Diagnostic Imaging Dataset: Standardised CCG rates 2019/20

NHS England and NHS Improvement

Diagnostic Imaging Dataset

Standardised CCG rates 2019/20

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Sheila Dixon
Performance Analysis Team
NHS England and NHS Improvement
Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: england.did@nhs.net

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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 2019/20 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 2019/20, 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 2019/20 DID activity by CCG by October 2019 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 880,000 (2.0%) cases in 2019/20, compared with 580,000 (1.3%) cases in 2018/19.

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 2019/20, NHS England and NHS Improvement, 29th October 2020. Available (with tables by CCG) from https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/diagnostic-imaging-dataset-2019-20-data/

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

[3] The 2019/20 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 2019/20 per 10,000 people are shown in Tables 1 & 2 below.

Table 1. National Imaging Rates per 10,000 by modality, 2019/20

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
Rate per 10,000 people	3,779	1,676	973	625	163	65	33	7	9

Table 2. National Imaging Rates per 10,000 by Early Diagnosis of Cancer[5], 2019/20

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
Rate per 10,000 people	131	1,361	105	39	211

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 2019/20 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.

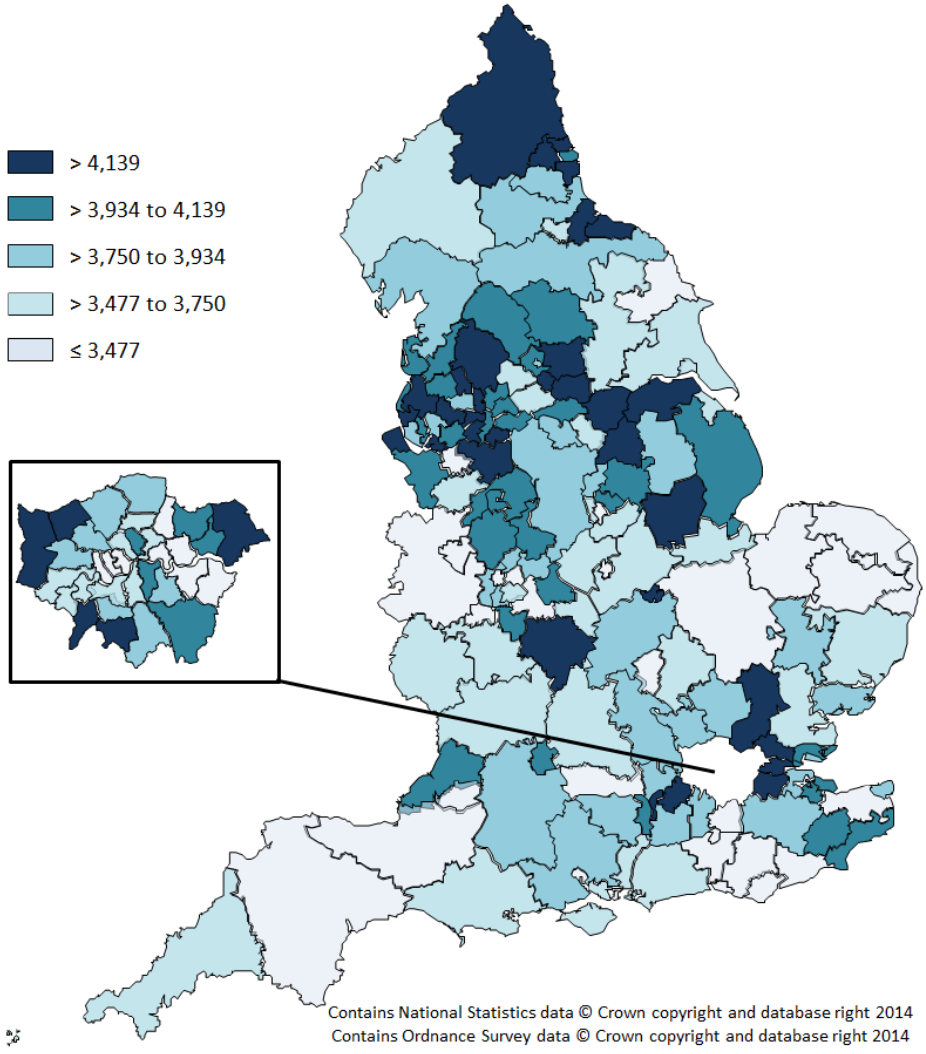
[4] These national rates exclude activity with missing age, sex, deprivation or CCG (2.0% of overall imaging tests).

[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.

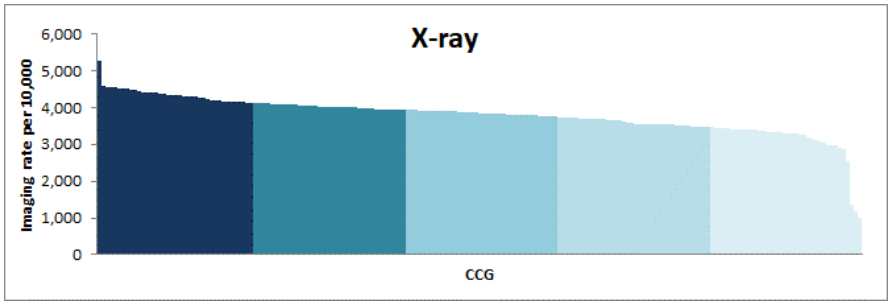
2.2.1 X-ray

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 East and Yorkshire, North West and Midlands regions. The rates for the two lowest CCGs illustrate the impact of missing data – a shortfall for Crawley and East Surrey CCGs arose from missing gender data at Surrey and Sussex Healthcare NHS Trust (see Annex A). The national rate was 3,779 X-rays per 10,000 registered population and 79% CCGs were within one standard deviation of the mean, that is between 3,273 and 4,302 tests per 10,000 population.

Map 1. Standardised X-ray rates by CCG, 2019/20



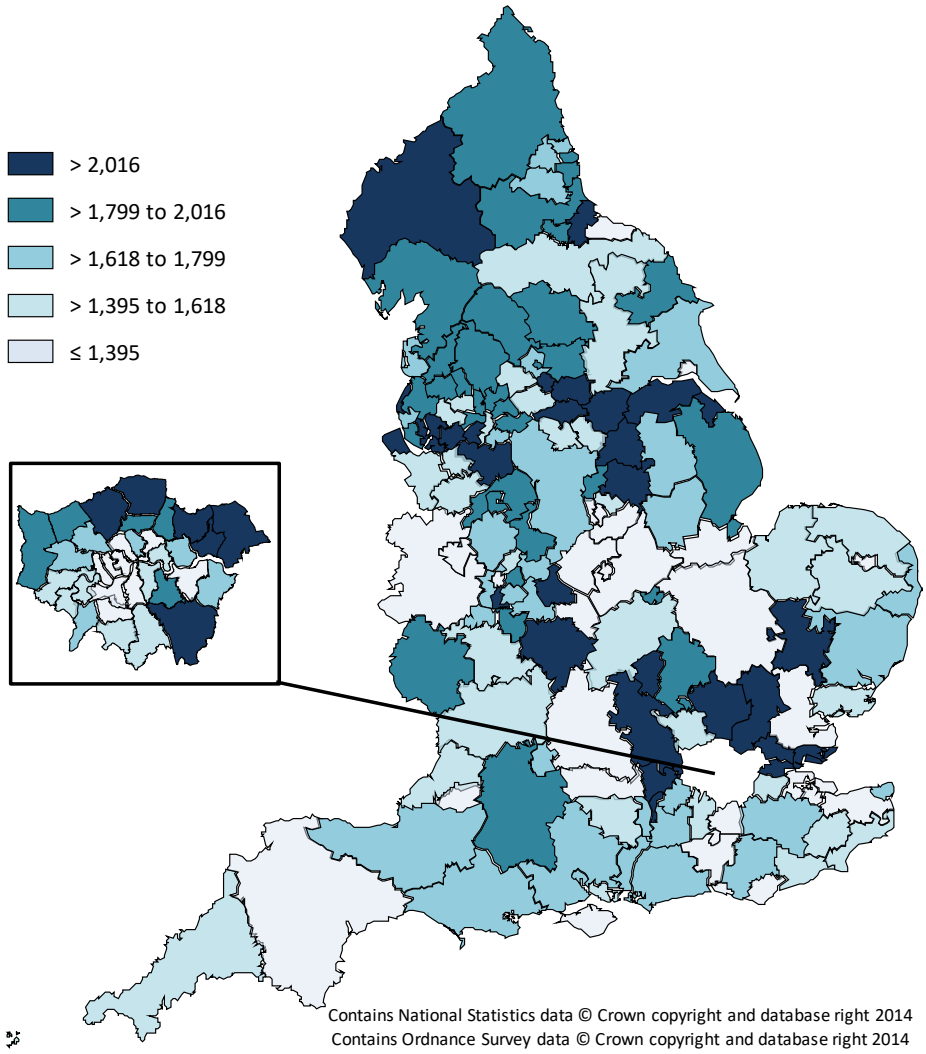
Graph 1. Standardised X-ray rates by CCG, 2019/20



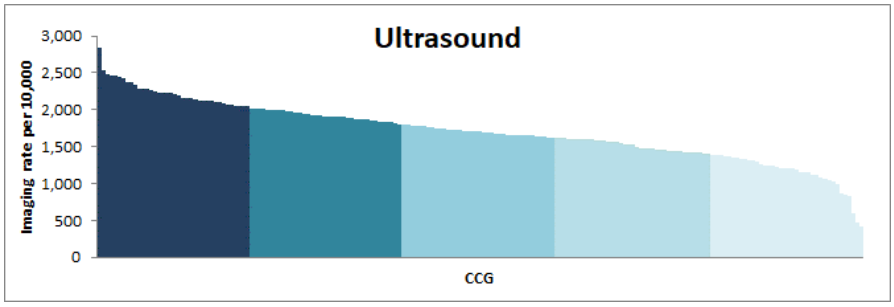
2.2.2 Ultrasound

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 1,676 ultrasounds per 10,000 population.

