

Diagnostic Imaging Dataset Statistical Release

NHS England and NHS Improvement



Diagnostic Imaging Dataset Statistical Release

Provisional monthly statistics, July 2018 to July 2019

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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*¹. 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.

¹ [Improving Outcomes: A Strategy for Cancer](#), first published 12 January 2011.

In May 2016, the cancer strategy implementation plan was updated: [Achieving World-Class Cancer Outcomes: Taking the strategy forward](#).

2 **Headline Messages**

- There were 45.0 million imaging tests reported in England in the 12 months from August 2018 to July 2019. Of these, 3.90 million imaging tests were reported to have taken place in July 2019.
- In July 2019, Plain Radiography (X-ray) was most common (2.02 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.90 million), Computerized Axial Tomography (CT Scan, 0.50 million) and Magnetic Resonance Imaging (MRI, 0.32 million).
- The median period between the request being made and the test being performed in July 2019 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography, to 21 days for MRI.
- The median period for the report to be issued after the test in July 2019 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-CT Scan and three days for MRI.
- In July 2019, GPs requested 25% of all tests that may have been used to diagnose or discount cancer², under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (162,000), 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).

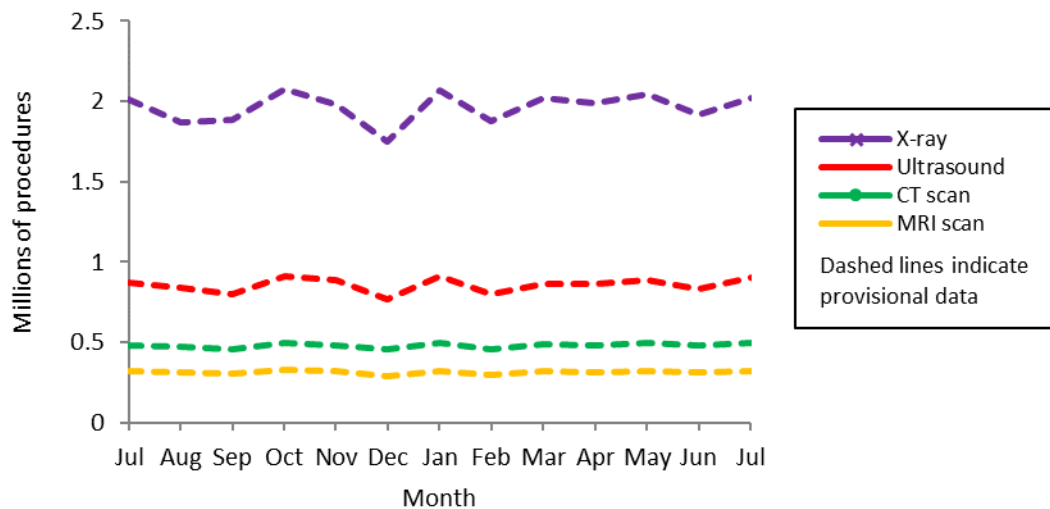
² Although these tests are used to diagnose cancer, many of the tests also have wider clinical uses. Within this data it is not possible to distinguish between the different uses of these tests

3 Current Data – July 2018 to July 2019

3.1 Imaging Activity

- 3.1.1. There were 45.0 million imaging tests reported in England during the year from August 2018 to July 2019. Of these, 3.90 million imaging tests were reported to have taken place in July 2019.
- 3.1.2. Out of all tests performed in July 2019, X-rays (Plain Radiography) were the most common, with 2.02 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.90 million), Computerized Axial Tomography (CT Scan, 0.50 million) and Magnetic Resonance Imaging (MRI, 0.32 million).
- 3.1.3. Table 1 gives an all-England count of imaging activity by modality from July 2018 to July 2019. July 2018 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 increased by 1.8% between July 2018 and July 2019.
- 3.1.4. Graph 1 shows the trend in imaging activity from July 2018 to July 2019.

