



# **Diagnostic Imaging Dataset Statistical Release**

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### **Provisional monthly statistics, November 2015 to November 2016**

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## 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*<sup>1</sup>. This strategy 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. One aspect of that is to ensure that GPs have access to the right diagnostic tests to help them to diagnose or exclude cancer earlier. The DID therefore 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 NHS Digital.

### 1.1 Frequently Used Acronyms

- **DID**  
Diagnostic Imaging Dataset
- **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.*

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<sup>1</sup> *Improving Outcomes: A Strategy for Cancer*, first published 12 January 2011, see [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213785/dh\\_123394.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf) updated <https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>

## 2 **Headline Messages**

- There were 41.0 million imaging tests reported in England in the 12 months from December 2015 to November 2016. Of these, 3.50 million imaging tests were reported to have taken place in November 2016.
- In November 2016, Plain Radiography (X-ray) was most common (1.88 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.79 million), Computerized Axial Tomography (CT Scan, 0.40 million) and Magnetic Resonance Imaging (MRI, 0.28 million).
- The median period between the request being made and the test being performed in November 2016 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography, to 22 days for MRI.
- The median period for the report to be issued after the test in November 2016 was the same day for Ultrasound, CT scan and Fluoroscopy, one day for X-Ray, Nuclear Medicine, SPECT Scan and Medical Photography, two days for PET-CT Scan and three days for MRI.
- In November 2016, GPs requested 27% of all tests that may have been used to diagnose or discount cancer<sup>2</sup>, under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (180,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (45% of which were requested by GPs).

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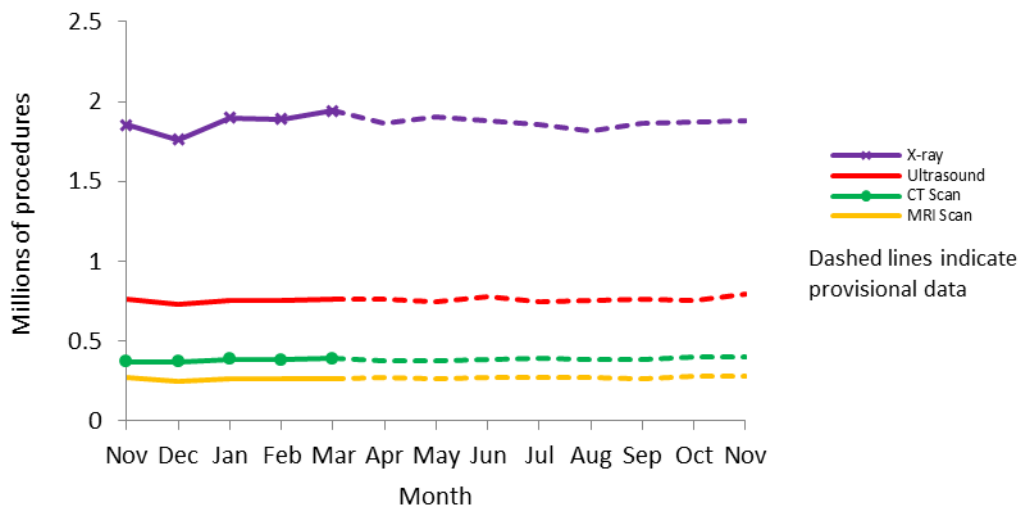
<sup>2</sup> Although these tests are used to diagnose cancer, many of the tests also have wider clinical uses. Within this data it is not possible to distinguish between the different uses of these tests

### 3 Current Data – November 2015 to November 2016

#### 3.1 Imaging Activity

- 3.1.1. There were 41.0 million imaging tests reported in England during the year from December 2015 to November 2016. Of these, 3.50 million imaging tests were reported to have taken place in November 2016.
- 3.1.2. Out of all tests performed in November 2016, X-rays (Plain Radiography) were the most common, with 1.88 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.79 million), Computerized Axial Tomography (CT Scan, 0.40 million) and Magnetic Resonance Imaging (MRI, 0.28 million).
- 3.1.3. Table 1 gives an all-England count of imaging activity by modality from November 2015 to November 2016. November 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 3% between November 2015 and provisional November 2016.
- 3.1.4. Graph 1 shows the trend in imaging activity from November 2015 to November 2016.

