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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 49.1 million imaging tests reported in England in the 12 months from March 2024 to February 2025. Of these, 3.84 million imaging tests were reported to have taken place in February 2025.

- In February 2025, Plain Radiography (X-ray) was most common (1.78 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.89 million), Computerized Axial Tomography (CT Scan, 0.65 million) and Magnetic Resonance Imaging (MRI, 0.38 million).

- The median period between the request being made and the test being performed in February 2025 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 February 2025 ranged from the same day for Ultrasound, for example, to 4 days for MRI.

- In February 2025, GPs requested 27.4% 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 (180,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (51% 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 – February 2024 to February 2025

3.1 Imaging Activity

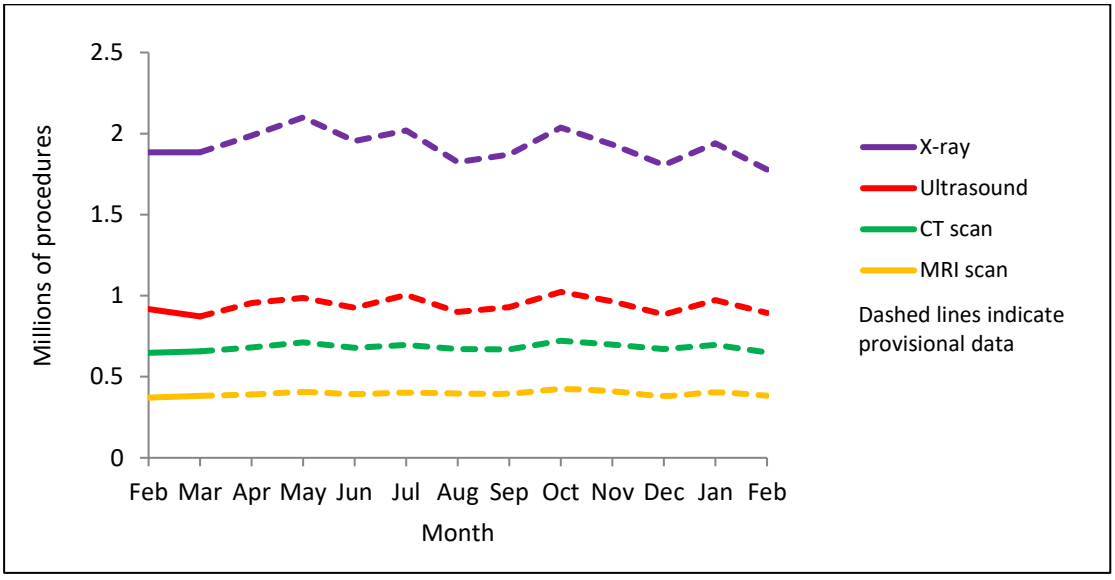
3.1.1. There were 49.1 million imaging tests reported in England during the year from March 2024 to February 2025. Of these, 3.84 million imaging tests were reported to have taken place in February 2025.

3.1.2. Out of all tests performed in February 2025, X-rays (Plain Radiography) were the most common, with 1.78 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.89 million), Computerized Axial Tomography (CT Scan, 0.65 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 February 2024 to February 2025. February 2024 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 decreased by 3% between February 2024 and February 2025.

3.1.4. Graph 1 shows the trend in imaging activity from February 2024 to February 2025

Graph 1: NHS imaging activity in England, February 2024 to February 2025



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, February 2024 to February 2025

