

# Diagnostic Imaging Data Set (DIDS) v2.0

Webinar 2

Date: 14/06/2024

Time: 10:00 am – 12:00 pm

Presented by:

Chris Turner: Data Design Service, NHSE

# Housekeeping

Welcome and thank you for joining this webinar, the session will begin shortly.

Please note the following housekeeping points:



- Please remain on mute throughout the webinar, unless indicated, to avoid disruption and noise interference for other attendees
- If you wish to ask a question, raise a query or help us understand better the possible solution to a requirement during the webinar, you may do so via the meeting chat function, or by using the “raise your hand” function, all contributions are welcome!



- To view the meeting chat, please select the ‘Show conversation’ icon in the Teams control task bar (pictured left)
- If we are unable to answer your question due to time constraints, please forward it to [dataset.development@nhs.net](mailto:dataset.development@nhs.net) and we will pick it up via our mailbox
- This webinar will be recorded and published. The recording will help us to update and publish the slide pack covering the questions and answers raised and allow people unable to make the webinar the chance to get involved.

Start recording



# Consultation Approach

This is the second of two planned webinars which is relevant to all providers, suppliers and services that are or may be in scope to submit the Diagnostic Imaging Data Set.

The target audience for this webinar is recommended for:

- All providers / submitters
- IT system suppliers

The focus of this webinar will be primarily to discuss requirements that have already been through the Expert Reference Group.

# DIDS v2.0 – Development Overview

## Overview (Planned Timelines)

- Data Alliance Partnership Board (DAPB) process started in January 2024
- We previously gave the view of activity potentially collected from 1 April 2025 and indicated that data would be submitted from 1 May 2025 (for v2.0)
- DIDS v2.0 overview of timelines (updated) - Activity collected no earlier than June 2025
- Data submitted no earlier than July 2025

These timelines are subject to change but should be used for the purposes of considering the solutions proposed and changes to v2 of the DIDS data set discussed in this session.

## Development Process

Requirements gathering – Complete:

- 30 requirements logged to date
  - NHSE
  - Data Dictionary
  - Providers & IT Suppliers

Requirements Elaboration - Ongoing:

- Engagement with NHSE, NHS Data Model & Dictionary, Terminology teams and all stakeholders
- Series of consultation ERGs and webinars
- Online Public Consultation (w/ draft specification) to follow

# DIDS v2.0 – Requirements List - Current Status

The Requirements List is published here: [Diagnostic Imaging Data Set \(DID\) data product - NHS England Digital](#)

DIDS001 - Recording DNAs

DIDS012 - Radiation dose

DIDS002 - Current dates to Timestamps

DIDS003 - Additional Timestamps

DIDS004 - Urgency of the request

DIDS005 - Waiting list v planned waits

DIDS011 - Auto-reported flag

DIDS015 - Data Dictionary Changes

DIDS020 - NICIP codes

DIDS021 - Outsourcing

DIDS023 - ETOS creation

DIDS030 - Screening service flag in referral

DIDS006 - Measuring complexity

DIDS009 - Publish numbers of interventional procedures

DIDS018 - Paramedic guidance

DIDS019 - Guidance GP scenario

DIDS016 - Clinical Outcome Text same as DIDS013

DIDS027 - Submission window repeat same as DIDS022

**DIDS008 - Addition of main speciality / treatment function of the request code**

**DIDS010 & DIDS014 - Cancer flag + other conditions**

**DIDS013 - RIS Free Text Report**

**DIDS017 - Submission method**

**DIDS022 - Submission window**

**DIDS024 - General anaesthetic**

**DIDS025 & DIDS007 - Relational structure / Capture every scan**

**DIDS026, DIDS028 & DIDS029 - Potential Scope changes / defining a patient / IT system list expansion**

## KEY

Red = Out of scope for v2

Green = Done and presented in webinars / ready for consultation

Purple = Satisfied by other requirements

Blue = Satisfied by guidance

Grey = Duplicates of other requirements

**Bold** = To be covered today / needs follow up

# DIDS008 - Addition of main speciality / treatment function of the request code

TREATMENT FUNCTION CODE (REFERRING SERVICE) is the preferred data item to collect

