Classification: Official

Diagnostic Imaging Dataset Statistical Release

Version 1, 21 November 2024

Contents

1 Introduction 2
1.1 Frequently Used Acronyms 2
2 Headline Messages 3
3 Current Data – July 2023 to July 2024 4
3.1 Imaging Activity 4
3.2 Patient Test Times 6
3.3 Imaging Tests that could contribute to Early Diagnosis of Cancer 8
4 Annex 13
4.1 Glossary 13
4.2 Data Quality Statement 15
Contact Us 16
4.2.1 Feedback 16
4.2.2 Websites 16
4.2.3 Additional Information 16

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 47.6 million imaging tests reported in England in the 12 months from August 2023 to July 2024. Of these, 4.09 million imaging tests were reported to have taken place in July 2024.

- In July 2024, Plain Radiography (X-ray) was most common (1.93 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.97 million), Computerized Axial Tomography (CT Scan, 0.67 million) and Magnetic Resonance Imaging (MRI, 0.38 million).

- The median period between the request being made and the test being performed in July 2024 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography to 22 days for Nuclear Medicine.

- The median period for the report to be issued after the test in July 2024 ranged from the same day for Ultrasound, for example, to 4 days for MRI.

- In July 2024, GPs requested 26.8% of all tests that may have been used to diagnose or discount cancer[2], under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (170,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (49% 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 2023 to July 2024

3.1 Imaging Activity

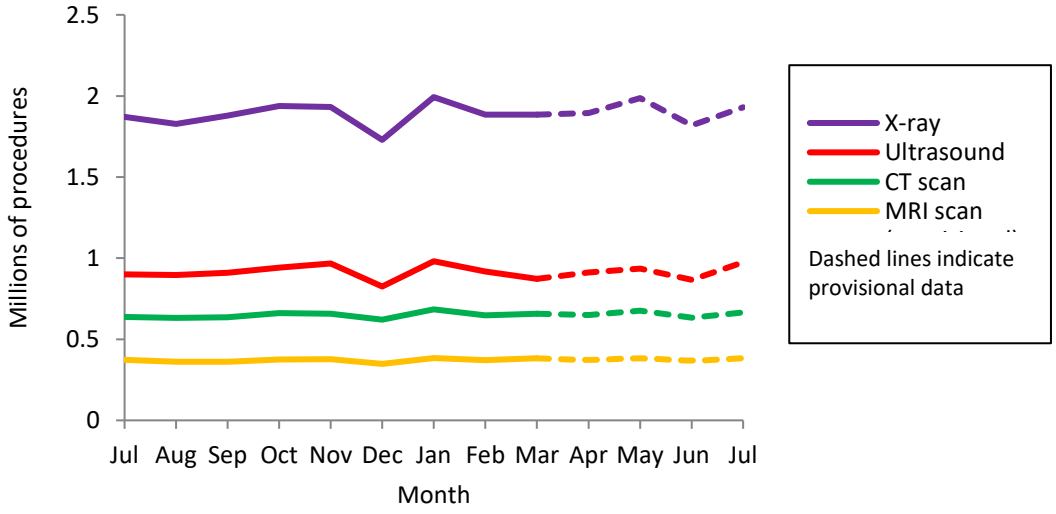
3.1.1. There were 47.6 million imaging tests reported in England during the year from August 2023 to July 2024. Of these, 4.09 million imaging tests were reported to have taken place in July 2024.

3.1.2. Out of all tests performed in July 2024, X-rays (Plain Radiography) were the most common, with 1.93 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.97 million), Computerized Axial Tomography (CT Scan, 0.67 million) and Magnetic Resonance Imaging (MRI, 0.38 million).

3.1.3. Table 1 gives an all-England count of imaging activity by modality from July 2023 to July 2024. July 2023 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 4.5% between July 2023 and July 2024.

3.1.4. Graph 1 shows the trend in imaging activity from July 2023 to July 2024

Graph 1: NHS imaging activity in England, July 2023 to July 2024



All data from April 2024 onwards remain provisional and subject to change. 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.

