

Diagnostic Imaging Dataset Annual Statistical Release 2024/25

Version 1, 27th November 2025

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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 provides 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 England.

This publication finalises estimates of imaging activity in 2024/25.

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

The cancer strategy was subsequently part of the NHS Long Term Plan, see <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/cancer/>.

2 Headline Messages

For all imaging activity:

- 49.9 million imaging tests were reported in England in the year to March 2025, compared with 47.2 million in the previous year, an increase of 5.9%.
- Plain Radiography (X-ray) was most common with 23.5 million procedures (up 4.1% from 2023/24), followed by Diagnostic Ultrasonography (Ultrasound, 11.5 million, up 5.9%), Computerized Axial Tomography (CT Scan, 8.3 million up 8.7%) and Magnetic Resonance Imaging (MRI, 4.9 million, up 10.1%).
- The median period between the request being made and the test being performed varied from the same day for X-ray, Fluoroscopy and Medical Photography up to 22 days for Nuclear Medicine scans in 2024/25.
- Across all types of imaging, emergency admissions and inpatients have shorter waits than outpatients and referrals made under GP direct access arrangements.
- The median period from a test being performed to the report being issued varied from the same day for CT scan, Ultrasound, Fluoroscopy and Medical Photography up to 4 days for MRI in 2024/25 (the same as in 2023/24).

For the key tests² Chest X-ray or CT, Brain MRI and Non-obstetric Ultrasound of the Abdomen and/or pelvis or Kidney/bladder:

- In 2024/25, GPs requested 26.6% of all tests that may have been used to diagnose or discount cancer, under direct access arrangements. This decrease from 27.7% in 2023/24 was seen for all tests.
- The test most commonly requested by GPs was Chest X-ray with 2.2 million tests (down 2% from 2023/24), whilst the test with the highest proportion of GP referrals was Ultrasounds that may have been used to diagnose ovarian cancer, 49% of which were requested by GPs in 2024/25.
- The median period between the request being made and the test being performed was unchanged or slightly higher in 2024/25 than in 2023/24 for all key tests overall and under GP direct access arrangements.

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

3 Annual Imaging Activity

3.1 Imaging Activity by Modality

- 3.1.1. 49.9 million imaging tests were reported in England in the year to March 2025, compared with 47.2 million in the previous year, an increase of 5.9%.
- 3.1.2. Plain Radiography (X-ray) had the biggest share of all tests performed during the year, with 23.5 million X-rays reported in 2024/25 (up 4.1% from 2023/24). The next most common procedures were Ultrasound (11.5 million, up 5.9%), CT scans (8.3 million, up 8.7%) and MRI Scans (4.9 million, up 10.1%). All other modalities except Medical Photography (down 4.4%) also increased in 2024/25: SPECT by 11.6%, PET-CT scans by 9.2%, Fluoroscopy by 5.8% and Nuclear Medicine by 2.6%. Table 1 shows the imaging counts and growth for each modality.
- 3.1.3. December was the month with least reported activity during 2024/25, at 3.9 million tests, whilst March had the most, at 4.4 million. This reflects a seasonal effect, including the number of weekdays in the month. Graph 1 shows this seasonal fluctuation overall and by modality.

Further information on the tests included in these tables is given in the glossary at Section 6.3.

