



Diagnostic Imaging Dataset Statistical Release

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Provisional monthly statistics, January 2015 to January 2016

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This information can be made available in formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact:

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1 Executive Summary

1.1 Introduction

The Diagnostic Imaging Dataset (DID) is a monthly data collection covering data on diagnostic imaging tests on NHS patients in England. It includes estimates of GP usage of direct access to key diagnostics tests for cancer, for example chest imaging, non-obstetric ultrasound and Brain MRI.

The DID was introduced to monitor progress on *Improving Outcomes: A Strategy for Cancer (IOSC)*. This strategy, published 12th January 2011, set out how the Government, NHS and public can help prevent cancer, improve the quality and efficiency of cancer services and move towards achieving outcomes that rival the best. To achieve that ambition, it will be essential to prevent more cancers developing in the first place and to ensure they are diagnosed while the cancer is at an earlier stage, to increase the scope for successful treatment. Within that, GPs need easy access to the right diagnostic tests to help them to diagnose or exclude cancer earlier. Therefore the DID reports on imaging activity, referral source and timeliness.

These data are collated from Radiology Information Systems (RISs), which are hospital administrative systems used to manage the workflow of radiology departments, and uploaded into a database maintained by the Health and Social Care Information Centre (HSCIC).

1.2 Frequently Used Acronyms

- **DID**
Diagnostic Imaging Dataset
- **HSCIC**
Health and Social Care Information Centre
- **RIS**
Radiology Information System

In this publication, imaging activity for the latest month of data is based on submissions up to the 28th of the month before the publication.

2 Headline Messages

- There were 39.8 million imaging tests reported in England in the 12 months from February 2015 to January 2016. Of these, 3.39 million imaging tests were reported to have taken place in January 2016.
- In January 2016, Plain Radiography (X-ray) was most common (1.87 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.74 million), Computerized Axial Tomography (CT Scan, 0.38 million) and Magnetic Resonance Imaging (MRI, 0.26 million).
- The median period between the request being made and the test being performed in January 2016 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography, to 28 days for MRI.
- The median period for the report to be issued after the test in January 2016 was the same day for Ultrasound, CT scan, Fluoroscopy and Medical Photography, one day for X-Ray, Nuclear Medicine and SPECT Scan, two days for PET Scan and three days for MRI.
- In January 2016, GPs requested 27% of all tests that may have been used to diagnose or discount cancer¹, under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (193,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (46% of which were requested by GPs).

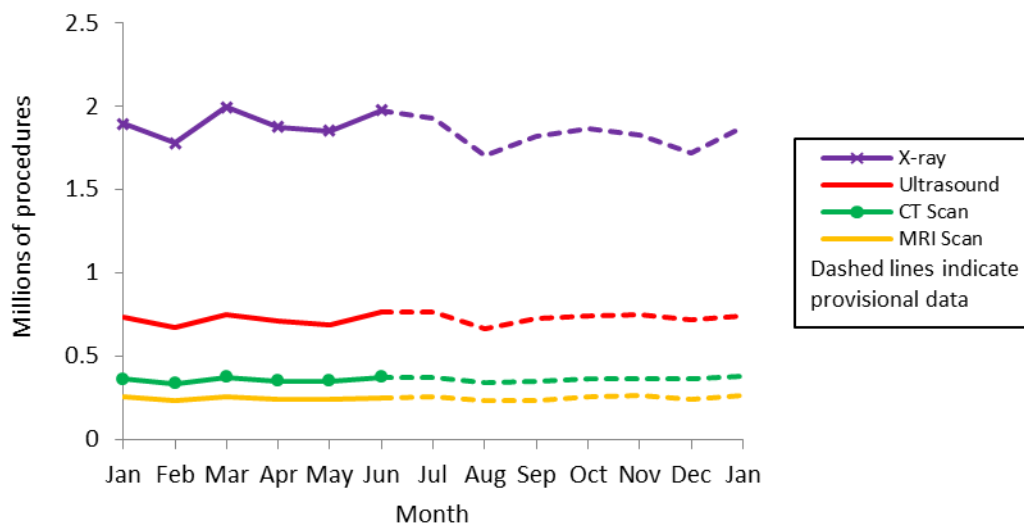
¹ Although these tests are used to diagnose cancer, many of the tests also have wider clinical uses. Within this data it is not possible to distinguish between the different uses of these tests

