NHS England

Diagnostics waiting times and activity

Guidance on completing the Monthly Diagnostic waiting times and activity data collection

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This data collection and accompanying definitions and guidance were approved by the SCCI (Standards Committee for Care Information) (ref: R00341).

Contents

Version	Date issued	Changes made
5.3	11 March 2015	Since the previous version, no substantive changes have been made to this document and the underlying definitions remain the same. The main changes made include: • Updating the list of OPCS codes from v4.3 to v4.7 • Removing references to PCTs • Updating the list of FAQs, which accompany this document • Update on 11/03/15: Removed tests U11.1, U11.2 and U11.3 from the list of codes to report in Annex B. Clarified rules on reporting vascular ultrasound tests (see page 28). • Update on 12/05/15: Corrected the code for Computed Tomography of Kidneys in Annex B. • Update on 10/08/15: Changes made to Annex B for clarity.
7.0	9 January 2025	This version brings the guidance up to date, without modifying the underlying definitions. The main changes (highlighted in yellow) include: • Updating references to the collection mechanism to Strategic Data Collection Service (SDCS).

		• Inclusion of Community Diagnostic Centre (CDC) reporting. • Reference to the Waiting List Minimum Data Set (WLMDS) for diagnostic waits. • Updating the list of diagnostic test OPCS codes from v4.7 to v4.10. • Revised Audiology Annex A. • Further clarifications included in the accompanying FAQ document. • Rebranding the document to NHS England.
8.0	29 May 2025	This version reflects the discontinuation of the separate DM01 CDC activity return from 1st June 2025. The changes are highlighted in blue.
8.1	10 July 2025	Remove U36.4 Ultrasound elastography from non-obstetric ultrasound definition (added in v7.0)

Introduction

The purpose of this collection is to measure waits and monitor activity for 15 key diagnostic tests. See section 1 for the tests that are reported. Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

Diagnostic activity data can be used to assess recent and future demand for diagnostic tests and to inform plans to deal with future demand growth. The data collection covers tests/procedures where the primary purpose of the admission or appointment is diagnostic, irrespective of referral route or setting.

The guidance in this document informs the diagnostics section of the Waiting List Minimum Data Set (WLMDS) in addition to the Diagnostic Waiting Time and Activity (DM01) data collections.

The form is split into 2 sections:

- Diagnostics waiting times
- Diagnostics activity

Further guidance on completing each section is shown in the sections below.

Who should complete the form?
The data will be collected online via the Strategic Data Collection Service (SDCS). Providers of NHS diagnostic services download a spreadsheet form and enter their data by commissioner. There is functionality in the form to semi-automate this and to produce an aggregate "total" sheet for the provider. Providers then upload their completed spreadsheet online. After a designated cut-off date, SCDS pull together all provider returns, aggregate the data and produce outputs at commissioner and provider level. Commissioners then have the opportunity to review their data and validate its accuracy by the commissioner deadline.

~~Separate returns cover CDC-funded activity undertaken by Community Diagnostic Centres (CDCs). CDC returns exclude waiting list information.~~

The population for which the commissioner is responsible can be derived from the NHS England document 'Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers', which can be found at: NHS England » Who Pays?

Definition of diagnostic test/procedure
By "diagnostic", this means a test or procedure used to identify and monitor a person's disease or condition and which allows a medical diagnosis to be made. In contrast, a "therapeutic procedure" is one that treats a person's disease,

condition, or injury. Therapeutic procedures should be excluded from this return.

In some cases, procedures are intended as diagnostic up until a point during the procedure when the healthcare professional decides to undertake a therapeutic treatment at the same time, e.g. electrophysiology studies (a diagnostic cardiac procedure that often results in the immediate insertion of a pace-maker). These procedures should still be reported, i.e. include all tests/procedures that are intended to be diagnostic.

Screening tests carried out as part of national screening programmes do not count as a diagnostics test/procedure for the purposes of this return. Patients waiting for a test/procedure as part of a screening programme (e.g. Abdominal aortic aneurysm (AAA) screening) should not be included in this return. However, any subsequent diagnostic procedures that are triggered by an abnormal screening result should be included in the return (e.g. Colonoscopy following a positive faecal immunochemical test (FIT)).

1. Diagnostic tests in scope

Patient waiting times and activity for the following groups of tests and procedures should be reported:

Imaging - Magnetic Resonance Imaging
Imaging - Computer Tomography
Imaging - Non-obstetric ultrasound
Imaging - Barium Enema
Imaging - DEXA Scan
Physiological Measurement - Audiology - audiology assessments
Physiological Measurement - Cardiology - echocardiography
Physiological Measurement - Cardiology - electrophysiology
Physiological Measurement - Neurophysiology – peripheral neurophysiology
Physiological Measurement - Respiratory physiology - sleep studies
Physiological Measurement - Urodynamics - pressures & flows
Endoscopy - Colonoscopy
Endoscopy - Flexi sigmoidoscopy
Endoscopy - Cystoscopy
Endoscopy - Gastroscopy

Section 4 gives further guidance on how these tests are defined and what tests to include in each grouping.

2. Diagnostics Waiting Times (Patients still waiting)

Report patient waiting times for the groups of tests and procedures listed in Section 1.

2.1 Who to Include

Include all patients waiting for a diagnostic test/procedure funded by the NHS. This includes all referral routes (that is whether the patient was referred by a GP, under direct access arrangements, by a hospital-based clinician or other route) and all settings (such as outpatient clinic, inpatient ward, x-ray department, Community Diagnostic Centre, primary care setting, etc.).