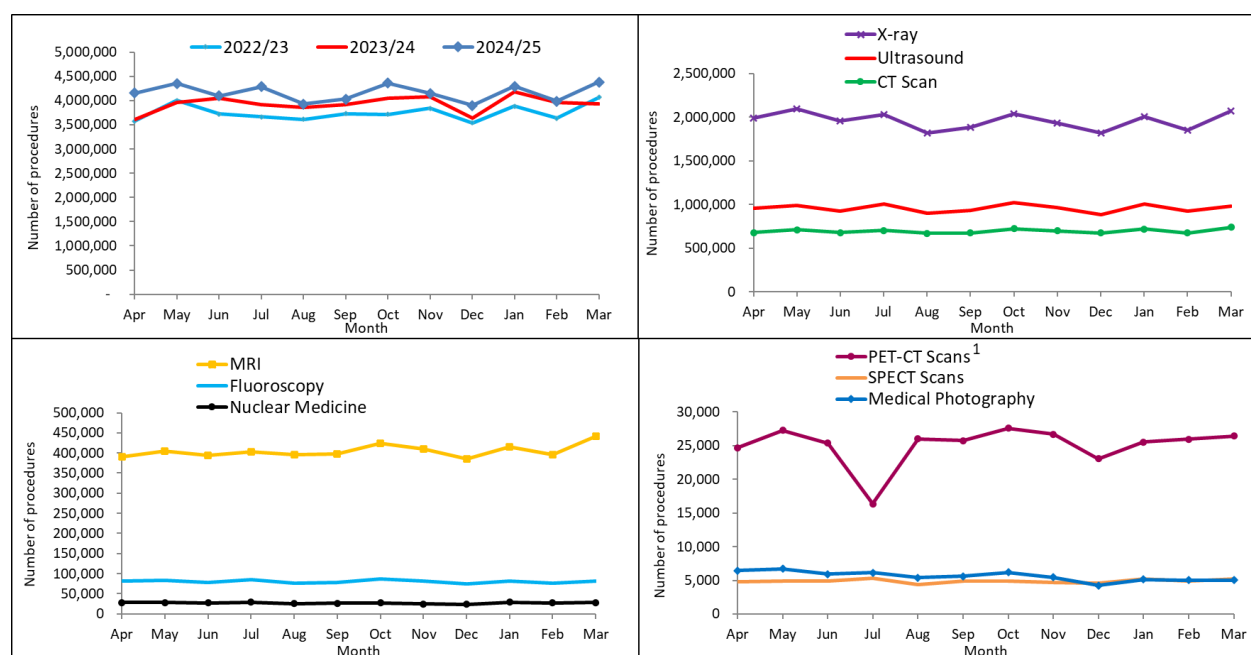
Monthly breakdowns of activity by modality, provider and referral source setting are given in Tables 1 - 6 (separate excel files), available from [NHS England DID website](#).

Table 1: Count of NHS imaging activity in England, 2012/13 to 2024/25

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total ¹
2012/13²	21,195,275	7,807,695	3,474,970	2,352,090	1,061,980	439,470	71,485	19,205	6,090	93.6%	36,428,260
2013/14	21,845,725	8,176,945	3,825,130	2,617,110	1,051,370	444,830	75,650	21,370	10,525	97.8%	38,068,660
2014/15	22,637,935	8,596,590	4,210,630	2,898,465	1,023,720	436,505	89,245	27,690	16,180	99.2%	39,936,960
2015/16	22,572,915	8,919,015	4,461,975	3,085,065	1,043,980	428,400	97,990	32,080	23,945	99.6%	40,665,365
2016/17	22,908,620	9,351,480	4,815,890	3,358,485	1,057,115	427,145	132,745	36,075	31,225	99.7%	42,118,780
2017/18	22,908,795	9,507,560	5,146,475	3,464,010	1,025,330	417,460	154,270	40,015	37,550	100.0%	42,701,465
2018/19	23,467,930	10,161,965	5,665,930	3,743,995	1,034,025	421,650	177,330	45,365	52,875	99.8%	44,771,065
2019/20	23,150,820	10,261,890	5,959,860	3,811,415	1,001,770	396,350	199,585	45,110	57,650	99.9%	44,884,450
2020/21	16,815,875	8,221,710	5,574,475	3,008,970	745,385	269,350	200,175	33,180	51,305	100.0%	34,920,420
2021/22	21,780,645	10,075,110	6,720,535	3,845,155	916,335	328,235	239,400	46,270	56,950	99.9%	44,008,635
2022/23	21,994,050	10,257,395	7,088,365	4,084,055	894,610	317,520	255,445	48,580	57,330	98.4%	44,997,345
2023/24	22,576,650	10,860,980	7,681,150	4,415,475	912,195	315,360	275,300	52,735	70,470	98.1%	47,160,310
2024/25	23,503,940	11,503,860	8,345,600	4,861,000	964,905	323,705	300,660	58,845	67,400	98.3%	49,929,920
% Change³	4.1%	5.9%	8.7%	10.1%	5.8%	2.6%	9.2%	11.6%	-4.4%	0.2%	5.9%
2024/25											
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	99.4%	4,354,455
Jun	1,954,480	926,135	678,450	393,485	77,595	26,880	25,365	4,855	5,935	98.1%	4,093,185
Jul	2,033,990	1,008,415	701,510	403,800	84,935	29,200	16,365	5,365	6,165	97.5%	4,289,730
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	1,886,280	934,870	673,630	397,880	78,845	26,180	25,750	4,875	5,630	98.1%	4,033,945
Oct	2,038,335	1,023,115	721,965	423,420	86,520	27,475	27,590	4,945	6,205	98.1%	4,359,570
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	1,820,100	888,345	674,970	385,920	73,855	23,900	23,075	4,550	4,250	98.7%	3,898,970
Jan	2,008,285	1,004,805	719,220	415,510	82,325	28,850	25,525	5,225	5,125	98.1%	4,294,870
Feb	1,850,155	926,495	674,330	395,665	76,545	26,995	25,940	4,915	5,020	98.7%	3,986,050
Mar	2,068,775	984,285	741,800	442,150	82,035	27,765	26,430	5,250	5,015	98.7%	4,383,505

Notes:

1. Totals do not always equal the sum of parts due to rounding.
2. 2012/13 was the first year of the DID collection and as such some of the changes since then may be due to improved coverage of the dataset.
3. % Change is between 2023/24 and 2024/25.

