Diagnostic Imaging Dataset: Standardised CCG rates 2020/21

NHS England and NHS Improvement

Diagnostic Imaging Dataset

Standardised CCG rates 2020/21

Version number: 1.0

First published: 18th November 2021

Prepared by: Performance Analysis Team

Classification: OFFICIAL

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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 2020/21 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 2020/21, 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 2020/21 DID activity by CCG by October 2020 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 392,000 (1.1%) cases in 2020/21, compared with 880,000 (2.0%) cases in 2019/20.

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 2020/21, NHS England and NHS Improvement, 18th November 2021. Available (with tables by CCG) from https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/diagnostic-imaging-dataset-2020-21-data/

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

[3] The 2020/21 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 2020/21 per 10,000 people are shown in Tables 1 & 2 below.

Table 1. National Imaging Rates per 10,000 by modality, 2020/21

	X-ray	Ultrasound	CT Scan	MRI	Fluoro-scopy	Nuclear Medicine	PET Scan	SPECT Scan	Medical Photography
Rate per 10,000 people	2,764	1,347	917	496	122	44	33	5	8

Table 2. National Imaging Rates per 10,000 by Early Diagnosis of Cancer[5], 2020/21

	Brain MRI	Chest X-ray	Chest CT	Kidney or Bladder Ultrasound	Abdomen or Pelvis Ultrasound
Rate per 10,000 people	114	1,104	93	29	156

All these rates are lower than in 2019/20 due to the impact of the COVID-19 pandemic. Recovery in some areas was further impacted by subsequent national and local lockdowns.

The rates for some CCGs were impacted by missing data, as outlined in Section 4.1. Rates for some CCGs, especially at the lowest end of the distribution across all modalities, may therefore have shortfalls, although these are smaller than in 2019/20.

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 2020/21 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.

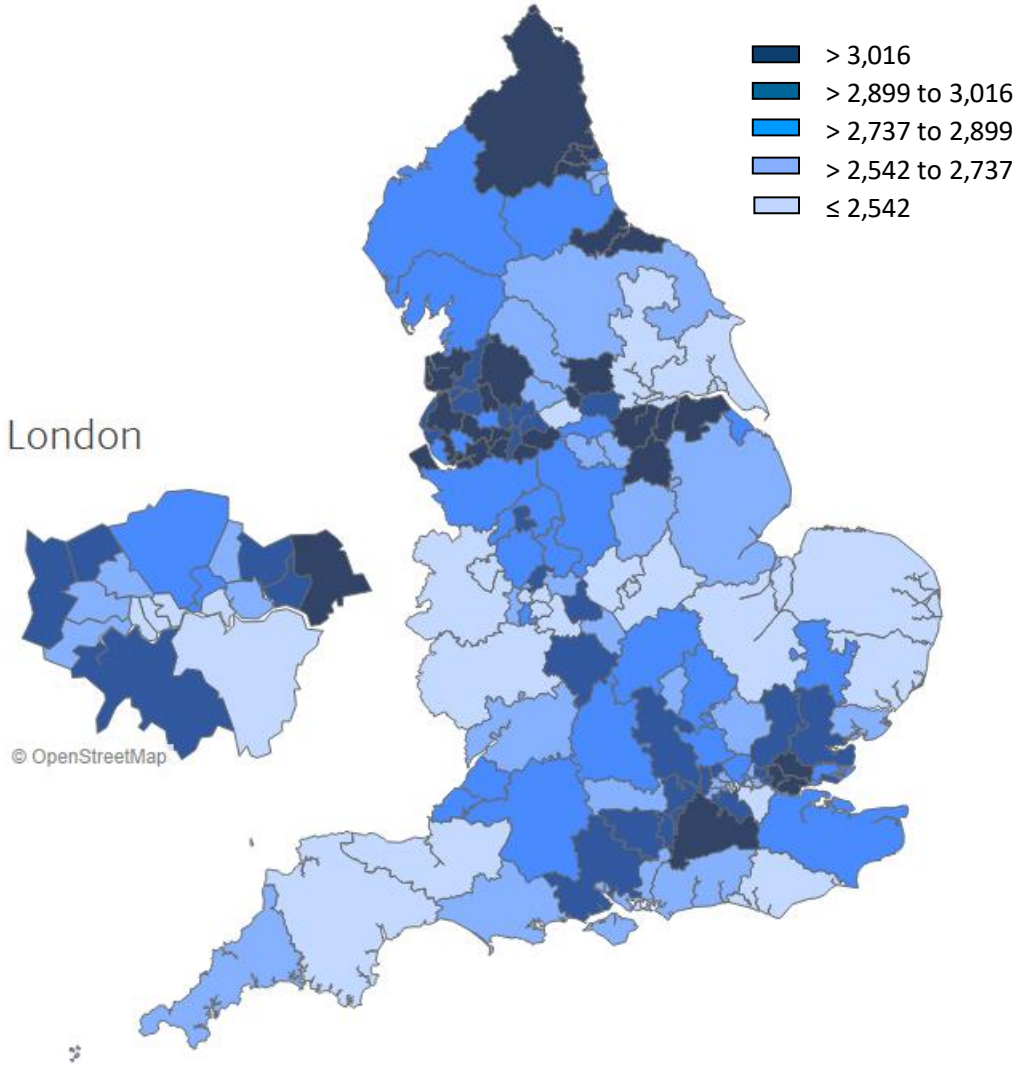
[4] These national rates exclude activity with missing age, sex, deprivation or CCG (2.0% of overall imaging tests).

[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.

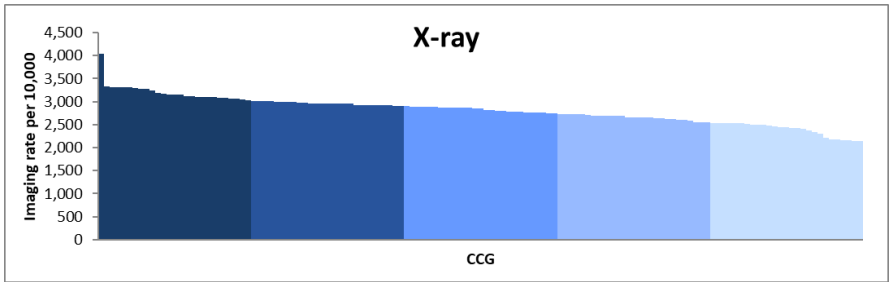
2.2.1 X-ray

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 national rate was 2,764 X-rays per 10,000 registered population and 79% CCGs were within one standard deviation of the mean, that is between 2,509 and 3,105 tests per 10,000 population.

Map 1. Standardised X-ray rates by CCG, 2020/21



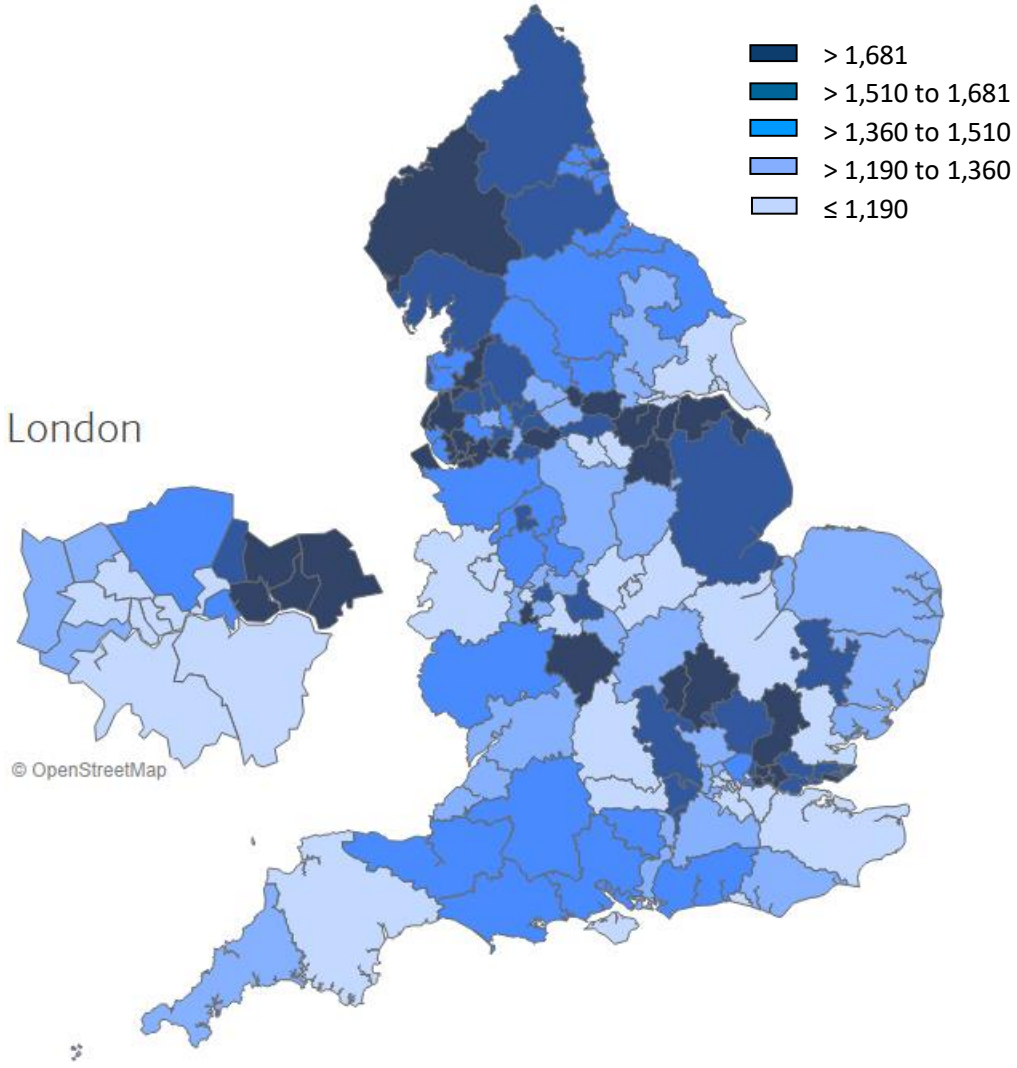
Graph 1. Standardised X-ray rates by CCG, 2020/21