	X-ray	Ultrasound	CT Scan	MRI	Fluoroscopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total
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	1,987,375	954,880	680,225	390,615	81,025	28,045	24,660	4,830	6,470	99.4%	**4,158,130**
May	2,099,390	987,215	711,845	405,470	83,585	28,045	27,260	4,905	6,740	98.7%	**4,354,455**
Jun	1,954,480	926,135	678,450	393,485	77,595	26,880	25,365	4,855	5,935	97.5%	**4,093,185**
Jul	2,018,760	1,004,410	696,805	401,805	84,480	28,980	16,230	5,310	6,165	98.1%	**4,262,945**
Aug	1,824,005	899,940	670,110	396,675	76,255	25,360	26,015	4,400	5,390	96.2%	**3,928,155**
Sep	1,871,135	928,360	668,440	395,880	78,550	26,030	25,685	4,875	5,630	97.5%	**4,004,580**
Oct	2,035,905	1,023,115	721,965	423,045	86,520	27,475	27,590	4,945	6,205	97.5%	**4,356,770**
Nov	1,932,765	965,370	697,555	410,415	81,380	25,005	26,680	4,725	5,460	98.7%	**4,149,355**
Dec	1,805,905	883,180	670,685	381,540	71,975	23,755	23,075	4,550	4,250	98.1%	**3,868,915**
Jan	1,940,335	973,660	695,340	403,375	78,235	28,150	25,245	5,140	5,125	95.5%	**4,154,600**
Feb	1,777,665	893,360	650,145	383,285	72,840	26,095	25,675	4,820	5,020	95.5%	**3,838,910**
Total	**23,131,980**	**11,311,855**	**8,198,310**	**4,767,950**	**947,375**	**319,190**	**296,605**	**57,735**	**69,040**	-	**49,100,040**

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 February 2025. 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 February 2024 to February 2025.

Table 2: Median number of days between 'date of test request' and 'date of test' for imaging activity, February 2024 to February 2025

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
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	23	11	21	0
May	0	15	1	20	0	22	10	18	0
Jun	0	15	1	22	0	23	9	20	0
Jul	0	15	1	21	0	22	8	20	0
Aug	0	15	1	21	0	22	8	21	0
Sep	0	16	1	20	0	22	8	19	0
Oct	0	15	1	18	0	20	8	16	0
Nov	0	16	1	19	0	21	9	18	0
Dec	0	15	1	20	0	20	10	15	0
Jan	0	16	1	23	0	27	12	21	0
Feb	0	15	1	20	0	22	10	18	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 February 2025 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 February 2024 to February 2025. 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, February 2024 to February 2025

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
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	2	0
Jul	1	0	0	4	0	1	2	2	1
Aug	1	0	0	4	0	1	2	3	1
Sep	1	0	0	4	0	1	2	2	0
Oct	1	0	0	3	0	1	2	2	1
Nov	1	0	0	4	0	1	2	2	0
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

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. 96.3% of all records for tests performed in February 2025 included both these dates.

Table 3.2: Percentage of records where date of test report issued equals date of test, by modality, February 2024 to February 2025

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
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	35%	94%	60%	23%	77%	34%	13%	30%	56%
Jul	36%	94%	60%	23%	77%	34%	12%	27%	48%
Aug	36%	94%	60%	23%	78%	34%	12%	27%	47%
Sep	35%	94%	60%	22%	77%	35%	14%	29%	58%
Oct	37%	93%	59%	23%	75%	35%	12%	31%	46%
Nov	37%	94%	60%	23%	77%	34%	13%	29%	54%
Dec	37%	94%	61%	23%	77%	35%	15%	32%	60%
Jan	39%	94%	60%	24%	77%	35%	15%	29%	61%
Feb	38%	94%	59%	23%	77%	35%	12%	30%	60%

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 February 2025, 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 (51% 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”.

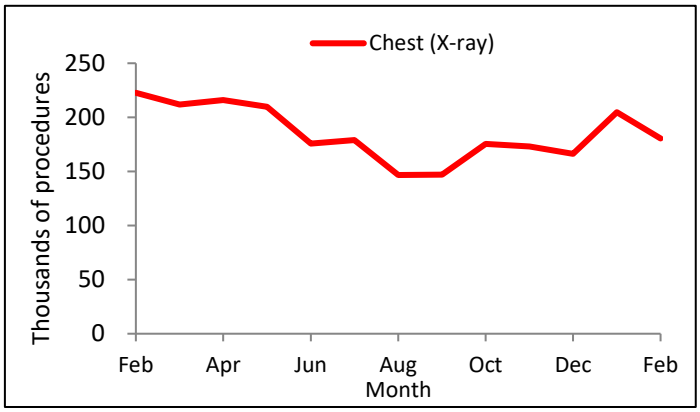
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, February 2024 to February 2025