Map 2. Standardised Ultrasound rates by CCG, 2019/20



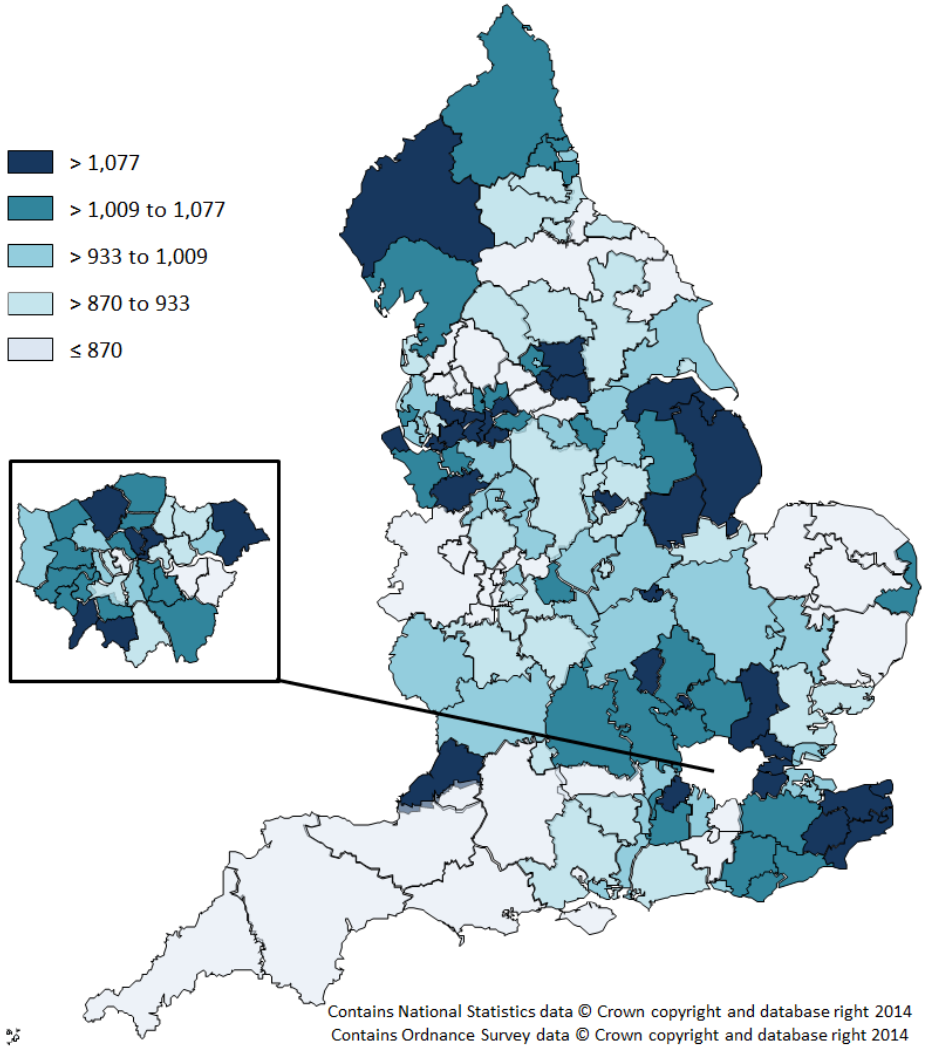
Graph 2. Standardised Ultrasound rates by CCG, 2019/20



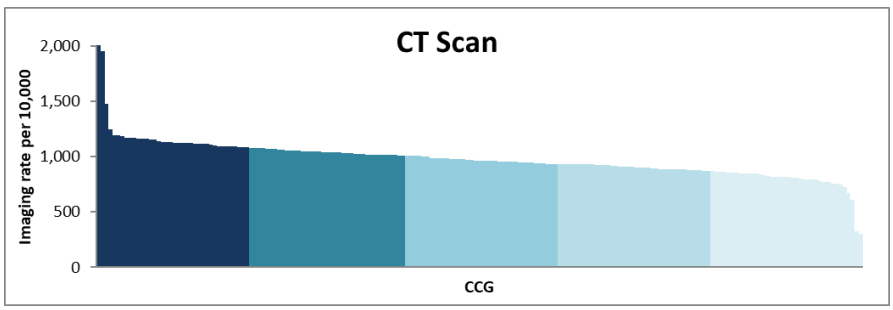
2.2.3 CT Scans

The rate of CT scanning tended to be low in the South West region, but there were areas of both high and lower rates across England (Map 3). Demographics had a large effect on CT scan rates, with only 51% of CCGs having a standardised rate within 10% of their crude rate. The national rate was 973 CT scans per 10,000 registered population and 84% CCGs were within one standard deviation of the mean, that is between around 800 and 1,150 tests per 10,000 population.

Map 3. Standardised CT rates by CCG, 2019/20



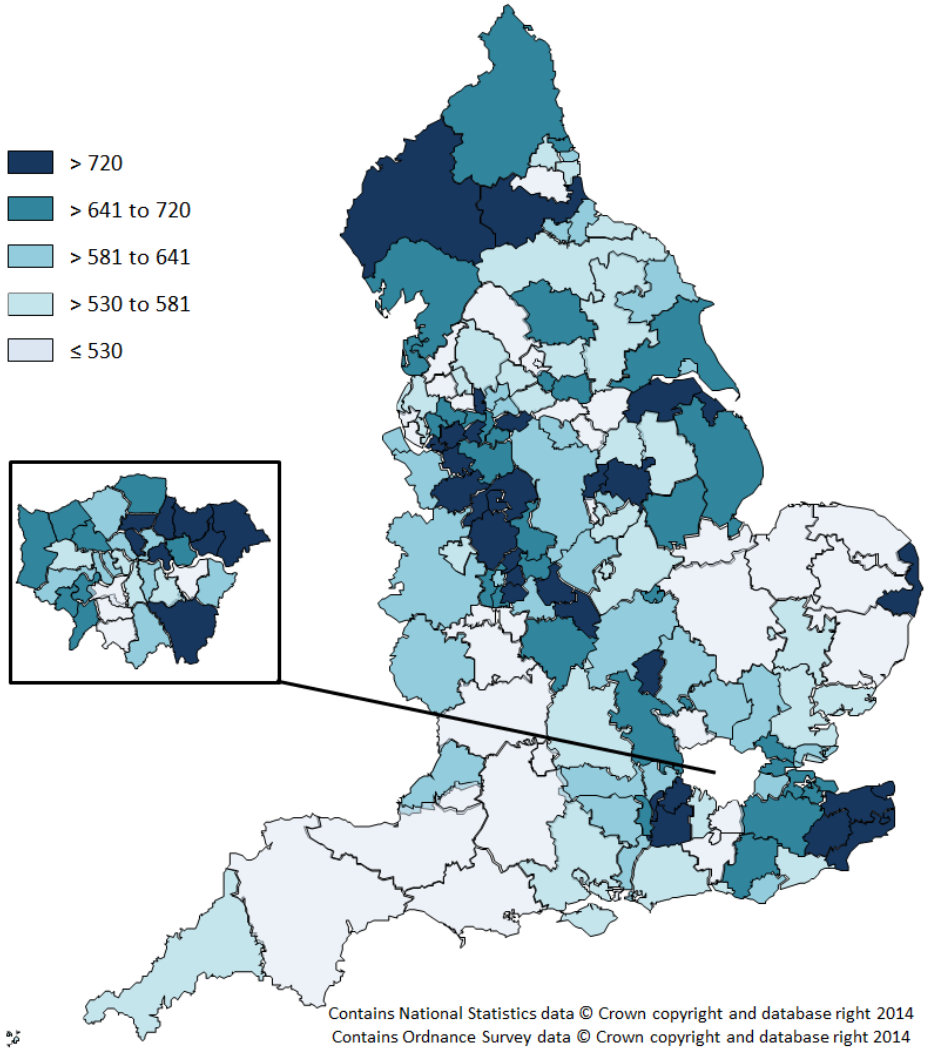
Graph 3. Standardised CT rates by CCG, 2019/20



