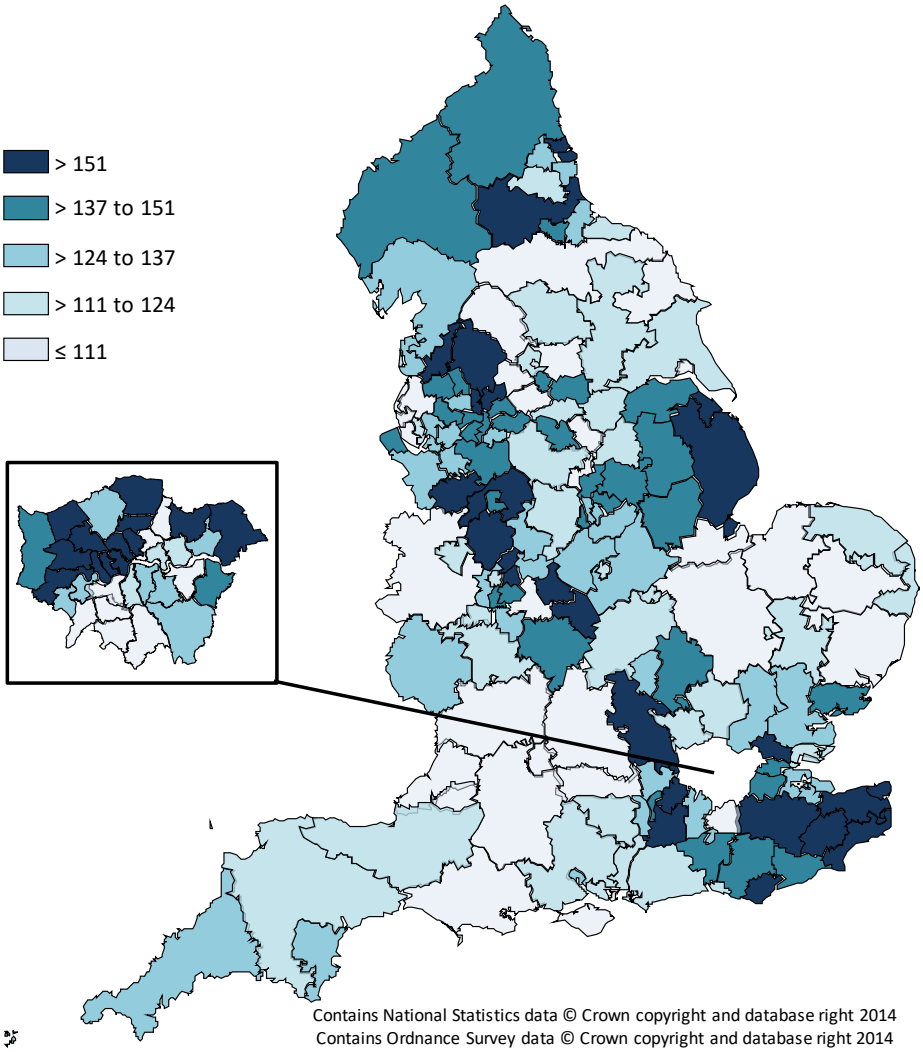
Graph 9. Standardised Medical Photography rates by CCG, 2018/19



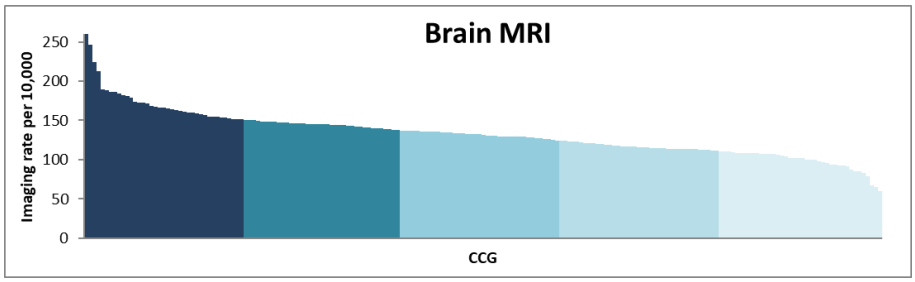
2.2.10 Brain MRI

Brain MRI showed relatively little regional pattern (Map 10), but with the highest rates in Kent, as for all MRI (see section 2.2.4). High rates tended to cluster around neighbouring CCGs and many of these areas had at least one high-volume provider, but there was a wide variety of providers of different levels of activity. The national rate was 129 Brain MRIs per 10,000 registered population, but two CCGs had around twice that rate: NHS Ashford and South Kent Coast CCGs.