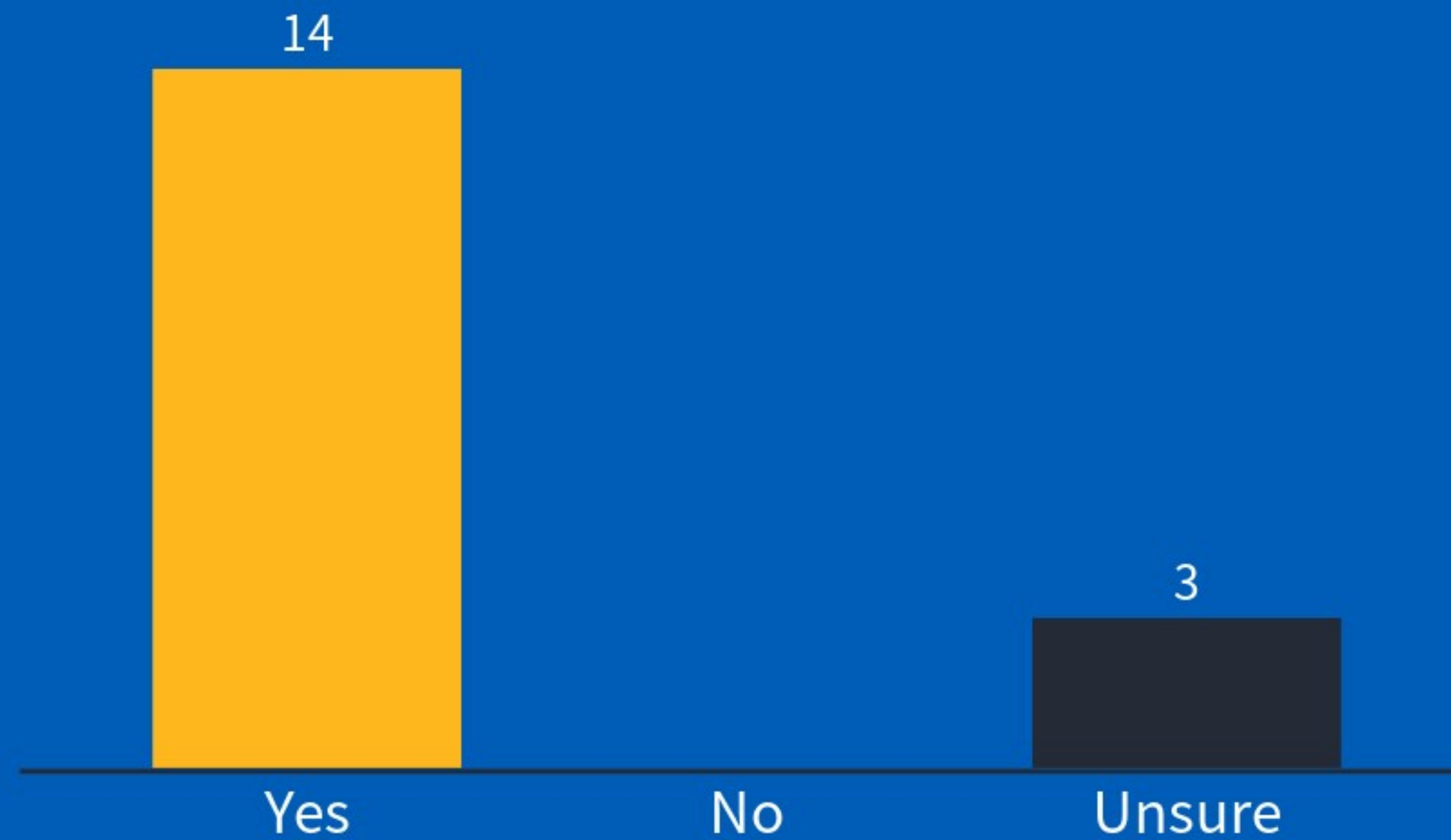
MAIN SPECIALITY CODE was an alternative to TREATMENT FUNCTION CODE (REFERRING SERVICE)

[Main Specialty and Treatment Function Codes Table \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk)

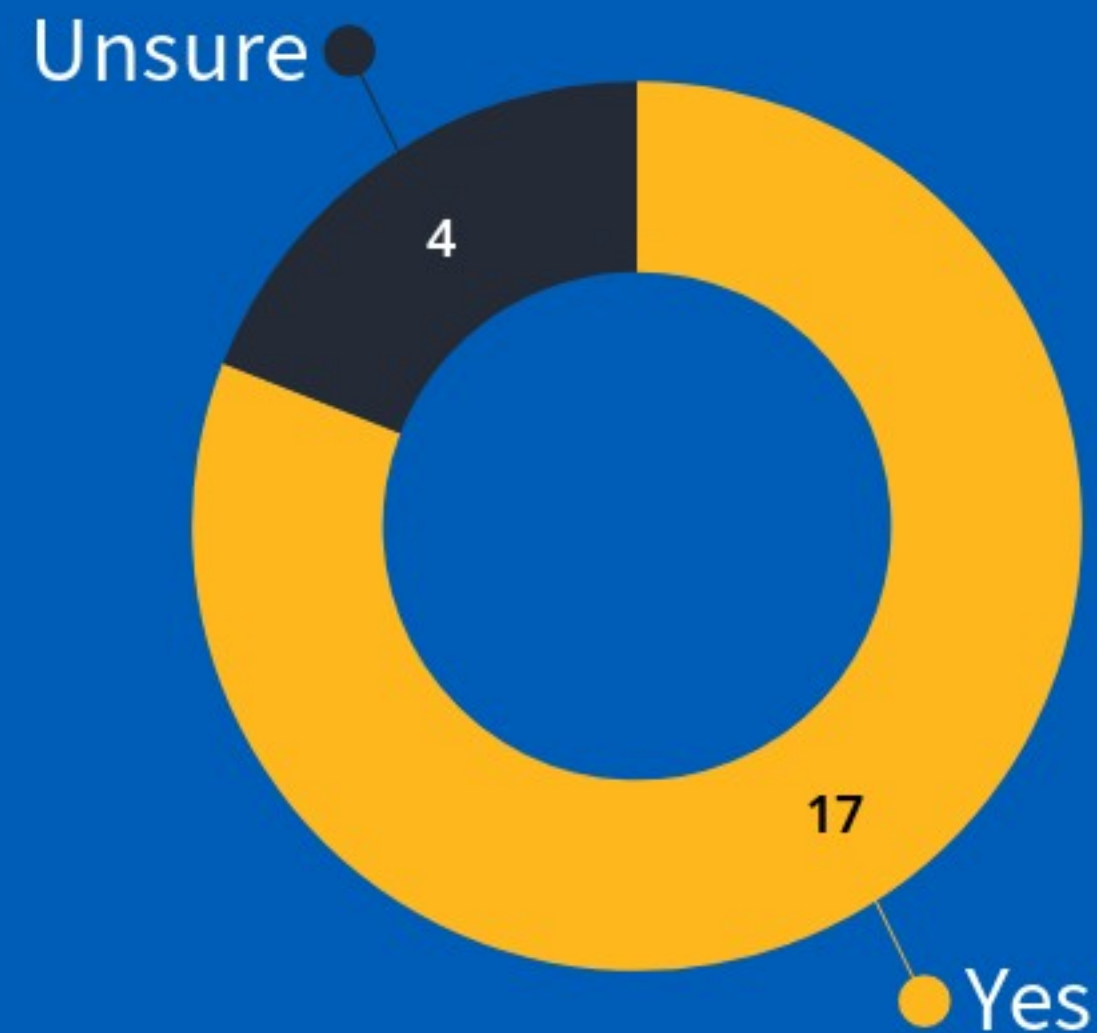
# Is the Treatment Function Code (Referring Service) of where the request came, already in the RIS?