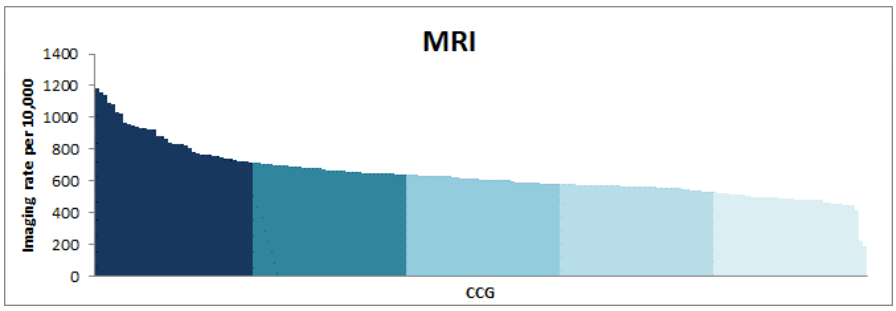
2.2.4 MRI Scans

MRI showed relatively little regional pattern but with a slight concentration of high rates in parts of North East and Yorkshire, the Midlands and Kent and Medway (Map 4). The national rate was 625 MRI scans per 10,000 registered population but three CCGs were over 1,100 MRI scans: North West Surrey, Ashford and North East Lincolnshire CCGs.

Map 4. Standardised MRI rates by CCG, 2019/20



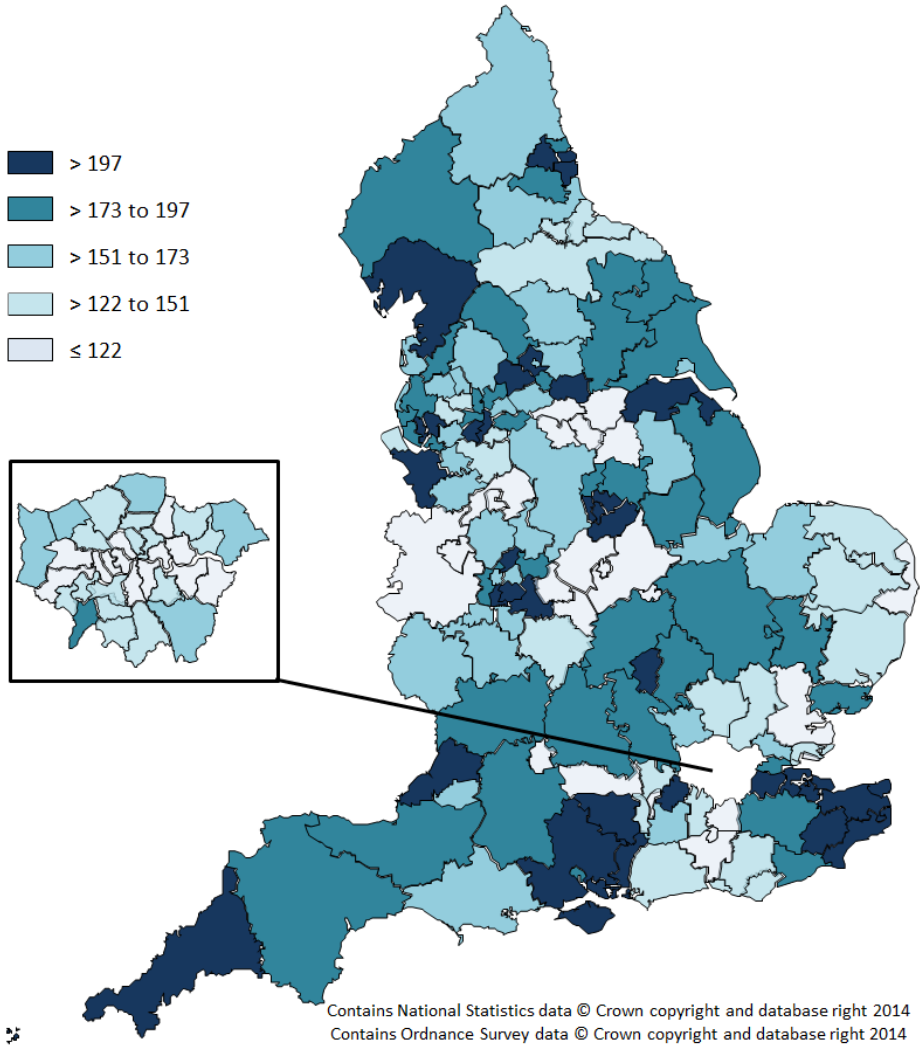
Graph 4. Standardised MRI rates by CCG, 2019/20



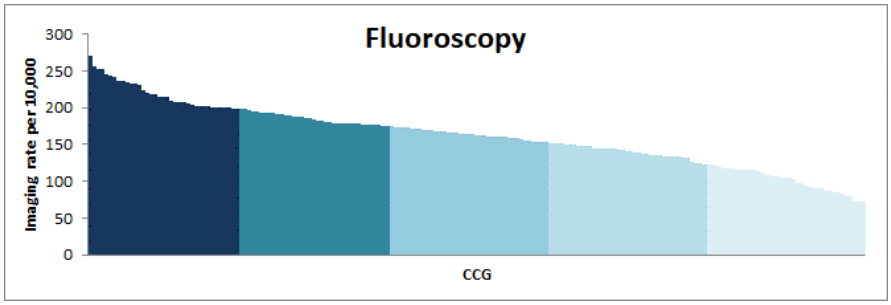
2.2.5 Fluoroscopy

Rates of Fluoroscopy tended to be lower in London (Map 5) but were nonetheless quite variable across England. The national rate was 163 Fluoroscopy scans per 10,000 registered population and 69% CCGs were within one standard deviation of the mean, that is between around 120 and 200 tests per 10,000 population.

Map 5. Standardised Fluoroscopy rates by CCG, 2019/20



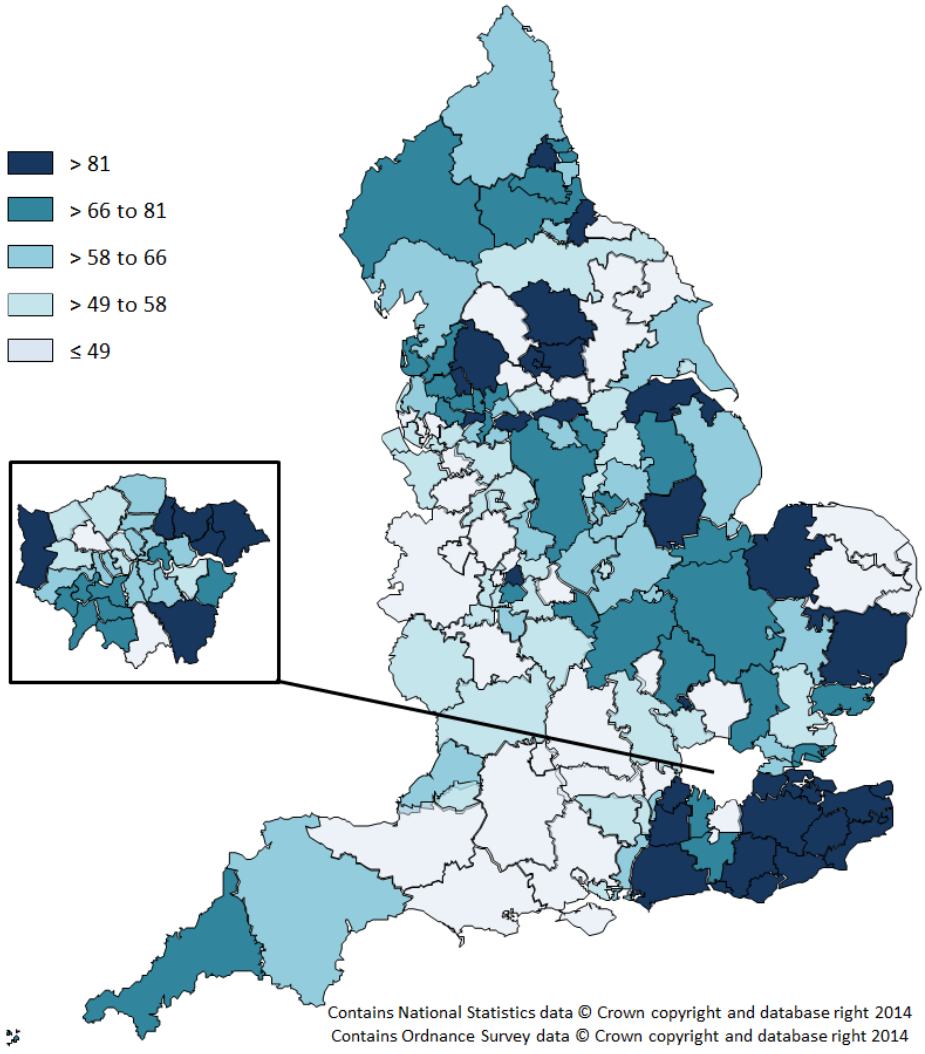
Graph 5. Standardised Fluoroscopy rates by CCG, 2019/20