2.2 Who to Exclude

Do **not** include waits for diagnostic tests/procedures where:

- The patient is waiting for a **planned (or surveillance)** diagnostic test/ procedure and the patient is recorded on a planned waiting list, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency such as 6-month check cystoscopy.

However, do include patients past their planned date who have moved to an active waiting list; more detailed guidance on waiting times for planned patients is available in section 3.6 of the FAQs document;

- The patient is waiting for a screening test as part of a **screening programme** (e.g. Abdominal aortic aneurysm (AAA) screening). However, do include patients referred for further tests following a positive or suspicious screening test result.
- The patient is an **expectant mother booked for confinement**.
- The patient is **currently admitted to a hospital bed** and is waiting for an emergency or unscheduled diagnostic/test procedure as part of their inpatient treatment.

Only include patients waiting where the prime purpose of the wait is for a diagnostic test/procedure, i.e. do not include patients waiting for a therapeutic operation who may require routine diagnostic tests/procedures following their admission.

2.3 How to Count the Waiting Time

For each patient still waiting, report their length of wait in weeks on the **last day of the month** in question (i.e. a snapshot).

To measure the waiting times:

- **The clock starts** when the request for a diagnostic test or procedure is made. For e-Referrals, this is the date of the first booking of the UBRN (whether for a diagnostic or interface service) or the date it appears on the Appointment Slot Issues list for the Provider. For e-Referrals to a referral assessment service (RAS), it is the date the referral appears on the referrals for review worklist and for an Advice and Guidance service it is the date it is converted into a referral by the provider. If the RAS or A&G service decides against the diagnostic test, it is removed from the diagnostic waiting list.
- **The clock stops** when the patient receives the diagnostic test/procedure.

If a patient cancels or misses an appointment for a diagnostic test/procedure, then the diagnostic waiting time clock continues until the date of the appointment that the patient cancelled or missed, whereupon it is set to zero and the waiting time starts again. Where this presents a significant technical challenge, especially for appointments cancelled in advance by the patient, the same clock can continue if there is still an intention to carry out a diagnostic test, or it may be reset to the day of cancellation or to the day a rebooking is made.

Similarly, if a patient turns down two reasonable appointments on different days (that is, appointments for a time and date three or more weeks from the time that the offer was made)[1], then the diagnostic waiting time for that test/procedure can be set to zero from the first date offered.

[1] https://www.datadictionary.nhs.uk/supporting_information/reasonable_offer

2.4 Patients waiting for more than one diagnostic test

Patients may be waiting for more than one diagnostic test/procedure at the same time. For example, a patient presenting with breathlessness could have a heart or a lung condition and therefore might need to have both cardiology and respiratory tests This may result in more than one diagnostic clock start.

However, patients awaiting two or more diagnostic tests of the same type should have a single waiting time clock if they are to be performed together. Examples include multiple CT scans performed together, audiology hearing and balance tests and both upper and lower ("top and tail") endoscopy. Where there is uncertainty over which test type to attribute the waiting time to, this may be either the first test listed or the most complex test, at the discretion of the submitter.

Where a patient needs test X initially and, once this has been carried out, a further test (test Y) is required, the patient would have one waiting time clock running for test X. Once test X is complete, a new clock is started to measure the waiting time for test Y.

3. Diagnostics activity (Tests/procedures)

Report the number of tests/procedures (actual **number carried out during the month** in question) for the groups of tests and procedures listed in Section 1.

3.1 What to include

Include all relevant tests and procedures funded by the NHS. This includes all referral routes (that is whether the patient was referred by a GP, under direct access arrangements, by a hospital-based clinician or other route) and all settings in which they are carried out (such as outpatient clinic, inpatient ward, x-ray department, Community Diagnostic Centre, primary care setting, etc.).

3.2 How to count activity

Count one unit of activity for each distinct clinical test/procedure carried out. Examples are shown below

- An angiography patient has one scan immediately prior to injecting contrast dye and then a further scan after injection of contrast dye – this would count as one distinct clinical test/procedure even though two scans have been carried out as part of the procedure. Alternatively if a patient has an angiography followed by an echocardiography on the same day, count this as two distinct clinical tests/procedures.
- A patient having more than one MR scan of a knee at the same visit would count as one unit of activity. However, a patient having one CT scan of a knee and one CT scan of a shoulder, or MR angiography and a

Cardiac MRI scan at the same time, would count as two units of activity. As a guide, it is likely that one unit of activity equates to one patient visit to the imaging department.

- For audiology, a patient having several component tests as part of a hearing or balance assessment would count as one unit of activity. However, a patient receiving both hearing and balance assessments would count as two units of activity. Examples of audiology tests are shown in Annex A

3.3 Categories of activity

Waiting list tests/procedures – excluding planned

Count the number of diagnostic tests or procedures carried out during the month for which the patient had waited on a waiting list. Include overdue planned diagnostic tests being managed on the waiting list. Include all relevant tests/ procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, Community Diagnostic Centre, outpatient clinic etc.).

If the procedure is carried out as an inpatient or daycase admission, the following admission method codes apply: 11, 12.

In the audiology section, patients who attend an ENT clinic and are then sent for an immediate audiology assessment should be counted as WAITING LIST patients. In effect, these patients will have a waiting time of zero as they are seen on the same day.

Planned tests/procedures (surveillance)

Count the number of planned (or surveillance) diagnostic tests or procedures carried out during the month for which the patient had waited on a planned waiting list. A planned diagnostic test/procedure is a procedure or series of procedures carried out as part of a treatment plan which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency.