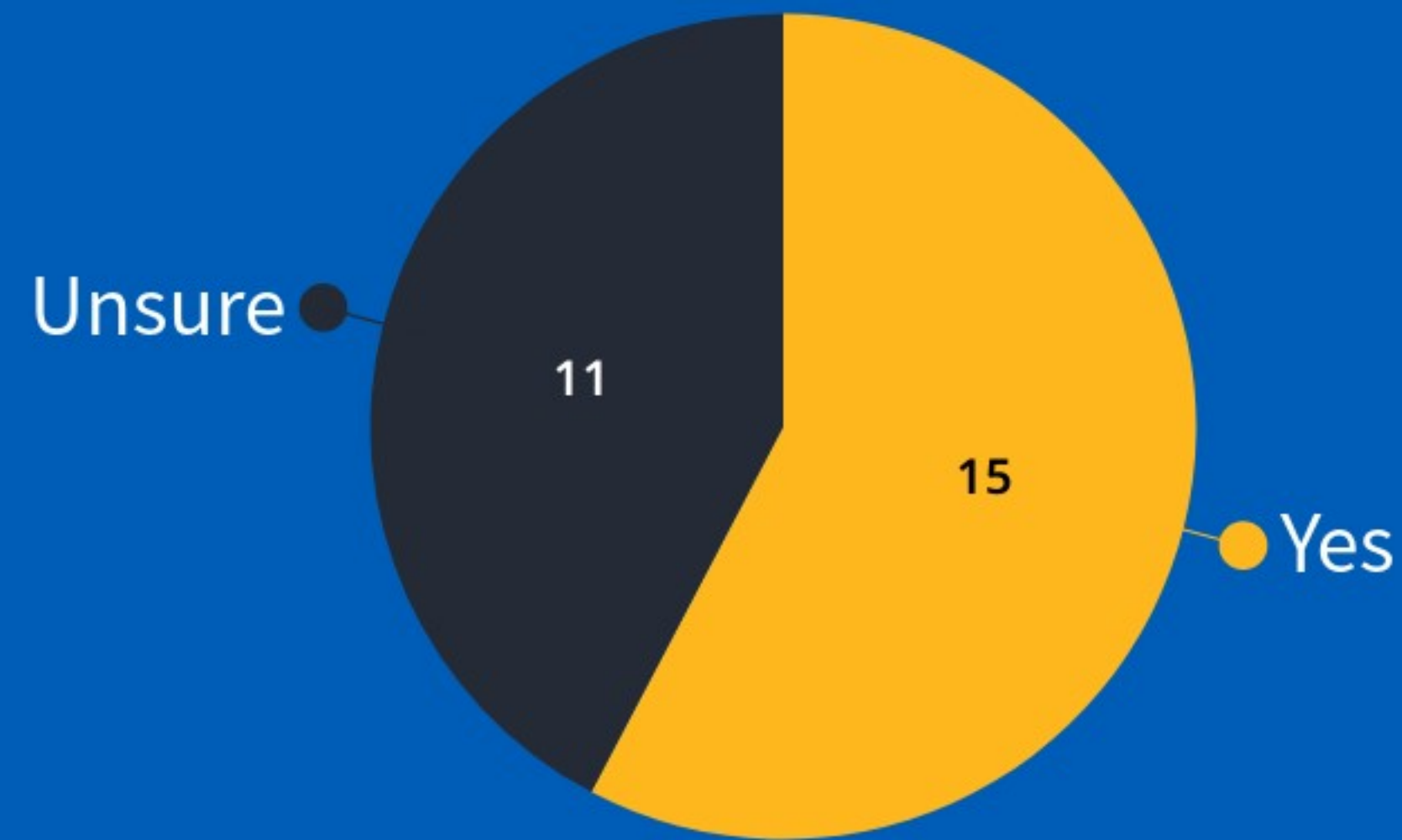
If the Treatment Function Code (Referring Service) is available in the RIS, can suppliers add this to the submission automatically?



# If the Treatment Function Code (Referring Service) is not available in the RIS, is the main specialty code available?



# If local codes are used, can they be mapped to the national code list?



# DIDS010 & DIDS014 – Cancer Indication Code / Other RCR codes

Alert flag to identify if the imaging showed a suspected or confirmed cancer, recurrence or progression. Also, the inclusion of RCR codes for significant unexpected findings.

[Recommendations on alerts and notification of imaging reports | The Royal College of Radiologists \(rcr.ac.uk\)](#)

[Alerts notification imaging reports recommendations 1022.pdf \(aomrc.org.uk\)](#) – approx. 40 conditions

01	Confirmation / Suspicion of a primary cancer
02	Confirmation / Suspicion of a recurrence of a cancer
03	Confirmation / Suspicion of a progression of a cancer
04	Other unexpected finding
99	Not applicable

Discussions with RCR required, ERG recommendation is a pilot item

# DIDS013 – Addition of the RIS free text report

The radiology free text information is already recorded in the RIS.