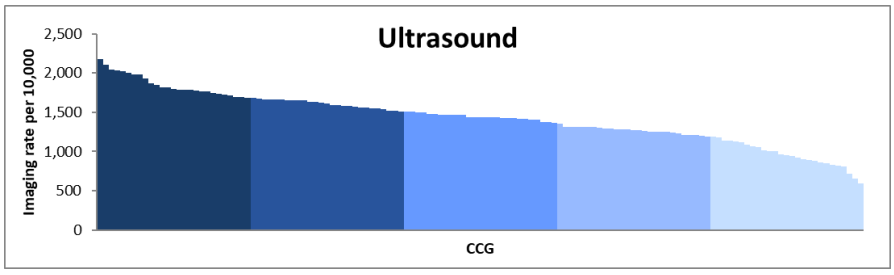
2.2.2 Ultrasound

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 Section 3), 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 1,347 ultrasounds per 10,000 population.

Map 2. Standardised Ultrasound rates by CCG, 2020/21



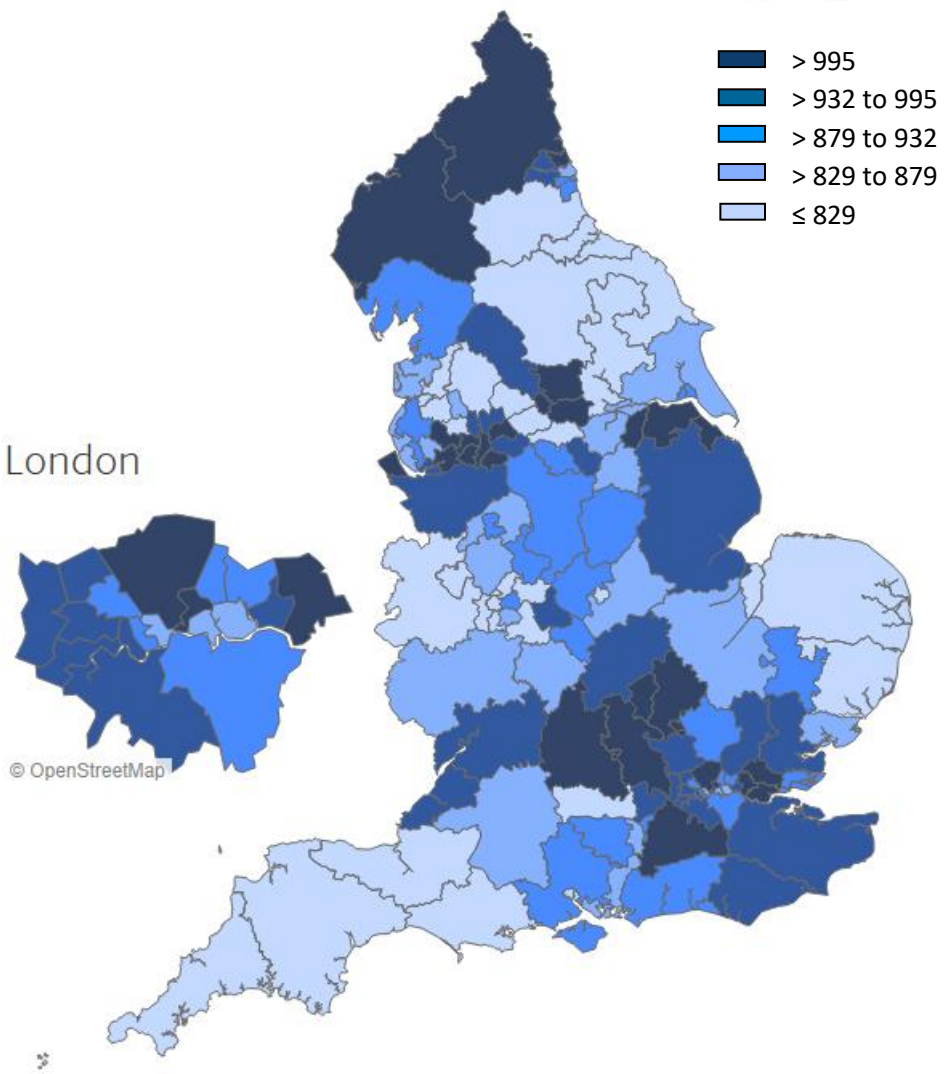
Graph 2. Standardised Ultrasound rates by CCG, 2020/21



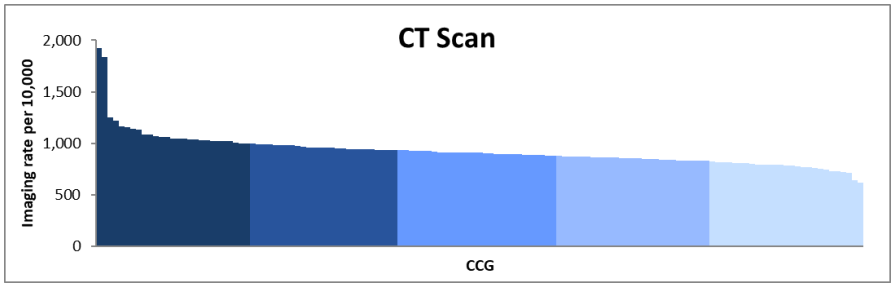
2.2.3 CT Scans

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 54% of CCGs having a standardised rate within 10% of their crude rate. The national rate was 917 CT scans per 10,000 registered population and 90% CCGs were within one standard deviation of the mean, that is between around 765 and 1,083 tests per 10,000 population.

Map 3. Standardised CT rates by CCG, 2020/21



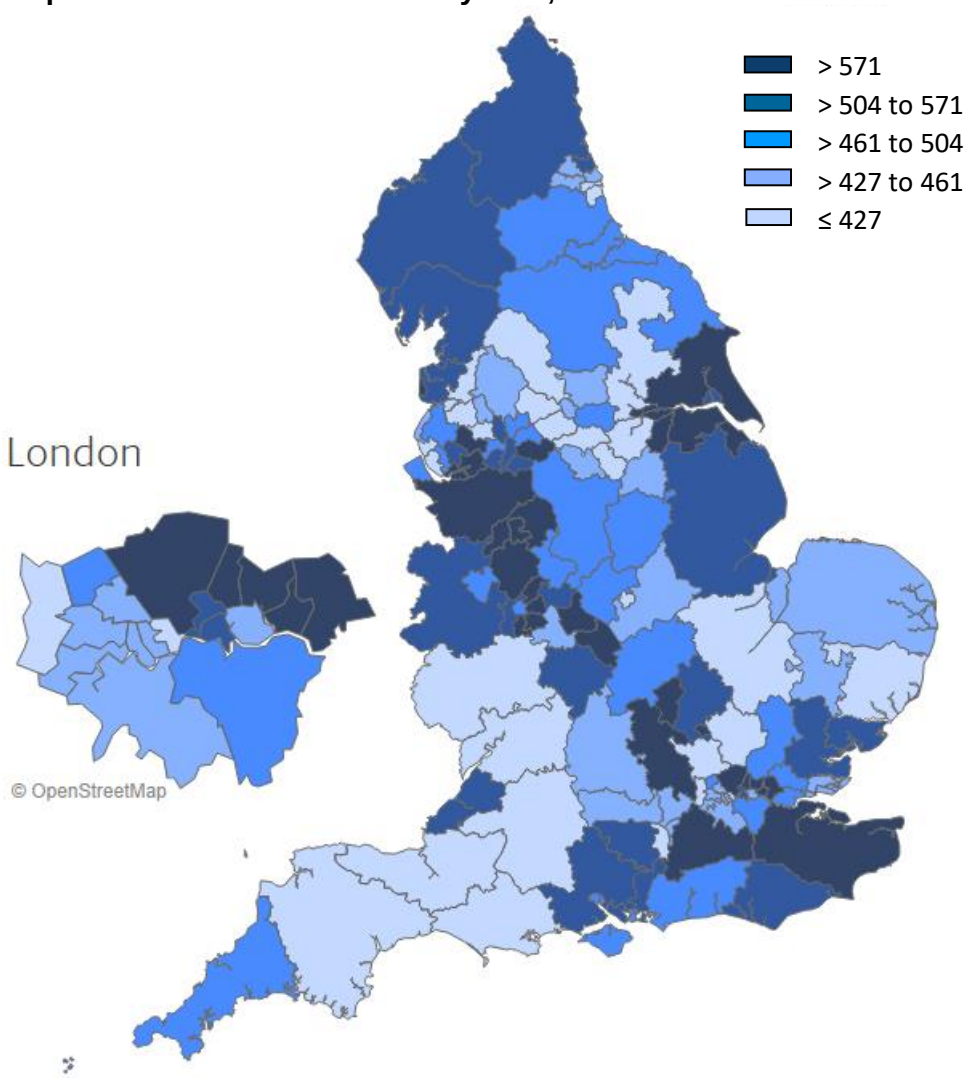
Graph 3. Standardised CT rates by CCG, 2020/21