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

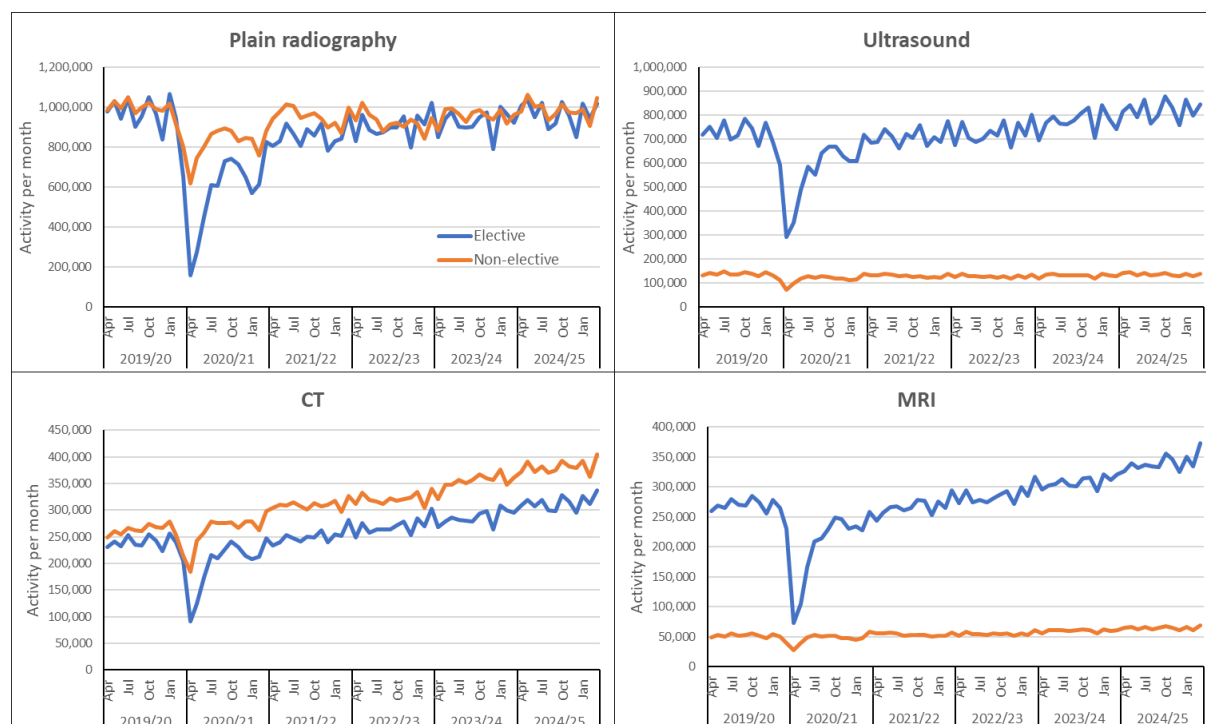
1. PET-CT activity for July 2024 is impacted by a missing submission for the major independent supplier of NHS PET-CT.

3.2 Imaging Trend by Modality

- 3.2.1. Trends in NHS imaging activity in England were impacted by the COVID-19 pandemic from March 2020, with the biggest reduction in April 2020. The reduction was greatest for elective activity, that is referrals arising from outpatient appointments, GP direct access or other healthcare providers. Referrals from A&E departments or for admitted patients³ were generally less impacted, with some modalities contributing to COVID diagnostics.
- 3.2.2. In 2024/25, key services continued their upward trend in activity. Graph 2 shows activity by month from 2019/20 to 2024/25 for selected modalities, split by elective and non-elective request sources. Elective activity tended to have stronger growth than non-elective, especially for ultrasound and MRI. Plain radiography activity was only slightly higher in 2024/25 than in 2019/20, whilst CT growth was strong for both elective and non-elective requests.