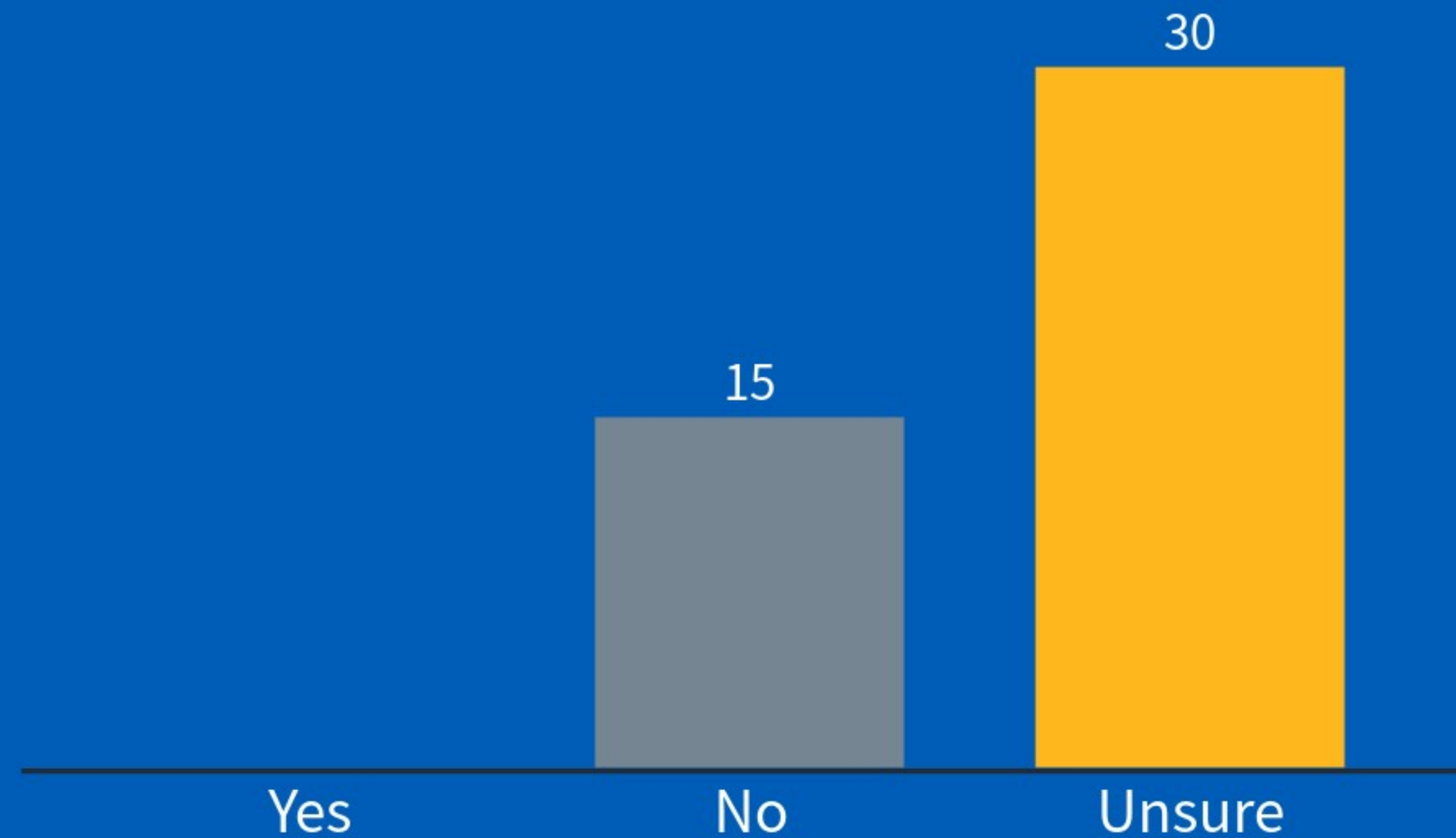
As the information is already locally recorded, there should be a low burden on trusts if this field became a formal part of the DIDs. This would vastly improve understanding of the imaging result and allow us to ascertain both the stage and other measurements commented upon within the report.

This is just requesting the cancer reports so 01, 02 & 03 Cancer Indication Codes

Data in the report contains Personal Identifiable Data (PID) and potentially other restricted data, such as legally restricted information

Burden reduction on Cancer Outcomes and Services Data Set (COSDS)

# Is there a limit with the size of the free text report in your system? E.g. character limit



If yes, what is this limit?



# DIDS017 - Submission method

[DIDS Submission Process User Survey](#) has now closed (2<sup>nd</sup> June 2024).

66 responses received.

Thank you to those of you who were able to respond.

Review of user feedback and insights in progress to factor into ongoing work on a future submission process.

# DIDS022 - Submission window

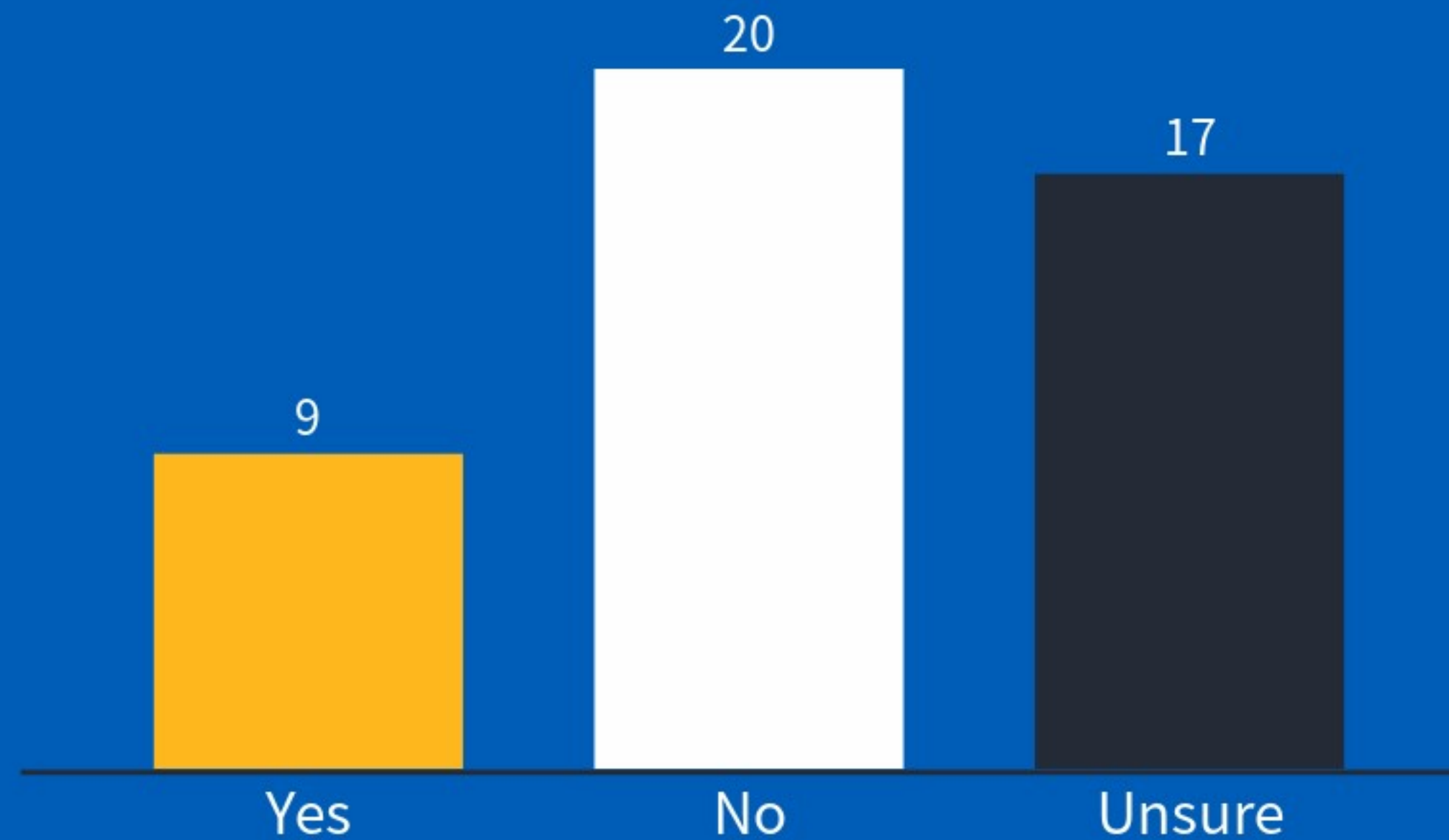
Consideration of keeping the 3-month window with no exceptions and a 6-month window for Year One of v2.