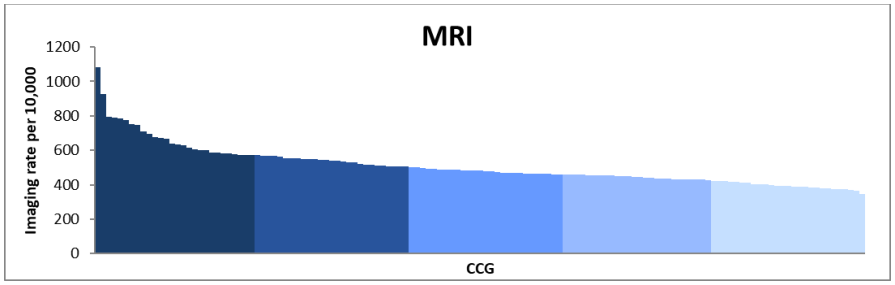
2.2.4 MRI Scans

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 496 MRI scans per 10,000 registered population.

Map 4. Standardised MRI rates by CCG, 2020/21



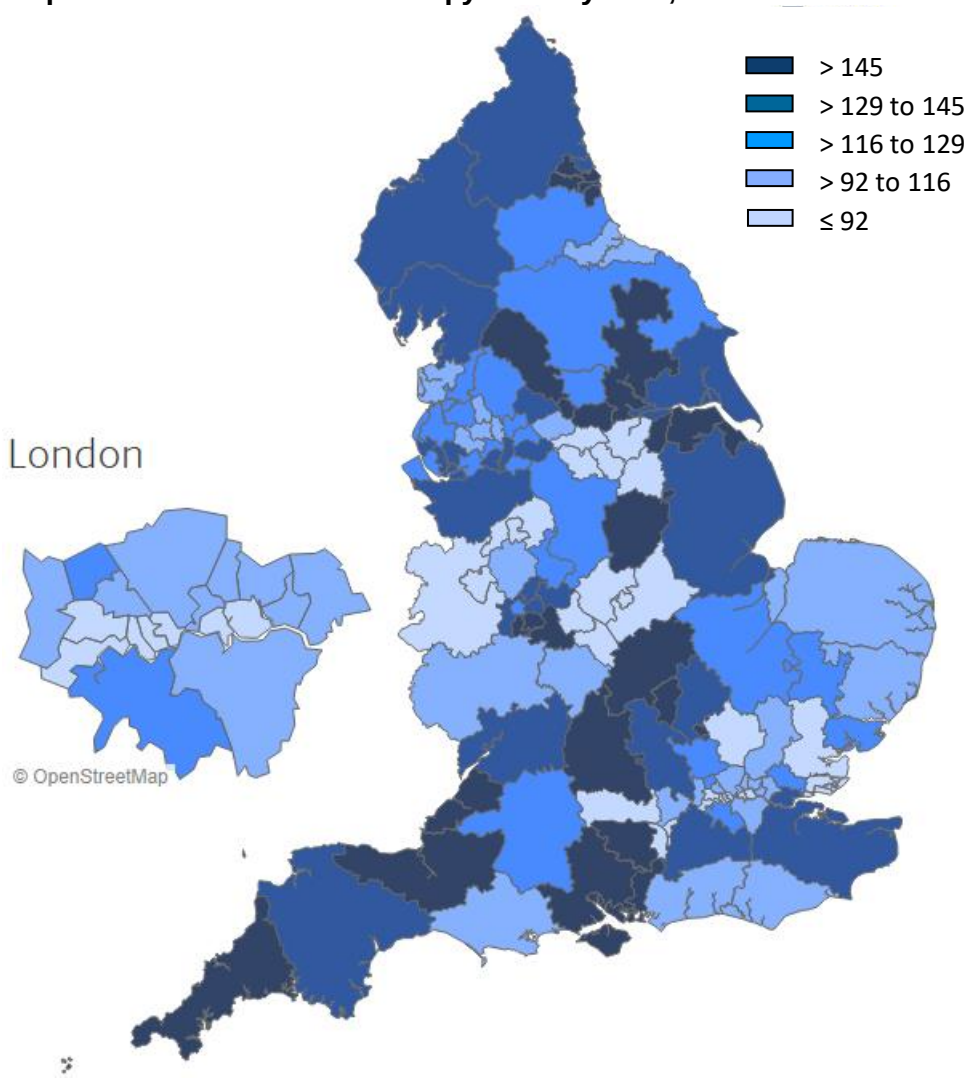
Graph 4. Standardised MRI rates by CCG, 2020/21



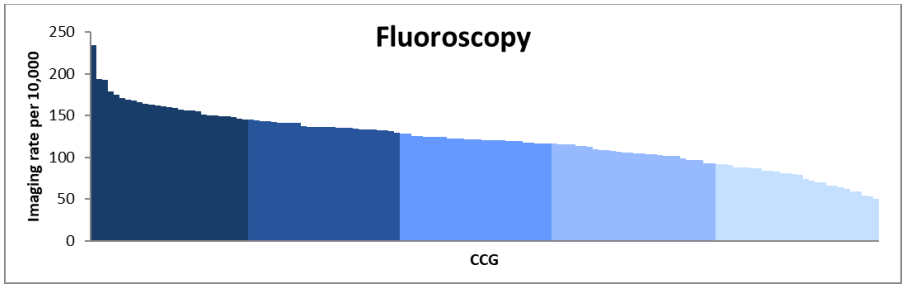
2.2.5 Fluoroscopy

Rates of Fluoroscopy tended to be lower in London (Map 5) but were nonetheless quite variable across England. The national rate was 122 Fluoroscopy scans per 10,000 registered population.

Map 5. Standardised Fluoroscopy rates by CCG, 2020/21



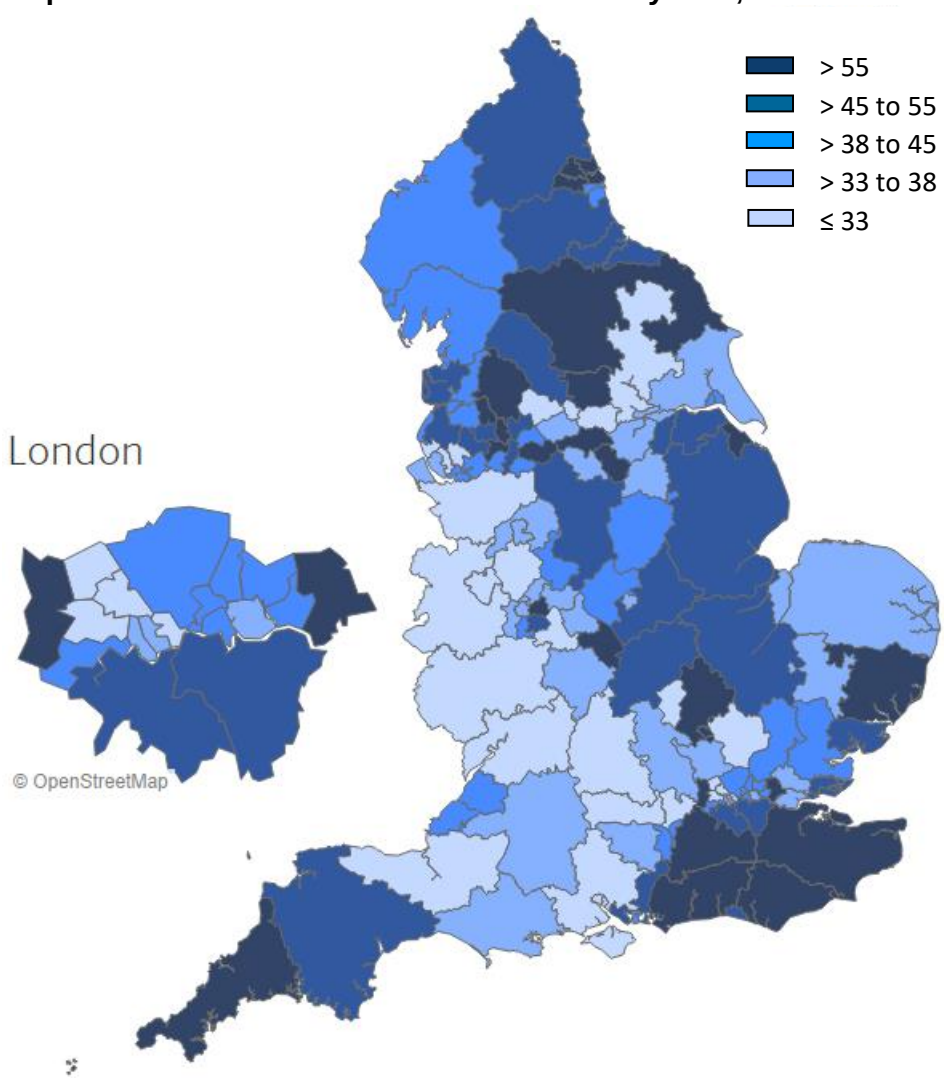
Graph 5. Standardised Fluoroscopy rates by CCG, 2020/21