3 Current Data – January 2015 to January 2016

3.1 Imaging Activity

- 3.1.1. There were 39.8 million imaging tests reported in England during the year from February 2015 to January 2016. Of these, 3.39 million imaging tests were reported to have taken place in January 2016.
- 3.1.2. Out of all tests performed in January 2016, X-rays (Plain Radiography) were the most common, with 1.87 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.74 million), Computerized Axial Tomography (CT Scan, 0.38 million) and Magnetic Resonance Imaging (MRI, 0.26 million).
- 3.1.3. Table 1 gives an all-England count of imaging activity by modality from January 2015 to January 2016. January 2015 is shown at the top of the table for comparison, but is not included in the totals for the latest 12 months. Overall activity for all modalities has increased by 0.5% between January 2015 and provisional January 2016.
- 3.1.4. The trend in imaging activity from January 2015 to January 2016 can be seen in Graph 1.

Graph 1: NHS imaging activity in England, January 2015 to January 2016



Further information on the tests included in these tables is given in the glossary section. Full break-downs by modality, provider and referral source setting are given in Tables 1a – 6h (separate excel files), available from <http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/>

Table 1: Count of imaging activity in England, on NHS Patients, January 2015 to January 2016

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET Scans	SPECT Scans	Medical Photography	% organisations included	Total ¹
Jan	1,894,595	732,385	362,935	253,830	83,625	36,780	6,910	2,050	1,745	98.9%	3,374,860
Feb	1,778,850	674,320	338,140	233,360	81,370	33,975	6,390	1,910	1,600	98.9%	3,149,915
Mar	1,995,430	750,415	374,440	258,015	90,325	37,420	7,435	2,230	1,755	99.4%	3,517,465
Apr	1,876,000	710,225	352,060	238,620	83,495	34,200	6,820	1,870	1,635	100.0%	3,304,925
May	1,853,105	688,650	353,785	239,170	81,775	33,185	6,815	1,925	1,605	100.0%	3,260,010
Jun	1,975,450	762,375	373,090	252,965	91,710	38,430	7,400	2,300	1,840	100.0%	3,505,560
Jul²	1,929,240	767,255	375,440	257,115	92,790	38,305	7,190	2,190	1,970	97.7%	3,471,495
Aug	1,707,085	668,210	342,940	233,230	78,560	31,655	6,720	1,855	1,585	97.2%	3,071,845
Sep	1,820,190	725,455	352,290	233,605	86,335	35,015	5,120	2,225	1,855	95.5%	3,262,080
Oct	1,865,950	739,850	366,945	259,230	87,180	36,335	5,515	2,305	1,895	96.6%	3,365,205
Nov	1,830,275	747,625	367,950	264,225	88,345	36,425	8,285	2,245	2,375	97.7%	3,347,745
Dec	1,722,230	715,750	362,915	244,595	81,670	33,345	9,005	1,985	2,185	96.0%	3,173,680
Jan	1,871,315	743,965	379,050	262,645	84,205	35,925	9,075	2,095	2,255	97.7%	3,390,535
Total³	22,225,115	8,694,095	4,339,045	2,976,775	1,027,755	424,215	85,775	25,130	22,555	-	39,820,460

1. Total calculated as the sum of all activity for that month. Totals may not always equal the sum of the parts due to rounding. Activity not matched to a known organisation is omitted.
2. Data from July 2015 onwards are provisional and may be subject to change.
3. Total row represents a rolling 12 month total and does not include activity from the earliest month in the table. Totals may not always equal the sum of the parts due to rounding.

3.2 Patient Test Times

- 3.2.1. The DID collects data on four dates associated with each imaging event:
- Date of test request (request made by health care professional)
 - Date of test request received (by the organisation providing the imaging)
 - Date of test
 - Date of test report issued (by health care professional interpreting the imaging output)
- 3.2.2. The Date of Test determines the month an imaging event is reported under in the DID monthly publications.
- 3.2.3. There is variation in the median period between the request being made and the test being performed for each of the different tests in January 2016. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography, and as high as 28 days for MRI scans.
- 3.2.4. Table 2 gives the median number of days between the 'date of test request' and the 'date of test', split by the test modality for each month from January 2015 to January 2016.