Examples include:

- 6 month check cystoscopy
- CT staging diagnosis e.g. monitoring tumour growth or soft tissue degeneration.
- An audiology test carried out under a set care plan, e.g patient comes back for a re-test in 6 months time. In audiology, it is important to stress than patients coming via ENT clinics can be classed either as planned or waiting list depending on their circumstances.

Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

If a patient is classed as planned because they clinically have to wait a period of time (as above), the patient should be booked in for an appointment at the appropriate time. If this time has elapsed without the test being performed, it should be actively managed on the waiting list to ensure that the patient is seen. For example, a patient having a re-test 6 months on should be booked in around 6 months later. They should not get to 6 months, then have to wait again. This is not an acceptable use of a planned list.

If the procedure is carried out as an inpatient or daycase admission, the following admission method code applies: 13.

Unscheduled tests/procedures

Count the number of diagnostic tests or procedures carried out during the month on patients following an emergency admission, as well as any diagnostic tests/procedures on patients in A&E. Include all relevant tests/ procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

The following admission codes apply: 21,22,23,24,25,28,2A,2B,2C,2D,31,32.

In the audiology section, patients who attend an ENT clinic and are then sent for an immediate audiology assessment should be counted as WAITING LIST patients. In effect, these patients will have a waiting time of zero as they are seen on the same day.

Diagnostic tests/procedures carried out on patients who have an appointment or admission that is primarily for an operation or therapeutic procedure should also be reported as diagnostics activity in the “unscheduled” column of the proforma.

4. Definition of each diagnostic group

Imaging – Magnetic Resonance Imaging (MRI)

Magnetic resonance imaging (MRI) is similar to a CT scan but uses Magnetism and radio waves to build up a series of cross-sectional images. MRI pictures are so precise that they often provide as much information as directly looking at the tissues. For this reason you can form two-or three-dimensional images that may be viewed on a monitor.

MR angiography (MRA) is an MRI study of the blood vessels. It utilises MRI technology to detect, diagnose and aid the treatment of heart disorders, stroke, and blood vessel diseases. MRA provides detailed images of blood vessels without using any contrast material, although today a special form of contrast usually is given to make the MRI images even clearer. The procedure is painless, and the magnetic field is not known to cause tissue damage of any kind.

Imaging – Computed Tomography (CT)

Computed tomography (CT), sometimes called CAT scan, is another x-ray technique using a scanner that takes a series of pictures across the body allowing the radiologist to view the images in two dimensional or three dimensional form. Spiral CT is the most modern form of this imaging with the pictures being produced in only a few seconds.

CT imaging is particularly useful because it can show several types of tissue with great clarity, including organs such as the liver, spleen, pancreas and kidneys. Using specialised equipment and expertise to create and interpret CT scans of the lower gastrointestinal (GI) tract, the colon, and the rectum, can produce accurate diagnoses of the symptoms of abdominal pain. Often, no additional diagnostic work-up is necessary and treatment planning can begin immediately.

Imaging - Non-obstetric ultrasound

Ultrasound consists of high frequency sound waves too high for the human ear to detect, rather like the noise used by bats and dolphins to determine where they are. Ultrasound scanning is used for examining soft tissue and fluid filled organs in the body such as the bladder and gallbladder, which do not show up clearly on X-rays. It can detect abnormalities such as tumours.

Ultrasound waves cannot easily pass through bone or gas, so it is of less use for some parts of the body - for example, those parts of the body surrounded by bone like the brain and spinal cord. The lungs and the intestines are also not suitable for ultrasound examination.

Obstetric ultrasounds are defined as ultrasounds on the reproductive tract of pregnant women. These should be excluded.

Do not include non-obstetric ultrasound procedures covered in other test categories on the form, e.g. exclude echocardiography.

Imaging – DEXA Scan

A DEXA scan (Dual-energy X-ray absorptiometry) is used to determine bone density. The procedure involves a low dose of X-rays passed across the body. X-rays are separated into beams of differing intensity enabling the scan to detect the density of bone and soft tissue separately.

It is a fast and accurate test, and is preferred over other X-ray procedures as it is more sensitive. DEXA scans measure the calcium content in the bones - this cannot be evaluated in other plain film X-rays. In addition, DEXA can be used to detect other bone disorders and conditions, and to monitor the relative amounts of body fat and muscle in the body.

The scan usually takes between 10 and 30 minutes. No preparation for the test is required and the patient can go straight home immediately.

Imaging – Barium Enema

A barium enema is a radiographic procedure that uses X-rays to examine the large bowel (colon and rectum). It is used to detect abnormal findings in the large intestine. These may include cancer, non-cancerous growths (polyps), inflammation of the inner lining of the intestine, ulcers and other disease processes.

For 48 hours before the test, the patient needs to follow a special diet and take a special laxative preparation prior to the examination. Unless the patient is already in the hospital, it is done routinely in outpatients.

Physiological Measurement - Audiology – Audiology Assessments

Audiology involves a wide range of hearing and balance assessments. These assessments determine functional ability, possible pathologies and impact on related daily activities. Following assessment, an appropriate care pathway is selected for treatment (e.g. surgery for cochlear implant) and support, but more often for rehabilitative support strategies (e.g. programmed digital signal processing (DSP or ‘digital’) hearing aids, counselling, assistive listening devices) to improve the ability to participate in daily activities.