Graph 1: NHS imaging activity in England, July 2018 to July 2019



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 1 – 6 (separate excel files), available from [NHS England DID website](#).

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Table 1: Count of imaging activity in England, on NHS Patients, July 2018 to July 2019

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total ¹
Jul	2,009,035	869,415	479,690	320,060	88,740	36,945	14,460	3,375	4,580	100.0%	3,826,305
Aug	1,871,235	840,530	472,825	316,000	85,260	36,470	14,675	3,455	4,450	99.4%	3,644,905
Sep	1,881,845	797,975	454,240	305,515	81,465	33,370	13,460	3,090	4,110	100.0%	3,575,065
Oct	2,074,620	908,640	496,575	328,470	92,895	39,050	15,790	3,525	5,050	100.0%	3,964,615
Nov	1,977,625	885,070	482,770	320,470	89,980	36,435	14,745	3,505	4,455	100.0%	3,815,055
Dec	1,751,950	765,340	454,050	292,780	75,825	29,760	14,005	2,745	3,875	100.0%	3,390,330
Jan	2,070,435	911,935	499,590	324,470	87,965	37,765	15,925	3,385	4,655	98.2%	3,956,130
Feb	1,874,485	801,145	452,725	296,565	80,630	33,420	15,730	3,145	4,125	100.0%	3,561,970
Mar	2,018,650	861,005	492,355	321,390	86,475	34,595	15,405	3,485	4,280	98.8%	3,837,645
Apr	1,986,120	859,775	484,035	310,400	82,875	33,235	15,485	3,190	4,290	99.4%	3,779,405
May	2,046,785	890,210	496,630	317,790	87,240	34,910	16,360	3,385	4,725	98.8%	3,898,040
Jun	1,916,735	833,940	480,245	312,560	81,415	31,910	16,005	3,100	4,240	98.2%	3,680,155
Jul	2,023,230	903,035	497,140	321,190	89,440	36,105	17,115	3,280	4,865	97.0%	3,895,395
Total	23,493,715	10,258,595	5,763,185	3,767,605	1,021,470	417,025	184,700	39,295	53,125	-	44,998,710

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. Past data have been updated from April 2019, but all data remain provisional and 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 (or received) and the test being performed for each of the different tests in July 2019. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography and as high as 21 days for MRI scans.
- 3.2.4. Table 2 gives the median number of days between the 'date of test request' (or, where this was missing, the 'date of test request received') and the 'date of test', split by the test modality for each month from July 2018 to July 2019.

Table 2: Median number of days between 'date of test request' and 'date of test' for imaging activity, July 2018 to July 2019

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	0	14	1	21	0	18	7	17	0
Aug	0	14	1	22	0	18	7	17	0
Sep	0	15	1	21	0	18	7	17	0
Oct	0	14	1	19	0	18	7	18	0
Nov	0	14	2	20	0	19	8	18	0
Dec	0	14	1	21	0	18	9	17	0
Jan	0	15	1	25	0	23	9	22	0
Feb	0	14	1	20	0	18	8	19	0
Mar	0	14	1	21	0	19	7	19	0
Apr	0	15	1	22	0	19	8	16	0
May	0	15	1	22	0	20	8	16	0
Jun	0	15	1	21	0	20	8	18	0
Jul	0	14	1	21	0	20	8	19	0

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'. Where 'Date of test request' was missing, 'Date of test request received' was used instead. Records where both dates were missing were excluded from the median calculation.

- 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 July 2019 this 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-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 July 2018 to July 2019. Table 3.2 gives the percentage of records where the test report is issued on the same day of test, split by modality.