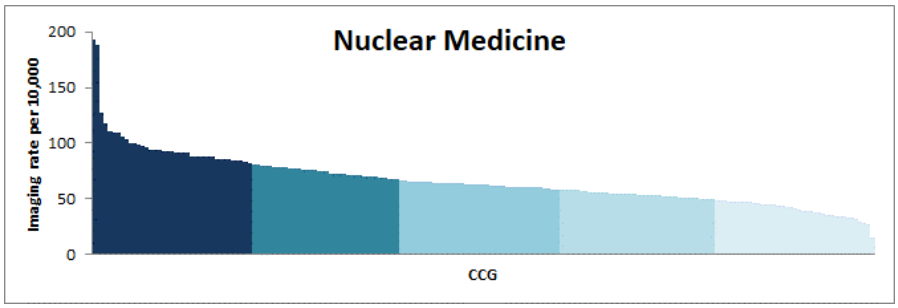
2.2.6 Nuclear Medicine

Nuclear Medicine showed some regional variation, with the highest rates around the South East (Map 6). The national rate was 65 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, 2019/20



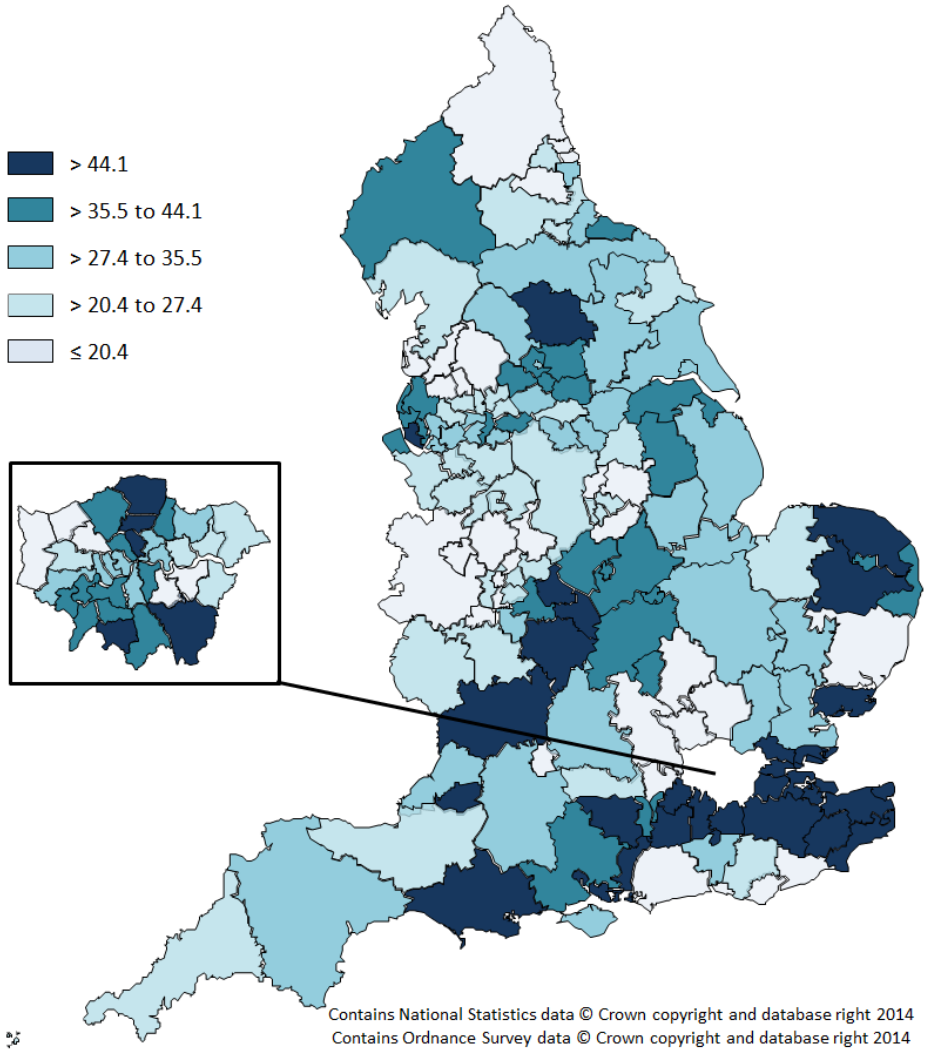
Graph 6. Standardised Nuclear Medicine rates by CCG, 2019/20



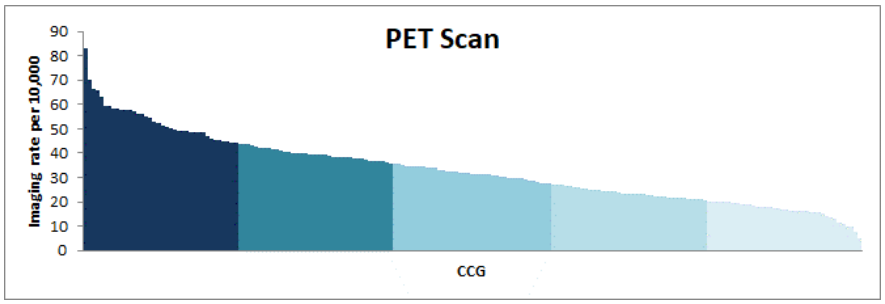
2.2.7 PET Scan

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 33 PET scans per 10,000 registered population and 68% CCGs were within one standard deviation of the mean between 19 and 47 tests per 10,000 population.

Map 7. Standardised PET Scan rates by CCG, 2019/20



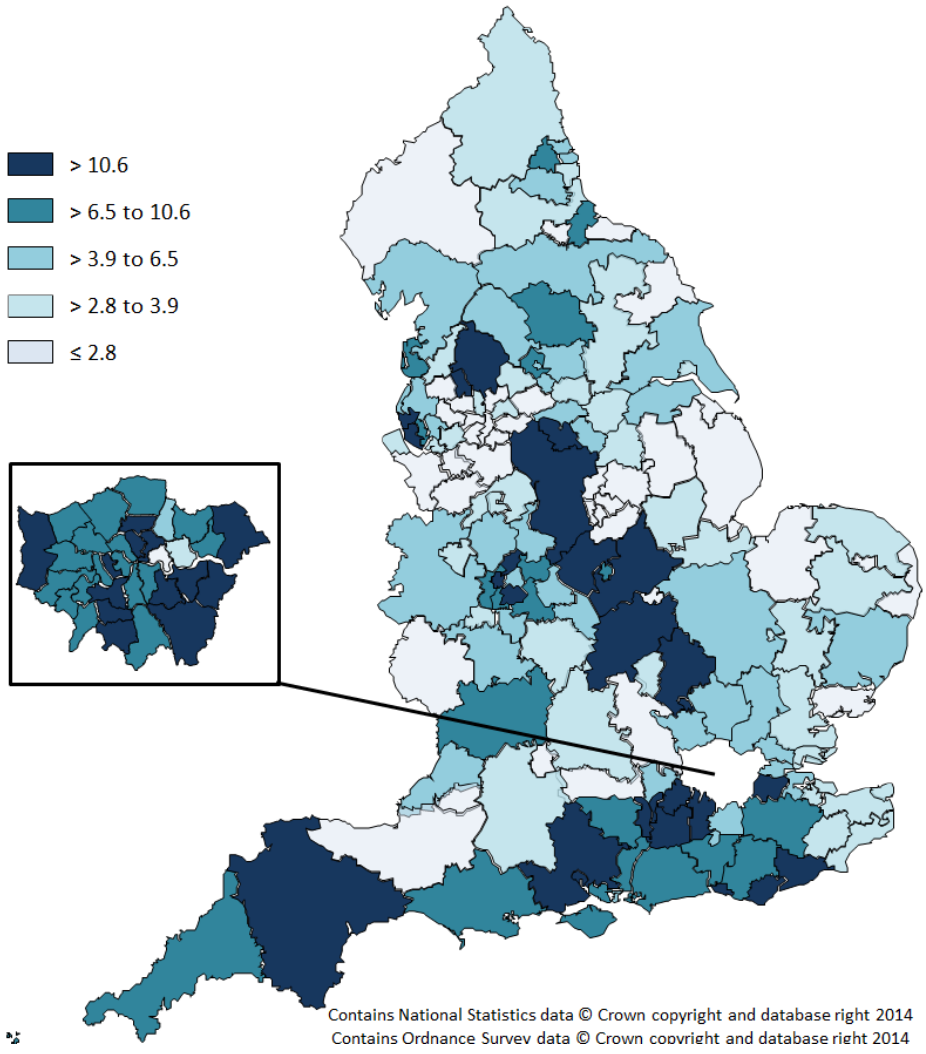
Graph 7. Standardised PET Scan rates by CCG, 2019/20