Map 10. Standardised Brain MRI rates by CCG, 2018/19



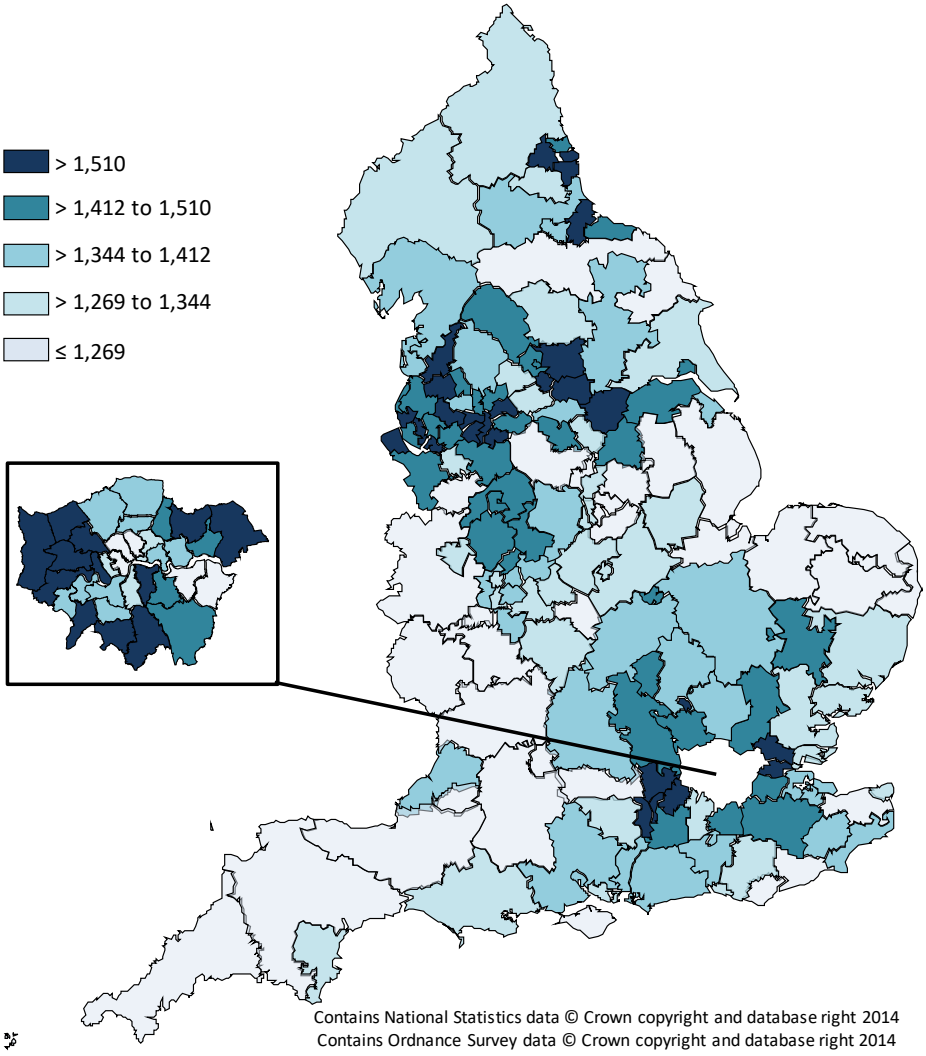
Graph 10. Standardised Brain MRI rates by CCG, 2018/19



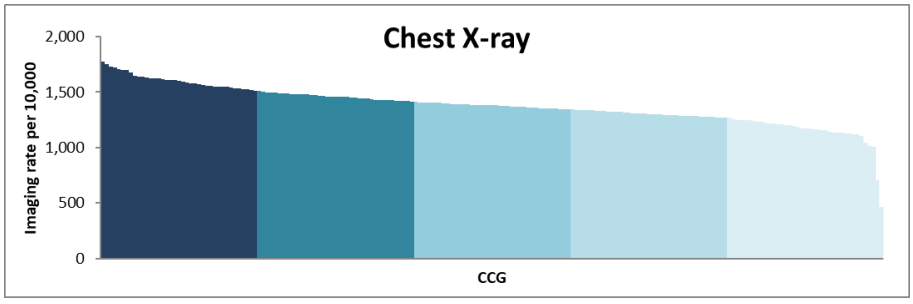
2.2.11 Chest X-ray

Chest X-ray showed less variation across CCGs than the other tests for potential early diagnosis of cancer, with much bigger numbers of tests (Map 11). The national rate was 1,375 Chest X-rays per 10,000 registered population and 72% CCGs were within one standard deviation of the mean (a similar spread as for all X-ray, see Section 2.2.1), between around 1,200 and 1,600 tests per 10,000 population.