Table 1: Count of imaging activity in England, on NHS Patients, July 2023 to July 2024

	X-ray	Ultrasound	CT Scan	MRI	Fluoroscopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total
Jul	1,870,895	899,195	637,505	373,630	72,685	26,680	22,010	4,375	5,510	98.7%	**3,912,490**
Aug	1,827,490	896,210	631,790	361,705	75,890	26,330	22,900	4,215	5,425	98.7%	**3,851,955**
Sep	1,878,105	910,300	634,960	362,105	76,315	25,895	22,870	4,230	5,655	99.4%	**3,920,435**
Oct	1,938,455	940,445	660,335	375,920	77,230	27,025	23,210	4,565	5,940	98.7%	**4,053,125**
Nov	1,931,210	966,120	658,190	376,780	82,500	27,775	23,805	4,585	6,475	98.7%	**4,077,435**
Dec	1,729,040	825,135	620,700	348,095	68,505	22,775	21,135	3,950	5,105	98.1%	**3,644,440**
Jan	1,992,860	980,910	684,255	383,985	80,690	28,170	25,130	4,770	7,105	98.1%	**4,187,870**
Feb	1,884,190	917,285	647,685	371,150	77,130	27,300	23,320	4,645	6,685	98.1%	**3,959,395**
Mar	1,884,255	872,240	656,745	382,365	74,930	25,360	23,120	4,370	6,655	96.2%	**3,930,040**
Apr	1,895,205	911,600	649,855	372,795	77,950	26,295	23,355	4,550	6,470	96.2%	**3,968,075**
May	1,986,700	935,005	675,990	382,180	78,385	26,145	25,910	4,615	6,740	93.8%	**4,121,670**
Jun	1,818,505	866,390	632,915	368,715	73,475	24,770	23,755	8,090	5,935	93.1%	**3,822,545**
Jul	1,930,475	974,220	665,105	383,000	81,445	27,750	15,670	5,030	6,165	93.1%	**4,088,860**
Total	**22,696,480**	**10,995,860**	**7,818,525**	**4,468,790**	**924,435**	**315,600**	**274,185**	**57,615**	**74,350**	-	**47,625,845**

1. Activity not matched to a known organisation is omitted.
2. Data from April 2024 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 July 2024. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography and as high as 22 days for Nuclear Medicine 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 2023 to July 2024.

Table 2: Median number of days between 'date of test request' and 'date of test' for imaging activity, July 2023 to July 2024

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	0	14	1	19	0	21	8	20	0
Aug	0	15	1	19	0	21	8	20	0
Sep	0	15	1	19	0	22	8	20	0
Oct	0	15	1	19	0	21	8	19	0
Nov	0	15	1	20	0	21	8	18	0
Dec	0	15	1	21	0	20	10	17	0
Jan	0	15	1	23	0	26	11	22	0
Feb	0	14	1	20	0	21	10	20	0
Mar	0	14	1	22	0	21	10	19	0
Apr	0	16	1	22	0	22	11	20	0
May	0	15	1	20	0	21	10	18	0
Jun	0	15	1	22	0	23	9	42	0
Jul	0	15	1	21	0	22	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 2024 this ranged from the same day for Ultrasound, for example, to 4 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 2023 to July 2024. 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 2023 to July 2024

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	1	0	0	4	0	1	3	2	0
Aug	1	0	0	4	0	1	3	3	1
Sep	1	0	0	4	0	1	2	2	2
Oct	1	0	0	4	0	1	2	2	1
Nov	1	0	0	3	0	1	2	2	1
Dec	1	0	0	4	0	1	2	2	0
Jan	1	0	0	3	0	1	2	2	0
Feb	1	0	0	4	0	1	2	2	0
Mar	1	0	0	4	0	1	2	2	0
Apr	1	0	0	4	0	1	2	2	0
May	1	0	0	4	0	1	2	2	0
Jun	1	0	0	4	0	1	2	4	0
Jul	1	0	0	4	0	1	2	2	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. 96.5% of all records for tests performed in July 2024 included both these dates.

Table 3.2: Percentage of records where date of test report issued equals date of test, by modality, July 2023 to July 2024

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Jul	34%	94%	60%	24%	75%	35%	12%	28%	52%
Aug	35%	95%	60%	24%	76%	35%	11%	27%	49%
Sep	35%	94%	60%	24%	76%	35%	11%	29%	42%
Oct	35%	94%	60%	23%	75%	35%	14%	31%	44%
Nov	37%	94%	59%	23%	74%	35%	16%	27%	49%
Dec	35%	94%	61%	23%	76%	36%	15%	28%	50%
Jan	36%	94%	60%	24%	75%	35%	15%	27%	59%
Feb	36%	94%	59%	23%	76%	35%	13%	27%	58%
Mar	34%	94%	59%	23%	76%	35%	14%	31%	53%
Apr	36%	94%	59%	23%	76%	35%	13%	28%	58%
May	35%	94%	59%	23%	76%	35%	13%	31%	50%
Jun	36%	94%	60%	23%	77%	34%	13%	60%	56%
Jul	36%	94%	60%	23%	77%	34%	13%	28%	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 July 2024, GPs requested 26.8% of all tests that may have been used to diagnose or discount cancer[2], under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (170,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (49% 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”.