All waits for assessment (whether consultant led or Direct Access) should be included in this line of the monthly collection. This also includes paediatric waits. It should include the following categories of tests from the national census:

- Referral for hearing aid assessment (new patients)
- Re-referral for hearing aid assessment
- Referral for complex needs hearing aid assessment
- Bone anchored hearing aid (BAHA) assessment
- Referral for cochlear implant candidacy assessment (adult)
- Adult audio-vestibular assessment

- Tinnitus assessment
- Balance assessment
- Referral for cochlear implant candidacy assessment (paediatric)
- Paediatric hearing services following newborn screening
- Audiological assessment at 2nd and 3rd tier clinic (pre-school and school-age)

Referrals made to a service operating the 'assess and fit' model should be reported as a Direct Access Audiology pathway. Where these services are established in order to deliver 18 weeks pathways, it is not necessary to report the waiting times on the DM01. However, waiting list activity should be reported as it forms part of the data completeness calculation for Direct Access audiology RTT return.

Waits for re-assessment for an upgrade to a digital hearing aid or new digital hearing aid should be included once a review has taken place and it has been decided that the patient requires assessment for a possible new hearing aid. They should then appear on a waiting list. Such reviews may be conducted by telephone, questionnaire or in person by an audiology assistant.

Children who are seen by a school nurse should be included on the waiting list once a referral has been made. School nurse activity does not form part of this return, although subsequent tests following referral will.

Details of the tests that are included in these categories are given in Annex A. Please see general notes for filling in the activity section in section 2 above.

Physiological Measurement - Cardiology – echocardiography (Echos)

A technique which uses high frequency sound waves (ultrasound) to produce images of the heart. The images obtained are then used to detect structural and/or functional abnormalities of the heart. It is either performed by putting a probe on the external surface of the chest (usually referred to as "echos") or in a more invasive procedure where the probe is passed into the oesophagus.

This diagnostic test provides visual information regarding the function of the heart, enables inspection of the heart valves to check whether they are opening and closing properly and allows for measurement of the heart's chambers, major blood vessels and the thickness of the heart walls. Doppler ultrasound studies give information regarding the direction and velocity of blood flow within the heart.

Echocardiography is used in the diagnosis of heart failure, valve disease, congenital heart disease, cardiomyopathy (disease of the heart muscle), pericardial effusion (fluid surrounding the heart) and to detect the presence of thrombus (blood clots), infective vegetation's and tumours in the heart. The two most common methods of undertaking the procedure are described further below:

1) Transthoracic echocardiogram (TTE) - a non-invasive procedure where the probe is placed on the external chest wall. This procedure is the most commonly performed type of echocardiogram. TTE is also used during a technique known as stress echocardiography (or exercise test). This specialist technique enables assessment of cardiac function when the heart is working harder (either during exercise or following injection of a drug that increases the heart rate and contractility).
2) Transoesophageal echocardiogram (TOE) - during this procedure a small flexible tube on which a probe is mounted, is passed into the oesophagus. As the oesophagus lies directly behind the heart, the pictures obtained using this approach are usually of superior quality and are particularly valuable in patients who have had valve replacements, those with a suspected blood clot or infection in the heart and in patients where inadequate images have been obtained using the transthoracic approach. The technique requires the patient to be sedated or under general anaesthetic and is usually performed under the direction of medical cardiologists.

Physiological Science - Cardiology – electrophysiology

Electrophysiology studies (EPS) is an invasive procedure (carried out as either a day case or an in-patient) and undertaken in the cardiac catheterisation laboratory (cardiac cath lab). It involves placing catheters with multiple electrodes at specific sites within the heart, using x-ray and/or electromagnetic imaging techniques to correctly position them. The procedure demands the use of complex equipment to enable the acquisition of multiple recordings from the heart to be monitored, recorded and stored.

An EPS procedure provides a detailed analysis of the heart's electrical conduction system to assess whether it functions correctly, to locate the site of abnormalities and support treatment to patients using a technique known as radiofrequency ablation (destroying the small area of tissue that is causing or involved in the problem).

An EPS procedure may often result in immediate treatment being carried out on the patient. During the EPS procedure, the operator will use electrical stimuli to deliberately induce rhythm disturbances in order to establish a diagnosis. The operator will usually interpret the results at the time and treatment in the form of ablation or insertion of a device, for example an ICD (implantable cardiovertor defibrillator) or pacemaker, may be undertaken at the same time. EPS procedures should however be reported in the diagnostics data collection if they are initially intended as diagnostic or part diagnostic, regardless of whether or not a treatment was subsequently carried out at the time.

Physiological Measurement - Neurophysiology - peripheral neurophysiology

Peripheral neurophysiology includes two tests:

1) Nerve Conduction Studies (NCS) - measure the function of the peripheral nervous system, i.e. nerves and muscles. NCS involves supramaximal

surface electrical stimulation of sensory, motor and/or mixed nerves (median, ulnar, radial, tibial, sural and peroneal are the most common nerves investigated) with the resultant waveform recorded by surface or needle electrodes over the relevant muscle or nerve. The amplitude and latency is recorded and conduction velocity calculated. Other investigations include Thermal Threshold Testing, Decrement Testing etc.

2) Electromyography (EMG) - is a diagnostic procedure that measures the electrical activity of the muscle to gather information about muscular system. It is used to investigate the causes of muscular weakness, spinal problems, MND (Motor Neurone Disease) and a large variety of disorders affecting the peripheral nervous system. EMG is performed in conjunction with other NCS and clinical examination.

Electrical activity from muscle fibres is recorded with a concentric needle electrode inserted in the muscle, at rest, during partial and full voluntary contraction. Examinations can be lengthy (over one hour). More complex investigations are less commonly performed e.g. single fibre studies.

These tests are performed by one of the following – Consultant Clinical Neurophysiologist, Clinical Physiologist (Neurophysiology) or doctors in other specialties trained in Neurophysiology. A consultant usually reports the investigation results.