³ Analysis of admitted patient data suggests that imaging requests are most likely to be raised for patients admitted as an emergency, although some are elective or for other admission methods.

Graph 2: NHS imaging activity, selected modalities by grouped Patient source setting, April 2019 to March 2025



Notes

1. Non-elective referrals are from A&E departments or all admitted patients; Elective are from Outpatients or GP direct access, Other Healthcare provider or Other.

3.3 Imaging Activity by Age and Gender

- 3.3.1. 8.3 million more tests were performed on females than on males in 2024/25. The largest differences occurred for Ultrasound procedures (5.3 million more on females) and for X-rays (2.5 million more). The rate of most imaging modalities increased markedly with age; the main exception was Ultrasound, where the rate was highest for women aged 15 to 44. Most of the 2.5 million extra X-rays for females than males were attributable to demographic differences, especially the higher number of older women compared to older men. Conversely there were more Fluoroscopy and PET-CT scans on males than females. Table 2 shows the age and gender⁴ of patients who have received diagnostic tests in 2024/25.

⁴ The data that organisations are asked to submit refers to person gender, see <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2024/05/Annex-2-DID-data-items-v6.1.pdf>. This means that there is the potential for different local implementation of whether this captures biological sex or gender identity for individuals where these two are different, and this should be borne in mind when interpreting the data.

Table 2: NHS Imaging activity in England by gender and age, 2024/25

	X-ray	Ultrasound	CT Scan	MRI	Fluoro- scopy	Nuclear Medicine	PET-CT Scan	SPECT Scan	Medical Photography	Total ¹
Female	12,986,315	8,392,645	4,195,420	2,666,070	458,575	168,120	137,715	29,930	35,240	29,070,035
Male	10,485,455	3,065,585	4,140,145	2,189,465	505,380	155,440	162,765	28,895	32,155	20,765,280
Not known / specified ²	32,175	45,625	10,040	5,465	950	145	180	15	*	94,605
0 -14	2,048,615	504,205	73,640	182,800	44,300	12,720	845	385	8,265	2,875,780
15 - 44	5,193,885	5,633,465	1,376,570	1,406,615	156,415	49,155	26,965	9,915	10,945	13,863,940
45 - 59	4,558,305	2,168,355	1,564,730	1,245,990	201,180	65,715	59,435	9,935	9,290	9,882,935
60 - 74	5,903,360	1,876,560	2,508,545	1,297,725	307,745	110,510	128,540	20,375	15,635	12,169,000
75+	5,794,245	1,319,220	2,820,020	727,000	255,110	85,560	84,830	18,225	23,260	11,127,475
Not known	5,530	2,055	2,100	865	150	45	40	5	*	10,790

Notes:

1. Totals do not always equal the sum of parts due to rounding.
2. "Not Specified" means that the patient did not want to reveal their gender. "Not known" means that the patient's gender was recorded as "Not known" or else was not reported.

4 Patient Test Times

4.1 Patient Test Times – Request to test

4.1.1. The DID collects data on four dates for each imaging event:

- Date of test request (made by a health care professional).
- Date of test request received (by the organisation providing the imaging).
- Date of test
- Date of test report Issued (by a health care professional interpreting the imaging output).

4.1.2. This publication is based on all imaging which had a Date of test between April 2024 and March 2025.

4.1.3. There were big differences in the median period between the request being made (or received) and the test being performed for the different tests. The median ranged from the same day for X-ray, Fluoroscopy and Medical Photography up to 22 days for Nuclear Medicine scans. There was also variability within individual tests over the course of the year, see Table 3.