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

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total <sup>1</sup>
<b>Nov</b>	1,852,090	759,165	371,505	267,480	89,000	36,960	8,310	2,245	2,375	99.4%	<b>3,389,130</b>
<b>Dec</b>	1,761,890	732,595	371,215	249,735	83,260	34,335	9,135	2,005	2,185	99.4%	<b>3,246,340</b>
<b>Jan</b>	1,896,235	754,355	385,185	265,765	84,910	36,365	9,080	2,195	2,255	100.0%	<b>3,436,350</b>
<b>Feb</b>	1,890,215	755,055	380,125	262,350	86,225	36,900	9,635	2,350	2,405	100.0%	<b>3,425,255</b>
<b>Mar</b>	1,941,805	760,560	388,385	263,115	86,385	35,735	9,400	2,270	1,875	99.4%	<b>3,489,530</b>
<b>Apr<sup>2</sup></b>	1,860,290	762,845	378,340	268,375	86,005	35,205	10,570	2,270	2,620	97.1%	<b>3,406,525</b>
<b>May</b>	1,907,055	745,505	372,615	260,365	84,365	33,405	10,200	2,125	2,520	95.4%	<b>3,418,160</b>
<b>Jun</b>	1,883,265	775,225	383,720	268,640	90,095	35,995	10,755	2,215	2,535	97.1%	<b>3,452,440</b>
<b>Jul</b>	1,859,080	747,505	389,340	271,520	85,845	34,435	10,020	2,715	2,130	98.9%	<b>3,402,590</b>
<b>Aug</b>	1,814,660	756,390	387,305	269,330	85,630	34,285	10,495	2,730	2,430	98.3%	<b>3,363,255</b>
<b>Sep</b>	1,861,830	763,710	387,390	266,965	87,920	34,715	10,770	2,820	2,700	98.9%	<b>3,418,820</b>
<b>Oct</b>	1,874,155	757,355	398,325	277,650	85,615	34,765	10,870	2,780	2,545	98.9%	<b>3,444,050</b>
<b>Nov</b>	1,877,695	793,925	400,815	282,440	91,105	36,720	11,300	3,115	2,765	98.3%	<b>3,499,885</b>
<b>Total<sup>3</sup></b>	<b>22,428,175</b>	<b>9,105,020</b>	<b>4,622,765</b>	<b>3,206,245</b>	<b>1,037,355</b>	<b>422,855</b>	<b>122,230</b>	<b>29,590</b>	<b>28,965</b>	-	<b>41,003,205</b>

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 April 2016 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 November 2016. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography, and as high as 22 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 November 2015 to November 2016.

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

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
<b>Nov</b>	0	13	2	22	0	16	7	16	0
<b>Dec</b>	0	12	1	22	0	15	7	15	0
<b>Jan</b>	0	14	1	28	0	20	8	18	0
<b>Feb</b>	0	13	2	21	0	15	7	14	0
<b>Mar</b>	0	13	1	22	0	15	8	14.5	0
<b>Apr</b>	0	14	1	22	0	17	8	13	0
<b>May</b>	0	13	1	21	0	16	7	14	0
<b>Jun</b>	0	13	1	21	0	16	7	16	0
<b>Jul</b>	0	13	1	21	0	16	6	17	0
<b>Aug</b>	0	13	1	22	0	16	7	18	0
<b>Sep</b>	0	13	1	21	0	16	7	18	0
<b>Oct</b>	0	13	1	21	0	16	7	17	0
<b>Nov</b>	0	13	2	22	0	16	7	17	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 November 2016 this was the same day for Ultrasound, CT scan and Fluoroscopy, one day for X-Ray, Nuclear Medicine, SPECT Scan and Medical Photography, two days for PET-CT Scan and 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 November 2015 to November 2016. Table 3.2 gives the percentage of records where the test 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, November 2015 to November 2016**

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

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. 90.0% of all records for tests performed in November 2016 included both of these dates.