Table 2: Median number of days between 'date of test request' and 'date of test' for imaging activity, January 2015 to January 2016

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET Scans	SPECT Scans	Medical Photography
Jan	0	14	1	28	0	18	7	17	0
Feb	0	12	2	21	0	15	7	15	0
Mar	0	13	2	22	0	15	7	14	0
Apr	0	14	2	23	0	17	8	15	0
May	0	13	1	22	0	16	7	16	0
Jun	0	13	1	21	0	16	7	15	0
Jul	0	11	1	21	0	15	7	14	0
Aug	0	12	1	23	0	15	7	14	0
Sep	0	13	1	22	0	15	7	14	0
Oct	0	13	2	20	0	15	7	14	0
Nov	0	13	2	22	0	16	7	16	0
Dec	0	12	1	22	0	15	7	15	0
Jan	0	14	1	28	0	20	8	18	0

Note: Median values of 0 occur where at least 50% of activity has a 'date of test request' and 'date of test' which is recorded as the same day. Records where either of these dates is missing are not used to calculate median values.

- 3.2.5. These figures should not be compared to "waiting time" statistics that measure how long patients are on a waiting list, since the DID figures include both planned and unplanned imaging activity. In addition, they exclude any cancelled or missed appointments and they count the period for each distinct test not each patient appointment.

3.2.6. There was slight variation between different test types in the median period for the report to be issued after the test. In January 2016 this was the same day for Ultrasound, CT scan, Fluoroscopy and Medical Photography, and up to three days for MRI. Table 3.1 gives the median number of days between 'date of test' and 'date of test report issued', split by the test modality for each month January 2015 to January 2016. Table 3.2 gives the percentage of records where the tests report is issued on the same day of test, split by modality for each month.

Table 3.1: Median number of days between 'date of test' and 'date of test report issued' for imaging activity, by modality, January 2015 to January 2016

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET Scans	SPECT Scans	Medical Photography
Jan	1	0	0	3	0	1	2	1	0
Feb	1	0	0	3	0	1	2	2	0
Mar	1	0	0	3	0	1	2	1	0
Apr	1	0	0	3	0	1	2	1	0
May	1	0	0	3	0	1	2	1	0
Jun	1	0	0	3	0	1	2	1	0
Jul	1	0	0	3	0	1	2	1	1
Aug	1	0	0	3	0	1	2	1	0
Sep	1	0	0	3	0	1	2	1	0
Oct	1	0	0	3	0	1	2	1	0
Nov	1	0	0	3	0	1	2	1	0
Dec	1	0	0	3	0	1	2	1	0
Jan	1	0	0	3	0	1	2	1	0

Note: Median values of 0 occur where at least 50% of activity has the same day for both 'date of test' and 'date of test report issued'. Records where either of these dates is missing are excluded from the calculation of median values. 86.6% of all records for tests performed in January 2016 included both of these dates.

Table 3.2: Percentage of records where date of test report issued equals date of test, by modality, January 2015 to January 2016

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET Scans	SPECT Scans	Medical Photography
Jan	34%	90%	58%	24%	66%	31%	13%	30%	68%
Feb	33%	89%	57%	24%	67%	30%	13%	28%	71%
Mar	32%	89%	57%	24%	68%	31%	14%	33%	68%
Apr	32%	89%	56%	24%	67%	31%	12%	33%	57%
May	33%	90%	58%	24%	68%	32%	11%	29%	51%
Jun	34%	89%	57%	25%	67%	31%	12%	33%	52%
Jul	34%	90%	58%	26%	68%	34%	12%	31%	43%
Aug	34%	90%	59%	24%	70%	33%	10%	33%	54%
Sep	34%	90%	58%	26%	69%	33%	13%	35%	53%
Oct	35%	91%	58%	26%	67%	32%	16%	33%	58%
Nov	35%	91%	58%	26%	68%	33%	11%	35%	54%
Dec	36%	91%	60%	27%	70%	35%	12%	33%	60%
Jan	34%	89%	58%	26%	68%	32%	12%	35%	55%

3.3 Imaging Tests that could contribute to Early Diagnosis of Cancer

3.3.1. A main driver for the creation of the DID is to assess use of diagnostic imaging that could contribute to the early diagnosis of cancer, and in particular, General Practitioner (GP) direct access to these tests. To enable this analysis a subset of procedures particularly used to identify or discount a diagnosis of cancer have been identified:

- **Brain (MRI)**

This may diagnose brain cancer, this includes – MRI of brain (often with contrast);