Map 11. Standardised Chest X-ray rates by CCG, 2018/19



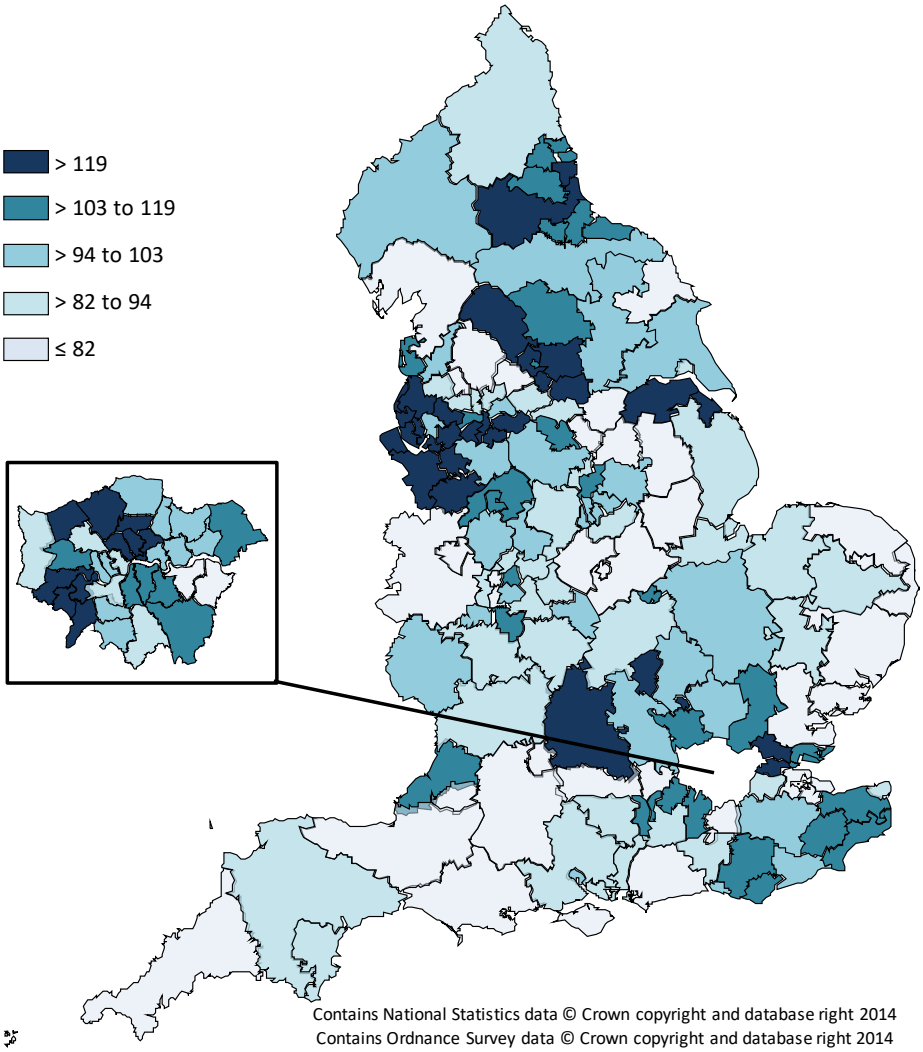
Graph 11. Standardised Chest X-ray rates by CCG, 2018/19



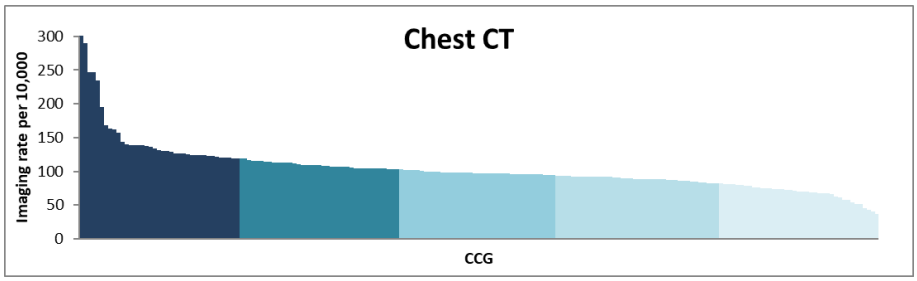
2.2.12 Chest CT

Chest CT showed some regional variation with the highest rates clustered around West Yorkshire (Map 12). The national rate was 102 Chest CTs per 10,000 registered population and 86% CCGs were within one standard deviation of the mean, between 68 and 138 tests per 10,000 population. However, five CCGs had more than twice the national rate: NHS North Lincolnshire, North East Lincolnshire, Leeds, Wakefield and North Kirklees CCGs.