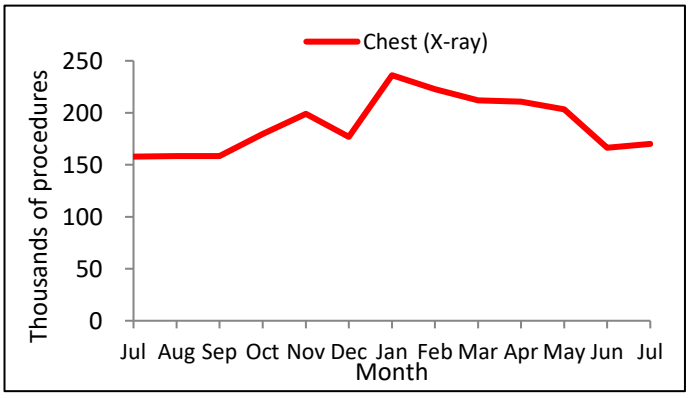
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, July 2023 to July 2024

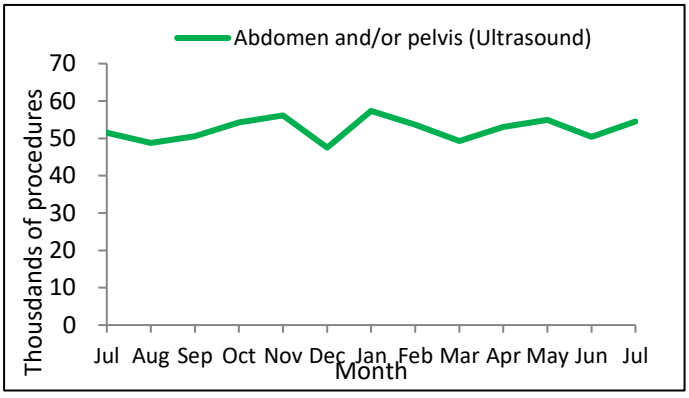
	Brain (MRI)		Kidney or Bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
Jul	80,230	10,710	17,295	5,265	66,905	8,585	628,725	157,840	105,020	51,525
Aug	78,525	10,675	17,940	5,345	65,110	8,475	623,275	158,505	100,745	48,790
Sep	78,850	10,935	17,915	5,480	65,005	8,555	629,290	158,285	104,305	50,600
Oct	80,760	11,945	18,075	5,740	66,825	8,840	687,455	179,510	110,210	54,215
Nov	80,590	11,435	18,985	6,130	68,650	9,805	711,345	198,885	112,380	56,165
Dec	73,775	10,610	16,655	5,065	63,255	8,705	701,855	176,955	97,295	47,505
Jan	82,325	11,425	19,040	5,790	72,640	10,185	794,365	236,150	116,125	57,330
Feb	80,435	11,060	17,815	5,380	69,505	9,420	738,385	222,685	109,265	53,610
Mar	83,375	12,105	16,830	5,280	70,030	10,060	730,950	211,890	102,645	49,270
Apr	80,400	11,325	17,560	5,565	70,885	10,260	705,400	210,875	107,645	53,005
May	82,710	11,425	17,935	5,505	72,500	10,335	706,885	203,440	110,470	54,925
Jun	77,955	10,720	16,375	5,145	67,845	9,130	623,330	166,370	102,215	50,420
Jul	81,305	10,975	19,075	5,665	69,645	9,295	651,555	170,020	111,915	54,470

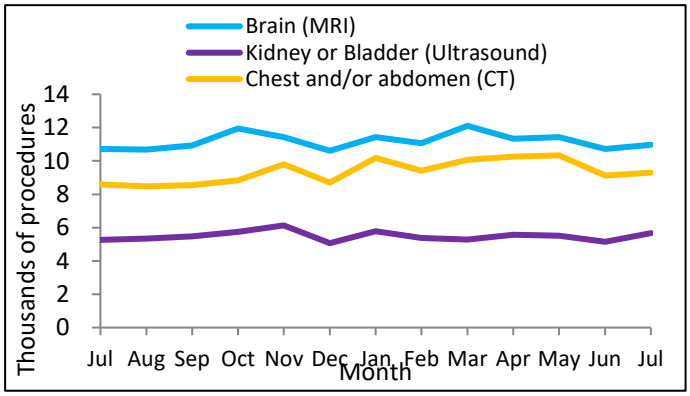
Note: Data from April 2024 onwards have been updated but remain provisional and subject to change.