Table 3.1: Median number of days between 'date of test' and 'date of test report issued' for imaging activity, by modality, July 2018 to July 2019

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scropy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	1	0	0	3	0	1	2	2	0
Aug	1	0	0	3	0	1	2	1	0
Sep	1	0	0	3	0	1	2	1	1
Oct	1	0	0	3	0	1	2	1	0
Nov	1	0	0	3	0	2	2	1	3
Dec	1	0	0	3	0	1	2	1	0
Jan	1	0	0	3	0	1	2	1	0
Feb	1	0	0	3	0	1	2	1	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	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. 92.8% of all records for tests performed in July 2019 included both these dates.

Table 3.2: Percentage of records where date of test report issued equals date of test, by modality, July 2018 to July 2019

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scropy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	33%	92%	57%	24%	68%	33%	16%	33%	53%
Aug	34%	93%	58%	25%	69%	34%	16%	37%	53%
Sep	33%	93%	58%	23%	69%	33%	15%	35%	48%
Oct	33%	92%	58%	24%	68%	32%	17%	34%	56%
Nov	34%	91%	57%	24%	68%	32%	17%	34%	40%
Dec	35%	93%	60%	24%	70%	35%	17%	39%	56%
Jan	36%	92%	59%	25%	70%	33%	19%	38%	59%
Feb	34%	93%	58%	24%	70%	32%	15%	34%	55%
Mar	33%	93%	58%	24%	71%	34%	15%	35%	58%
Apr	33%	93%	58%	23%	70%	33%	14%	37%	53%
May	33%	93%	58%	24%	70%	34%	16%	37%	56%
Jun	32%	93%	58%	24%	70%	32%	15%	36%	55%
Jul	33%	94%	58%	25%	70%	34%	16%	38%	52%

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 July 2019, GPs requested 25% 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 (160,000), 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”.

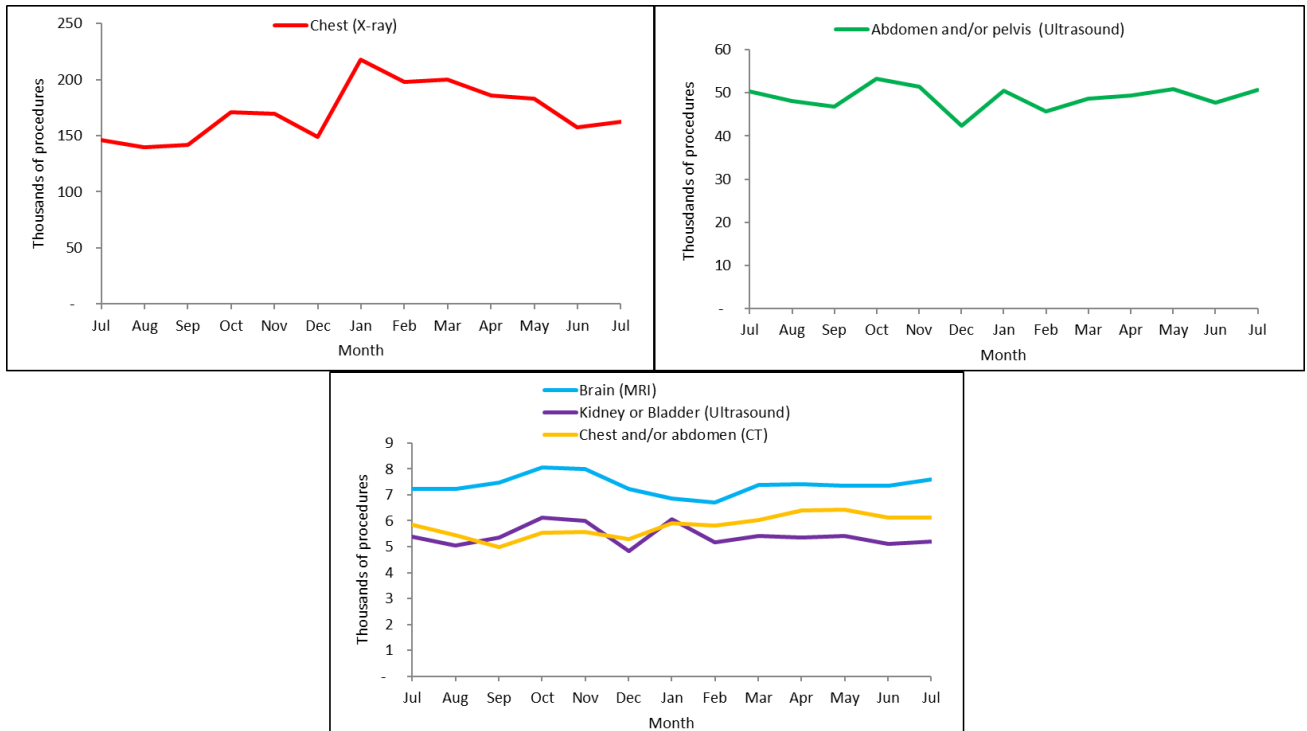
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, July 2018 to July 2019