Map 12. Standardised Chest CT rates by CCG, 2018/19



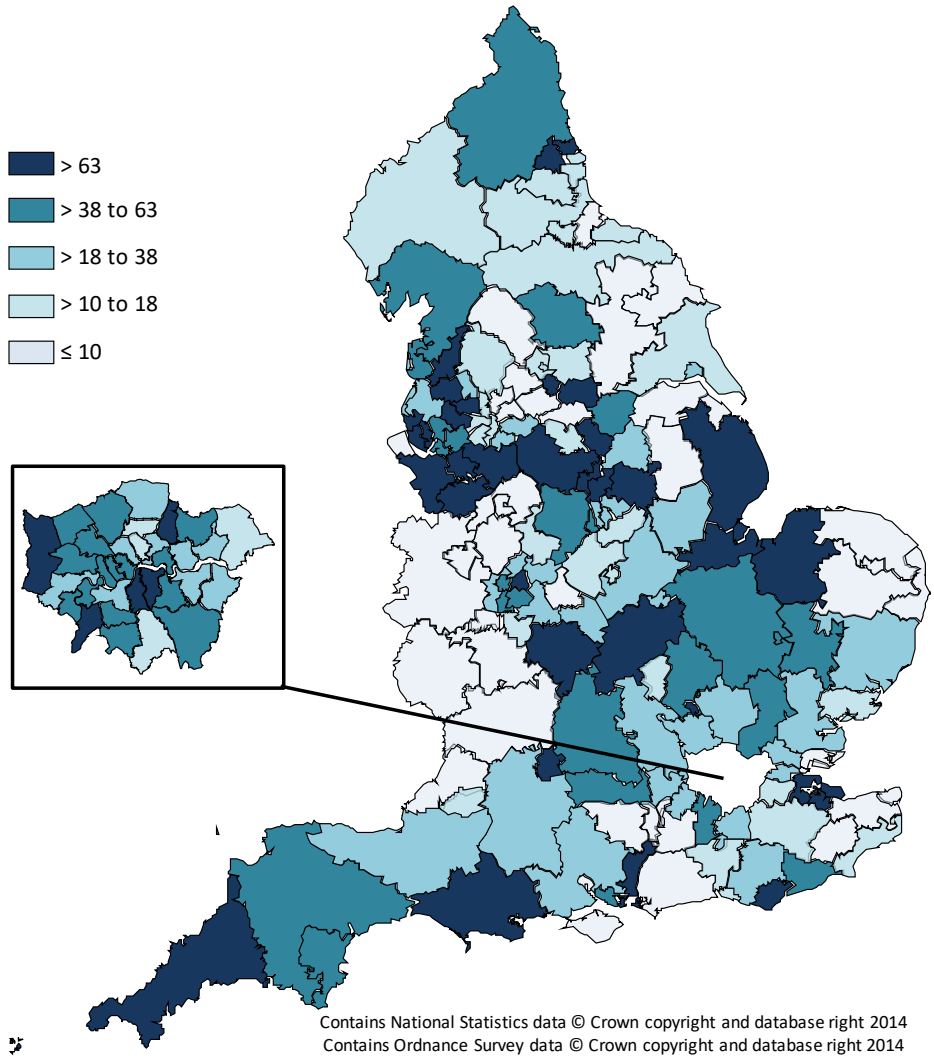
Graph 12. Standardised Chest CT rates by CCG, 2018/19