Physiological Measurement - Respiratory physiology - sleep studies

Sleep studies encompass a broad range of technologies employed to study and diagnose a variety of sleep-breathing problems, including sleep disruption from airway obstruction and related nocturnal ventilatory failure. The tests involve monitoring the patient while asleep and making an assessment of a number of physiological measurements including chest wall movement, the flow of air through the nose and mouth, oxygen levels in the blood, arousal rates (pulse rises) and/or sleep staging as well as monitoring body position. One of the key outcome measures caused by sleep disordered breathing are daytime measures of sleepiness or blood gas levels. Tests are often used to differentiate between benign snoring and obstructive sleep apnoea.

Although different combinations of techniques can be used, sleep studies generally fall into the following categories:

- Oximetry.- Basic assessment of overnight oxygen levels.
- Actigraphy. - Basic assessment of nocturnal limb movements.
- Cardiopulmonary Sleep Studies (Non-EEG) (or Semi-polysomnography) - Complex multi-channel recording of breathing patterns, oxygen levels and sound to determine degree of suspected sleep disordered breathing.
- Full polysomnography (EEG, EOG, EMG). - Highly complex assessment of sleep pattern, coupled with data obtained from semi-polysomnographic studies.

- Multiple sleep latency test / maintenance of wakefulness test (MWT) - Determination of the drive to sleep or the ability to remain awake by studying sleep onset during the day after full polysomnography.
- Osler test - A non-EEG method of the multiple sleep latency test / maintenance of wakefulness test (MWT).
- Nasal CPAP - Assessment of patients with obstructive sleep apnoea where a diagnostic test is required (if purely therapeutic do not include)

The majority of these tests will involve a respiratory physiologist although respiratory physicians may be involved in the reporting and interpretation – particularly of the more complex investigations.

Urodynamics – pressures & flows

The lower urinary tract comprises the bladder (a reservoir for the storage and expulsion of urine) and the urethra (which acts as a valve to contain urine within the bladder during urine storage and acts as a conduit to convey urine away from the body during voiding). Urodynamics is an umbrella term describing physiological measurements of the bladder and urethra's ability to fulfil these functions, including pressures & flows.

In pressure & flows studies, the pressure inside the bladder is monitored as the patient empties their bladder and the urinary flow rate is measured simultaneously. This test helps identify the cause of any voiding difficulty by determining whether the difficulty is because of some obstruction (e.g. an enlarged prostate) or whether it is due to a bladder of poor contractility (poor squeeze).

Urodynamics tests are generally carried out in a urological or gynaecological department. A minority of other specialties also house urodynamic facilities. It is rarely carried out in a dedicated "physiological measurement" laboratory.

The main healthcare professionals who carry out urodynamics are doctors (principally urologists and gynaecologists), and nurses. Physiotherapists, clinical scientists, physiological measurement technicians also carry out urodynamics but these are in the minority and there are only a few of these who will carry it out as the sole/principal investigator.

Endoscopy – Colonoscopy

A colonoscopy is an examination of the lining of the colon (large bowel) using a flexible fibre optic tube.

A colonoscopy is useful as a check for certain bowel conditions and to help establish the cause of symptoms such as changes in bowel habit or pain in the abdomen. It may sometimes be required to confirm the results of other examinations, for example a barium enema.

During the procedure, a biopsy may be taken for further examination. The procedure may also be used to remove polyps found on the lining of the colon.

Endoscopy - Flexible Sigmoidoscopy

A procedure to examine the lining of the rectum and lower colon. It may be required to confirm the results of other examinations for example a barium enema or as part of a cancer-screening programme.

During the procedure, a biopsy may be taken for further examination.

Endoscopy - Cystoscopy

A cystoscopy is an examination of the bladder and the urethra which is performed either as an aid to diagnosis of lower urinary tract symptoms; or as part of a treatment plan relating to a specific condition, e.g. bladder tumour or stones.

Flexible and rigid cystoscopes enable a variety of procedures for example biopsies, bladder stone removal, to treat bladder tumours or for the diagnosis and follow up of most bladder tumours.

Endoscopy – Gastroscopy

Endoscopy is the direct visual examination of any part of the interior of the body by means of an optical viewing instrument. Endoscopes are steerable, flexible, cylindrical instruments usually containing multiple channels and equipped with fibre optics for illuminating and viewing. An endoscope may be introduced to the body through a natural orifice - the nose, mouth, urethra or anus, or through a small surgical incision made for the purpose.

Many therapeutic endoscopic operations are carried out at the same time as an endoscopic diagnostic procedure. If a diagnostic endoscopic procedure proceeds to a therapeutic endoscopic procedure on the same site, during the same theatre visit, it is not necessary to code the diagnostic procedure in addition. Therefore, OPCS codes that maybe both diagnostic and therapeutic endoscopies are listed in this guidance. Please note that endoscopies that are entirely therapeutic should not be included.

Gastroscopy (Upper Gastro Intestinal endoscopy) is a procedure to examine the lining of the upper part of the gastrointestinal tract using a thin flexible fibre optic tube (endoscope). It is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting and difficulty in swallowing or bleeding from the upper gastrointestinal tract.

Gastroscopy may follow other diagnostic tests such as X-rays. It can detect early cancer and can assist in distinguishing between benign and malignant conditions when biopsies of suspicious areas are obtained.