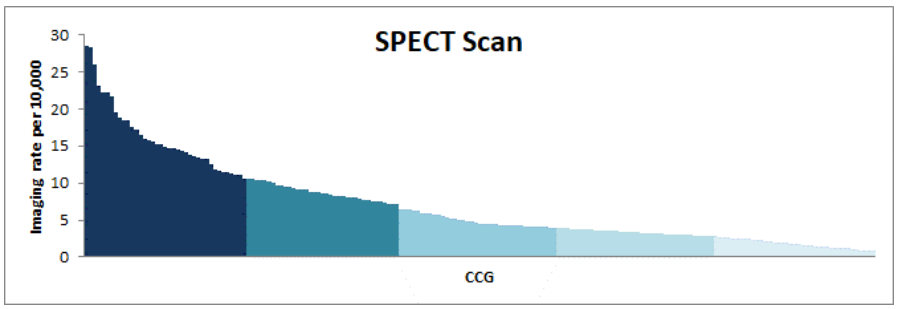
2.2.8 SPECT Scan

SPECT scan showed clusters of high rates amongst generally low rates (Map 8). The biggest volume providers of SPECT were in Sutton, Blackburn with Darwen, East Lancashire and Sheffield CCGs, all with rates over three times the national rate. The national rate was 7 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 77% CCGs within this range).

Map 8. Standardised SPECT Scan rates by CCG, 2019/20



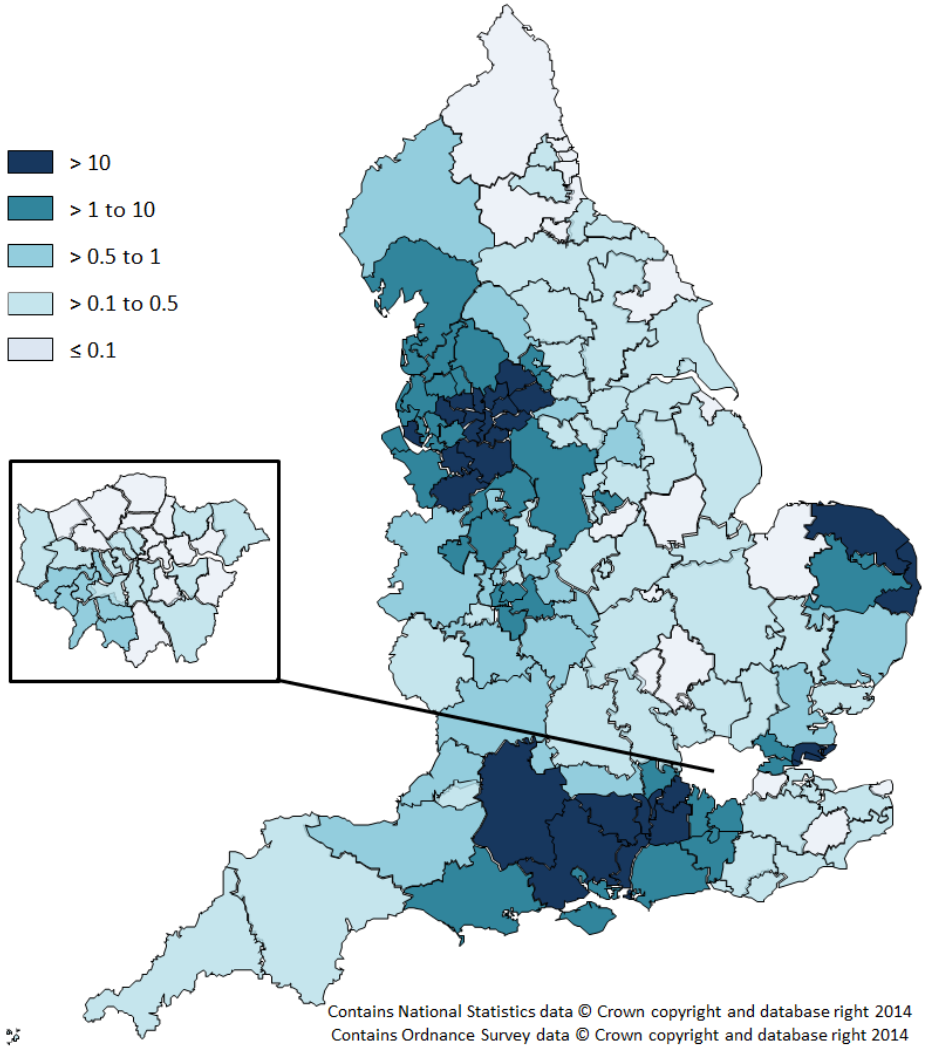
Graph 8. Standardised SPECT Scan rates by CCG, 2019/20



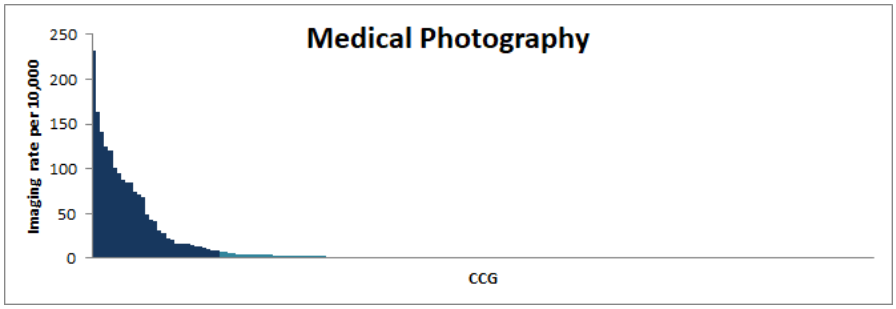
2.2.9 Medical Photography

Medical Photography showed a very marked cluster of high rates in the North West of England and around Surrey, Hampshire and Wiltshire and Norfolk (Map 9). However, only 12 providers nationally reported more than a few Medical Photography images in the DID, the biggest being Manchester University NHS Foundation Trust, Salford Royal NHS Foundation Trust and James Paget University Hospitals NHS Foundation Trust. Most CCGs had no reported Medical Photography (Graph 9).

Map 9. Standardised Medical Photography rates by CCG, 2019/20



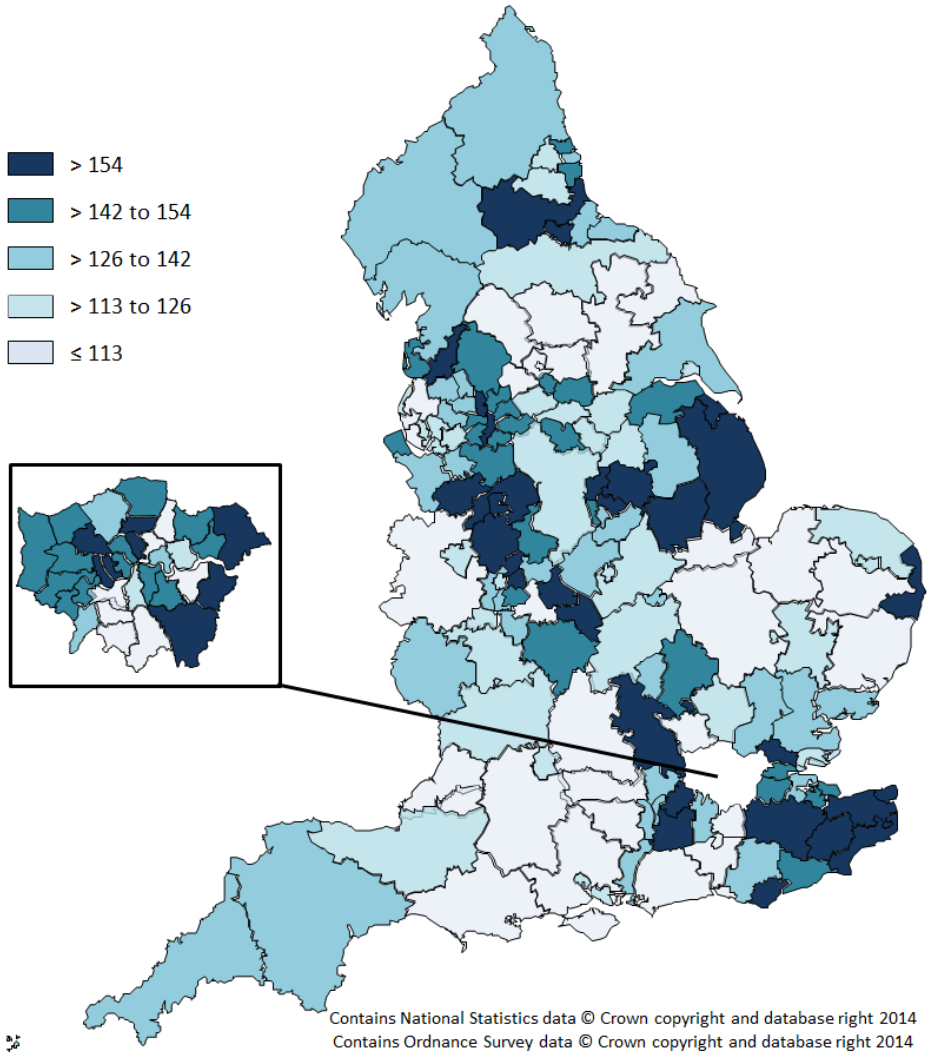
Graph 9. Standardised Medical Photography rates by CCG, 2019/20