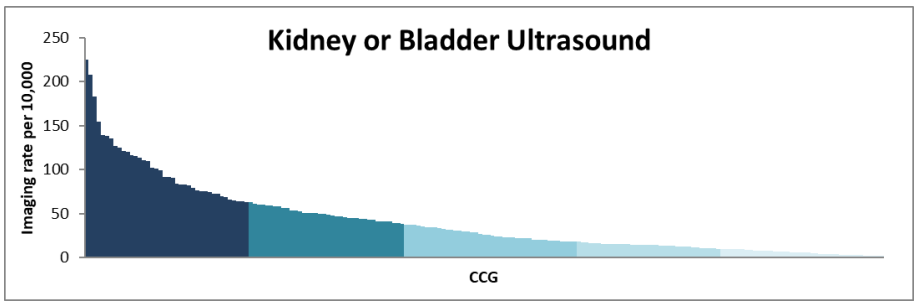
2.2.13 Kidney & Bladder Ultrasound

There was a wider range of rates of Kidney & Bladder Ultrasound than other Early Diagnosis of Cancer (EDOC) tests. Nearly half of the CCGs had rates less than a tenth of the highest reported (Graph 13), with both the lowest and highest rates grouped together in clusters of CCGs (Map 13). The national rate was lower than for the other EDOC tests at 40 Kidney & Bladder ultrasounds per 10,000 registered population, with one standard deviation of the mean ranging from 0 to 80 tests per 10,000 population (87% CCGs within this range).

Map 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2018/19



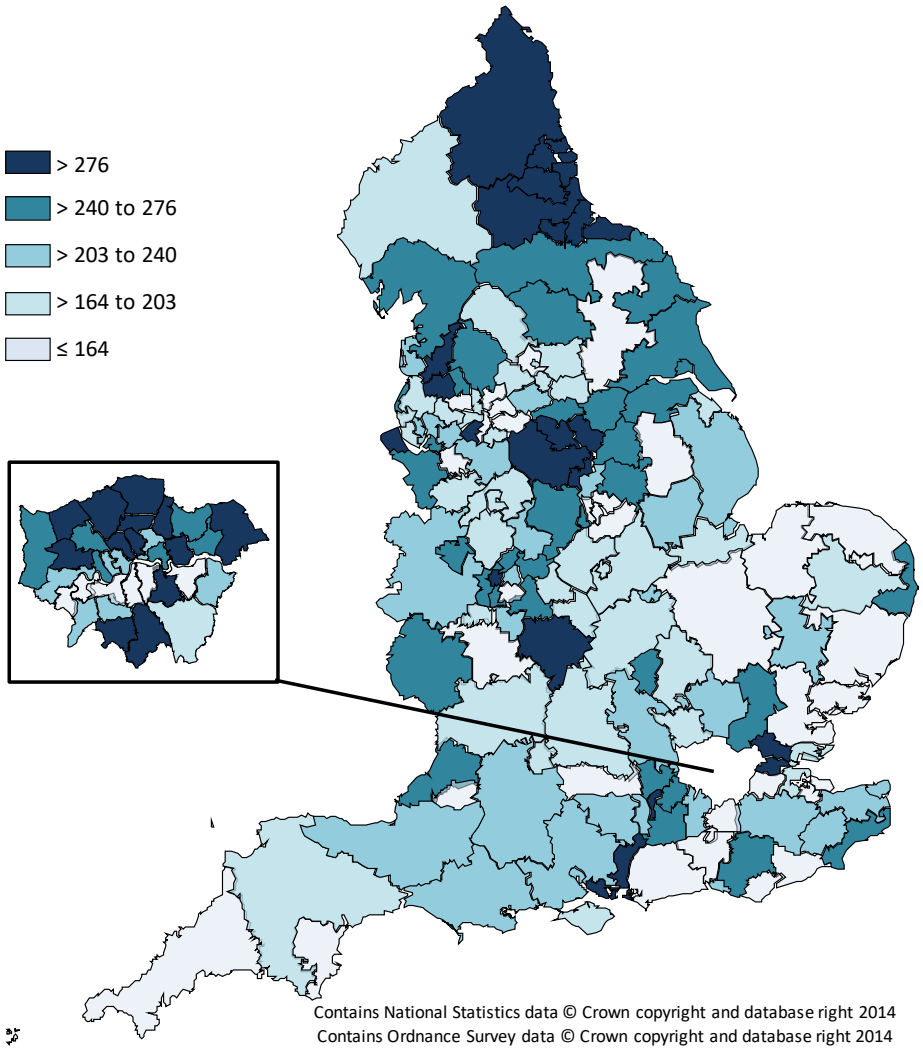
Graph 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2018/19