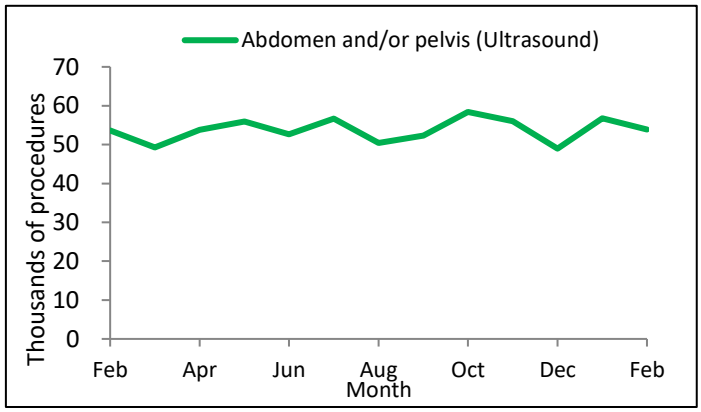
	Brain (MRI)		Kidney or Bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
Feb	80,435	11,060	17,815	5,380	69,505	9,420	738,385	222,685	109,265	53,610
Mar	83,375	12,105	16,830	5,280	70,030	10,060	730,950	211,890	102,645	49,270
Apr	84,510	11,650	18,865	5,695	74,665	10,640	744,270	216,065	111,780	53,820
May	87,220	11,790	19,570	5,730	76,600	10,720	750,145	209,900	115,740	55,945
Jun	83,655	11,120	18,030	5,435	73,365	9,790	673,355	175,875	108,915	52,640
Jul	85,440	11,615	19,755	5,940	72,970	9,970	684,590	179,030	116,410	56,660
Aug	83,210	11,470	18,025	5,085	69,765	8,930	607,350	146,705	104,780	50,410
Sep	84,230	11,420	18,725	5,955	68,350	8,270	623,600	147,070	108,090	52,330
Oct	90,250	12,695	21,385	6,950	74,855	9,425	713,420	175,565	119,260	58,395
Nov	88,060	12,555	20,205	6,170	72,755	8,875	698,625	173,140	113,430	56,055
Dec	81,725	11,355	17,660	5,125	68,340	8,355	724,620	166,305	101,350	48,960
Jan	86,465	11,915	19,645	5,935	74,380	9,140	753,900	204,745	114,565	56,735
Feb	81,740	11,075	18,235	5,675	71,455	8,675	670,800	180,350	106,025	53,915

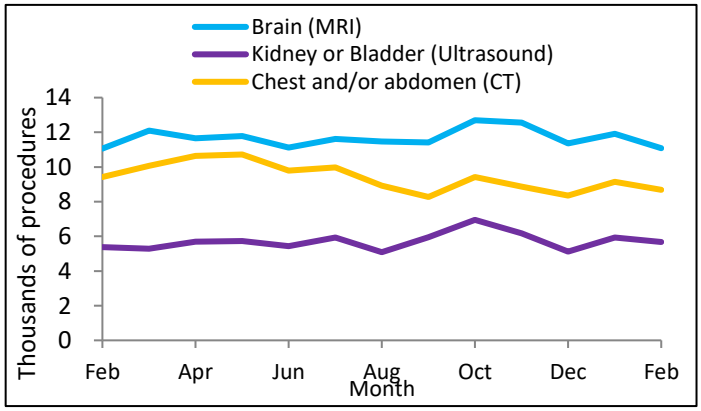
Note: Data from April 2024 onwards have been updated but remain provisional and subject to change.

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 February 2024 to February 2025 is shown in Graph 2.