# DIDS024 - General anaesthetic

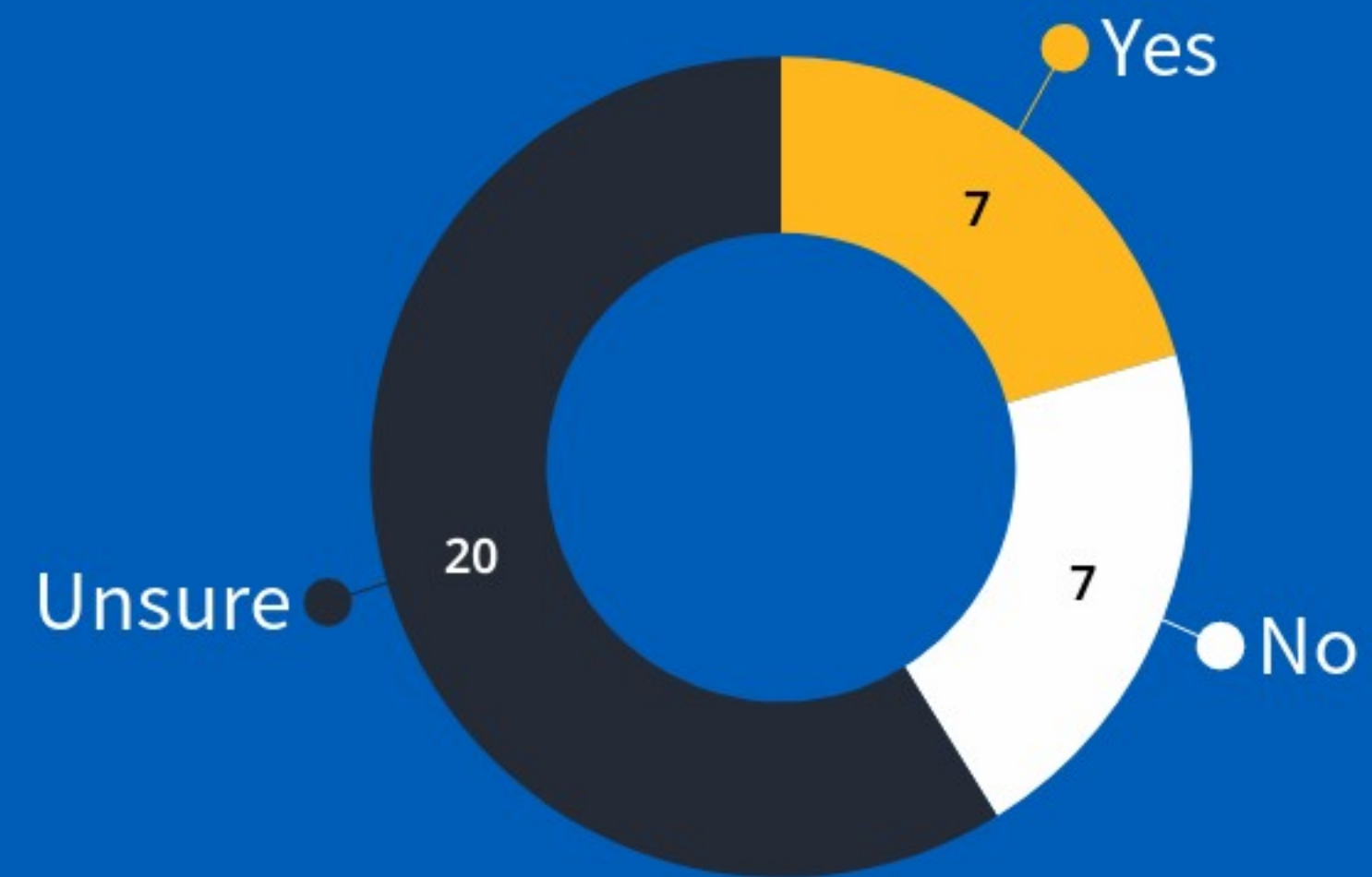
Current proposed solution is a flag, though information not available in RIS, or is it?

