

Diagnostic Imaging Dataset Statistical Release

NHS England and NHS Improvement



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Provisional monthly statistics, September 2018 to September 2019

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Sheila Dixon

Performance Analysis Team

NHS England and NHS Improvement

Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE

Email: england.did@nhs.net

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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 45.2 million imaging tests reported in England in the 12 months from October 2018 to September 2019. Of these, 3.58 million imaging tests were reported to have taken place in September 2019.
- In September 2019, Plain Radiography (X-ray) was most common (1.86 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.81 million), Computerized Axial Tomography (CT Scan, 0.47 million) and Magnetic Resonance Imaging (MRI, 0.30 million).
- The median period between the request being made and the test being performed in September 2019 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography, to 20 days for MRI.
- The median period for the report to be issued after the test in September 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 September 2019, GPs requested 24.5% 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 (145,000), 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).

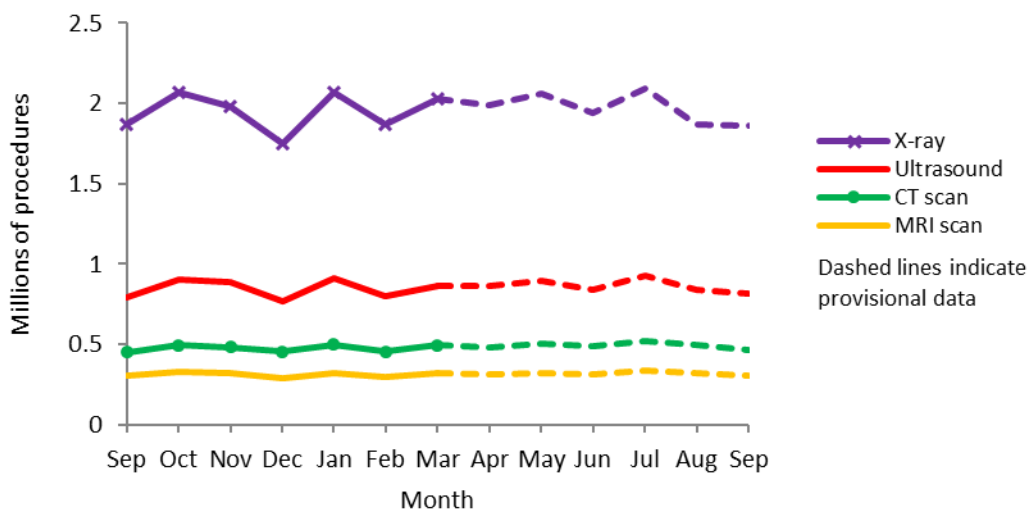
² Although these tests are used to diagnose cancer, many of the tests also have wider clinical uses. Within this data it is not possible to distinguish between the different uses of these tests

3 Current Data – September 2018 to September 2019

3.1 Imaging Activity

- 3.1.1. There were 45.2 million imaging tests reported in England during the year from September 2018 to September 2019. Of these, 3.58 million imaging tests were reported to have taken place in September 2019.
- 3.1.2. Out of all tests performed in September 2019, X-rays (Plain Radiography) were the most common, with 1.86 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.81 million), Computerized Axial Tomography (CT Scan, 0.47 million) and Magnetic Resonance Imaging (MRI, 0.30 million).
- 3.1.3. Table 1 gives an all-England count of imaging activity by modality from September 2018 to September 2019. September 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 0.7% between September 2018 and September 2019.
- 3.1.4. Graph 1 shows the trend in imaging activity from September 2018 to September 2019.