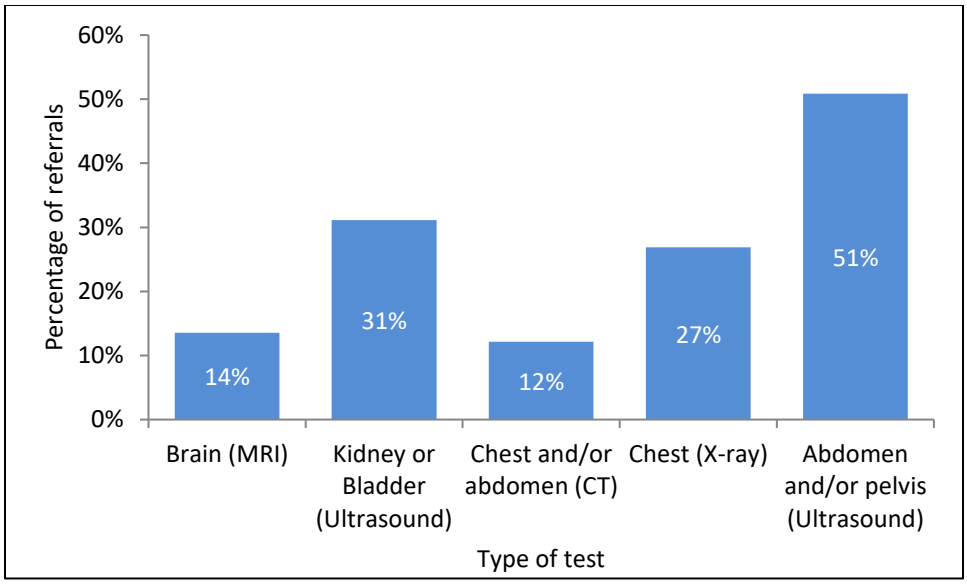
Graph 2: Imaging activity for patients directly referred by a GP, February 2024 to February 2025







Graph 3: Percentage of referrals made by GPs by type of test, February 2025



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in February 2025. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (51%) of referrals made by GPs, whilst Chest and/or abdomen CT had the lowest (12%).

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 February 2024 to February 2025.

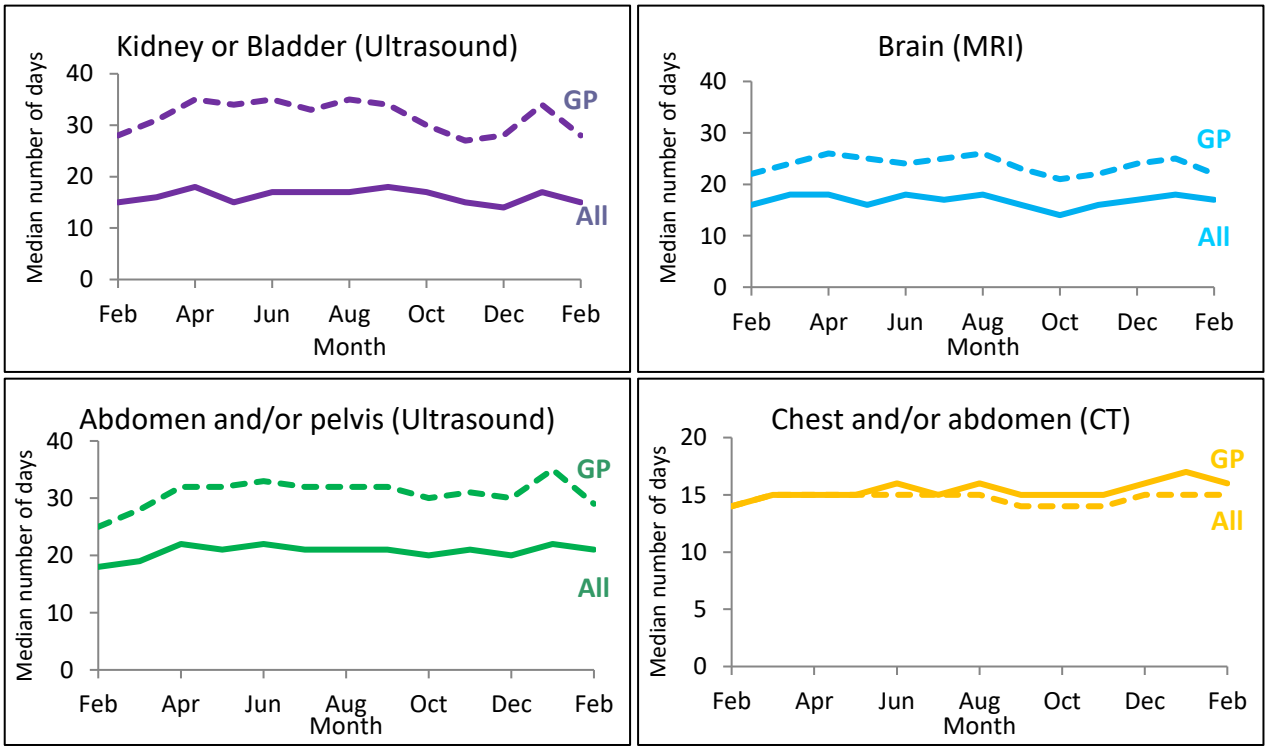
3.3.9. The median period from a test being requested (or, where this was missing, the date of test request being received) to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There are smaller differences for Brain MRI and Chest and/or abdomen CT in February 2025. 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, February 2024 to February 2025