Another solution is a SNOMED code (that does already exist) but no NICIP equivalent so mapping required to SNOMED on providers. Would also mean another RAN and alter the scope of the data set (not all records would be scans). Care Activity ID required as RAN description wouldn't be accurate.

# Are you able to capture information about whether a patient was under a general anaesthetic?



If you are able to obtain this information, could you support capturing this data through the use of a SNOMED CT code?



# IT System Suppliers: Could you provide a mapping to the SNOMED CT Code?

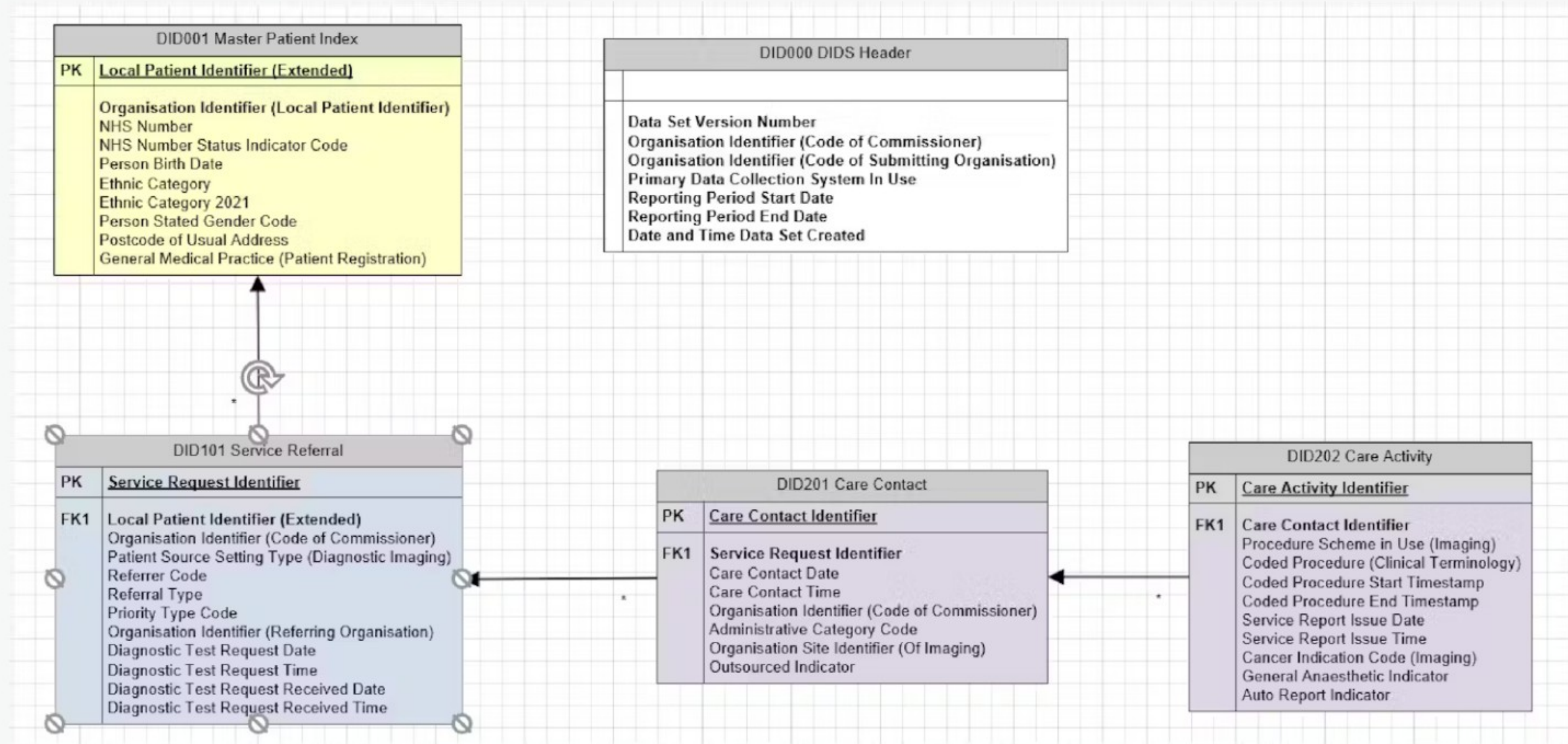
2

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Yes

No