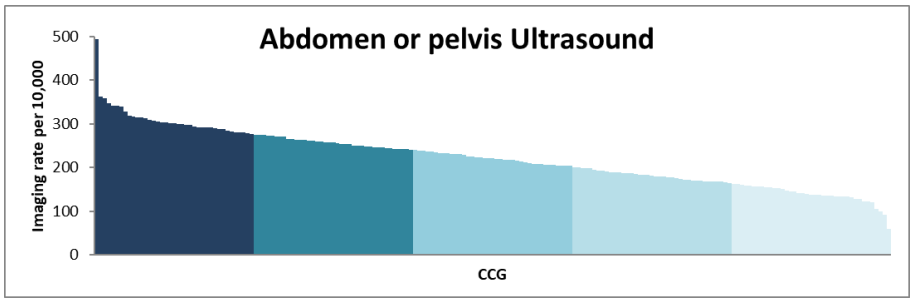
2.2.14 Abdomen & Pelvis Ultrasound

The highest rates of Abdomen & Pelvis Ultrasound were in the North, especially NHS Sunderland CCG, with relatively few high rates in the South and East (Map 14). The national rate was 219 Abdomen & Pelvis ultrasounds per 10,000 registered population, with one standard deviation of the mean ranging from around 160 to 280 tests per 10,000 population (65% CCGs within this range).

Map 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2018/19



Graph 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2018/19



3 Odds Ratios

3.1 Method

Three factors were considered that could have an impact on the rate of diagnostic testing: age (five-year age bands[6]), sex (male and female) and deprivation (quintiles of the Index of Multiple Deprivation). Differences in the distribution of these factors across CCGs might be partially responsible for the differences in crude observed rates between CCGs. Odds ratios were used to demonstrate the impact of each factor on the rate of diagnostic testing, whilst controlling for the others. Significant differences between the odds ratios for each factor suggest that it was worth standardising for these.

Odds ratios were calculated using similar methodology to the standardised rates (above). National rates of diagnostic testing activity were calculated by two of the three factors at a time, in order to estimate expected values for the third factor (IMD, Sex or Age). For example, if odds ratios were being calculated for IMD, rates were standardised by Sex and Age. This resulted in three sets of standardised rates per 10,000 population. Odds ratios then used the following formula:

$$\text{Ratio}_2 = \frac{\left(\frac{p_2}{1-p_2}\right)}{\left(\frac{p_1}{1-p_1}\right)}$$

Where
p_1 = standardised rate for the base category (e.g. female)
p_2 = standardised rate for the comparison category (e.g. male)
expressed per unit of population.

So for example the odds ratio for male X-rays was calculated by:

	Standardised rate per 10,000	p	p/(1-p)	Odds Ratio
Female	4,197	0.4197	0.7232	1.00
Male	3,449	0.3449	0.5264	0.73

Note: The base level will always be set to 1 with other levels given as a ratio of this.

In this example, males were 27% less likely to have an X-ray than females, even after standardising for the effect of age and IMD.

Further statistical analysis of the odds ratios was conducted using Pearson's Chi Square test of significance.

[6] Although five-year age bands were used for analysis and standardisation, Odds ratios are given for broader age bands. This illustrates the age effect whilst overcoming the complication that p>1 for the higher 5-year age bands for some modalities.

3.2 Results

3.2.1 Sex

There was variation in how likely each gender was to have imaging by test, see Tables 1 and 2. As would be expected, men were around a third as likely to have an ultrasound (odds ratio = 0.30), however they were more likely to a have a Chest X-ray (1.13). Of these odds ratios, X-ray, Ultrasound, MRI, Chest X-ray and Abdomen or Pelvis Ultrasound were found to be significant.

Table 1. Sex odds ratios by modality, 2018/19

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
Female	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Male	0.73***	0.30***	0.99	0.84**	1.06	0.85	1.17	0.81	0.95

Table 2. Sex odds ratios by Early Diagnosis of Cancer, 2018/19

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
Female	1.00	1.00	1.00	1.00	1.00
Male	0.81	1.13**	1.20	0.98	0.68***

3.2.2 Deprivation

There appears to be a consistent tendency for areas of highest deprivation to have most imaging tests, see Tables 3 and 4. Deprivation had a significant impact at all levels for X-ray, Ultrasound, CT and Chest X-ray, whilst the two or three least deprived quintiles were significantly different from the most deprived for MRI, Fluoroscopy, Chest CT and Abdomen or Pelvis Ultrasound.