- **Kidney or bladder (Ultrasound)**

This may diagnose kidney or bladder cancer, this includes – ultrasound of kidney, ultrasound scan of bladder or ultrasound and Doppler scan of kidney;

- **Chest and/or abdomen (CT)**

These may diagnose lung cancer, this includes - chest + abdominal CT, CT of chest (high resolution or other), CT thorax + abdomen with contrast, CT thorax with contrast or CT chest + abdomen;

- **Chest (X-ray)**

This may diagnose lung cancer, this includes – plain chest X-ray only;

- **Abdomen and/or pelvis (Ultrasound)**

This may diagnose ovarian cancer, this includes – ultrasonography of pelvis, ultrasonography of abdomen (upper, lower or other) or abdomen + pelvis.

3.3.2. Although these tests are used to diagnose cancer, many of them also have wider clinical uses. Within this data, it is not possible to distinguish between the different uses of these tests.

3.3.3. Brain MRI, Chest x-ray, and Ultrasounds of the abdomen and pelvis to diagnose ovarian cancer are three of the key tests which are outlined in *Improving Outcomes: a Strategy for Cancer*.

3.3.4. In January 2016, GPs requested 27% of all tests that may have been used to diagnose or discount cancer, under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (193,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (46% of which were requested by GPs).

3.3.5. Table 4 gives a count of tests carried out on NHS patients that may have been used to make an early diagnosis of cancer. It includes the total number of these tests carried out, regardless of referral source setting, and a subset of this total where the referral source was recorded as “GP Direct Access”.

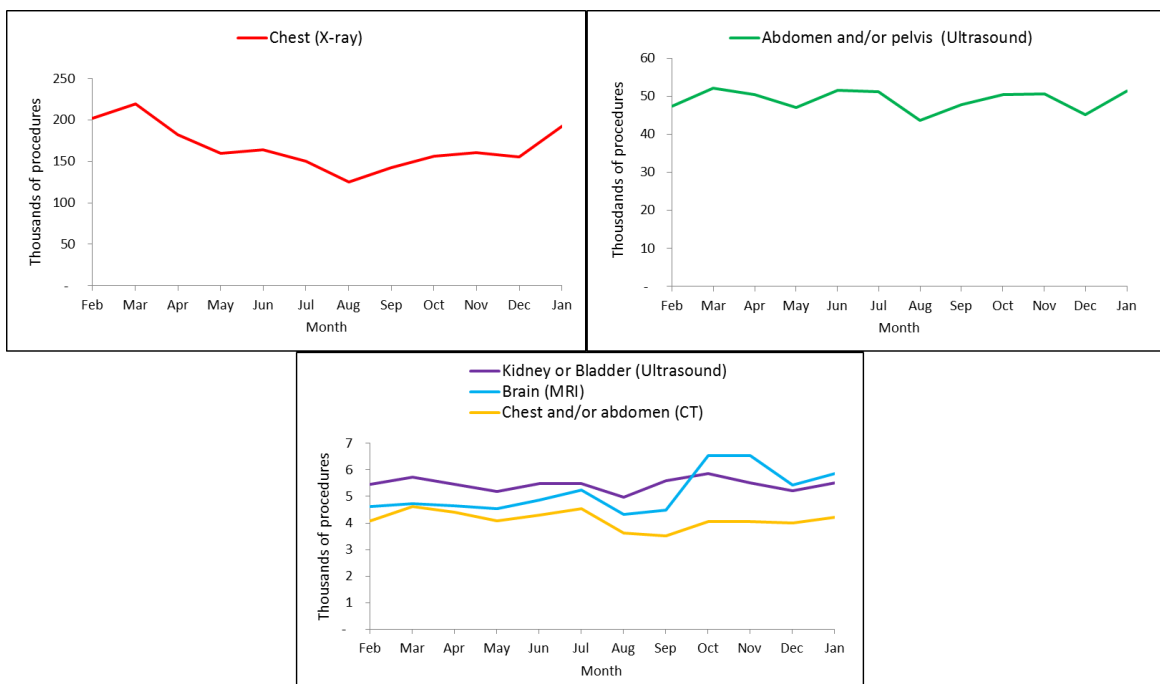
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, January 2015 to January 2016