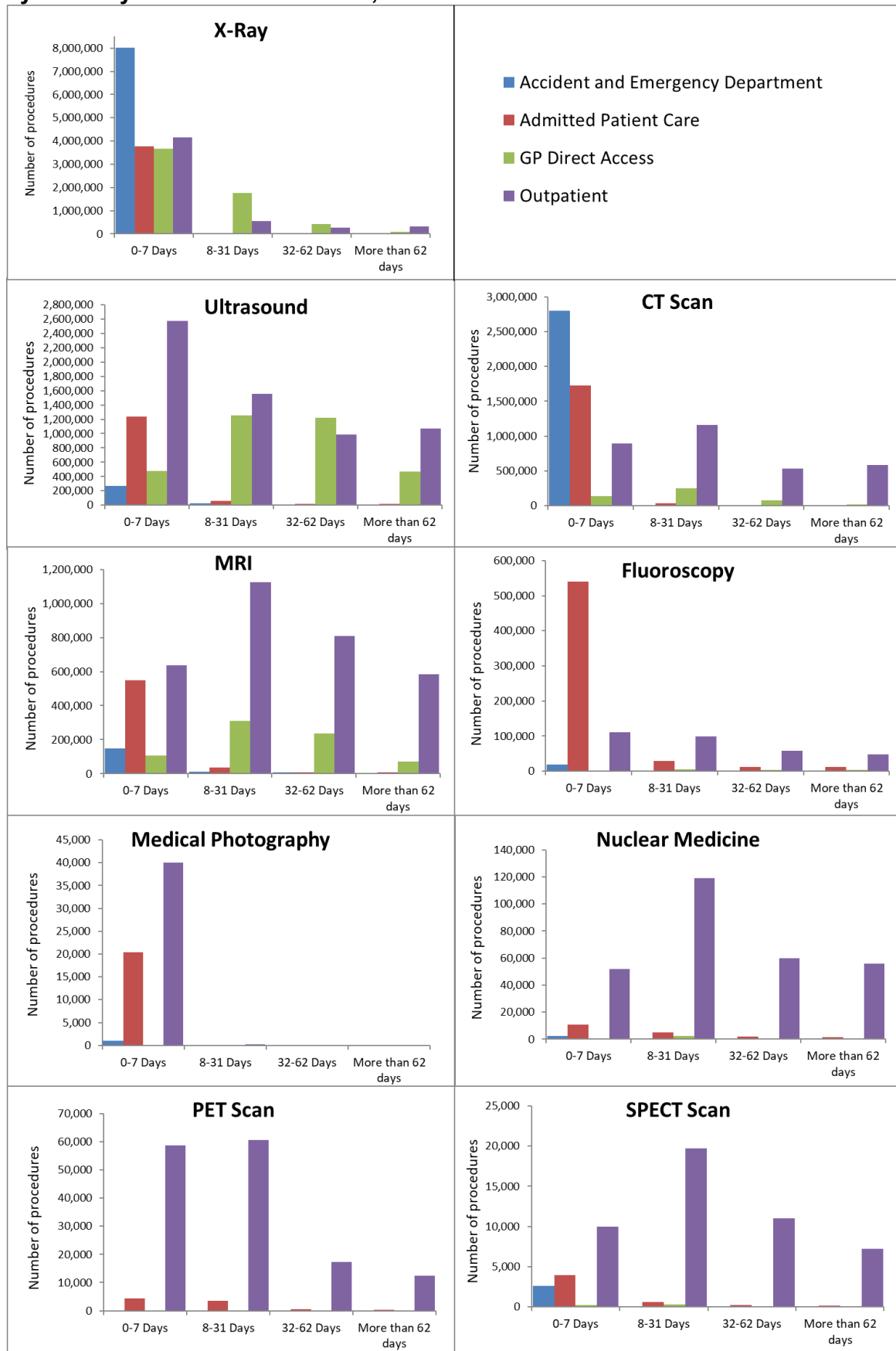
Table 3: Median number of days between date of test request and date of test, by modality, April 2024 to March 2025

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
2012/13	0	13	2	23	0	15	8	14	0
2013/14	0	13	2	24	0	14	7	17	0
2014/15	0	13	2	24	0	15	8	15	0
2015/16	0	13	1	22	0	16	7	15	0
2016/17	0	13	1	22	0	16	7	17	0
2017/18	0	14	1	21	0	18	7	17	0
2018/19	0	14	1	21	0	19	8	18	0
2019/20	0	14	1	21	0	19	8	17	0
2020/21	0	10	1	16	0	16	8	13	0
2021/22	0	14	1	21	0	19	10	15	0
2022/23	0	14	1	20	0	21	9	19	0
2023/24	0	15	1	20	0	21	9	20	0
2024/25	0	15	1	21	0	22	9	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
Mar	0	15	1	22	0	22	9	18	0