Table 3. Deprivation odds ratios by modality, 2018/19

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
1 Most deprived	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2 More deprived	0.80***	0.86***	0.84***	0.94	0.89	0.93	0.89	0.90	0.64
3 Mid quintile	0.70***	0.82***	0.75***	0.89*	0.84	0.87	0.86	0.84	0.57
4 Less deprived	0.64***	0.78***	0.70***	0.86*	0.80*	0.84	0.85	0.81	0.50
5 Least deprived	0.58***	0.74***	0.64***	0.83**	0.74**	0.81	0.83	0.82	0.54

* significant at $p < 0.05$
** significant at $p < 0.01$
*** significant at $p < 0.001$

Table 4. Deprivation odds ratios by Early Diagnosis of Cancer, 2018/19

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
1 Most deprived	1.00	1.00	1.00	1.00	1.00
2 More deprived	0.94	0.78***	0.78	0.95	0.88
3 Mid quintile	0.88	0.66***	0.67**	0.81	0.77**
4 Less deprived	0.85	0.59***	0.62***	0.78	0.71***
5 Least deprived	0.80	0.53***	0.56***	0.71	0.65***

3.2.3 Age

Age has the largest impact on the likelihood of having an imaging test, with the age band of 75 or older showing much higher odds ratios across all modalities and early diagnosis of cancer tests compared with age under 45. All modalities and EDOCs have a significant result for the 65+ age bands. Other age bands were also significantly higher than the 0 to 45 group except for ultrasound, which varies least by age perhaps because of a large number of obstetric ultrasounds for pregnant women, and the modalities with small numbers (SPECT Scan and Medical Photography). Full breakdowns are given in Tables 5 and 6.

Table 5. Age band odds ratios by modality, 2018/19

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
0 - <45	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
45 - <55	2.14***	1.05	3.17***	2.34***	2.55***	2.97***	4.80**	2.47	1.80
55 - <65	3.83***	1.06	5.24***	2.82***	4.12***	5.14***	10.53***	4.44*	2.74
65 - <75	35.10***	1.26***	9.48***	3.29***	6.14***	8.53***	19.21***	7.73**	4.66**
75+		1.52***	21.57***	2.85***	8.12***	9.38***	18.12***	9.41***	11.02***

Note: Due to limitations in the odd ratio methodology it was not possible to calculate ratios for the 75+ X-ray category (p>1). The odds ratio for 65+ has been reported instead.

Table 6. Age band odds ratios by Early Diagnosis of Cancer, 2018/19

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
0 - <45	1.00	1.00	1.00	1.00	1.00
45 - <55	1.89***	2.43***	4.81***	1.50	1.90***
55 - <65	2.29***	4.08***	10.04***	1.92*	2.25***
65 - <75	2.85***	7.54***	18.89***	2.95***	2.52***
75+	3.27***	22.92***	24.48***	4.70***	2.92***

4 Annex

4.1 Annex A - Data quality and the impact of missing data

In 2018/19, the CCG of patients in the DID was derived from either their GP Practice code or, where this was missing, the Lower Super Output Area (LSOA) of their postcode. Although resident (LSOA based) CCG may not be the same as responsible (GP Practice based) CCG, with nationally around 7% patients living in a different CCG from their GP Practice, this method improves the coverage of CCG activity.

For the standard modalities, 95.8% imaging tests (42.9 million) had an English CCG based on GP Practice in 2018/19, up from 95.4% in 2017/18. A further 0.5% (220,000) had a non-English or other valid GP Practice (e.g. prisons and Ministry of Defence practices), 3.6% (1.6 million) had an English CCG derived from LSOA and 0.1% (50,000) were unknown or unidentified.

Providers with more than 10% and 10,000 imaging tests (standard modalities) with no GP Practice are listed in Table A.1. Most of these were allocated using LSOA and no provider had more than 7,000 and 5% imaging tests unallocated to a CCG. Consequently, no CCG was estimated to have more than 5,200 or 2.2% activity missing due to inability to attribute tests by CCG. Nationally, 130,000 (0.3%) imaging tests were omitted from the CCG tables because no valid CCG could be identified.