	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
Jul	64,550	7,230	20,250	5,380	51,805	5,850	645,705	146,015	112,620	50,325
Aug	64,785	7,235	19,620	5,045	49,790	5,445	625,050	140,010	108,540	48,005
Sep	63,230	7,480	19,460	5,365	47,245	4,975	629,870	141,785	104,350	46,820
Oct	68,330	8,055	22,140	6,135	52,495	5,530	704,295	171,045	117,250	53,180
Nov	66,820	8,005	21,255	6,005	51,795	5,580	701,365	169,305	113,715	51,325
Dec	60,920	7,215	18,390	4,820	47,265	5,290	683,055	148,835	97,285	42,335
Jan	67,750	6,850	22,010	6,060	54,605	5,900	810,725	217,830	114,200	50,555
Feb	61,640	6,695	18,940	5,165	49,890	5,820	716,215	197,710	102,675	45,705
Mar	67,360	7,395	19,755	5,410	53,665	6,025	739,345	199,865	110,040	48,615
Apr	65,555	7,425	20,150	5,360	53,035	6,405	717,880	185,675	109,210	49,465
May	67,065	7,340	20,085	5,410	53,655	6,430	708,475	182,695	112,800	50,860
Jun	64,960	7,355	18,685	5,095	51,505	6,110	651,425	157,290	106,965	47,730
Jul	66,735	7,610	20,045	5,210	52,590	6,135	660,285	162,050	112,195	50,750

Note: Past England data are updated, but all data are provisional and subject to change

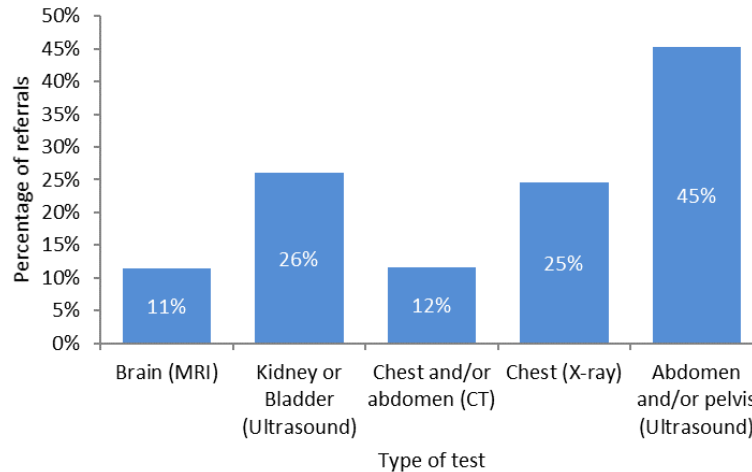
3.3.6. The number of Chest X-rays (all referrals and GP referrals) appeared to show some seasonality with summer months generally having lower numbers of Chest X-rays and winter months higher levels. This was not evident in the other tests. The trend in imaging activity for patients directly referred by a GP for July 2018 to July 2019 is shown in Graph 2.