	Brain (MRI)		Kidney or bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
Jan	52,220	5,290	19,935	6,040	43,005	4,060	761,630	213,530	111,380	51,565
Feb	48,655	4,625	18,010	5,470	40,610	4,090	688,625	201,930	102,845	47,455
Mar	54,170	4,740	19,300	5,720	45,285	4,625	747,455	219,065	112,325	52,075
Apr	49,395	4,640	17,965	5,450	42,075	4,415	677,650	182,615	106,890	50,470
May	48,740	4,545	17,320	5,195	41,405	4,080	654,060	160,165	104,765	46,975
Jun	52,060	4,870	18,710	5,495	43,945	4,290	652,265	164,405	113,565	51,640
Jul	52,120	5,230	18,635	5,475	43,485	4,530	632,770	150,350	113,150	51,180
Aug	47,920	4,325	16,885	4,975	38,565	3,625	574,850	125,365	97,105	43,660
Sep	48,005	4,495	18,750	5,590	39,790	3,525	601,215	142,055	105,355	47,735
Oct	51,455	6,530	19,020	5,870	41,910	4,045	640,875	156,225	110,010	50,535
Nov	53,290	6,545	18,100	5,515	41,400	4,055	658,130	160,805	109,585	50,690
Dec	50,260	5,440	17,815	5,225	40,880	4,005	659,215	155,355	101,150	45,210
Jan	54,185	5,860	18,950	5,505	43,390	4,205	733,520	192,875	112,460	51,365

Note: Data from July 2015 onwards are provisional and subject to change

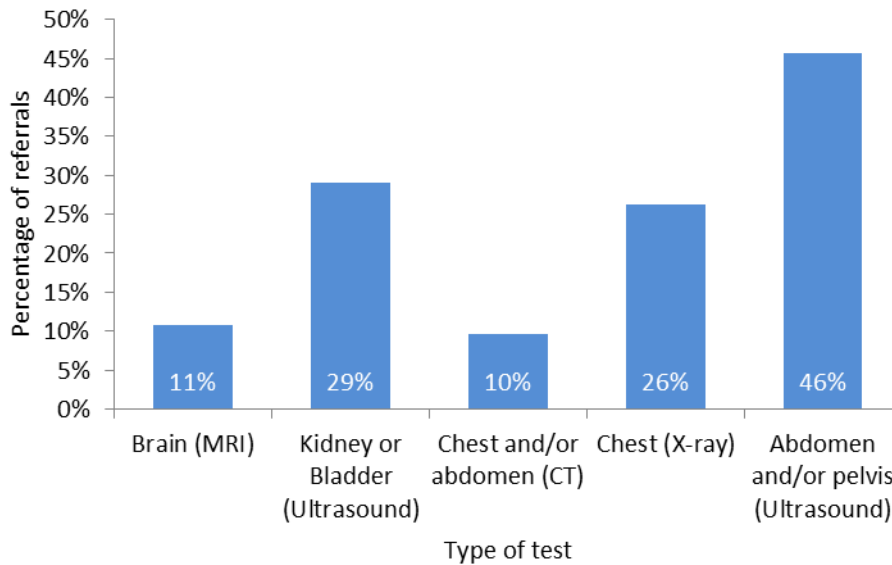
3.3.6. The number of Chest X-rays (all referrals and GP referrals) appeared to show some seasonality with summer months generally having lower numbers of Chest X-rays and winter months higher levels. This was not evident in the other tests. The trend in imaging activity for patients directly referred by a GP for February 2015 to January 2016 is shown in Graph 2.

Graph 2: Imaging activity for patients directly referred by a GP, February 2015 to January 2016



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in January 2016. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (46%) of referrals made by GPs, whilst Chest CT scan had the lowest (10%).

Graph 3: Percentage of referrals made by GPs by type of test, January 2016



3.3.8. Table 5 shows the median number of days between the date a test was requested and the date the test was completed, for groups of tests suitable for diagnosing cancer, for All Referral routes and GP Direct Access for January 2015 to January 2016.