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 July 2023 to July 2024 is shown in Graph 2.

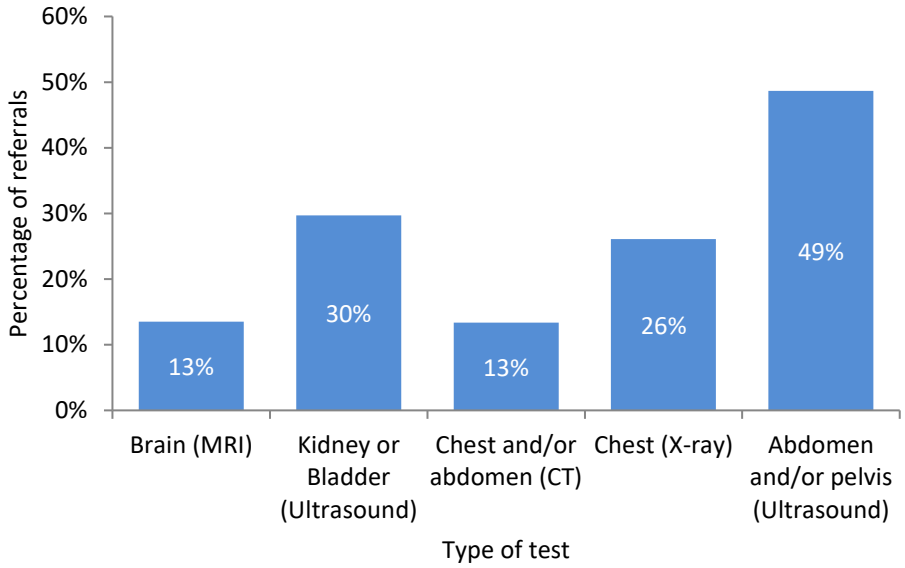
Graph 2: Imaging activity for patients directly referred by a GP, July 2023 to July 2024







Graph 3: Percentage of referrals made by GPs by type of test, July 2024



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in July 2024. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (49%) of referrals made by GPs, whilst Chest and/or abdomen CT and Brain MRI had the lowest (13%).

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 2023 to July 2024.

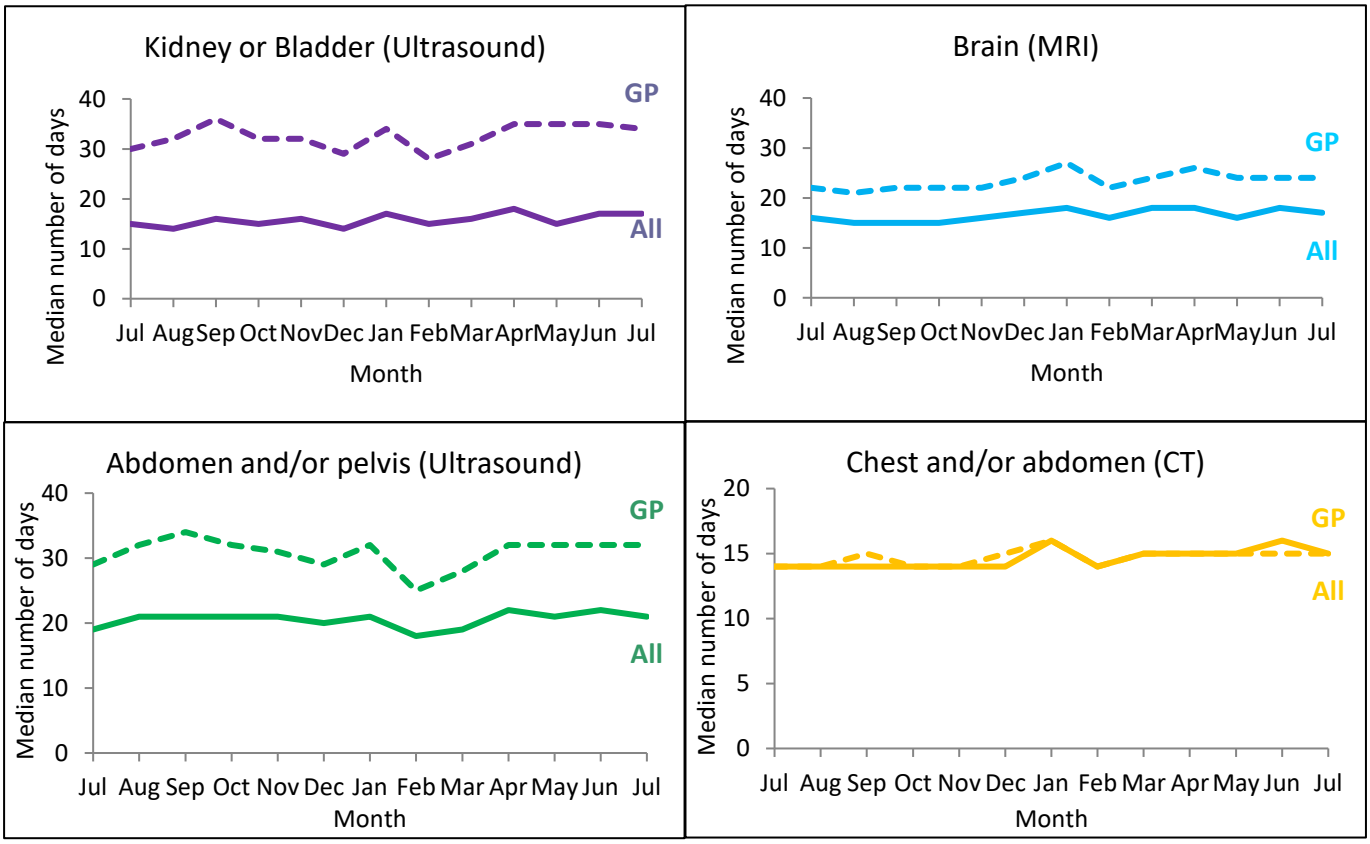
3.3.9. The median period from a test being requested (or, where this was missing, the date of test request being received) to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There are smaller differences for Brain MRI and Chest and/or abdomen CT in July 2024. 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 2023 to July 2024