Graph 2: Imaging activity for patients directly referred by a GP, July 2018 to July 2019



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in July 2019. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (45%) of referrals made by GPs, whilst Brain MRI had the lowest (11%).

Graph 3: Percentage of referrals made by GPs by type of test, July 2019



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 July 2018 to July 2019.

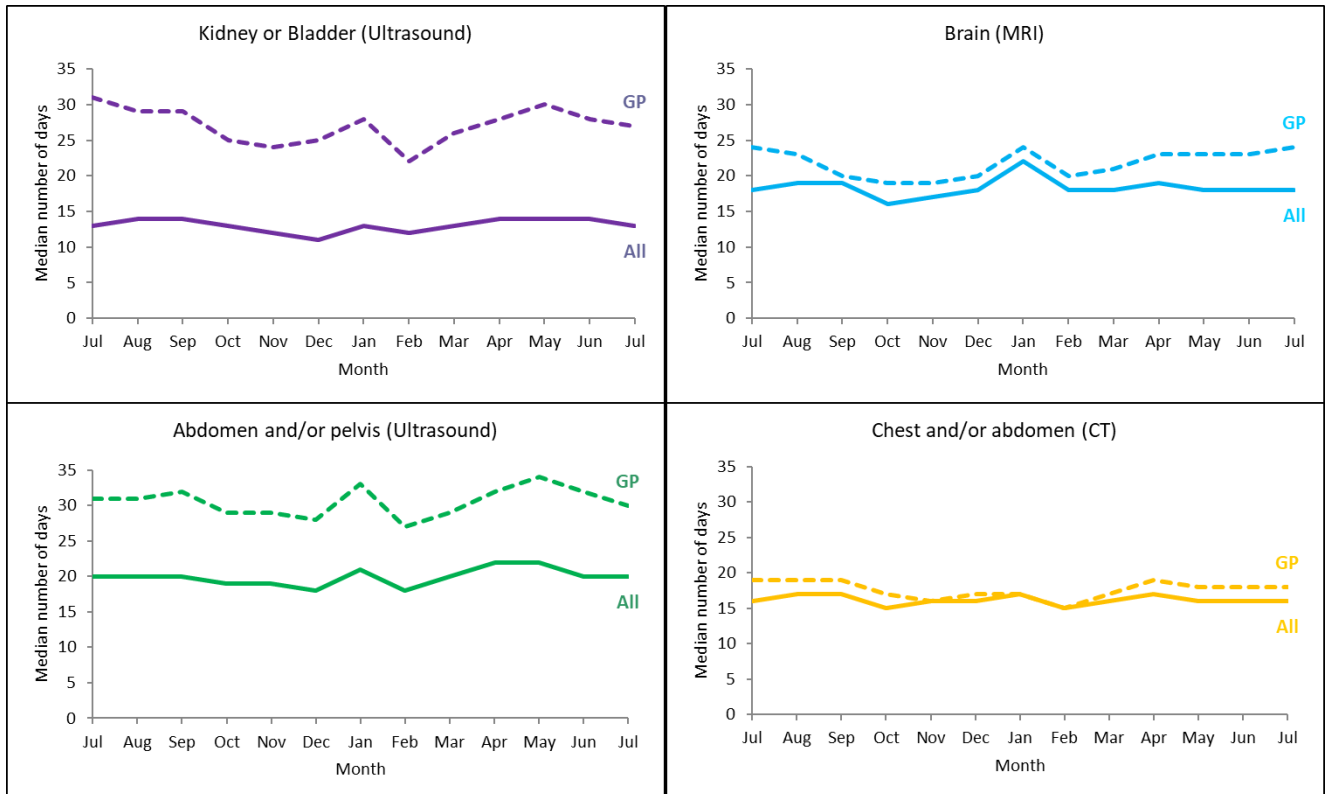
3.3.9. The median period from a test being requested (or, where this was missing, the date of test request being received) to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There are smaller differences for Brain MRI and Chest and/or abdomen CT in July 2019. 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, July 2018 to July 2019