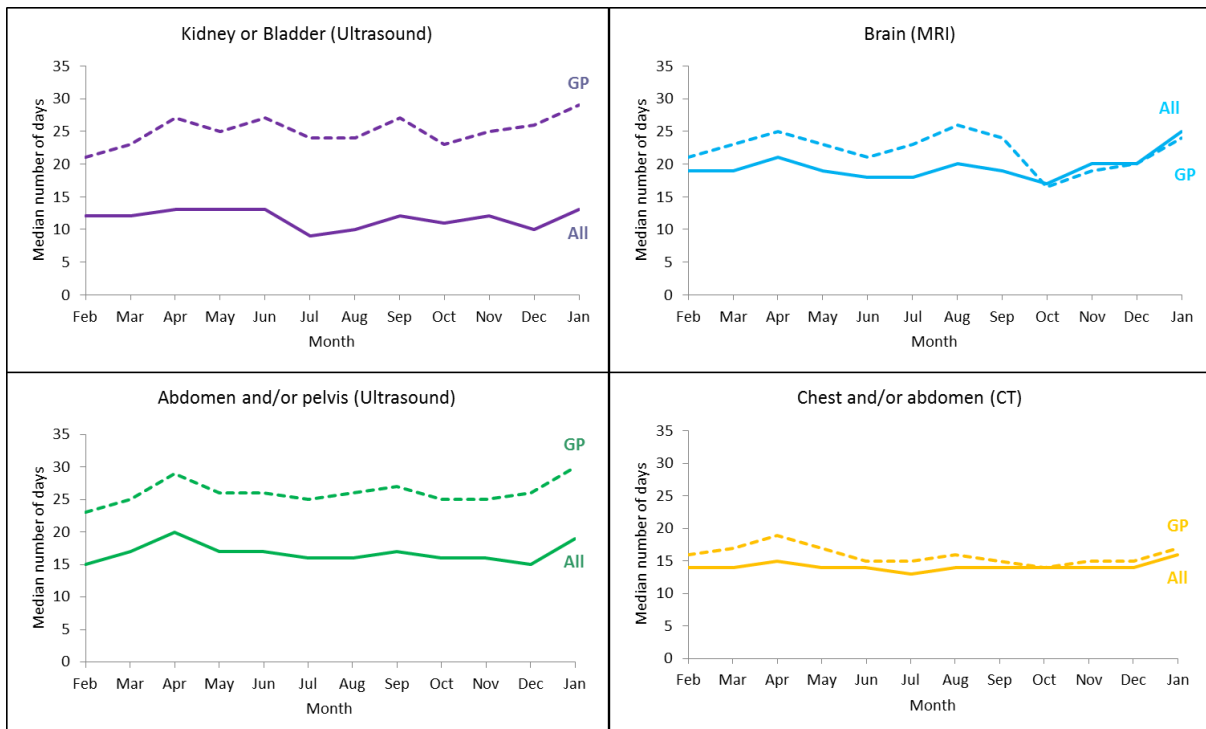
3.3.9. The median period from a test being requested to being performed is longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There is little or no difference for the other tests in January 2016. The main reason for a difference is that 'All Referrals' includes tests on emergency admissions and inpatients, which have shorter waits. This is shown in Graph 4.

Table 5: Median number of days between ‘date of test request’ and ‘date of test’ for groups of tests suitable for diagnosing cancer, overall and for GP Direct Access, January 2015 to January 2016

	Brain (MRI)		Kidney or bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
Jan	25	25	13	27	15	19	0	0	17	28
Feb	19	21	12	21	14	16	0	0	15	23
Mar	19	23	12	23	14	17	0	0	17	25
Apr	21	25	13	27	15	19	0	0	20	29
May	19	23	13	25	14	17	0	0	17	26
Jun	18	21	13	27	14	15	0	0	17	26
Jul	18	23	9	24	13	15	0	0	16	25
Aug	20	26	10	24	14	16	0	0	16	26
Sep	19	24	12	27	14	15	0	0	17	27
Oct	17	16.5	11	23	14	14	0	0	16	25
Nov	20	19	12	25	14	15	0	0	16	25
Dec	20	20	10	26	14	15	0	0	15	26
Jan	25	24	13	29	16	17	0	0	19	30

Note: Median values of 0 occur where at least 50% of activity has the same day for both 'date of test request' and 'date of test'. Records where either of these dates is missing are not used to calculate median values.

Graph 4: Median number of days between ‘date of test request’ and ‘date of test’ for groups of tests suitable for diagnosing cancer, overall and for GP Direct Access, February 2015 to January 2016



3.3.10. As can be seen from Table 6, although there is generally little difference in the time taken for a test report to be issued for GP Direct Access and All Referrals, GP-referred reporting periods were slightly longer for Chest CT, whilst GP-referred reporting periods were slightly shorter for Chest X-rays.