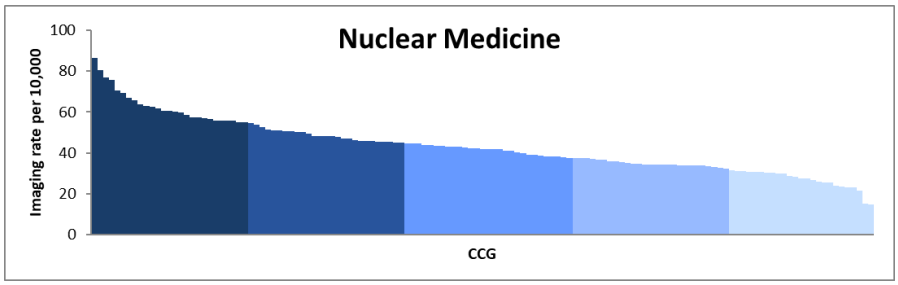
2.2.6 Nuclear Medicine

Nuclear Medicine showed some regional variation, with high rates around the South East (Map 6). The national rate was 44 Nuclear Medicine exams per 10,000 registered population.

Map 6. Standardised Nuclear Medicine rates by CCG, 2020/21



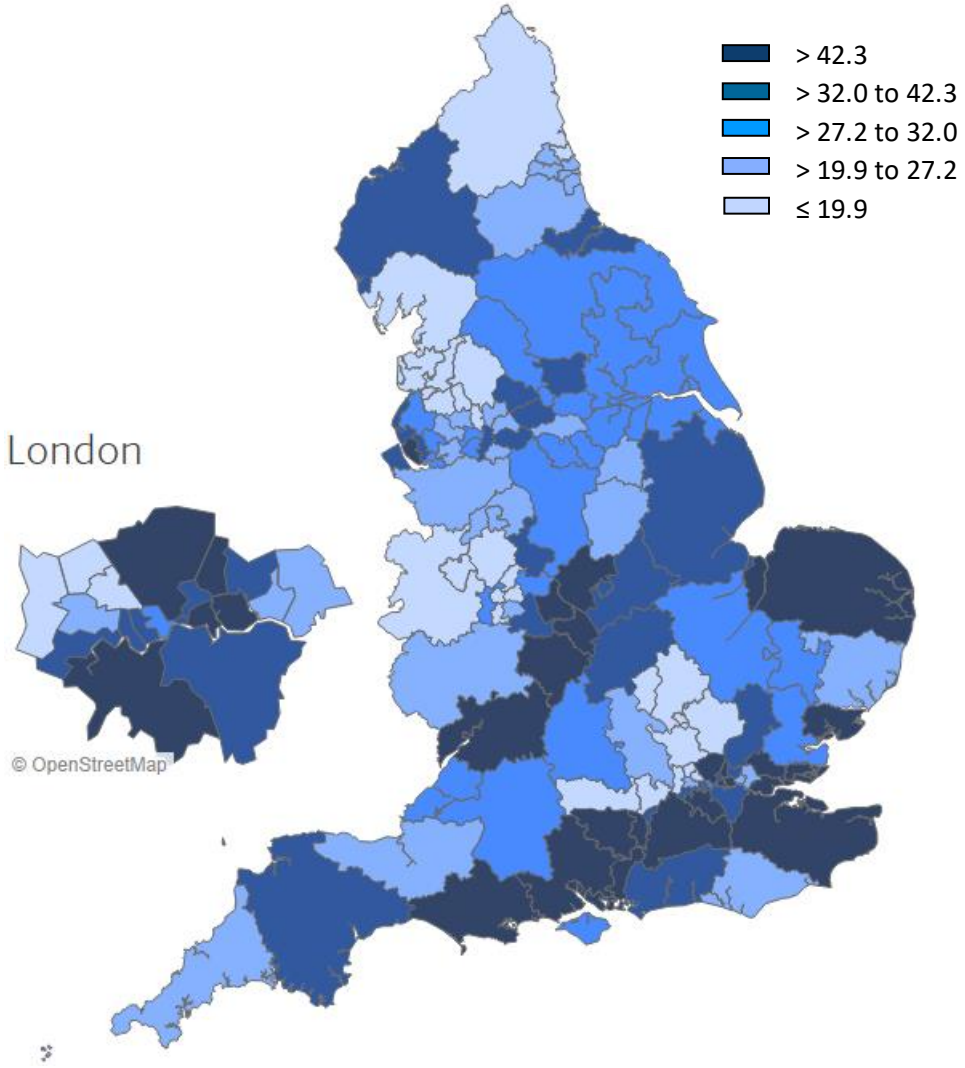
Graph 6. Standardised Nuclear Medicine rates by CCG, 2020/21



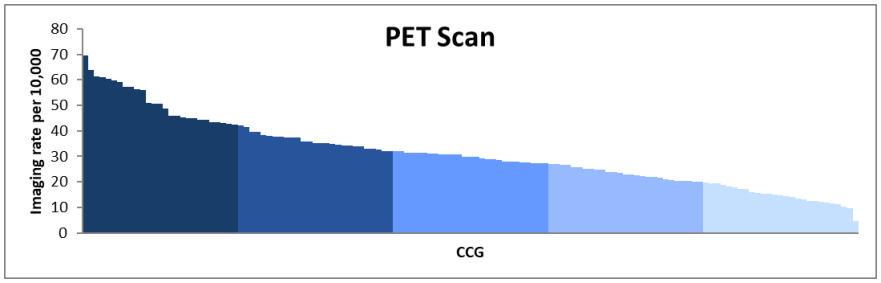
2.2.7 PET Scan

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 76% CCGs were within one standard deviation of the mean between 18 and 44 tests per 10,000 population.

Map 7. Standardised PET Scan rates by CCG, 2020/21



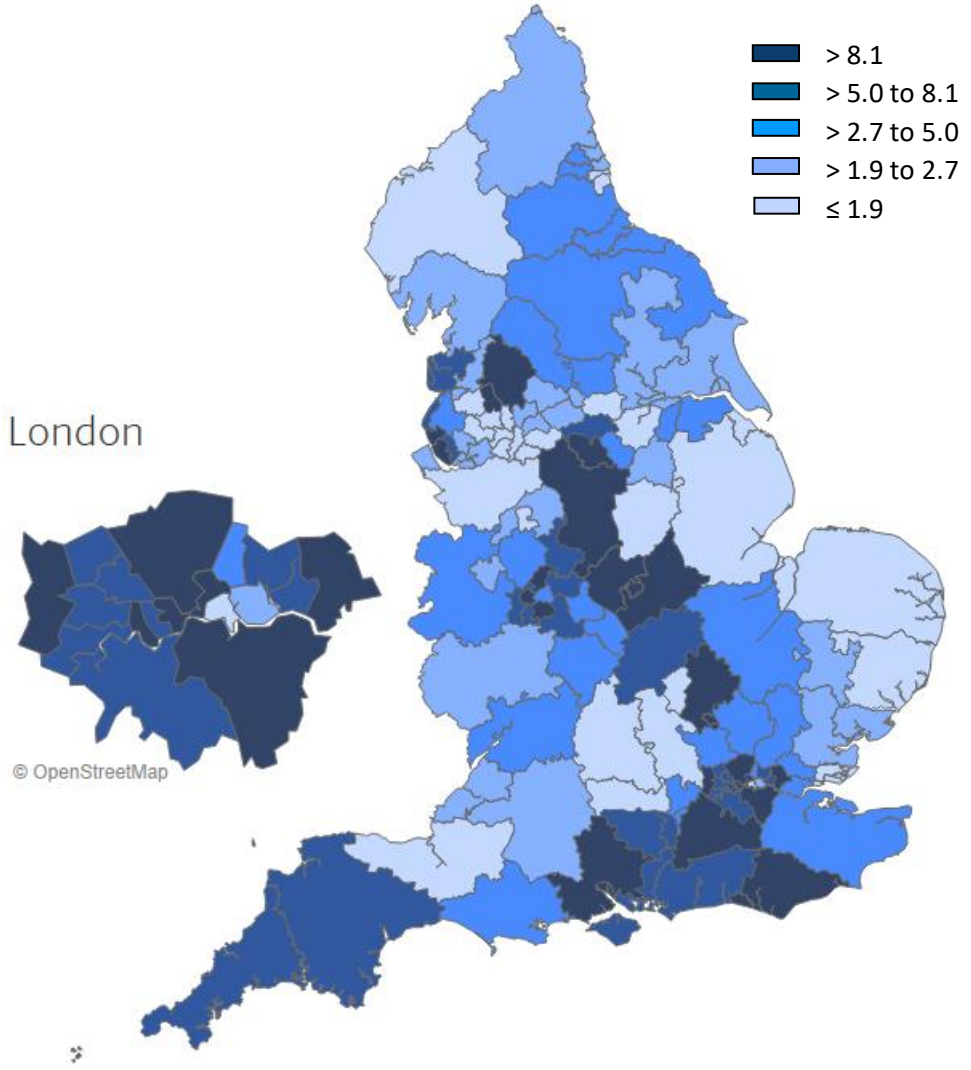
Graph 7. Standardised PET Scan rates by CCG, 2020/21