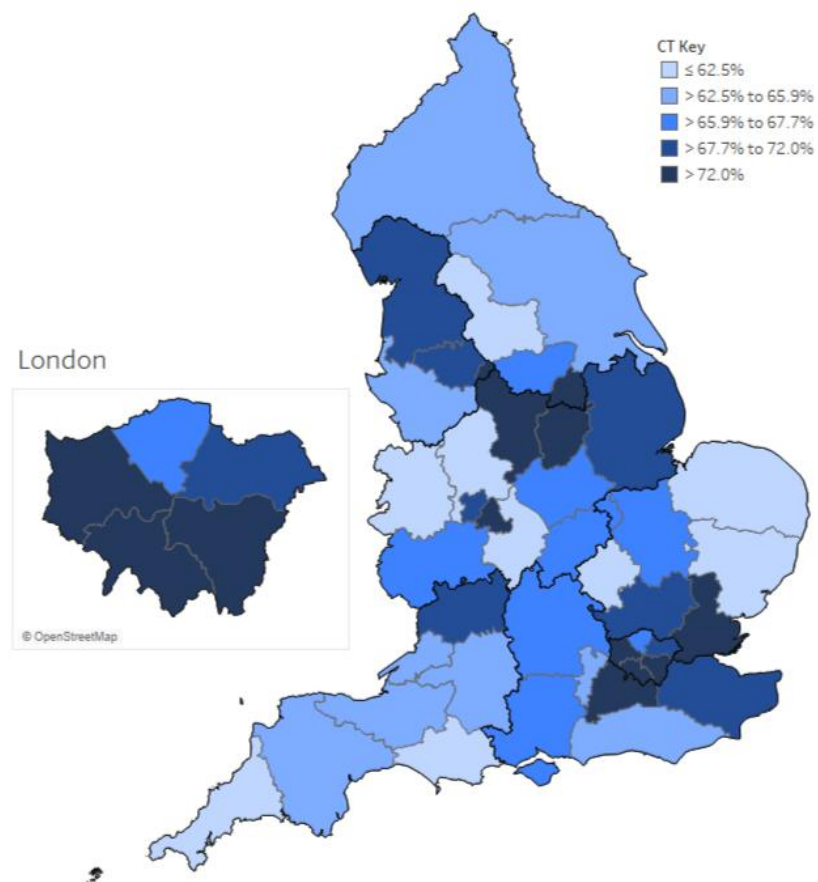
Note: Median values of 0 occur where at least 50% of activity has the same day for both 'date of test request' and 'date of test'. Where 'Date of test request' was missing in 2024/25, 'Date of test request received' was used instead. Records where both dates were missing were excluded from the median calculation.

- 4.1.4. The figures in Table 3 should not be compared to “waiting time” statistics that measure how long patients are on a waiting list for a procedure, since these figures included both planned and unplanned imaging activity. In addition, these figures exclude any cancelled or missed appointments and they count the period for individual tests not each patient appointment.
- 4.1.5. The median period between test request (or test request received) and test was higher overall in 2024/25 for MRI and Nuclear Medicine, compared with 2023/24. Both of these have relatively high proportions of activity for elective purposes (83% or more were GP direct access or outpatient requests), with much shorter waits for non-elective activity (requests from A&E departments or for admitted patients).
- 4.1.6. For all modalities, patients from Accident & Emergency departments and admitted patients have shorter waits for their scan than other sources of referral. GP direct access and outpatient referrals show a longer “waiting time” distribution, affecting the median number of days from request to test for those modalities with more outpatient and GP referrals. This is illustrated in Graph 3, which shows the distribution of periods from request to test for individual procedures, by patient source setting and modality. Table 9 (separate Excel file) gives the underlying figures for these charts.
- 4.1.7. There was some regional variation in the proportion of imaging which occurred within seven days of the test being requested (or received) for CT Scans and within fourteen days of the test being requested (or received) for Ultrasound and MRI Scans. Maps 1-3 illustrate this for each ICB in England (with a fifth of ICBs in each band shown). The underlying data for these charts are given in Table 7 (separate Excel file).