Table 6: Median number of days between date of test and date test report issued and Percentage of records where report issued on day of test, for groups of tests suitable for diagnosing cancer, for All referrals and GP Direct Access, January 2015 to January 2016

	Brain (MRI)				Kidney or bladder (ultrasound)			
	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day
Jan	2	34%	2	22%	0	91%	0	88%
Feb	1	34%	3	16%	0	91%	0	89%
Mar	2	34%	3	16%	0	92%	0	90%
Apr	2	34%	4	16%	0	92%	0	90%
May	2	34%	4	16%	0	93%	0	90%
Jun	2	35%	3	16%	0	92%	0	88%
Jul	2	36%	4	18%	0	92%	0	90%
Aug	2	34%	3	17%	0	93%	0	90%
Sep	2	35%	3	17%	0	92%	0	89%
Oct	2	35%	2	21%	0	93%	0	89%
Nov	2	35%	2	23%	0	93%	0	90%
Dec	1	36%	2	24%	0	93%	0	89%
Jan	2	34%	2	23%	0	89%	0	86%

	Chest and/or abdomen (CT)				Chest (X-ray)				Abdomen and/or pelvis (Ultrasound)			
	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day
Jan	1	38%	2	26%	2	26%	1	29%	0	90%	0	89%
Feb	1	36%	3	25%	2	26%	2	27%	0	90%	0	88%
Mar	1	37%	3	25%	2	25%	2	27%	0	90%	0	88%
Apr	2	35%	3.5	23%	2	25%	2	27%	0	91%	0	89%
May	2	35%	3	24%	2	26%	1	30%	0	91%	0	88%
Jun	2	36%	3	24%	2	27%	1	29%	0	91%	0	89%
Jul	2	36%	3	26%	2	26%	2	27%	0	91%	0	89%
Aug	2	36%	3	23%	2	28%	1	29%	0	92%	0	90%
Sep	2	36%	3	26%	2	27%	1	30%	0	92%	0	91%
Oct	2	36%	3	26%	2	27%	1	31%	0	92%	0	91%
Nov	2	36%	2	25%	1	28%	1	33%	0	93%	0	92%
Dec	2	37%	3	24%	2	28%	1	33%	0	93%	0	92%
Jan	2	36%	3	25%	2	25%	1	30%	0	91%	0	90%

Note: Median values of 0 occur where at least 50% of activity has 'date of test' and 'date of test report issued' recorded as the same day. Only records where both of these dates are reported are included in the calculation of median values: 85.9% of all records for tests performed in January 2016 and 90.7% of records for patients referred through GP Direct Access.

4 Annex

4.1 Glossary

Computerised Axial Tomography (CT Scan)

Computed tomography (CT), sometimes called CAT scan, uses special x-ray equipment to obtain image data from different angles around the body, then uses computer processing of the information to show a cross-section of body tissues and organs. In the DID this means all codes mentioning CAT or computed tomography.

Diagnostic Ultrasonography (Ultrasound)

The use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to image an internal body structure, monitor a developing foetus or generate localised deep heat to the tissues. In the DID this means any code relating to ultrasound.

Fluoroscopy

Fluoroscopy is an imaging technique commonly used by physicians to obtain real-time images of the internal structures of a patient through the use of a fluoroscope. In its simplest form, a fluoroscope consists of an x-ray source and fluorescent screen between which a patient is placed. In the DID this is a collection of codes mentioning fluoroscopy or using fluoroscopic guidance, Barium enema or swallow. Interventional procedures are classified under imaging modalities which provide guidance. Almost all interventional procedures are under fluoroscopy procedure. A very small number of interventional procedures are under CT or MRI procedures.

Magnetic Resonance Imaging (MRI)

Magnetic resonance imaging (MRI) is a method of producing extremely detailed pictures of body tissues and organs without the need for x-rays. The electromagnetic energy that is released when exposing a patient to radio waves in a strong magnetic field is measured and analysed by a computer, which forms two- or three-dimensional images that may be viewed on a TV monitor. In the DID this means all codes mentioning MRI.

Plain Radiography (X-ray)

A Radiograph is an image produced on a radiosensitive surface, such as a detector, by radiation other than visible light, especially by X-rays passed through an object or by photographing a fluoroscopic image. In the DID this means any code referring to radiography or X-ray.