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

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scropy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
<b>Nov</b>	35%	90%	58%	26%	67%	33%	11%	35%	54%
<b>Dec</b>	36%	91%	60%	27%	69%	34%	12%	33%	60%
<b>Jan</b>	36%	91%	60%	27%	69%	34%	12%	33%	60%
<b>Feb</b>	33%	90%	57%	26%	68%	31%	12%	33%	59%
<b>Mar</b>	33%	90%	57%	26%	68%	31%	12%	33%	59%
<b>Apr</b>	34%	91%	59%	26%	70%	34%	13%	35%	53%
<b>May</b>	34%	91%	60%	26%	71%	33%	13%	33%	54%
<b>Jun</b>	34%	91%	58%	26%	70%	34%	15%	34%	56%
<b>Jul</b>	33%	91%	58%	24%	69%	33%	16%	36%	58%
<b>Aug</b>	34%	91%	58%	24%	69%	34%	17%	35%	51%
<b>Sep</b>	32%	91%	58%	25%	69%	33%	16%	36%	49%
<b>Oct</b>	33%	91%	58%	24%	69%	33%	13%	34%	42%
<b>Nov</b>	36%	90%	58%	25%	69%	34%	14%	36%	48%

### 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 November 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 (180,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (45% 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”.

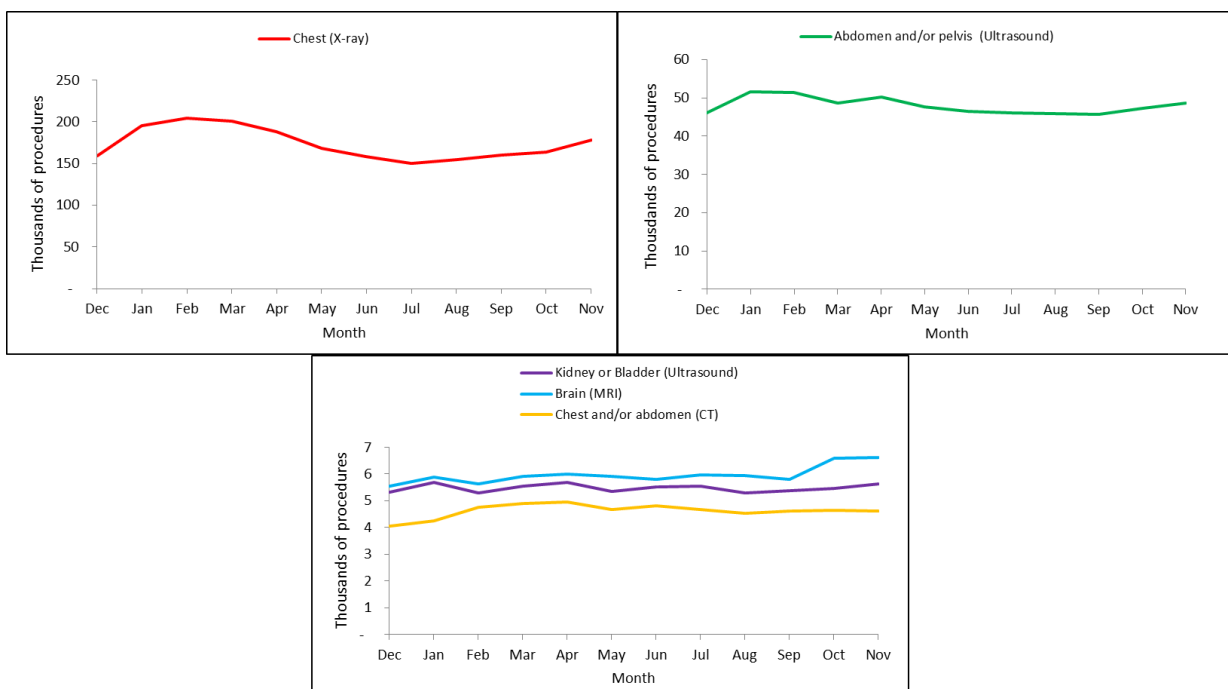
**Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, November 2015 to November 2016**