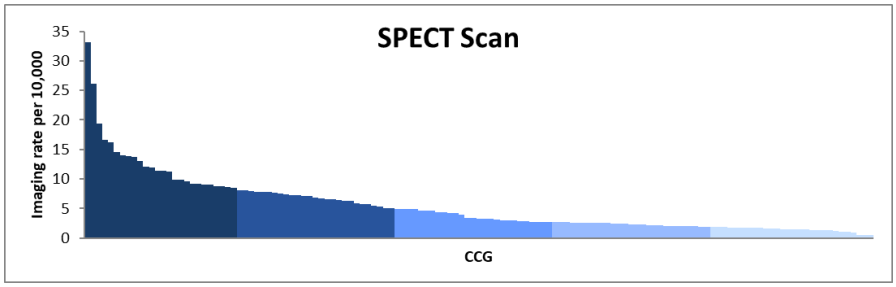
2.2.8 SPECT Scan

SPECT scan showed clusters of high rates amongst generally low rates (Map 8). The biggest volume providers of SPECT were in Blackburn with Darwen and East Lancashire CCGs, all with rates over four times the national rate. The national rate was 5 SPECT scans per 10,000 registered population but the variance was wide and one standard deviation of the mean extended from 1 to 10 tests per 10,000 population (with 92% CCGs within this range).

Map 8. Standardised SPECT Scan rates by CCG, 2020/21



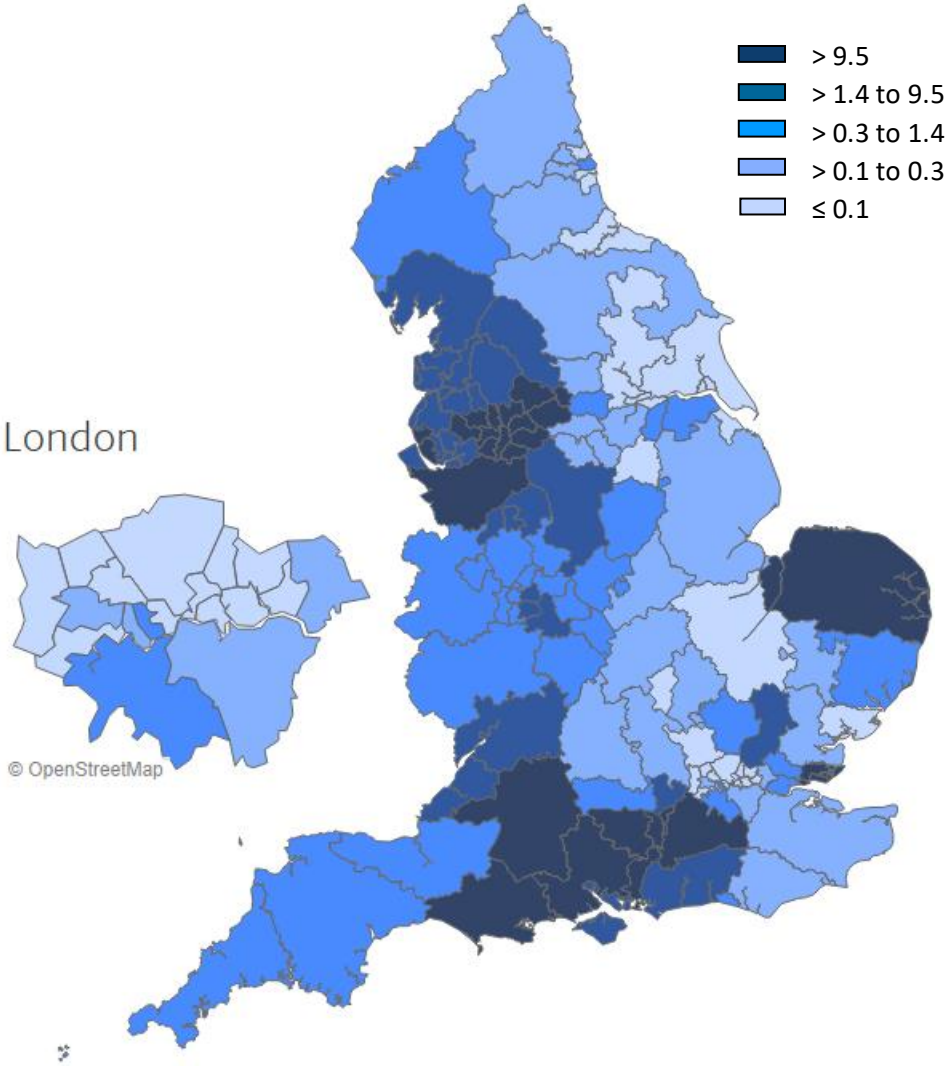
Graph 8. Standardised SPECT Scan rates by CCG, 2020/21



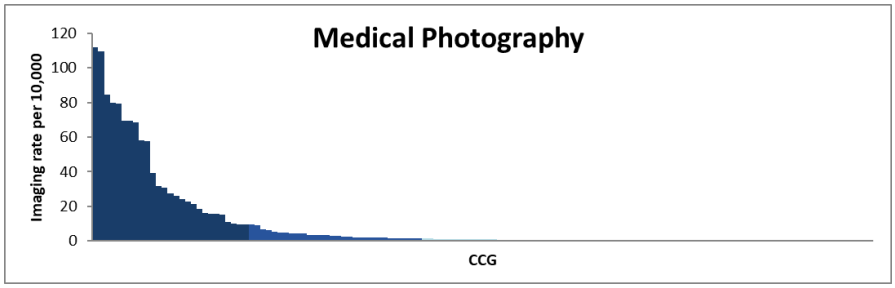
2.2.9 Medical Photography

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 James Paget University Hospitals NHS Foundation Trust, Manchester University NHS Foundation Trust, Salisbury NHS Foundation Trust and Salford Royal NHS Foundation Trust. Most CCGs had very little reported Medical Photography (Graph 9).

Map 9. Standardised Medical Photography rates by CCG, 2020/21



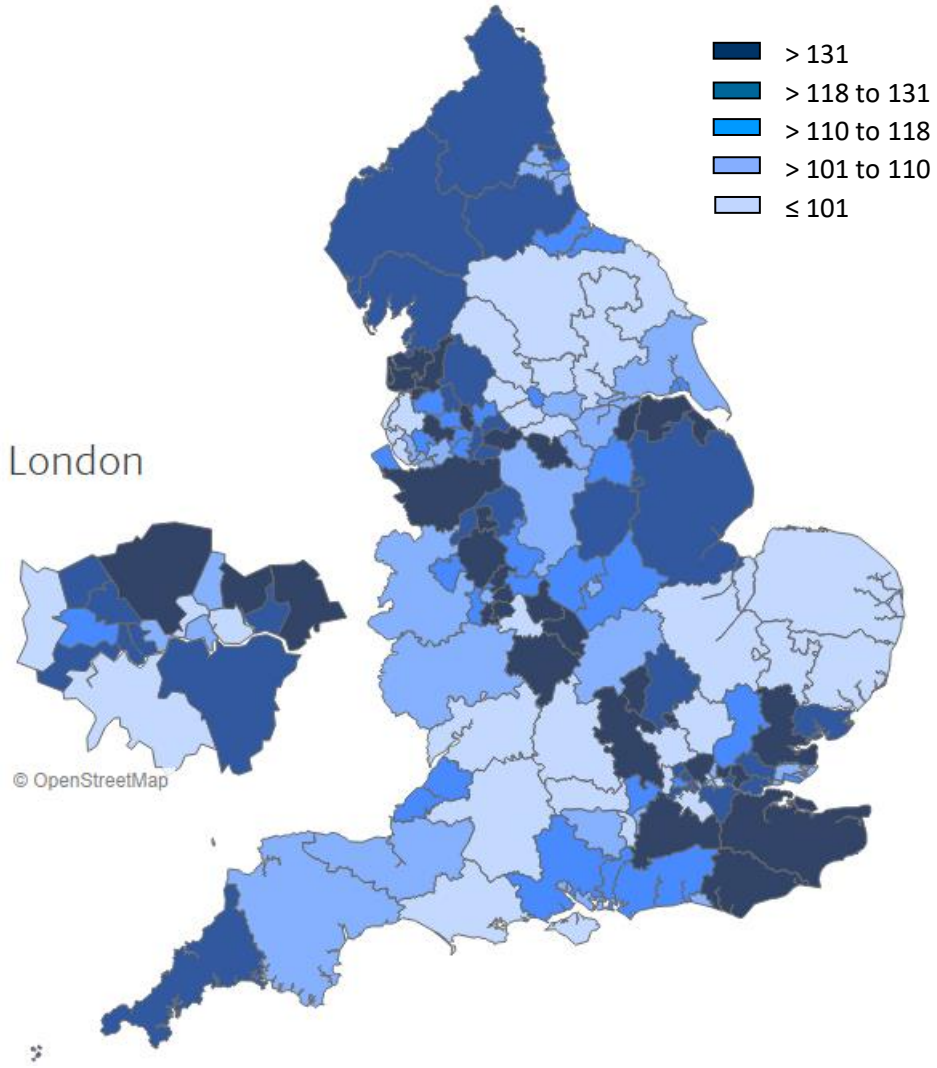
Graph 9. Standardised Medical Photography rates by CCG, 2020/21