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

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total ¹
Sep	1,869,890	793,200	451,620	303,110	81,335	32,855	13,400	3,565	4,110	100.0%	3,553,080
Oct	2,066,560	904,735	494,235	326,555	92,905	38,495	15,755	4,100	5,050	100.0%	3,948,395
Nov	1,977,810	885,290	482,845	320,600	90,305	36,090	14,745	3,980	4,455	100.0%	3,816,120
Dec	1,752,015	765,500	454,070	292,780	76,065	29,435	14,005	3,175	3,875	100.0%	3,390,915
Jan	2,070,550	912,130	499,635	324,475	88,200	37,325	15,925	3,960	4,655	98.2%	3,956,845
Feb	1,872,680	801,285	452,740	296,565	80,850	33,050	15,730	3,610	4,125	100.0%	3,560,635
Mar	2,025,715	864,955	494,920	323,100	87,040	34,265	15,405	3,955	4,280	100.0%	3,853,635
Apr	1,986,120	859,775	484,035	310,400	82,875	33,235	15,485	3,190	4,290	100.0%	3,779,405
May	2,061,395	893,720	501,800	321,470	87,655	35,175	16,455	3,480	4,725	100.0%	3,925,885
Jun	1,939,355	840,270	487,150	315,910	81,945	32,315	16,090	3,135	4,240	100.0%	3,720,415
Jul	2,091,990	927,760	518,475	335,740	92,350	37,205	17,925	3,450	4,865	99.4%	4,029,760
Aug	1,871,560	835,865	496,005	323,345	82,180	33,140	14,730	3,165	4,650	97.0%	3,664,640
Sep	1,860,075	813,655	467,710	302,665	78,835	31,755	15,575	3,205	4,620	95.8%	3,578,090
Total	23,575,820	10,304,935	5,833,620	3,793,605	1,021,205	411,490	187,825	42,410	53,830	-	45,224,745

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 2019 onwards 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 September 2019. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography and as high as 20 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 September 2018 to September 2019.

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

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Sep	0	15	1	21	0	18	7	16	0
Oct	0	14	1	19	0	18	7	17	0
Nov	0	14	2	20	0	19	8	17	0
Dec	0	14	1	21	0	18	9	17	0
Jan	0	15	1	25	0	23	9	23	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	17	0
Jul	0	14	1	21	0	19	8	17	0
Aug	0	14	1	22	0	19	9	18	0
Sep	0	14	1	20	0	19	9	17	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 September 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 September 2018 to September 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, September 2018 to September 2019

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Sep	1	0	0	3	0	1	2	2	1
Oct	1	0	0	3	0	1	1	1	0
Nov	1	0	0	3	0	1	2	2	0
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	2	0
Mar	1	0	0	3	0	1	2	2	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
Aug	1	0	0	4	0	1	2	1	0
Sep	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. 93.4% of all records for tests performed in September 2019 included both these dates.

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

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Sep	32%	93%	57%	23%	69%	33%	15%	33%	48%
Oct	33%	92%	58%	24%	68%	32%	17%	31%	56%
Nov	34%	92%	57%	24%	69%	32%	17%	32%	58%
Dec	35%	93%	60%	24%	70%	35%	17%	37%	56%
Jan	35%	92%	58%	24%	70%	33%	18%	33%	59%
Feb	34%	93%	58%	24%	70%	32%	15%	32%	55%
Mar	33%	93%	58%	24%	71%	34%	15%	33%	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%	35%	55%
Jul	33%	93%	58%	25%	70%	33%	16%	36%	52%
Aug	32%	94%	58%	23%	71%	33%	15%	35%	58%
Sep	32%	93%	58%	23%	70%	32%	14%	35%	56%

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 September 2019, GPs requested 24.5% 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 (145,000), 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”.