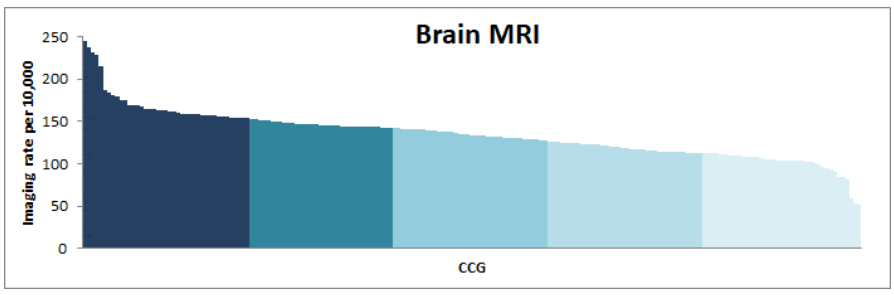
2.2.10 Brain MRI

Brain MRI showed relatively little regional pattern (Map 10), but with high rates in Kent and some areas of the Midlands, 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, although there were a wide variety of providers of different levels of activity. The national rate was 131 Brain MRIs per 10,000 registered population, but three CCGs had reported rates over 230 per 10,000 registered population: NHS Ashford, Thanet and South Kent Coast CCGs.

Map 10. Standardised Brain MRI rates by CCG, 2019/20



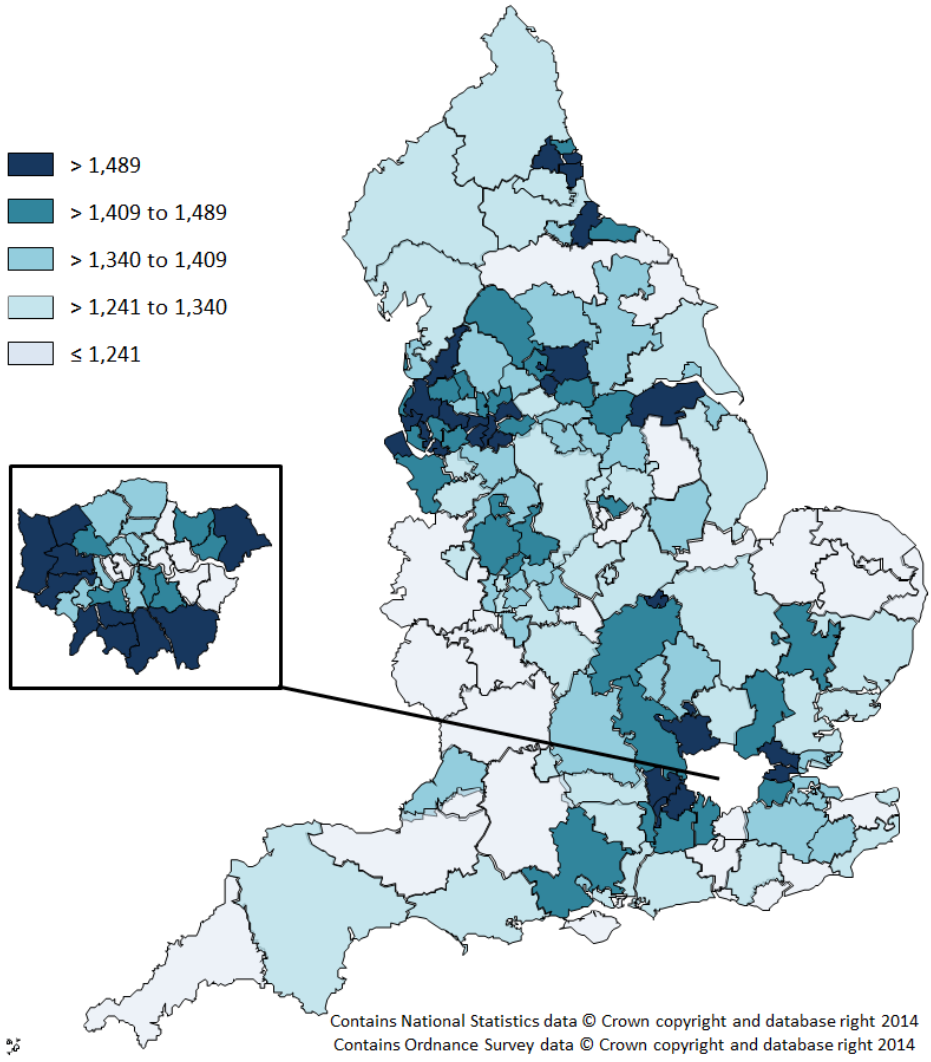
Graph 10. Standardised Brain MRI rates by CCG, 2019/20



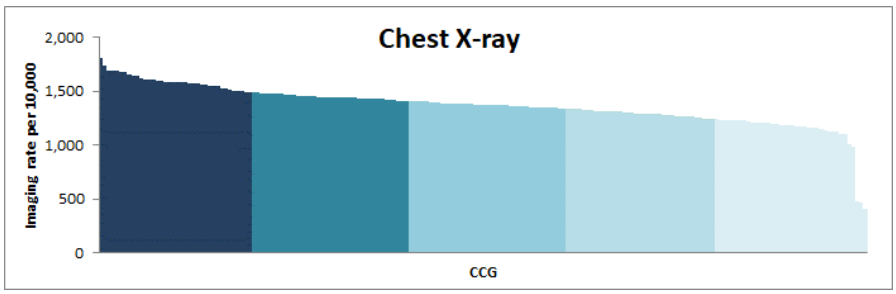
2.2.11 Chest X-ray

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 1,361 Chest X-rays per 10,000 registered population and 75% 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 1,550 tests per 10,000 population.

Map 11. Standardised Chest X-ray rates by CCG, 2019/20



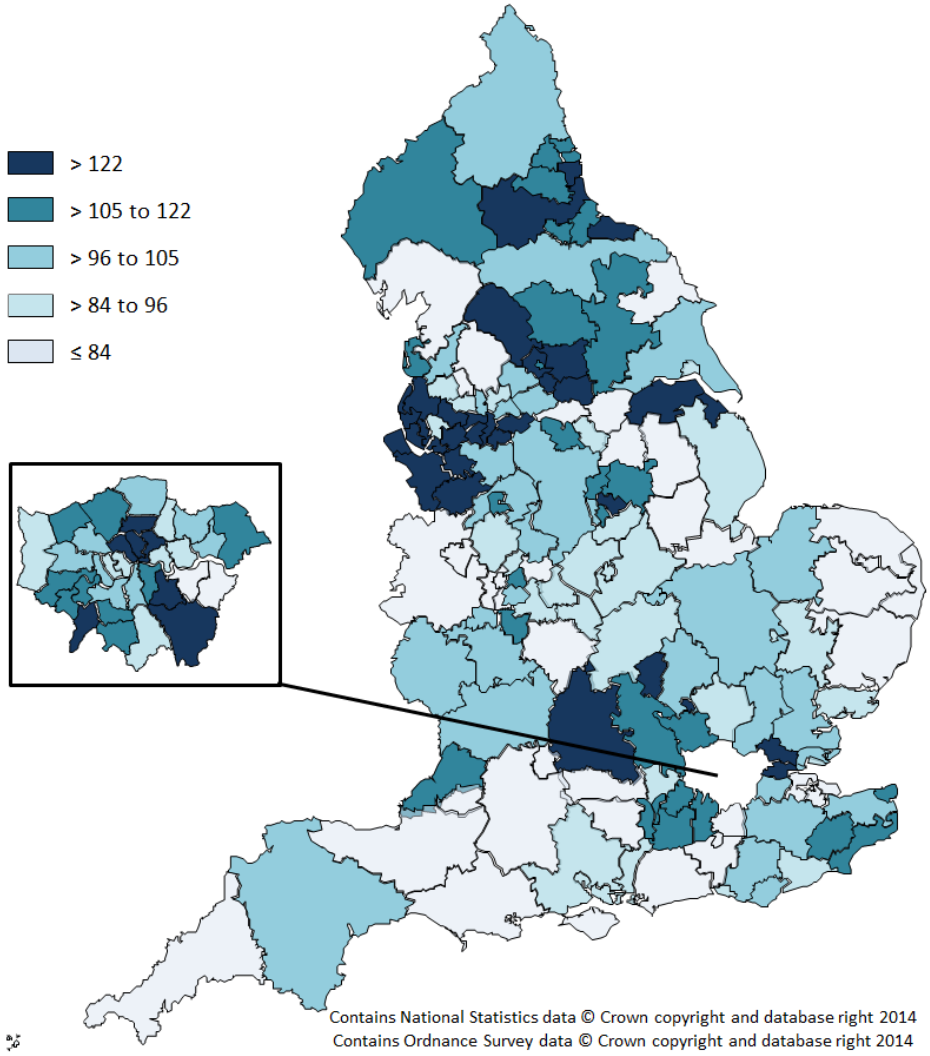
Graph 11. Standardised Chest X-ray rates by CCG, 2019/20