	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
<b>Nov</b>	53,925	6,670	18,665	5,730	41,805	4,060	666,465	163,195	111,375	51,665
<b>Dec</b>	51,330	5,550	18,330	5,305	41,605	4,045	674,760	158,720	103,400	46,040
<b>Jan</b>	54,990	5,870	19,425	5,695	43,860	4,235	743,785	194,980	112,895	51,615
<b>Feb</b>	54,135	5,615	18,420	5,290	44,700	4,755	727,305	204,695	110,740	51,320
<b>Mar</b>	54,550	5,920	19,130	5,550	44,830	4,885	748,560	200,925	107,375	48,710
<b>Apr</b>	55,050	5,995	19,255	5,685	44,320	4,960	678,655	187,945	108,035	50,260
<b>May</b>	51,680	5,905	18,075	5,335	42,095	4,670	656,980	168,060	104,480	47,735
<b>Jun</b>	54,035	5,790	19,445	5,515	43,795	4,800	634,350	158,395	105,670	46,510
<b>Jul</b>	54,660	5,960	19,520	5,535	43,035	4,680	629,120	150,250	103,795	46,170
<b>Aug</b>	54,240	5,935	19,005	5,285	43,125	4,515	608,275	154,915	102,150	45,835
<b>Sep</b>	53,985	5,800	19,230	5,360	43,130	4,625	617,500	159,995	102,915	45,750
<b>Oct</b>	55,755	6,590	18,745	5,455	43,345	4,645	655,475	163,575	104,650	47,370
<b>Nov</b>	57,885	6,610	19,715	5,640	44,805	4,625	679,420	178,320	107,440	48,675

Note: Data from April 2016 onwards are provisional and subject to change

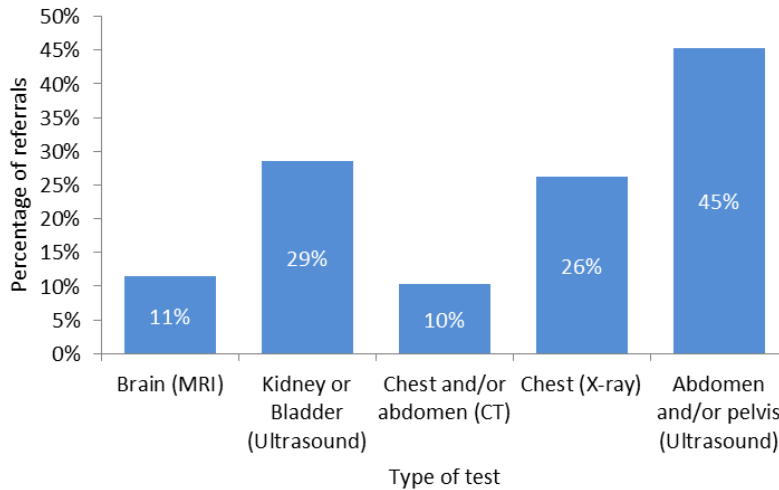
3.3.6. The number of Chest X-rays (all referrals and GP referrals) appeared to show some seasonality with summer months generally having lower numbers of Chest X-rays and winter months higher levels. This was not evident in the other tests. The trend in imaging activity for patients directly referred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

**Graph 2: Imaging activity for patients directly referred by a GP, December 2015 to November 2016**



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in November 2016. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (45%) 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, November 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 November 2015 to November 2016.