	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
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	25	15	34	15	15	0	3	21	32
Jun	18	24	17	35	16	15	0	3	22	33
Jul	17	25	17	33	15	15	0	3	21	32
Aug	18	26	17	35	16	15	0	3	21	32
Sep	16	23	18	34	15	14	0	3	21	32
Oct	14	21	17	30	15	14	0	2	20	30
Nov	16	22	15	27	15	14	0	2	21	31
Dec	17	24	14	28	16	15	0	3	20	30
Jan	18	25	17	34	17	15	0	2	22	35
Feb	17	22	15	28	16	15	0	3	21	29

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, February 2024 to February 2025



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, February 2024 to February 2025

	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
Feb	2	33%	4	16%	0	95%	0	92%
Mar	3	33%	4	16%	0	96%	0	93%
Apr	2	33%	4	15%	0	95%	0	92%
May	3	33%	4	15%	0	95%	0	92%
Jun	2	33%	4	17%	0	95%	0	92%
Jul	2	34%	4	16%	0	95%	0	93%
Aug	3	33%	5	17%	0	95%	0	91%
Sep	3	33%	4	16%	0	95%	0	93%
Oct	2	33%	3	18%	0	94%	0	94%
Nov	2	33%	4	17%	0	95%	0	93%
Dec	2	34%	4	16%	0	95%	0	92%
Jan	2	34%	3	17%	0	95%	0	92%
Feb	2	34%	3	17%	0	95%	0	92%

	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
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	27%	6	13%	2	25%	2	33%	0	95%	0	93%
Jun	4	27%	6	13%	2	25%	2	32%	0	95%	0	92%
Jul	4	28%	6	13%	2	26%	1	34%	0	95%	0	93%
Aug	5	27%	7	13%	2	26%	2	33%	0	95%	0	93%
Sep	4	26%	6	12%	2	24%	2	32%	0	95%	0	92%
Oct	4	27%	5	13%	2	26%	1	34%	0	94%	0	91%
Nov	4	27%	5	13%	2	26%	1	35%	0	94%	0	92%
Dec	4	28%	5	12%	2	25%	1	34%	0	95%	0	93%
Jan	3	28%	4	14%	2	27%	1	34%	0	95%	0	93%
Feb	4	26%	4	13%	2	26%	1	33%	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: 96.9% of all records for tests performed in February 2025 and 98.2% 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 24 July 2025.

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