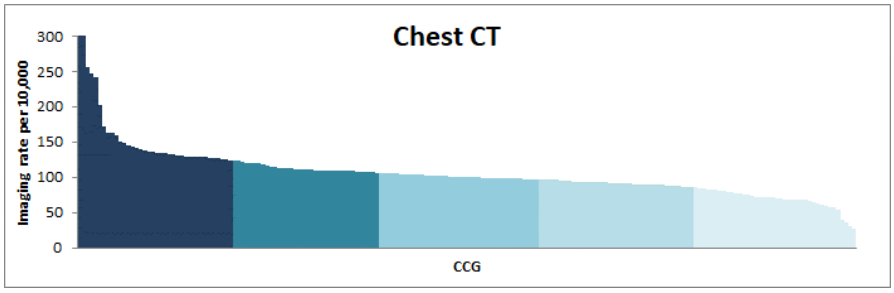
2.2.12 Chest CT

Chest CT showed some regional variation with the highest rates clustered around West and South Yorkshire (Map 12). The national rate was 105 Chest CTs per 10,000 registered population and 87% CCGs were within one standard deviation of the mean, between 67 and 144 tests per 10,000 population. However, five CCGs had more than twice the national rate: NHS North Lincolnshire, North East Lincolnshire, Wakefield, Leeds and North Kirklees CCGs.

Map 12. Standardised Chest CT rates by CCG, 2019/20



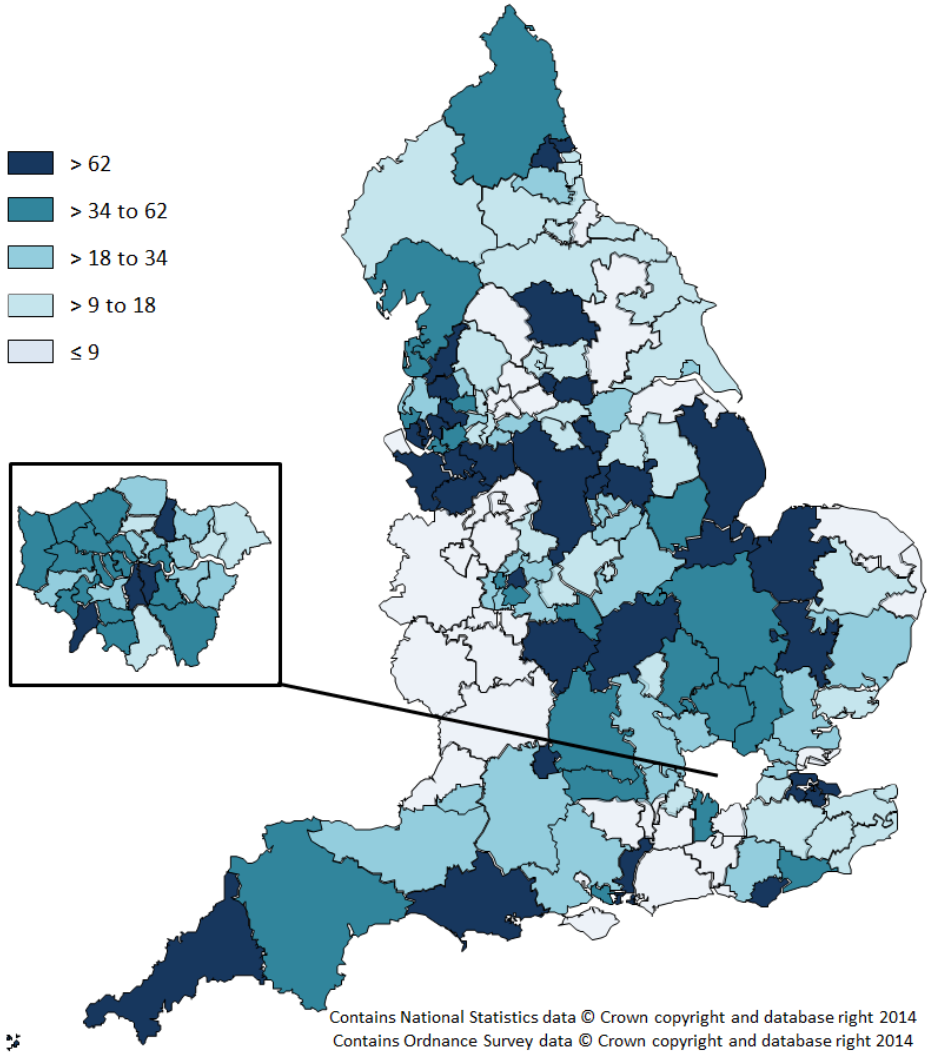
Graph 12. Standardised Chest CT rates by CCG, 2019/20



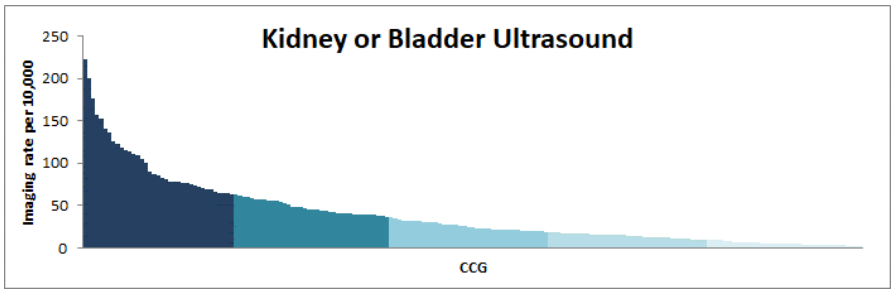
2.2.13 Kidney & Bladder Ultrasound

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 39 Kidney & Bladder ultrasounds per 10,000 registered population, with one standard deviation of the mean ranging from 0 to 77 tests per 10,000 population (87% CCGs within this range). Four CCGs reported rates four times higher than the national average: North Kirklees, Wakefield, South Warwickshire and Newark and Sherwood CCGs.

Map 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2019/20



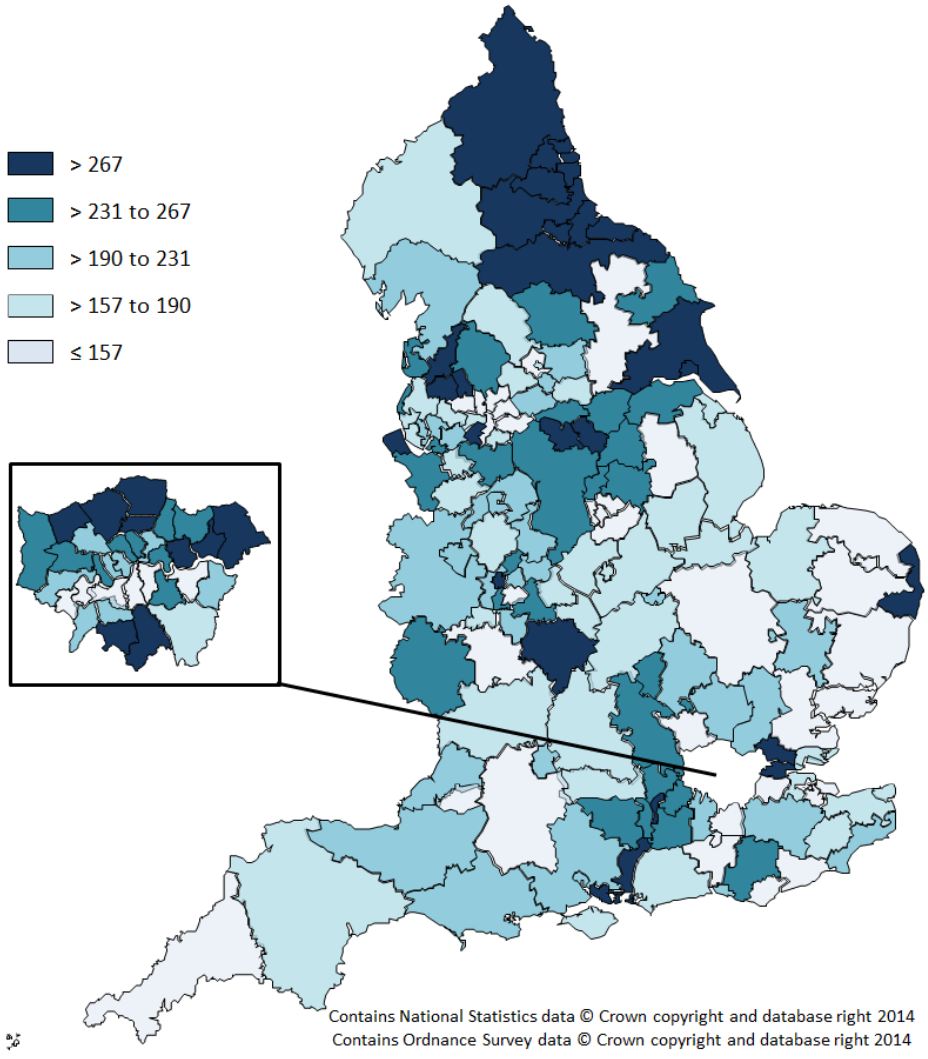
Graph 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2019/20