	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
Jul	18	24	13	31	16	19	0	0	20	31
Aug	19	23	14	29	17	19	0	0	20	31
Sep	19	20	14	29	17	19	0	0	20	32
Oct	16	19	13	25	15	17	0	0	19	29
Nov	17	19	12	24	16	16	0	0	19	29
Dec	18	20	11	25	16	17	0	0	18	28
Jan	22	24	13	28	17	17	0	0	21	33
Feb	18	20	12	22	15	15	0	0	18	27
Mar	18	21	13	26	16	17	0	0	20	29
Apr	19	23	14	28	17	19	0	0	22	32
May	18	23	14	30	16	18	0	0	22	34
Jun	18	23	14	28	16	18	0	0	20	32
Jul	18	24	13	27	16	18	0	0	20	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'. Where 'Date of test request' was missing, 'Date of test request received' was used instead. Records where both dates were missing were excluded from the median calculation.

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, July 2018 to July 2019



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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 and Brain MRI.

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, July 2018 to July 2019

	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
Jul	2	33%	3	15%	0	94%	0	91%
Aug	2	35%	3	17%	0	94%	0	92%
Sep	2	31%	3	16%	0	95%	0	93%
Oct	2	33%	2	18%	0	95%	0	92%
Nov	2	32%	2	19%	0	95%	0	92%
Dec	2	33%	3	18%	0	95%	0	92%
Jan	2	34%	2	19%	0	94%	0	90%
Feb	2	32%	3	16%	0	95%	0	93%
Mar	2	33%	3	17%	0	95%	0	92%
Apr	2	32%	3	16%	0	95%	0	91%
May	2	33%	3	15%	0	95%	0	92%
Jun	2	32%	3	16%	0	95%	0	92%
Jul	2	34%	3	16%	0	95%	0	93%

	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
Jul	3	32%	4	17%	2	24%	2	29%	0	94%	0	92%
Aug	3	32%	5	18%	2	25%	2	28%	0	94%	0	92%
Sep	3	31%	4	17%	2	24%	1	28%	0	95%	0	93%
Oct	2	33%	3	20%	2	24%	1	29%	0	94%	0	92%
Nov	2	32%	3	20%	2	24%	1	30%	0	93%	0	92%
Dec	2	34%	3	20%	2	25%	1	32%	0	95%	0	93%
Jan	2	34%	3	20%	2	26%	2	30%	0	94%	0	92%
Feb	3	32%	3	20%	2	24%	2	29%	0	95%	0	93%
Mar	3	32%	4	19%	3	23%	2	27%	0	95%	0	93%
Apr	3	30%	5	18%	3	23%	2	25%	0	95%	0	93%
May	3	30%	5	17%	2	24%	2	27%	0	95%	0	94%
Jun	3	29%	5	16%	3	22%	2	26%	0	95%	0	93%
Jul	3	30%	4	18%	3	22%	2	27%	0	95%	0	93%

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 dates are reported are included in the calculation of median values: 92.1% of all records for tests performed in July 2019 and 96.4% 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 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 subsequent updates. Finalised data are published 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.

Data from April 2018 to September 2018 have known shortfalls for some modalities. This derives from a change in the SNOMED-CT codes that correctly map to DID modalities and may cause the data to understate the actual amount of imaging scans recorded during the month.

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

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](#). If you would like to register to use iView for DID, please email enquiries@nhsdigital.nhs.uk (subject: DID iView Access).

4.3.3 Websites

NHS Digital collects the DID on behalf of NHS England and NHS Improvement. Further information about the dataset can be found on [NHS Digital DID website](#).

Those who submit data to DID do so via a secure submission portal. Further information about submissions can be found on the [submission website](#).

The DID Additional Tables and Technical Report can be found on [NHS England DID website](#).

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 19th December 2019.

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

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