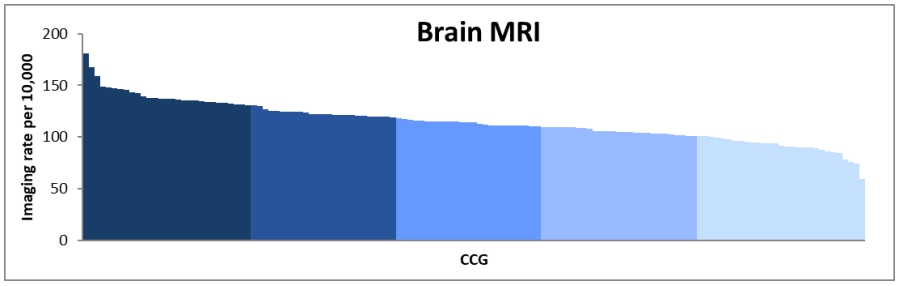
2.2.10 Brain MRI

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 114 Brain MRIs per 10,000 registered population.

Map 10. Standardised Brain MRI rates by CCG, 2020/21



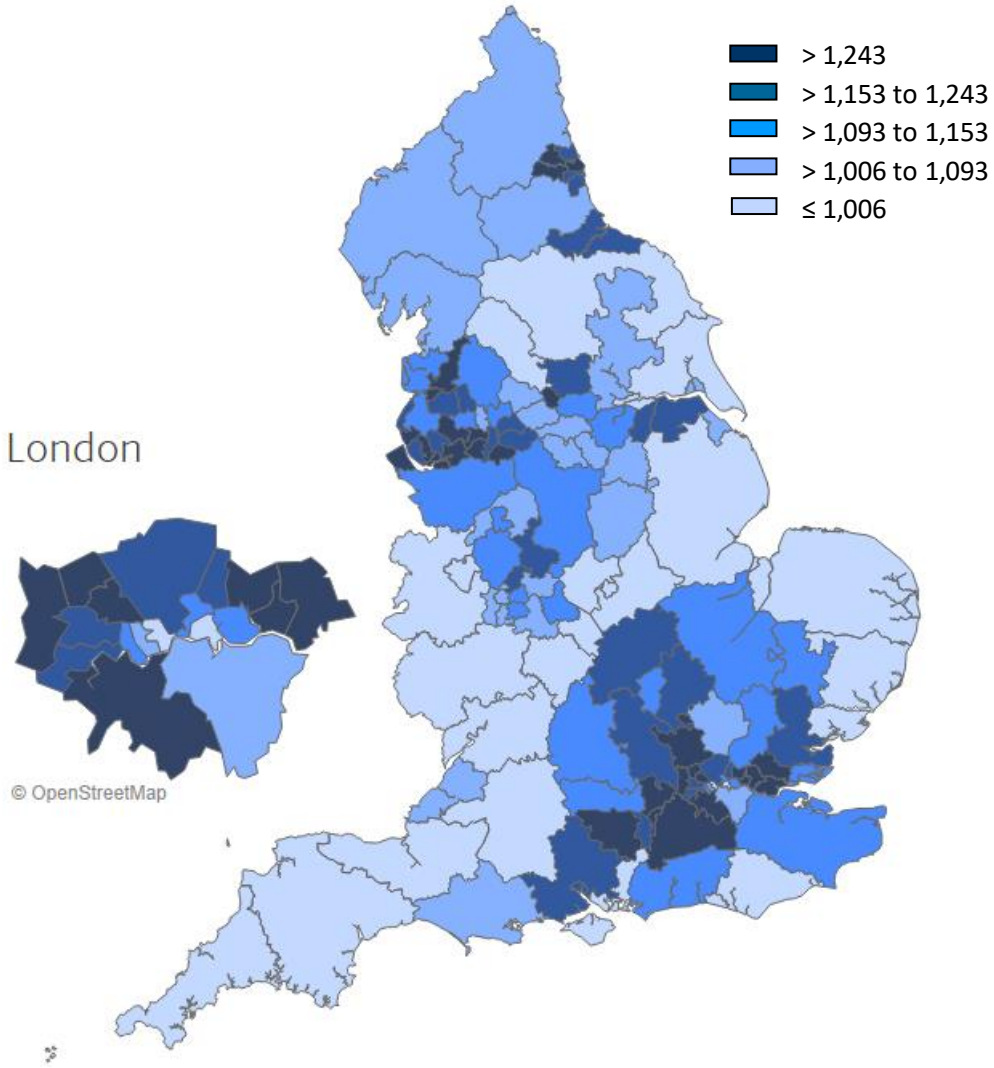
Graph 10. Standardised Brain MRI rates by CCG, 2020/21



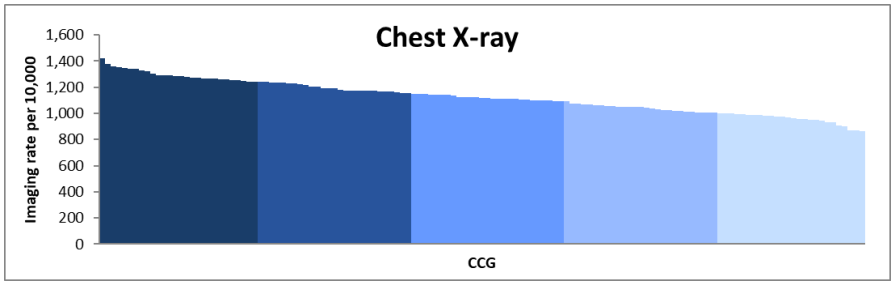
2.2.11 Chest X-ray

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 1,104 Chest X-rays per 10,000 registered population.

Map 11. Standardised Chest X-ray rates by CCG, 2020/21



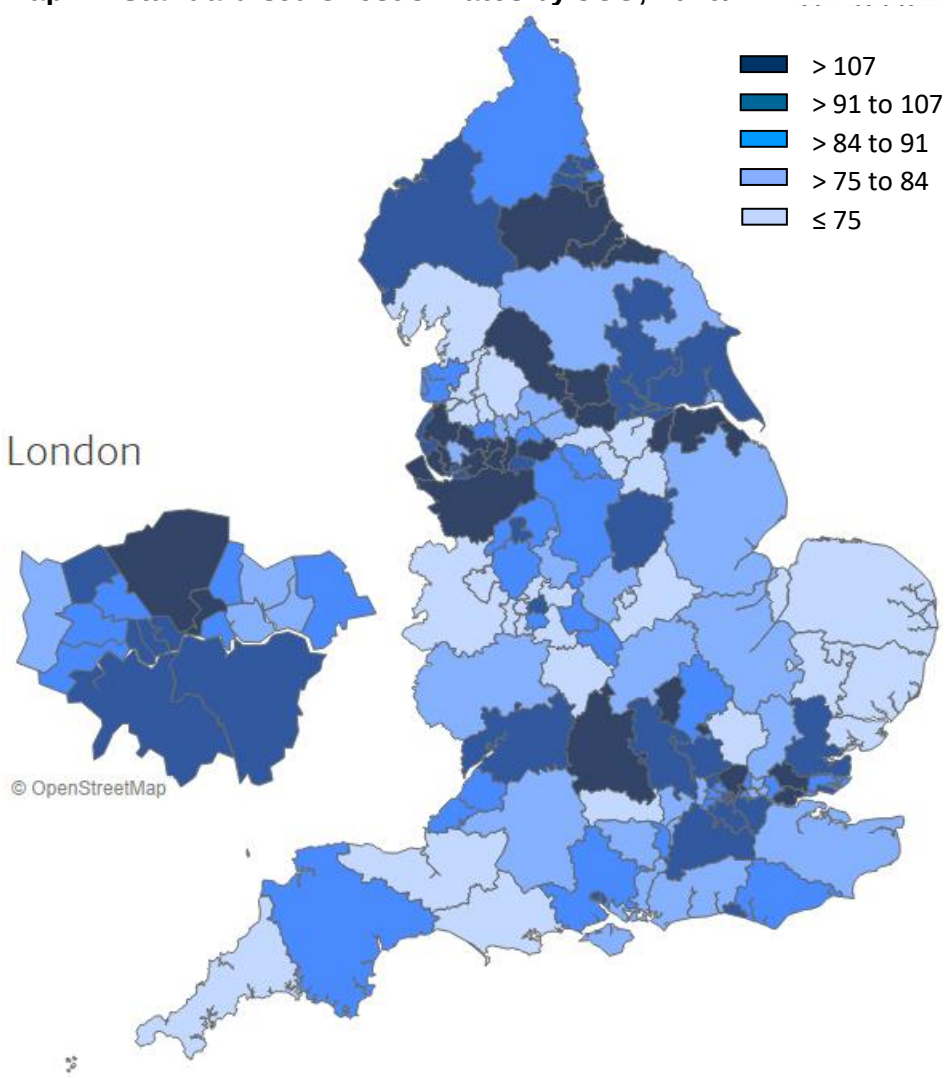
Graph 11. Standardised Chest X-ray rates by CCG, 2020/21