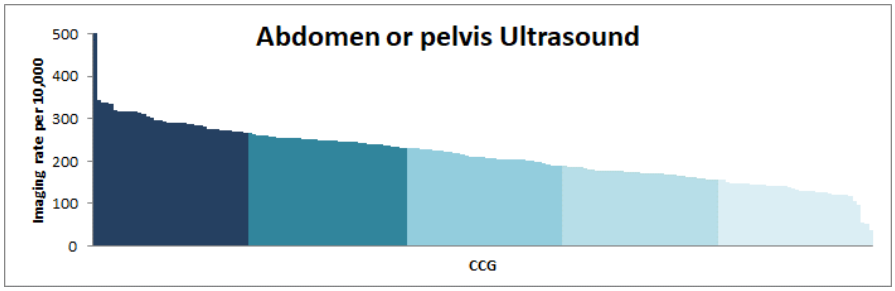
2.2.14 Abdomen & Pelvis Ultrasound

The highest rates of Abdomen & Pelvis Ultrasound were in the North East and Yorkshire, especially NHS Sunderland CCG, with relatively few high rates in the South and East (Map 14). The national rate was 211 Abdomen & Pelvis ultrasounds per 10,000 registered population, with one standard deviation of the mean ranging from around 150 to 280 tests per 10,000 population (67% CCGs within this range).

Map 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2019/20



Graph 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2019/20



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	4,087	0.4087	0.6913	1.00
Male	3,326	0.3326	0.4984	0.72

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

In this example, males were 28% 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 = 0.29), however they were more likely to a have a Chest X-ray (1.12). 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, 2019/20

	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	0.72***	0.29***	0.98	0.83**	1.07	0.83	1.15	0.76	0.98

Table 2. Sex odds ratios by Early Diagnosis of Cancer, 2019/20

	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	0.80	1.12**	1.19	0.97	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, 2019/20

	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	0.81***	0.87***	0.83***	0.94	0.89	0.95	0.9	0.9	0.65
3 Mid quintile	0.71***	0.82***	0.74***	0.9	0.84	0.89	0.86	0.83	0.59
4 Less deprived	0.65***	0.79***	0.69***	0.88*	0.80*	0.87	0.87	0.81	0.5
5 Least deprived	0.59***	0.74***	0.63***	0.85**	0.74**	0.85	0.84	0.86	0.55

* 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, 2019/20

	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	0.79***	0.79	0.93	0.87
3 Mid quintile	0.89	0.67***	0.68**	0.81	0.76**
4 Less deprived	0.86	0.60***	0.63**	0.8	0.71***
5 Least deprived	0.82	0.53***	0.57***	0.72	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, 2019/20

	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	2.18***	1.04	3.19***	2.34***	2.59***	2.95***	4.98***	2.45	1.72
55 - <65	3.85***	1.05	5.33***	2.85***	4.22***	5.03***	10.59***	4.31*	2.54
65 - <75	30.21***	1.24***	9.74***	3.34***	6.30***	8.30***	19.76***	7.40***	4.41**
75+		1.48***	22.43***	2.93***	8.41***	9.20***	18.57***	9.00***	10.39***

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, 2019/20

	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	1.91***	2.44***	4.85***	1.49	1.91***
55 - <65	2.34***	4.04***	10.06***	1.90*	2.24***
65 - <75	2.93***	7.46***	18.95***	2.91***	2.49***
75+	3.40***	22.33***	24.54***	4.69***	2.79***

4 Annex

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

In 2019/20, 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, 95.5% imaging tests (42.9 million) had an English CCG based on GP Practice in 2019/20, compared with 95.8% in 2018/19. A further 0.5% (215,000) had a non-English or other valid GP Practice (e.g. prisons and Ministry of Defence practices), 3.7% (1.7 million) had an English CCG derived from LSOA and 0.3% (145,000) 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 5,000 and 4% imaging tests unallocated to a CCG. Consequently, no CCG was estimated to have more than 5,000 or 2.2% activity missing due to inability to attribute tests by CCG. Nationally, 145,000 (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, 2019/20

Provider code and name		Activity with no GP Practice		Of which, activity with no LSOA	
		No. tests	% tests	No. tests	% tests
RN7	Dartford and Gravesham NHS Trust	263,300	92%	700	0.2%
NT9	Alliance Medical	118,400	55%	500	0.2%
RDU	Frimley Health NHS Foundation Trust	85,300	14%	4,200	0.7%
RXK	Sandwell and West Birmingham Hospitals NHS Trust	77,000	22%	1,100	0.3%
RWP	Worcestershire Acute Hospitals NHS Trust	69,700	17%	600	0.1%
NT2	Nuffield Health	36,100	86%	100	0.2%
NTP	Care UK	31,900	26%	3,200	2.6%
RN5	Hampshire Hospitals NHS Foundation Trust	31,900	11%	1,100	0.4%
RMC	Bolton NHS Foundation Trust	28,500	13%	300	0.1%
RQ8	Mid Essex Hospital Services NHS Trust	27,500	12%	300	0.1%
NT4	BMI Healthcare	24,700	49%	100	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, 314,000 (0.7%) imaging tests with a valid CCG were omitted from standardised rates because gender was missing, a further 170,000 (0.4%) had no date of birth submitted (to impute age band) and no deprivation score could be imputed from LSOA for a further 108,000 (0.2%) cases.

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, 2019/20

Provider code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
RTP	Surrey and Sussex Healthcare NHS Trust	263,100	220,100	84%	Sex
R1H	Barts Health NHS Trust	867,100	88,400	10%	LSOA/Age
RQM	Chelsea & Westminster Hospital NHS Foundation Trust	423,500	60,000	14%	LSOA/Sex
RQ3	Birmingham Women's & Children's NHS Foundation Trust	160,000	34,700	22%	Sex
RRV	University College London Hospitals NHS Foundation Trust	351,200	20,100	6%	LSOA
NVC	Ramsay Healthcare UK Operations Limited	149,600	8,700	6%	Sex/Age

The CCGs most affected by the omission of sex, age or LSOA (to impute deprivation score) are listed in Table A.3. The biggest shortfall is for NHS Crawley CCG, which has standardised rates around 70% 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, 2019/20

CCG code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
09H	NHS Crawley CCG	85,000	59,000	70%	Sex
09L	NHS East Surrey CCG	126,000	84,000	67%	Sex
09X	NHS Horsham and Mid Sussex CCG	165,000	45,000	27%	Sex
07Y	NHS Hounslow CCG	233,000	23,000	10%	Sex
08V	NHS Tower Hamlets CCG	203,000	16,000	8%	Age
08W	NHS Waltham Forest CCG	235,000	18,000	8%	Age
08M	NHS Newham CCG	261,000	20,000	8%	Age
99H	NHS Surrey Downs CCG	225,000	16,000	7%	Sex
08P	NHS Richmond CCG	143,000	8,000	6%	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 2019-20. The most impactful of these is the missing submission for February 2020 imaging for Mid Cheshire Hospitals NHS Foundation Trust (RBT), which particularly affects rates for all modalities in NHS South Cheshire CCG (01R). 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, 2019/20

See separate excel file (Annex 4a – DID Standardised CCG Rates 2019-20).

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

The Government Statistical Service (GSS) statistician responsible for producing these data is:

Sheila Dixon
Performance Analysis Team
NHS England
Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: england.did@nhs.net