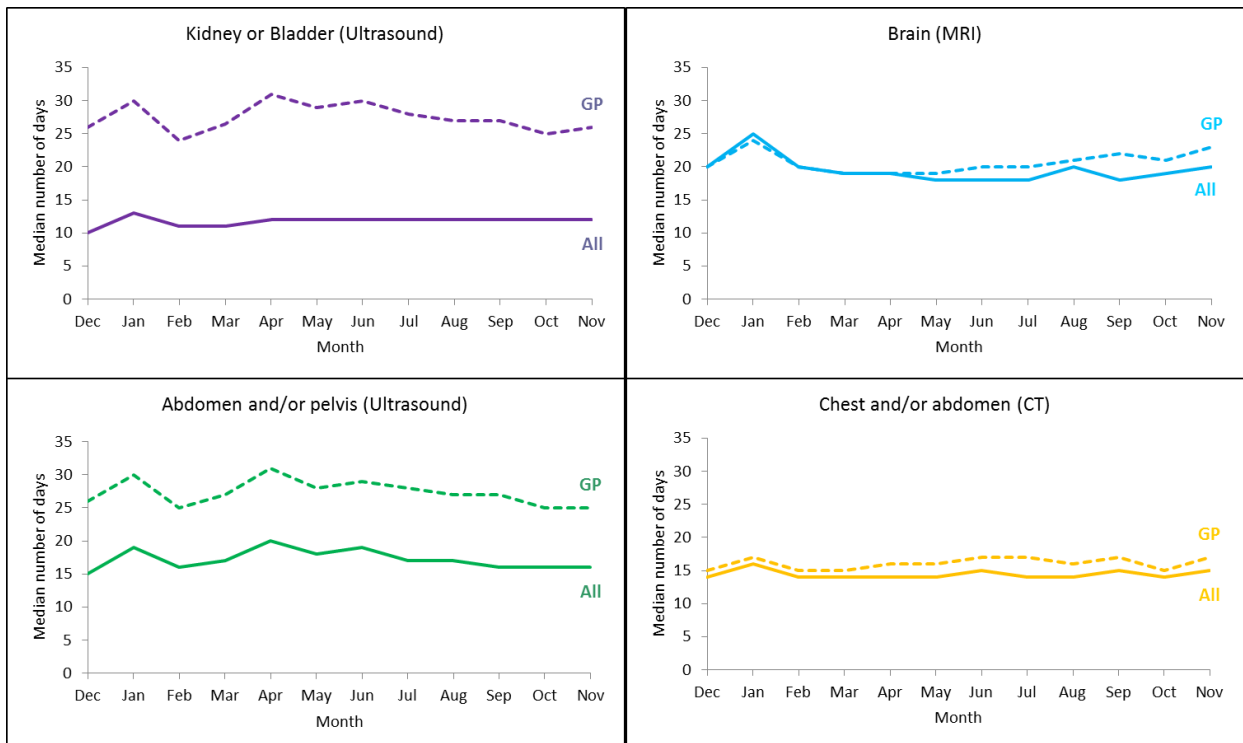
3.3.9. The median period from a test being requested to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There is little or no difference for the other tests in November 2016. The main reason for a difference is that 'All Referrals' includes tests on emergency admissions and inpatients, which have shorter waits. The trend in these differences 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, November 2015 to November 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
<b>Nov</b>	20	19	12	25	14	15	0	0	17	26
<b>Dec</b>	20	20	10	26	14	15	0	0	15	26
<b>Jan</b>	25	24	13	30	16	17	0	0	19	30
<b>Feb</b>	20	20	11	24	14	15	0	0	16	25
<b>Mar</b>	19	19	11	26.5	14	15	0	0	17	27
<b>Apr</b>	19	19	12	31	14	16	0	0	20	31
<b>May</b>	18	19	12	29	14	16	0	0	18	28
<b>Jun</b>	18	20	12	30	15	17	0	0	19	29
<b>Jul</b>	18	20	12	28	14	17	0	0	17	28
<b>Aug</b>	20	21	12	27	14	16	0	0	17	27
<b>Sep</b>	18	22	12	27	15	17	0	0	16	27
<b>Oct</b>	19	21	12	25	14	15	0	0	16	25
<b>Nov</b>	20	23	12	26	15	17	0	0	16	25

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, December 2015 to November 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.