5. Contact details/further information

For further clarification please see the FAQ document to accompany this guidance:

https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/

If you have any comments on the document or any queries, please contact:

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Annex A: Audiology guidance

See separate document

Annex B: OPCSv4.10 codes

When using this list to determine what category to report a test or procedure, use the **first** number in the header of the table to identify the category. For example, a test appearing in table '3.2 - Endoscopic Ultrasound - Non-Obstetric' would be counted as a Non-Obstetric Ultrasound test, as it is 3rd in the order of tests.

The order of the 15 key tests is as follows.

1. Imaging - Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy - Gastroscopy

1.1 - Magnetic resonance imaging - MRI

OPCS 4.10 Code	Description of Test / Procedure
U01.2	Magnetic resonance imaging of whole body
U05.2	Magnetic resonance imaging of head
U05.3	Functional magnetic resonance imaging of head
U05.5	Magnetic resonance imaging of spine
U07.2	Magnetic resonance imaging of chest
U08.5	Magnetic resonance imaging of abdomen
U09.3	Magnetic resonance imaging of pelvis
U10.3	Cardiac magnetic resonance imaging
U13.3	Magnetic resonance imaging of bone
U16.2	Magnetic resonance cholangiopancreatography
U21.1	Magnetic resonance imaging NEC *(not elsewhere classified)*
U37.1	Magnetic resonance imaging of kidneys

1.2 - Magnetic resonance angiography - MRA

OPCS 4.10 Code	Description of Test / Procedure
U11.7	Magnetic resonance angiography *(vascular system)*

2.1 - Computed tomography - CT

OPCS 4.10 Code	Description of Test / Procedure
U01.1	Computed tomography of whole body
U05.1	Computed tomography of head
U05.4	Computed tomography of spine
U06.1	Computed tomography of sinuses
U07.1	Computed tomography of chest
U08.1	Computed tomography of abdomen NEC *(not elsewhere classified)*
U09.1	Computed tomography of pelvis
U10.1	Cardiac computed tomography for calcium scoring
U10.2	Cardiac computed tomography angiography
U11.4	Computed tomography scan of cerebral vessels
U13.6	Computed tomography of bone
U17.5	Computed tomography of colon
U21.2	Computed tomography NEC *(not elsewhere classified)*
U35.4	Computed tomography of pulmonary arteries
U35.5	Computed tomography angiography NEC
U37.2	Computed tomography of kidneys

2.2 - Positron emission tomography – PET

OPCS 4.10 Code	Description of Test / Procedure
U10.4	Myocardial positron emission tomography
U21.3	Positron emission tomography NEC (not elsewhere classified)
U36.2	Positron emission tomography with computed tomography NEC

3.1 - Ultrasound – Non-Obstetric

OPCS 4.10 Code	Description of Test / Procedure
U06.3	Ultrasound of thyroid gland
U08.2	Ultrasound of abdomen
U09.2	Ultrasound of pelvis
U12.2	Ultrasound of scrotum
U12.3	Ultrasound of kidneys
U12.4	Ultrasound of bladder
U13.2	Ultrasound of bone
U21.6	Ultrasound scan NEC *(not elsewhere classified)*
~~U36.4~~	~~Ultrasound elastography~~
C87.4	Ultrasonic evaluation of retina
K51.2	Intravascular ultrasound of coronary artery
Q55.5	Transvaginal ultrasound examination of female genital tract

Vascular Ultrasound tests should not be reported in the DM01 return. Please report these tests in the Waiting List Minimum Dataset.

3.2 - Endoscopic Ultrasound - Non-Obstetric

OPCS 4.10 Code	Description of Test / Procedure
G16.2	Diagnostic fibreoptic endoscopic ultrasound examination of oesophagus
G45.2	Fibreoptic endoscopic ultrasound examination of upper gastrointestinal tract
J09.2	Laparoscopic ultrasound examination of liver and biopsy of lesion of liver
J09.3	Laparoscopic ultrasound examination of liver NEC *(not elsewhere classified)*
J17.1	Endoscopic ultrasound examination of liver and biopsy of lesion of liver
J17.8	Other specified endoscopic ultrasound examination of liver
J17.9	Unspecified endoscopic ultrasound examination of liver
J51.1	Laparoscopic ultrasound examination of bile duct and biopsy of lesion of bile duct
J51.8	Other specified laparoscopic ultrasound examination of bile duct
J51.9	Unspecified laparoscopic ultrasound examination of bile duct
J53.1	Endoscopic ultrasound examination of bile duct and biopsy of lesion of bile duct
J53.8	Other specified endoscopic ultrasound examination of bile duct
J53.9	Unspecified endoscopic ultrasound examination of bile duct
J73.1	Laparoscopic ultrasound examination of pancreas and biopsy of lesion of pancreas
J73.8	Other specified laparoscopic ultrasound examination of pancreas
J73.9	Unspecified laparoscopic ultrasound examination of pancreas
J74.1	Endoscopic ultrasound examination of pancreas and biopsy of lesion of pancreas
J74.8	Other specified endoscopic ultrasound examination of pancreas

J74.9	Unspecified endoscopic ultrasound examination of pancreas
T43.3	Diagnostic endoscopic ultrasound examination of peritoneum
T43.4	Diagnostic endoscopic ultrasound examination of peritoneum and biopsy of intraabdominal organ

4 - Barium Enema, Barium Swallow

OPCS 4.10 Code	**Description of Test / Procedure**
U17.3	Barium swallow
U17.4	Barium Enema

5 - DEXA Scan (Dual-energy X-ray absorptiometry)

OPCS 4.10 Code	**Description of Test / Procedure**
U13.1	Bone densitometry

6 - Audiology Assessment

OPCS 4.10 Code	**Description of Test / Procedure**
U24.1	Pure tone audiometry
U24.2	Balance assessment
U24.3	Hearing assessment
U24.8	Other specified diagnostic audiology
U24.9	Unspecified diagnostic audiology