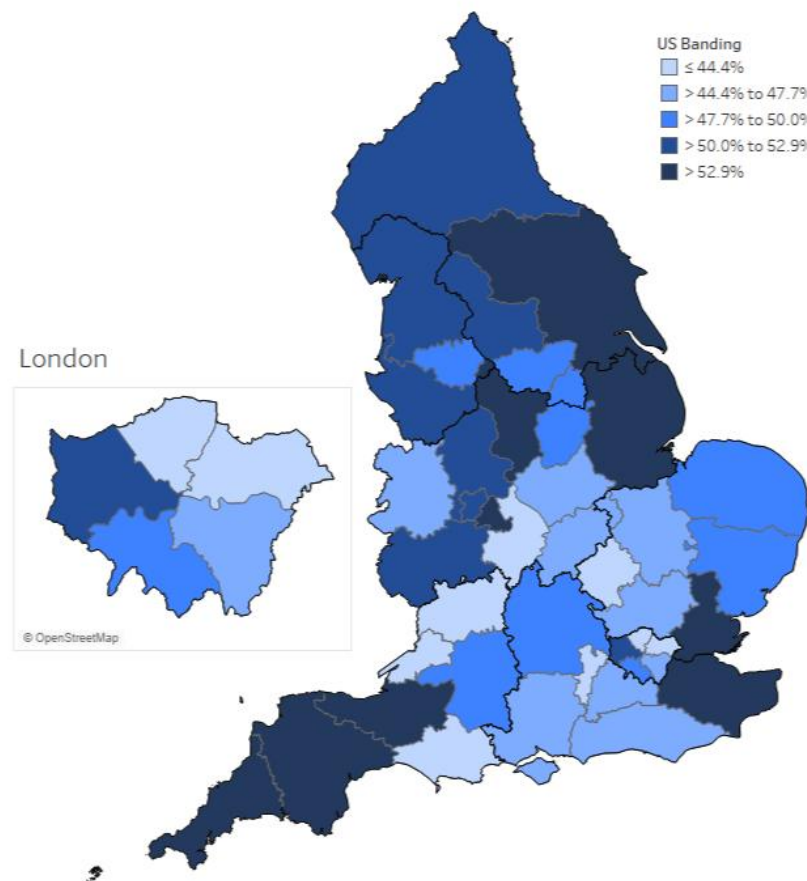
Graph 3: Imaging activity by number of days from date of test request to date of test, by modality and source of referral, 2024/25



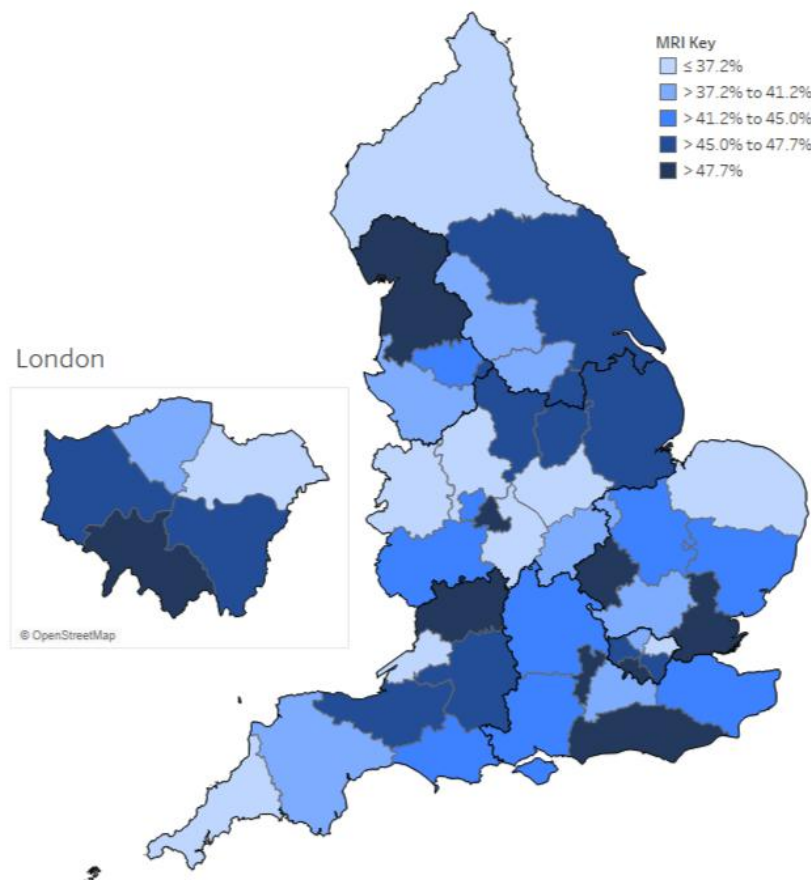
Map 1: Proportion of CT scans where date of test is up to 7 days after date of referral, for each ICB, 2024/25



Map 2: Proportion of Ultrasounds where date of test is up to 14 days after date of request, for each ICB, 2024/25



Map 3: Proportion of MRI Scans where date of test is up to 14 days after date of request, for each ICB, 2024/25



4.2 Patient Test Times – Test to report

- 4.2.1. Different test types varied in the median period for the report to be issued after the test, see Table 4. For Ultrasound, CT scans, Fluoroscopy and Medical Photography, at least half the procedures (with a report issue date) were reported the same day as the test (that is, a median of 0). For MRI the median period was 4 days, for PET-CT and SPECT scans it was 2 days and for X-ray and Nuclear Medicine the median period was 1 day.
- 4.2.2. The median turnaround time for a test report in 2024/25 remained the same as in 2023/24 for all modalities.