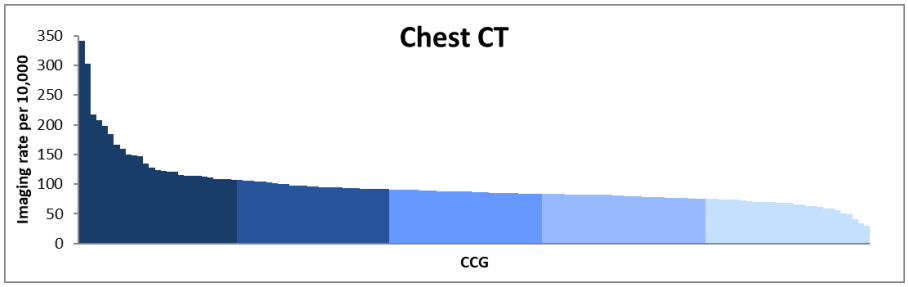
2.2.12 Chest CT

Chest CT showed some regional variation with the highest rates clustered around West and South Yorkshire (Map 12). The national rate was 93 Chest CTs per 10,000 registered population and 88% CCGs were within one standard deviation of the mean, between 55 and 136 tests per 10,000 population. However, five CCGs had more than twice the national rate: NHS North East Lincolnshire, North Lincolnshire, Wakefield, North Kirklees and Leeds CCGs.

Map 12. Standardised Chest CT rates by CCG, 2020/21



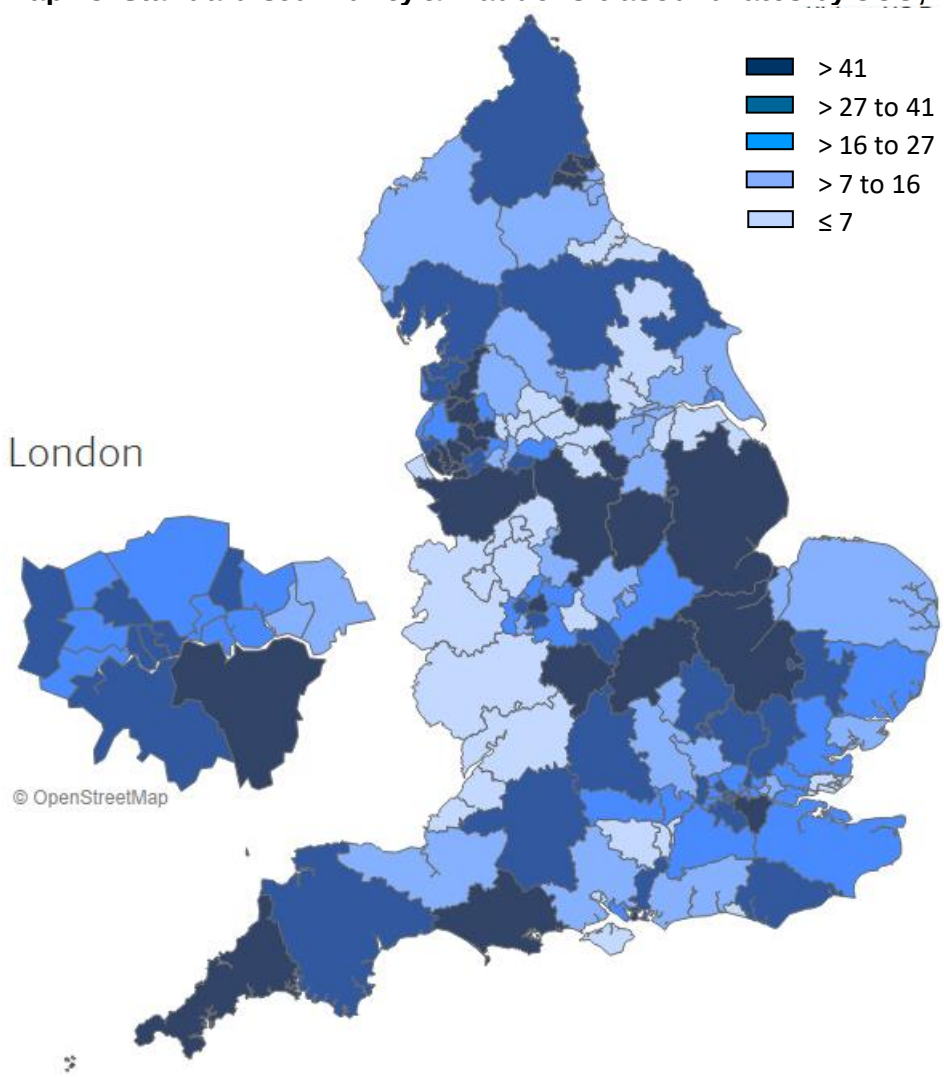
Graph 12. Standardised Chest CT rates by CCG, 2020/21



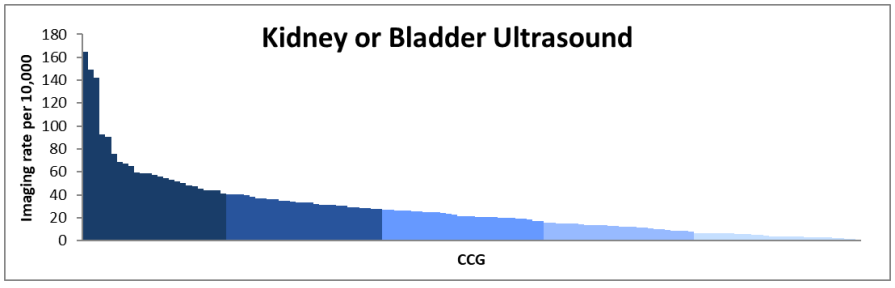
2.2.13 Kidney & Bladder Ultrasound

There was a wider range of rates of Kidney & Bladder Ultrasound than other Early Diagnosis of Cancer (EDOC) tests, with both the lowest and highest rates grouped together in clusters of CCGs (Map 13). The national rate was 29 Kidney & Bladder ultrasounds per 10,000 registered population. Three CCGs reported rates four times higher than the national average: NHS North Kirklees, Wakefield and South Warwickshire CCGs.