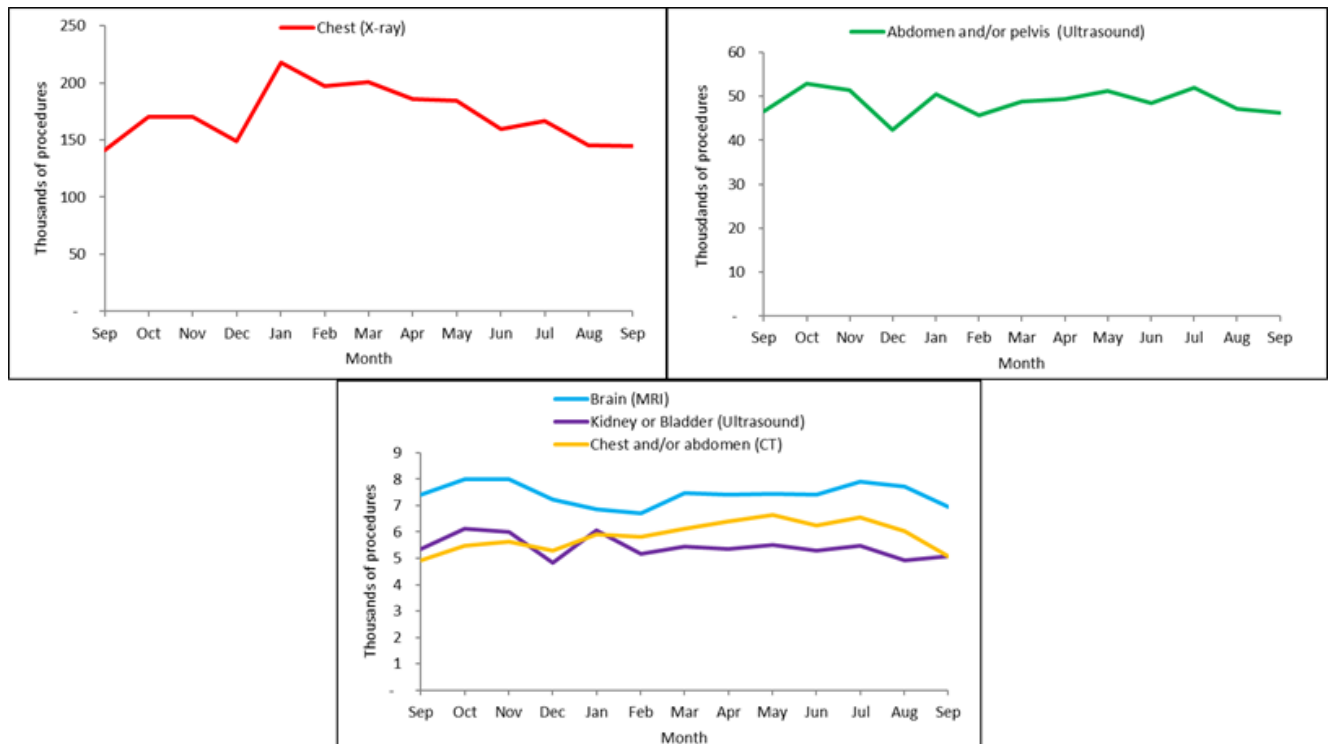
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, September 2018 to September 2019

	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
Sep	62,745	7,425	19,415	5,360	46,955	4,920	626,235	140,785	103,785	46,540
Oct	68,095	8,005	22,115	6,130	52,200	5,475	701,715	170,220	116,815	52,955
Nov	66,875	8,010	21,255	6,005	51,800	5,630	701,375	170,185	113,725	51,340
Dec	60,920	7,215	18,390	4,820	47,265	5,290	683,045	148,835	97,285	42,335
Jan	67,750	6,850	22,010	6,060	54,605	5,900	810,715	217,830	114,195	50,555
Feb	61,640	6,695	18,940	5,165	49,890	5,820	715,600	197,140	102,670	45,705
Mar	67,640	7,475	19,925	5,450	53,975	6,120	742,090	200,585	110,430	48,760
Apr	65,555	7,425	20,150	5,360	53,035	6,405	717,880	185,675	109,210	49,465
May	67,660	7,430	20,475	5,520	54,605	6,630	713,385	184,110	113,365	51,140
Jun	65,610	7,410	19,310	5,295	52,535	6,240	659,530	159,220	108,335	48,455
Jul	70,510	7,915	21,090	5,475	55,165	6,560	683,580	166,980	115,900	52,030
Aug	68,280	7,730	19,235	4,935	51,900	6,040	634,900	145,100	105,670	47,260
Sep	63,700	6,955	18,905	5,085	48,285	5,075	617,945	144,900	102,575	46,270

Note: Data from April 2019 onwards have been updated but remain provisional and subject to change.