7 - Cardiology - Echocardiography

OPCS 4.10 Code	**Description of Test / Procedure**
U20.1	Transthoracic echocardiography **(TTE)**
U20.2	Transoesophageal echocardiography **(TOE)**
U20.3	Intravascular echocardiography
U20.4	Epicardial echocardiography
U20.5	Stress echocardiography
U20.6	Fetal echocardiography
U20.8	Other specified diagnostic echocardiography
U20.9	Unspecified diagnostic echocardiography
K58.5	Transluminal intracardiac echocardiography

8 - Cardiology - Electrophysiology

OPCS 4.10 Code	**Description of Test / Procedure**
K58.2	Percutaneous transluminal electrophysiological studies on conducting system of heart

9 – Neurophysiology – Peripheral Neurophysiology

OPCS 4.10 Code	Description of Test / Procedure
A84.2	Electromyography
A84.3	Nerve conduction studies

10 - Respiratory physiology - Sleep studies

OPCS 4.10 Code	Description of Test / Procedure
A84.7	Sleep studies NEC *(not elsewhere classified)*
U33.1	Polysomnography (*Includes cardiopulmonary sleep studies*)

11 - Urodynamics

OPCS 4.10 Code	Description of Test / Procedure
U26.4	Urodynamics NEC *(not elsewhere classified)*
M47.4	Urodynamic studies using catheter

12- Colonoscopy

OPCS 4.10 Code	Description of Test / Procedure
H20.1	Fibreoptic endoscopic snare resection of lesion of colon
H20.2	Fibreoptic endoscopic cauterisation of lesion of colon
H20.3	Fibreoptic endoscopic laser destruction of lesion of colon
H20.4	Fibreoptic endoscopic destruction of lesion of colon NEC
H20.5	Fibreoptic endoscopic submucosal resection of lesion of colon
H20.6	Fibreoptic endoscopic resection of lesion of colon NEC
H20.7	Fibreoptic endoscopic mucosal resection of lesion of colon
H20.8	Other specified endoscopic extirpation of lesion of colon
H20.9	Unspecified endoscopic extirpation of lesion of colon
H22.1	Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon
H22.8	Other specified endoscopic examination of colon
H22.9	Unspecified endoscopic examination of colon

13 - Flexible Sigmoidoscopy

OPCS 4.10 Code	Description of Test / Procedure
H23.1	Endoscopic snare resection of lesion of lower bowel using fibreoptic sigmoidoscope
H23.2	Endoscopic cauterisation of lesion of lower bowel using fibreoptic sigmoidoscope
H23.3	Endoscopic laser destruction of lesion of lower bowel using fibreoptic sigmoidoscope
H23.4	Endoscopic destruction of lesion of lower bowel using fibreoptic sigmoidoscope NEC

H23.5	Endoscopic submucosal resection of lesion of lower bowel using fibreoptic sigmoidoscope
H23.6	Endoscopic resection of lesion of lower bowel using fibreoptic sigmoidoscope NEC
H23.7	Endoscopic mucosal resection of lesion of lower bowel using fibreoptic sigmoidoscope
H23.8	Other specified endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
H23.9	Unspecified endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
H25.1	Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fibreoptic sigmoidoscope
H25.2	Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fibreoptic sigmoidoscope
H25.8	Other specified diagnostic endoscopic examination of lower bowel using fibreoptic sigmoidoscope
H25.9	Unspecified endoscopic examination of lower bowel using fibreoptic sigmoidoscope

14.1 - Ureteroscopy

OPCS 4.10 Code	**Description of Test / Procedure**
M30.1	Endoscopic retrograde pyelography
M30.2	Endoscopic catheterisation of ureter
M30.3	Endoscopic ureteric urine sampling
M30.4	Nephroscopic ureteroscopy
M30.5	Diagnostic endoscopic examination of ureter and biopsy of lesion of ureter NEC
M30.6	Diagnostic endoscopic examination of ureter and biopsy of lesion of ureter using rigid ureteroscope
M30.8	Other specified endoscopic examination of ureter
M30.9	Unspecified endoscopic examination of ureter

14.2 - Cystoscopy

OPCS 4.10 Code	**Description of Test / Procedure**
M45.1	Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder NEC *(not elsewhere classified)*
M45.2	Diagnostic endoscopic examination of bladder and biopsy of lesion of prostate NEC *(not elsewhere classified)*
M45.3	Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder using rigid cystoscope
M45.4	Diagnostic endoscopic examination of bladder and biopsy of lesion of prostate using rigid cystoscope
M45.5	Diagnostic endoscopic examination of bladder using rigid cystoscope
M45.8	Other specified diagnostic endoscopic examination of bladder
M45.9	Unspecified diagnostic endoscopic examination of bladder

14.3 - Urethroscopy

OPCS 4.10 Code	Description of Test / Procedure
M77.1	Diagnostic endoscopic examination of urethra and biopsy of lesion of urethra
M77.8	Other specified diagnostic endoscopic examination of urethra
M77.9	Unspecified diagnostic endoscopic examination of urethra