Map 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2020/21



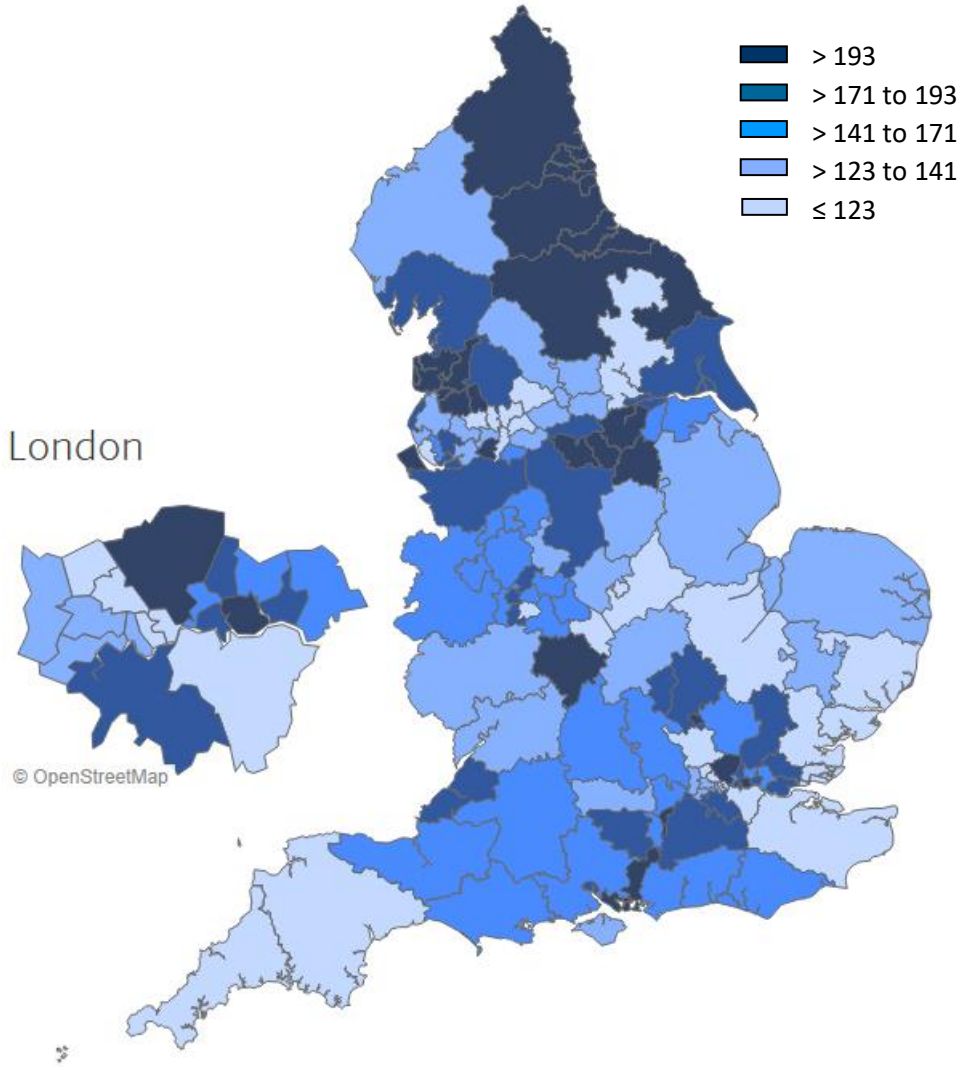
Graph 13. Standardised Kidney & Bladder Ultrasound rates by CCG, 2020/21



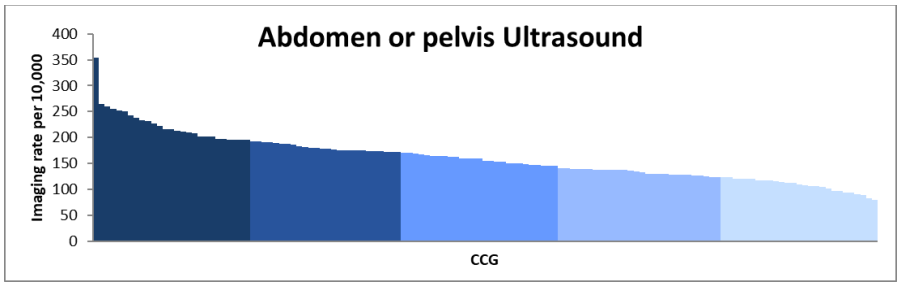
2.2.14 Abdomen & Pelvis Ultrasound

The highest rates of Abdomen & Pelvis Ultrasound were in the North East, especially NHS Sunderland CCG, with relatively few high rates in the South and East (Map 14). The national rate was 156 Abdomen & Pelvis ultrasounds per 10,000 registered population.

Map 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2020/21



Graph 14. Standardised Abdomen & Pelvis Ultrasound rates by CCG, 2020/21



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	2,973	0.2973	0.4231	1.00
Male	2,465	0.2465	0.3271	0.77

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

In this example, males were 23% 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 = 0.28), however they were more likely to a have a Chest X-ray (1.17). 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, 2020/21

	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	0.77***	0.28***	1.00	0.82**	1.15	0.87	1.14	0.83	1.01

Table 2. Sex odds ratios by Early Diagnosis of Cancer, 2020/21

	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	1.17**	1.21	0.99	0.69**

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 three least deprived quintiles were significantly different from the most deprived for Chest CT and Abdomen or Pelvis Ultrasound, and the least deprived quintile was significantly different for Fluoroscopy.

Table 3. Deprivation odds ratios by modality, 2020/21

	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	0.84***	0.89**	0.85***	0.95	0.89	0.98	0.94	0.93	0.64
3 Mid quintile	0.73***	0.86***	0.75***	0.92	0.84	0.92	0.91	0.83	0.63
4 Less deprived	0.68***	0.84***	0.70***	0.91	0.79	0.93	0.90	0.83	0.55
5 Least deprived	0.62***	0.81***	0.64***	0.89	0.75*	0.91	0.88	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, 2020/21

	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	0.80***	0.80	0.94	0.88
3 Mid quintile	0.91	0.66***	0.68**	0.82	0.77*
4 Less deprived	0.89	0.59***	0.64**	0.81	0.73**
5 Least deprived	0.85	0.53***	0.58***	0.74	0.68**

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 except for ultrasound, which varies least by age perhaps because of a large number of obstetric ultrasounds for pregnant women. Other age bands were also significantly higher than the 0 to 45 group except for ultrasound 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, 2020/21

	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	2.16***	0.87**	3.22***	2.24***	2.52***	2.69**	4.81***	2.34	1.69
55 - <65	3.24***	0.87**	5.25***	2.71***	4.22***	4.35***	9.96***	3.85	2.60
65 - <75	5.21***	0.99	9.28***	3.17***	6.32***	7.17***	17.74***	6.56**	4.75**
75+	28.36***	1.22***	21.69***	2.87***	8.62***	7.91***	16.89***	7.83**	11.50***

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, 2020/21

	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	1.86***	2.64***	4.74***	1.31	1.84***
55 - <65	2.30***	4.02***	9.22***	1.69	2.16***
65 - <75	2.88***	6.48***	16.36***	2.57***	2.37***
75+	3.35***	17.81***	21.59***	4.33***	2.65***

4 Annex

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

In 2020/21, 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, 96.0% imaging tests (33.5 million) had an English CCG based on GP Practice in 2020/21, compared with 95.5% in 2019/20. A further 0.4% (153,000) had a non-English or other valid GP Practice (e.g. prisons and Ministry of Defence practices), 3.3% (1.2 million) had an English CCG derived from LSOA and 0.2% (85,000) 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 4,000 and 4% imaging tests unallocated to a CCG. Consequently, no CCG was estimated to have more than 7,000 or 2.9% activity missing due to inability to attribute tests by CCG. Nationally, 85,000 (0.2%) 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, 2020/21

Provider code and name		Activity with no GP Practice		Of which, activity with no LSOA	
		No. tests	% tests	No. tests	% tests
NT9	Alliance Medical	78,300	46%	200	0.1%
RVV	East Kent Hospitals University NHS Foundation Trust	67,900	16%	500	0.1%
RWP	Worcestershire Acute Hospitals NHS Trust	65,800	21%	300	0.1%
RTD	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	47,000	12%	2,100	0.5%
RN5	Hampshire Hospitals NHS Foundation Trust	32,400	13%	500	0.2%
RMC	Bolton NHS Foundation Trust	26,700	15%	100	0.1%
NTP	Practice Plus Group	26,600	31%	3,100	3.6%
NT4	BMI Healthcare	18,800	35%	30	0.1%
NT2	Nuffield Health	13,900	61%	100	0.4%
AC7	Cobalt Health	11,000	72%	40	0.3%

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, 123,000 (0.4%) imaging tests with a valid CCG were omitted from standardised rates because no deprivation score could be imputed from LSOA, a further 77,000 (0.2%) had gender missing and a further 4,000 (0.0%) 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, 2020/21

Provider code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
RQ3	Birmingham Women's & Children's NHS Foundation Trust	132,200	58,600	44.3%	Sex
REM	Liverpool University Hospitals NHS Foundation Trust	417,400	20,900	5.0%	LSOA
RTP	Surrey and Sussex Healthcare NHS Trust	223,400	14,400	6.4%	Sex
NTP	Practice Plus Group	85,100	8,000	9.5%	LSOA
NFO	Kleyn Healthcare	5,500	5,500	100.0%	LSOA

The CCGs most affected by the omission of LSOA (to impute deprivation score), sex or age are listed in Table A.3. The biggest shortfall is for NHS Birmingham and Solihull CCG, which has standardised rates around 7% 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, 2020/21

CCG code and name		Total no. tests	Of which, age, sex or LSOA missing	% missing	Most common missing
15E	NHS Birmingham and Solihull CCG	653,000	43,000	6.5%	Sex
01T	NHS South Sefton CCG	107,000	7,000	6.4%	LSOA

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 2020-21. The most impactful of these is the missing site activity in June 2020 for Chelsea and Westminster Hospital NHS Foundation Trust (RQM), which particularly affects rates in NHS Hounslow CCG (07Y), and that in December 2020 for East Suffolk and North Essex NHS Foundation Trust (RDE), which particularly affects rates in NHS North East Essex CCG (06T).

The impact of missing data is smaller than in 2019/20, with fewer CCGs affected. Nevertheless, rates at the lower end of the distribution across all modalities should be interpreted with caution. Activity at the higher end may be impacted by providers that tend to report multiple scans individually rather than as a group, but this is not common.

4.2 Annex B - CCG Standardised Imaging Rates per 10,000, 2020/21

See separate excel file (Annex 4a – DID Standardised CCG Rates 2020-21).

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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