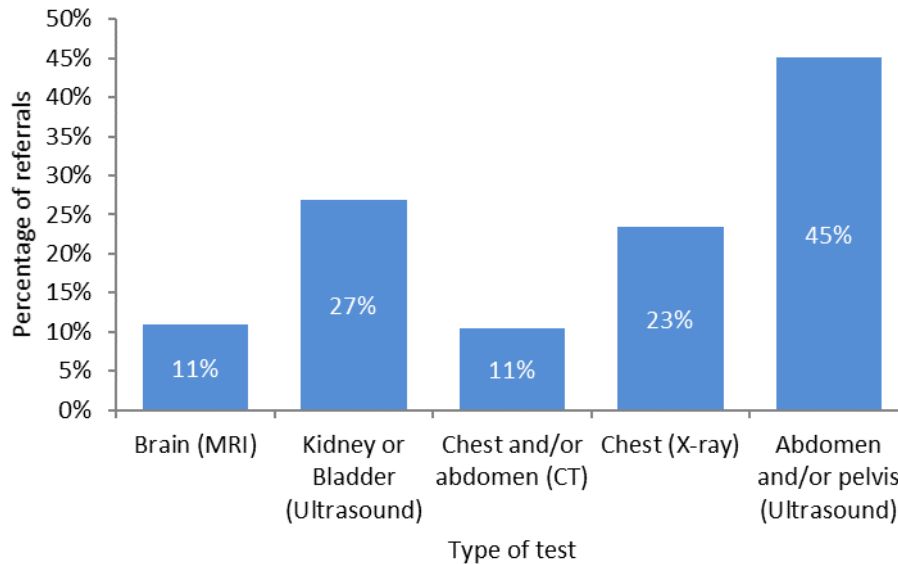
3.3.6. The number of Chest X-rays (all referrals and GP referrals) appeared to show some seasonality with summer months generally having lower numbers of Chest X-rays and winter months higher levels. This was not evident in the other tests. The trend in imaging activity for patients directly referred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

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



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

Graph 3: Percentage of referrals made by GPs by type of test, September 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 September 2018 to September 2019.