	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	16	22	15	30	14	14	0	4	19	29
Aug	15	21	14	32	14	14	0	4	21	32
Sep	15	22	16	36	14	15	0	3	21	34
Oct	15	22	15	32	14	14	0	3	21	32
Nov	16	22	16	32	14	14	0	3	21	31
Dec	17	24	14	29	14	15	0	3	20	29
Jan	18	27	17	34	16	16	0	2	21	32
Feb	16	22	15	28	14	14	0	3	18	25
Mar	18	24	16	31	15	15	0	3	19	28
Apr	18	26	18	35	15	15	0	3	22	32
May	16	24	15	35	15	15	0	3	21	32
Jun	18	24	17	35	16	15	0	3	22	32
Jul	17	24	17	34	15	15	0	3	21	32

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 2023 to July 2024



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 Brain MRI and Chest and/or abdomen (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, July 2023 to July 2024

	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%	4	14%	0	96%	0	94%
Aug	2	34%	4	16%	0	96%	0	94%
Sep	2	34%	4	15%	0	95%	0	92%
Oct	2	33%	4	15%	0	95%	0	92%
Nov	2	33%	3	15%	0	95%	0	92%
Dec	2	33%	3	16%	0	95%	0	93%
Jan	2	34%	3	17%	0	95%	0	92%
Feb	2	33%	4	16%	0	95%	0	92%
Mar	3	33%	4	16%	0	96%	0	93%
Apr	2	33%	4	16%	0	95%	0	92%
May	3	33%	4	15%	0	95%	0	92%
Jun	2	33%	3	17%	0	95%	0	92%
Jul	2	34%	4	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	4	27%	5	16%	2	25%	2	31%	0	95%	0	93%
Aug	5	27%	5	15%	2	25%	2	31%	0	96%	0	94%
Sep	4	26%	5	14%	2	25%	2	32%	0	95%	0	93%
Oct	4	27%	4	16%	2	24%	2	32%	0	95%	0	93%
Nov	4	27%	4	15%	2	26%	1	33%	0	95%	0	93%
Dec	4	28%	5	13%	2	24%	1	33%	0	95%	0	93%
Jan	3	28%	4	15%	2	25%	2	30%	0	95%	0	93%
Feb	4	27%	5	14%	2	25%	2	30%	0	95%	0	93%
Mar	4	26%	6	12%	2	23%	2	28%	0	95%	0	94%
Apr	5	26%	6	13%	2	25%	2	32%	0	95%	0	93%
May	4	26%	6	13%	2	25%	2	33%	0	95%	0	93%
Jun	4	26%	5	13%	2	25%	2	32%	0	95%	0	92%
Jul	4	28%	6	13%	2	26%	1	34%	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: 97% of all records for tests performed in July 2024 and 98.5% 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 Websites

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.

4.2.3 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 19 December 2024.

The NHS England Analyst responsible for producing these data is:

Sheila Dixon
Operational Insights
NHS England
Email: england.did@nhs.net