# DIDS025 & DIDS007 – Relational structure / Capture all scans



Mandatory = all v1.0 data items (+ direct replacements that were M) + all Keys

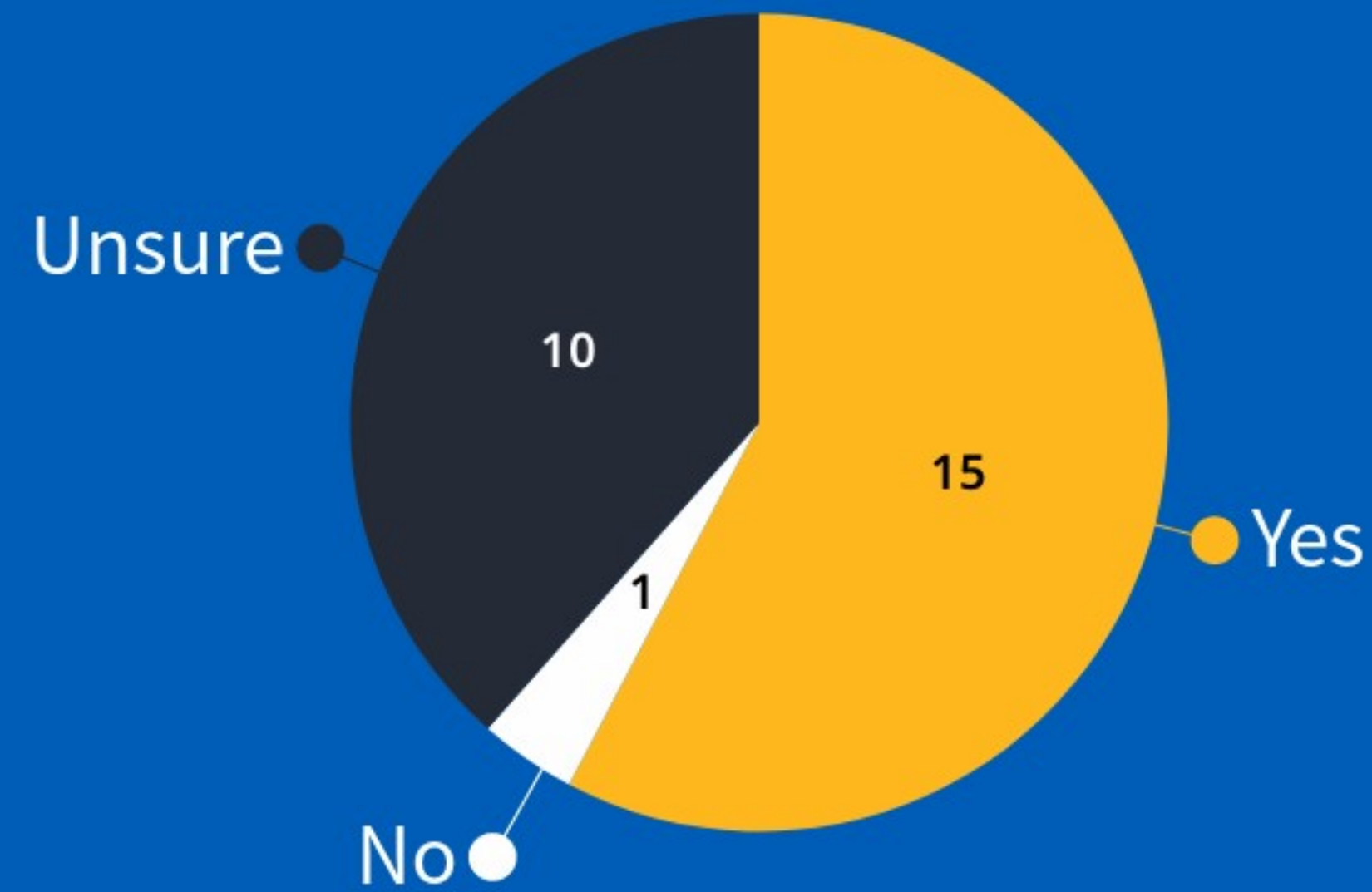
# DIDS025 & DIDS007 - Relational structure / Capture every scan

RAN is supposed to be unique [RADIOLOGICAL ACCESSION NUMBER \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk/terms/radiological-accession-number) so no need for both the RAN and the [CARE ACTIVITY IDENTIFIER \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk/terms/care-activity-identifier) as they are the same thing.

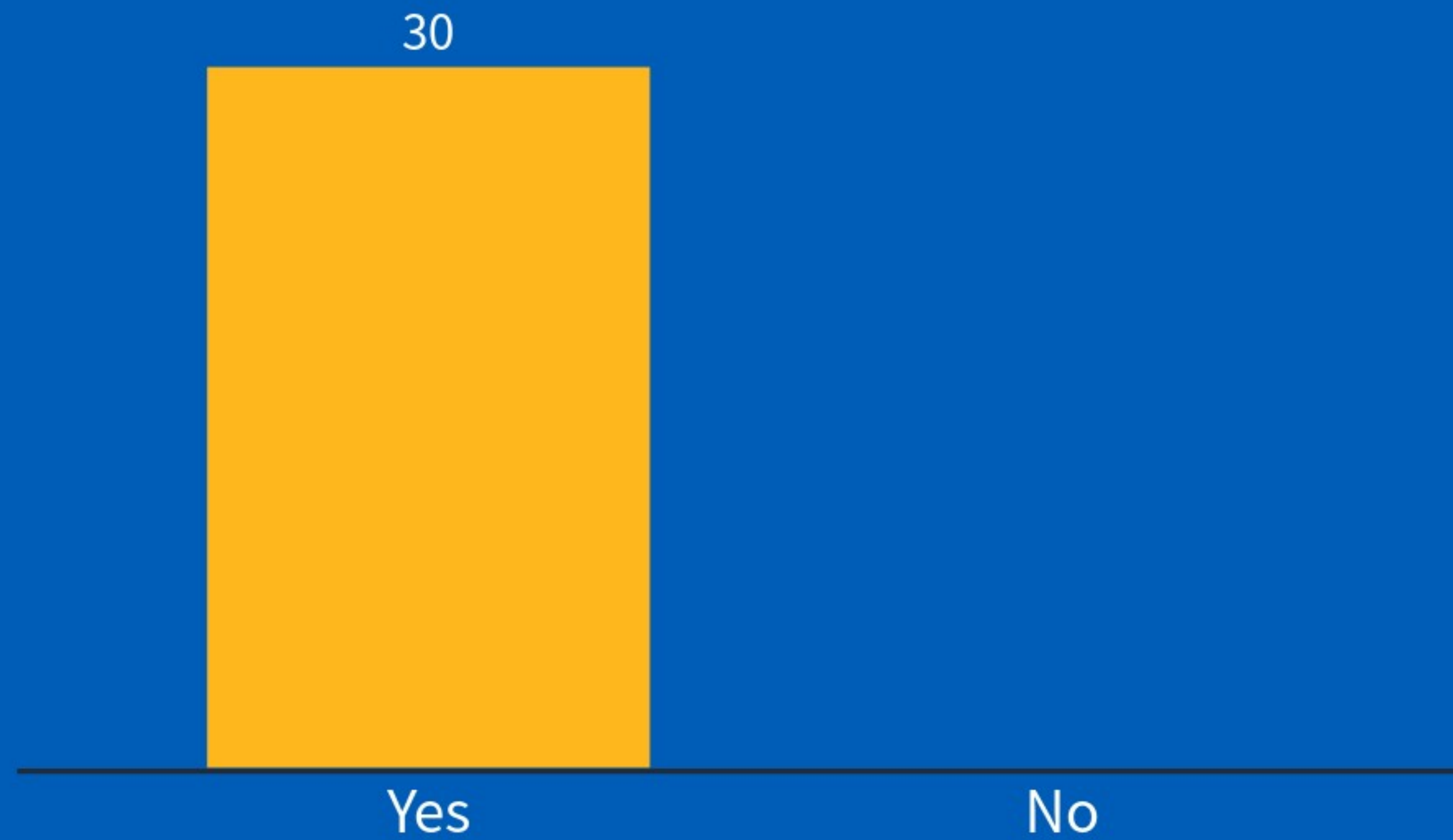
Proposal is to remove RAN and replace it with Care Activity ID, gives more flexibility (capturing GA for example) and keeps purity of design and consistency.