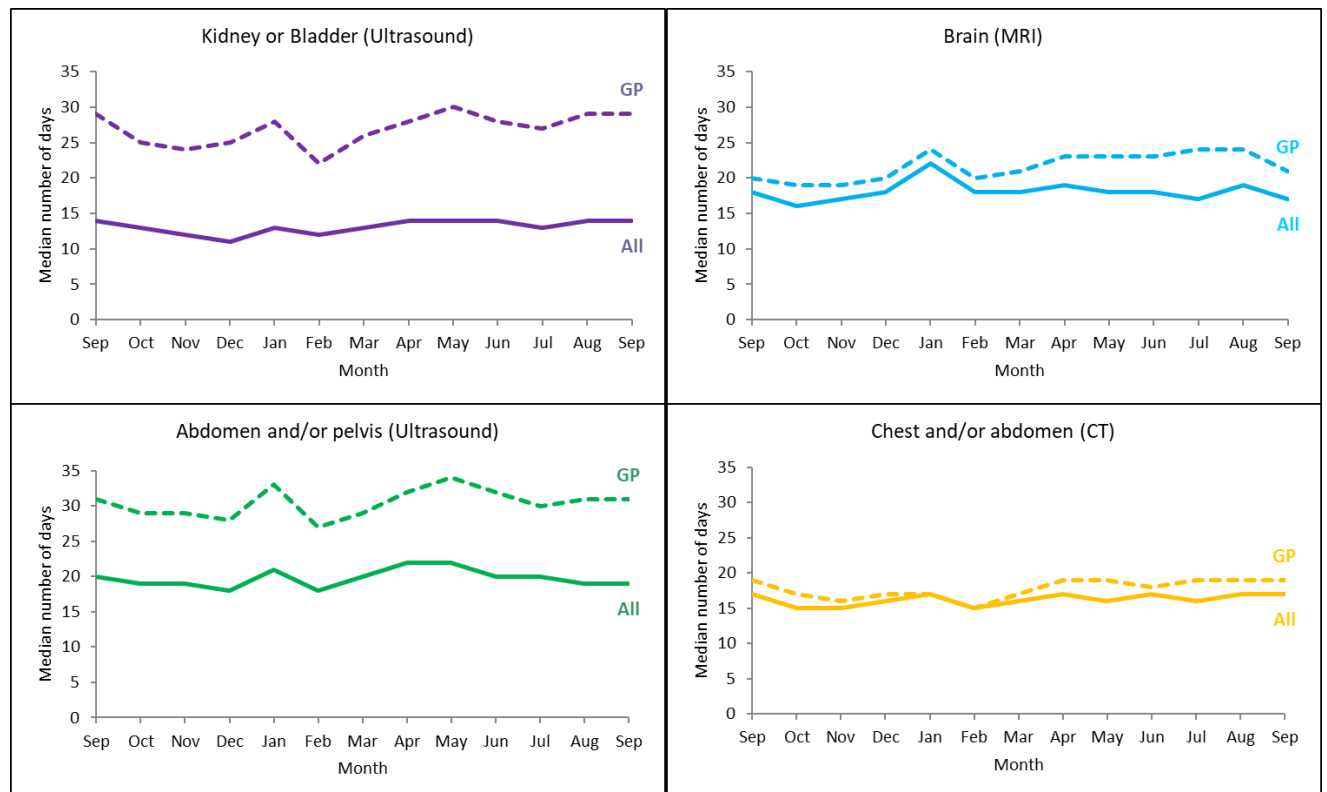
3.3.9. The median period from a test being requested (or, where this was missing, the date of test request being received) to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There are smaller differences for Brain MRI and Chest and/or abdomen CT in September 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, September 2018 to September 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
Sep	18	20	14	29	17	19	0	0	20	31
Oct	16	19	13	25	15	17	0	0	19	29
Nov	17	19	12	24	15	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	19	0	0	22	34
Jun	18	23	14	28	17	18	0	0	20	32
Jul	17	24	13	27	16	19	0	0	20	30
Aug	19	24	14	29	17	19	0	0	19	31
Sep	17	21	14	29	17	19	0	0	19	31

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, September 2018 to September 2019



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, September 2018 to September 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
Sep	2	31%	3	15%	0	95%	0	93%
Oct	2	32%	2	17%	0	95%	0	92%
Nov	2	32%	2	19%	0	95%	0	92%
Dec	2	33%	3	18%	0	95%	0	92%
Jan	2	33%	2	18%	0	95%	0	91%
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	91%
Jul	2	34%	3	16%	0	95%	0	92%
Aug	3	32%	4	14%	0	96%	0	93%
Sep	2	32%	3	17%	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
Sep	3	31%	4	16%	2	24%	1	28%	0	95%	0	93%
Oct	2	34%	3	20%	2	24%	1	29%	0	94%	0	92%
Nov	2	33%	3	20%	2	24%	1	29%	0	94%	0	92%
Dec	2	34%	3	20%	2	25%	1	32%	0	95%	0	93%
Jan	2	32%	3	19%	2	25%	2	29%	0	95%	0	93%
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	4	30%	5	17%	2	24%	2	27%	0	95%	0	93%
Jun	3	29%	5	15%	3	22%	2	26%	0	95%	0	93%
Jul	3	30%	5	17%	3	23%	2	27%	0	95%	0	93%
Aug	5	28%	6	13%	3	22%	2	26%	0	96%	0	94%
Sep	4	29%	5	15%	3	22%	2	28%	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: 93.0% of all records for tests performed in September 2019 and 96.6% 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.

Contact Us

4.2.1 Feedback

We welcome feedback on this publication. Please contact us at england.did@nhs.net.

4.2.2 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).

4.2.3 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](#).

4.2.4 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 20th February 2020.

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

Sheila Dixon
Performance Analysis Team
NHS England and NHS Improvement
Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: england.did@nhs.net