14.4 - Other Cystoscopy

OPCS 4.10 Code	Description of Test / Procedure
M42.1	Endoscopic resection of lesion of bladder
M42.2	Endoscopic cauterisation of lesion of bladder
M42.3	Endoscopic destruction of lesion of bladder NEC
M42.8	Other specified endoscopic extirpation of lesion of bladder
M42.9	Unspecified endoscopic extirpation of lesion of bladder
M43.1	Endoscopic transection of bladder
M43.2	Endoscopic hydrostatic distension of bladder
M43.3	Endoscopic overdistension of bladder NEC
M43.4	Endoscopic injection of neurolytic substance into nerve of bladder
M43.8	Other specified endoscopic operations to increase capacity of bladder
M43.9	Unspecified endoscopic operations to increase capacity of bladder
M65.1	Endoscopic resection of prostate using electrotome
M65.2	Endoscopic resection of prostate using punch
M65.3	Endoscopic resection of prostate NEC
M65.4	Endoscopic resection of prostate using laser
M65.8	Other specified endoscopic resection of outlet of male bladder
M65.9	Unspecified endoscopic resection of outlet of male bladder

15.1 - Gastroscopy

OPCS 4.10 Code	Description of Test / Procedure
G45.1	Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract
~~G45.2~~	~~Fibreoptic endoscopic ultrasound examination of upper gastrointestinal tract~~
G45.3	Fibreoptic endoscopic insertion of Bravo pH capsule into upper gastrointestinal tract
G45.4	Fibreoptic endoscopic examination of upper gastrointestinal tract and staining of gastric mucosa
G45.8	Other specified fibreoptic endoscopic examination of upper gastrointestinal tract
G45.9	Unspecified fibreoptic endoscopic examination of upper gastrointestinal tract

15.2 - Duodenoscopy (limited examination of duodenum only)

OPCS 4.10 Code	Description of Test / Procedure
G55.1	Diagnostic endoscopic examination of duodenum and biopsy of lesion of duodenum
G55.8	Other specified diagnostic endoscopic examination of duodenum
G55.9	Unspecified diagnostic endoscopic examination of duodenum

15.3 - Jejunoscopy

OPCS 4.10 Code	Description of Test / Procedure
G65.1	Diagnostic endoscopic examination of jejunum and biopsy of lesion of jejunum
G65.8	Other specified diagnostic endoscopic examination of jejunum
G65.9	Unspecified diagnostic endoscopic examination of jejunum

15.4 - Ileoscopy/Enteroscopy

OPCS 4.10 Code	Description of Test / Procedure
G80.1	Diagnostic endoscopic examination of ileum and biopsy of lesion of ileum
~~G80.2~~	~~Wireless capsule endoscopy~~
G80.3	Diagnostic endoscopic balloon examination of ileum
G80.8	Other specified diagnostic endoscopic examination of ileum
G80.9	Unspecified diagnostic endoscopic examination of ileum

15.5 – Other Gastroscopy

OPCS 4.10 Code	Description of Test / Procedure
G14.1	Fibreoptic endoscopic snare resection of lesion of oesophagus
G14.2	Fibreoptic endoscopic laser destruction of lesion of oesophagus
G14.3	Fibreoptic endoscopic cauterisation of lesion of oesophagus
G14.4	Fibreoptic endoscopic injection sclerotherapy to varices of oesophagus
G14.5	Fibreoptic endoscopic destruction of lesion of oesophagus NEC
G14.6	Fibreoptic endoscopic submucosal resection of lesion of oesophagus
G14.7	Fibreoptic endoscopic photodynamic therapy of lesion of oesophagus
G14.8	Other specified fibreoptic endoscopic extirpation of lesion of oesophagus
G14.9	Unspecified fibreoptic endoscopic extirpation of lesion of oesophagus
G16.1	Diagnostic fibreoptic endoscopic examination of oesophagus and biopsy of lesion of oesophagus
G16.2	Diagnostic fibreoptic endoscopic ultrasound examination of oesophagus
G16.3	Diagnostic fibreoptic insertion of Bravo pH capsule into oesophagus

G16.8	Other specified diagnostic fibreoptic endoscopic examination of oesophagus
G16.9	Unspecified diagnostic fibreoptic endoscopic examination of oesophagus
G17.1	Endoscopic snare resection of lesion of oesophagus using rigid oesophagoscope
G17.2	Endoscopic laser destruction of lesion of oesophagus using rigid oesophagoscope
G17.3	Endoscopic cauterisation of lesion of oesophagus using rigid oesophagoscope
G17.4	Endoscopic injection sclerotherapy to varices of oesophagus using rigid oesophagoscope
G17.8	Other specified endoscopic extirpation of lesion of oesophagus using rigid oesophagoscope
G17.9	Unspecified endoscopic extirpation of lesion of oesophagus using rigid oesophagoscope
G19.1	Diagnostic endoscopic examination of oesophagus and biopsy of lesion of oesophagus using rigid oesophagoscope
G19.2	Diagnostic endoscopic insertion of Bravo pH capsule using rigid oesophagoscope
G19.8	Other specified diagnostic endoscopic examination of oesophagus using rigid oesophagoscope
G19.9	Unspecified diagnostic endoscopic examination of oesophagus using rigid oesophagoscope
G43.1	Fibreoptic endoscopic snare resection of lesion of upper gastrointestinal tract
G43.2	Fibreoptic endoscopic laser destruction of lesion of upper gastrointestinal tract
G43.3	Fibreoptic endoscopic cauterisation of lesion of upper gastrointestinal tract
G43.4	Fibreoptic endoscopic sclerotherapy to lesion of upper gastrointestinal tract
G43.5	Fibreoptic endoscopic destruction of lesion of upper gastrointestinal tract NEC
G43.6	Fibreoptic endoscopic injection therapy to lesion of upper gastrointestinal tract NEC
G43.7	Fibreoptic endoscopic rubber band ligation of upper gastrointestinal tract varices
G43.8	Other specified fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
G43.9	Unspecified fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract

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