Medical Photography

A Photograph is an image recorded on sensitized material by energy from the light spectrum, which is then processed to create a print that can be viewed clearly. Medical Photography is used in order to document a variety of different medical conditions and their treatment.

Nuclear Medicine

Nuclear medicine (NM) is a branch of medicine and medical imaging that uses unsealed radioactive substances in diagnosis and therapy. These substances consist of radionuclides, or pharmaceuticals that have been labelled with

radionuclides (radiopharmaceuticals). In diagnosis, radioactive substances are administered to patients and the radiation emitted is measured.

Nuclear medicine imaging tests differ from most other imaging modalities in that the tests primarily show the physiological function of the system being investigated, as opposed to the anatomy. It has both diagnostic and therapeutic uses, such as planning cancer treatments and evaluating how well a patient has responded to a treatment. It can be used with other diagnostic methods, including CT scans and MRI, where the images are superimposed to produce complex cross-sectional, three-dimensional scans.

Position Emission Tomography (PET Scans)

Position Emission Tomography (PET Scans) is an imaging technique used in the diagnosis and treatment of cancer. The method is similar to CT scans, but uses gamma cameras to produce three-dimensional images highlighting radionuclide concentration in a specific part of the body. PET scans can be used to show how far a cancer has spread, and can determine if a patient is responding positively to a treatment.

Single Photon Emission Computerised Tomography (SPECT scans)

Single Photon Emission Computerised Tomography (SPECT scans) is an imaging method that allows for analysis of internal organs. Gamma photon-emitting radionuclides are administered to a patient prior to being exposed to gamma cameras that rotate around a patient to produce cross-sectional slices that can then be reformatted into a true three-dimensional image of the patient.

Median

The median is the preferred measure of the average time between pairs of dates within records as it is less susceptible to extreme values than the mean. The median number of days between pairs of dates is calculated by ordering the values obtained by subtracting the dates for each record and selecting the middle value when all records are ranked by these number of days.

Modality

The broad procedure or method used for examination, for example MRI. This may include procedures assisted by the method, e.g. biopsy or injection. In the DID the modality of the examination is derived from SNOMED CT (Systematised Nomenclature of Medicine – Clinical Terms) or NICIP (National Interim Clinical Imaging Procedure) codes.

Referral source setting

This is a categorisation of the department or organisation making the referral for the imaging activity. It includes categories for admitted patient care, outpatients, GP Direct Access, A&E and health care providers other than the organisation providing the imaging activity.

4.2 Data Quality Statement

This collection uses data from Radiology Information Systems (RISs) as a rich resource for analysis, making wider use of administrative data in line with the code of practice for official statistics. Some RIS systems cover additional test activity not reported in this publication.

A number of validations and other checks are built into the DID upload system and processing to seek to ensure that the data are complete and accurately reflect activity. Nevertheless, data issues may affect activity for some providers and users should exercise care when interpreting the results.

Reported times from test request to test should not be compared to diagnostic test waiting time statistics, as these are collected using different definitions. Unlike these statistics, the DM01 diagnostic test waiting times statistics exclude records where, for example:

- The patient is waiting for a planned (or surveillance) diagnostic test/procedure as part of a treatment plan, which is carried out at a specific time or repeated at a specific frequency for clinical reasons, eg. 6-month check cystoscopy;
- The patient is currently admitted to a hospital bed and is waiting for a diagnostic test/procedure as part of their inpatient treatment.

Data for this publication is extracted from the DID data warehouse around the 28th of the third month after the period. Any data submitted after this date may not be included in the provisional published data, but should be included in the finalised data which is made available three months after the original provisional publication and further detailed in the Annual Report later in the year.

Details of coverage, completeness, comparability with other data sources, and a discussion on the types of data quality issues encountered are provided in the Technical Report and the Coverage Completeness Data Quality Summary report which is available on the NHS England Statistics website.

4.3 Contact Us

4.3.1 Feedback

We welcome feedback on this publication. Please contact us at did@dh.gsi.gov.uk

4.3.2 iView

The HSCIC 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@hscic.gov.uk (subject: DID iView Access). For more information, please visit the iView website <https://iview.hscic.gov.uk/>

4.3.3 Websites

The DID website can be found here: <https://did.hscic.gov.uk/>

The DID Additional Tables and Technical Report can be found here: <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 next scheduled publication of this report is 23rd June 2016.

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