**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, November 2015 to November 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
<b>Nov</b>	2	35%	2	23%	0	92%	0	88%
<b>Dec</b>	1	36%	2	24%	0	93%	0	89%
<b>Jan</b>	2	36%	2	24%	0	93%	0	89%
<b>Feb</b>	2	34%	2	22%	0	91%	0	88%
<b>Mar</b>	2	34%	3	22%	0	91%	0	88%
<b>Apr</b>	2	34%	3	22%	0	94%	0	90%
<b>May</b>	2	35%	2	24%	0	93%	0	89%
<b>Jun</b>	2	34%	3	21%	0	92%	0	88%
<b>Jul</b>	2	32%	3	17%	0	92%	0	88%
<b>Aug</b>	2	33%	3	16%	0	93%	0	90%
<b>Sep</b>	2	33%	3	19%	0	93%	0	90%
<b>Oct</b>	2	32%	2	19%	0	93%	0	90%
<b>Nov</b>	2	32%	2	19%	0	93%	0	90%

	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
<b>Nov</b>	1	36%	2	25%	1	28%	1	33%	0	92%	0	91%
<b>Dec</b>	1	37%	3	25%	2	28%	1	33%	0	93%	0	92%
<b>Jan</b>	2	37%	3	25%	2	28%	1	33%	0	93%	0	92%
<b>Feb</b>	2	35%	3	27%	2	25%	2	27%	0	92%	0	90%
<b>Mar</b>	2	35%	3	27%	2	25%	2	27%	0	92%	0	90%
<b>Apr</b>	2	37%	3	24%	2	26%	2	26%	0	93%	0	92%
<b>May</b>	1	37%	2	26%	2	27%	1	29%	0	93%	0	91%
<b>Jun</b>	2	36%	3	23%	2	26%	2	27%	0	92%	0	91%
<b>Jul</b>	2	35%	4	21%	2	26%	2	26%	0	93%	0	91%
<b>Aug</b>	2	36%	4	23%	2	26%	2	27%	0	93%	0	91%
<b>Sep</b>	2	34%	4	20%	2	25%	2	26%	0	93%	0	91%
<b>Oct</b>	2	35%	3	22%	2	24%	2	26%	0	93%	0	91%
<b>Nov</b>	2	37%	3	25%	2	28%	1	30%	0	92%	0	91%

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: 90.1% of all records for tests performed in November 2016 and 92.4% 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 except those also mentioning PET.

#### **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 – Computer Tomography (PET-CT Scans)**

Position Emission Tomography - Computed Tomography (PET-CT Scan) is an imaging technique used in the diagnosis and treatment of cancer which combines PET with CT. PET uses gamma-type cameras to produce crude three-dimensional images highlighting radionuclide concentration in the body. CT allows precise localisation of the radionuclide concentration. PET-CT scans can be used to show how far a cancer has spread and can determine if a patient is responding positively to a treatment. In the DID this means all codes mentioning PET, whether or not they also mention CT.

### **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 28<sup>th</sup> 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 at the end of 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](mailto:did@dh.gsi.gov.uk)

### 4.3.2 iView

The NHS Digital allow health sector colleagues to access DID information through their web-based reporting tool, iView. Registered users can access anonymised data at an 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.

For more information, please visit the iView website <http://content.digital.nhs.uk/iview>. If you would like to register to use iView for DID, please email [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (subject: DID iView Access).

#### **4.3.3 Websites**

The DID information website can be found here: <http://content.digital.nhs.uk/DID>.

Those who submit data to DID do so via a secure submission portal 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](mailto:nhsengland.media@nhs.net)

The next scheduled publication of this report is 20<sup>th</sup> April 2017.

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