Where Order Comms systems (e.g. ICE) are used to place requests for scans, no unique referral identifier (service request identifier) is generated, as the order comms system is not integrated into the EPR, and instead the RAN is used as the unique identifier. Is it possible for system suppliers to generate a unique identifier at referral level for DIDS submission purposes in this scenario?

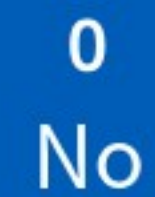
# Can systems generate a unique Care Activity ID per scan?



# Does your Trust receive requests for scans via another method, i.e. Order Comms?



Is it possible for system suppliers to generate a unique identifier at referral level for DIDS submission purposes when requested via Order Comms?



# DIDS026 028, 029 - Potential Scope changes / defining a patient IT system list expansion

## Current scope of DIDS

In Scope - All imaging activity relating to people who receive NHS funded imaging services for the purpose of diagnosis, intervention and/or treatment are within scope of the DID (with the exception of breast screening services, or any other diagnostic imaging tests not typically recorded on central RIS). The scope of the data set requires record level data submission from radiology departments' Radiology Information Systems (RIS) for all activity funded by the NHS.

Out of Scope - The following areas are currently out of scope and should consequently not be included within DID:

- Imaging activity recorded in a provider's system that is separate to the RIS such as:
  - Breast screening
  - Mobile cardiac ultrasound activity
- Imaging activity performed on the deceased, such as that carried out for post mortem purposes.
- Primary care dental x-rays

# DIDS026 028, 029 - Potential Scope changes / defining a patient IT system list expansion

## Possible future scope of DIDS

In Scope - All NHS funded diagnostic imaging activity for the purpose of diagnosis, intervention (including screening programmes) and/or treatment are within scope of DIDS. The scope of the data set requires record level data submission from radiology departments' Radiology Information Systems (RIS) and data held on other systems such as Digital Screening systems for all activity funded by the NHS.

Out of Scope - The following areas are currently out of scope and should consequently not be included within DIDS:

- Imaging activity performed on the deceased, such as that carried out for post-mortem purposes
- Primary care dental x-rays
- Self-funded / private activity

# DIDS026 028, 029 - Potential Scope changes / defining a patient IT system list expansion

**The following services are an example of what would potentially be in scope of DIDS**

- Breast screening mammograms etc: captured on systems such as NBSS
- Abdominal aortic aneurysm (AAA) screening: captured on systems such as SMaRT
- Diabetic eye screening: captured on systems such as IHI and NEC

Identifying and engagement with new stakeholders and suppliers in the new timescales

# What impact does this scope change have? Please share any concerns or issues this may cause.

Development Time.

Lack of staff to work on this project

Providers need to work on this to deliver per requirements

May involve suppliers to make admendments to system ? cost ?time

Most of this additional data is not logged in the RIS and wouldn't be easily accessible by Radiology teams submitting the DID

Responses from the supplier within a reasonable timeframe

Repeat of development across 100 of Trusts. Cost of updating your reference data

Development time and resource

# What impact does this scope change have? Please share any concerns or issues this may cause.

Development time.  
Possible financial investment or non-submission if the upload mechanism is difficult.

Time constraints, we are being asked to provide more data as it is so this will add to that workload

Issue with resources within the team

Unknown as in the process of changing systems

Needs executive level engagement for a lot of this as the work required likely spans multiple systems. CDOs/CIOs/CCIOs/etc

oir screening - it would be better to collect these data through the national screening systems. Eg breast - retinopathy. Need a gap analysis between what is already collected. Extending scope tricky

Can't we just give you an HL7 feed :-)

Suppliers need to accommodate the changes

# What impact does this scope change have? Please share any concerns or issues this may cause.

Duplication of data from screening systems

Resources required, timeframe and required level of knowledge.

development time and resource implications given other data set changes due at the same time

Linking of various Databases to provide the joined up data. Many systems do not share the same FK. Development time and resource availability

eye screening programmes would also have non DID scans e.. OCT and VF - would these be in scope

Lack of understanding of the scope of overall changes, some data items we don't capture (yet) - implementation into system & how to build output required :(

Lack of resource in Radiology teams and some information held outside of RIS's

Will any 'system' based changes incur any costs?

# What impact does this scope change have? Please share any concerns or issues this may cause.

We are procuring a new RIS system, so currently difficult to estimate development time required.

Need implementation time for any new items especially those we don't currently capture

Trust in process of procuring new EPR which would go live after July 25, which mean changing an old legacy RIS

Suggest get national screening programmes to submit DID data separately from trust submissions.

Unsure how the data output creation will work & development time - we don't have software that can handle XML creation yet

Concern re overlap of data & requirements for Reporting stats which may not be available

XML would cause issues for DW and Information teams -these would be hard to validate before submission

Do we need a screening programme flag in submission data?



# Questions?



**DIDS Webpage:** <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/diagnostic-imaging-dataset-did-data-product>



**Get in touch:** [dataset.development@nhs.net](mailto:dataset.development@nhs.net)



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# Thank You



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