Table A.1. Providers with more than 10% and 10,000 imaging tests with no GP Practice in the Diagnostic Imaging Dataset, 2018/19

Provider code and name		Activity with no GP Practice		Of which, activity with no LSOA	
		No. tests	% tests	No. tests	% tests
NT9	Alliance Medical	110,300	54%	300	0.2%
RDU	Frimley Health NHS Foundation Trust	96,800	16%	1,600	0.3%
RTP	Surrey and Sussex Healthcare NHS Trust	65,300	26%	1,500	0.6%
RJ1	Guy's and St Thomas' NHS Foundation Trust	51,800	11%	6,600	1.4%
RN7	Dartford and Gravesham NHS Trust	48,800	17%	600	0.2%
RWP	Worcestershire Acute Hospitals NHS Trust	46,400	11%	600	0.1%
NT2	Nuffield Health	40,800	97%	100	0.2%
NTP	Care UK	36,500	29%	3,400	2.7%
RMC	Bolton NHS Foundation Trust	28,600	13%	300	0.1%
RQX	Homerton University Hospital NHS Foundation Trust	22,400	11%	800	0.4%
NT4	BMI Healthcare	16,600	35%	-	0.1%

Providers with more than 5% and 5,000 imaging tests (standard modalities) with no age or sex or LSOA (to impute deprivation score) are listed in Table A.2. Nationally, 230,000 (0.5%) imaging tests with a valid CCG were omitted from standardised rates because no deprivation score could be imputed from LSOA, 58,000 (0.1%) had no gender and a further 22,000 (0.05%) had no date of birth submitted (to impute age band).

Table A.2. Providers with more than 5% and 5,000 imaging tests with no Age or Sex or LSOA in the Diagnostic Imaging Dataset, 2018/19

Provider code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
RD1	Royal United Hospitals Bath NHS Foundation Trust	281,100	67,900	24%	LSOA
RQM	Chelsea & Westminster Hospital NHS Foundation Trust	434,900	41,400	10%	LSOA
RHW	Royal Berkshire NHS Foundation Trust	275,900	29,100	11%	LSOA
RK5	Sherwood Forest Hospitals NHS Foundation Trust	277,700	28,300	10%	Sex
NVC	Ramsay Healthcare UK Operations Limited	163,400	15,600	10%	Age
RT3	Royal Brompton & Harefield NHS Foundation Trust	103,500	10,200	10%	LSOA

The CCGs most affected by the omission of sex or LSOA (to impute deprivation score) are listed in Table A.3. The biggest shortfall is for NHS Bath and North East Somerset CCG, which has standardised rates around 40% lower than expected.

Table A.3. CCGs with more than 5% and 5,000 imaging tests with no Age or Sex or LSOA in the Diagnostic Imaging Dataset, 2018/19

CCG code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
11E	NHS Bath and North East Somerset CCG	130,000	53,000	41%	LSOA
15A	NHS Berkshire West CCG	295,000	24,000	8%	LSOA
07Y	NHS Hounslow CCG	231,000	14,000	6%	LSOA
04E	NHS Mansfield and Ashfield CCG	160,000	9,000	6%	Sex
04H	NHS Newark and Sherwood CCG	114,000	6,000	5%	Sex

In addition to the list above, some CCGs have reduced rates because of shortfalls in the data submissions of their providers. Details of known data coverage issues by provider are listed in Section 6.1 of the DID Annual Statistical Release 2018-19. The most impactful of these is the shortfall for Great Western Hospitals NHS Foundation Trust (RN3), which particularly affects rates for all modalities in NHS Swindon CCG (12D). Consequently, rates at the lower end of the distribution across all modalities should be interpreted with caution.

4.2 Annex B - CCG Standardised Imaging Rates per 10,000, 2018/19

See separate excel file (Annex 4a – DID Standardised CCG Rates 2018-19).

4.3 Contact Us

4.3.1 Feedback

We welcome feedback on this publication. Please contact us at england.did@nhs.net

4.3.2 iView

NHS Digital allow health sector colleagues to access DID information through their web-based reporting tool, iView. Registered users can access anonymised data at aggregate level in a consistent and flexible format:

- **Access Information** – choose from a variety of data areas.
- **Build Reports** – select data to suit your needs.
- **Generate Charts** – customise report tables and graphs.
- **Export Data** – copy to Excel and manipulate data your way.
- **Save Reports** – store your favourite views for future use.

If you would like to register to use iView for DID, please email enquiries@nhsdigital.nhs.uk (subject: DID iView Access). For more information, please visit the iView website.

4.3.3 Websites

Further information about the DID dataset can be found on NHS Digital DID website.

The DID Tables and Reports can be found on the NHS England DID website (http://www.england.nhs.uk/statistics/diagnostic-imaging-dataset/).

4.3.4 Additional Information

For press enquiries contact the NHS England Media team on 0113 825 0958 or 0113 825 0959. Email enquiries should be directed to nhsengland.media@nhs.net

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