Table 4: Median number of days between date of test and date test report issued, by modality, April 2024 to March 2025

	X-ray	Ultra-sound	CT Scans	MRI	Fluoroscopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
2012/13	1	0	0	2	0	2	2	1	1
2013/14	1	0	0	2	0	1	2	1	0
2014/15	1	0	0	3	0	1	2	1	0
2015/16	1	0	0	3	0	1	2	1	0
2016/17	1	0	0	3	0	1	2	1	0
2017/18	1	0	0	3	0	1	2	1	0
2018/19	1	0	0	3	0	1	2	1	0
2019/20	1	0	0	3	0	1	2	1	0
2020/21	1	0	0	2	0	1	1	1	0
2021/22	1	0	0	3	0	1	2	1	0
2022/23	1	0	0	4	0	1	2	2	0
2023/24	1	0	0	4	0	1	2	2	0
2024/25	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
Mar	1	0	0	4	0	2	2	2	0

4.2.3. Guidance on Diagnostic imaging reporting turnaround times⁵, developed in consultation with and supported by The Royal College of Radiologists and The Society of Radiographers, stresses the importance of reporting images in as short a time as possible for the timely diagnosis and treatment of patients. The guidance suggests turnaround times from 12 hours (<4 hours for Emergency Department requests and the acutely unwell) up to 28 days according to urgency and modality. Whilst the DID cannot currently monitor all these report turnaround times, Table 13 (separate Excel file) provides quarterly turnaround times in relevant numbers of days, by provider.

4.2.4. Table 5 shows the percentage of reports that were issued the same day as the test and those issued by the end of the next day separately for Admitted patient and A&E referred tests and for Outpatient and GP direct access tests, for each modality. For most modalities, the percentage of reports issued on the same or next day were the same or higher in 2024/25 than in 2023/24. The main exception was PET-CT where the percentage of reports issued on the same or next day was lower in 2024/25 than in 2023/24, with a slight reduction also for A&E and Admitted patient ultrasound scans. Table 10 (separate Excel file) gives this breakdown by provider.

⁵ Diagnostic imaging reporting turnaround times, NHS England, first published 9 August 2023, see [NHS England » Diagnostic imaging reporting turnaround times](#)

Table 5: Proportion of imaging reports that were issued, either the same day as the test or by the end of the following day, by modality, April 2024 to March 2025

Inpatient and A&E

Reported by:		X-ray		Ultrasound		CT Scans		MRI		Fluoroscopy		Nuclear Medicine		PET-CT Scans		SPECT Scans		Medical Photography	
		Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day
Inpatient and A&E	2012/13	25%	50%	91%	94%	81%	92%	64%	81%	70%	79%	58%	76%	23%	54%	75%	84%	20%	59%
	2013/14	25%	51%	92%	96%	84%	94%	65%	81%	71%	80%	59%	78%	28%	52%	73%	84%	48%	76%
	2014/15	26%	53%	93%	96%	85%	95%	66%	82%	72%	81%	60%	78%	29%	57%	67%	87%	49%	73%
	2015/16	28%	55%	94%	96%	88%	96%	67%	83%	72%	82%	62%	77%	35%	61%	72%	85%	52%	74%
	2016/17	29%	55%	94%	96%	88%	96%	65%	80%	73%	82%	64%	77%	39%	64%	76%	85%	48%	66%
	2017/18	28%	53%	95%	97%	88%	97%	66%	80%	73%	82%	66%	79%	36%	61%	80%	88%	52%	65%
	2018/19	28%	53%	95%	97%	89%	97%	69%	83%	73%	81%	66%	79%	33%	62%	78%	87%	51%	62%
	2019/20	28%	53%	96%	98%	90%	97%	70%	83%	75%	82%	65%	79%	28%	58%	80%	88%	52%	62%
	2020/21	36%	64%	97%	98%	91%	98%	75%	89%	77%	85%	69%	83%	35%	67%	83%	91%	54%	68%
	2021/22	28%	53%	97%	98%	91%	98%	74%	87%	79%	86%	68%	81%	30%	63%	79%	89%	49%	60%
	2022/23	29%	53%	97%	98%	91%	98%	74%	87%	79%	86%	65%	78%	26%	53%	78%	87%	47%	56%
	2023/24	31%	55%	97%	98%	91%	98%	74%	87%	79%	86%	61%	74%	26%	53%	78%	86%	53%	61%
	2024/25	33%	57%	96%	97%	92%	98%	76%	87%	81%	86%	62%	75%	26%	50%	80%	87%	60%	68%
	Apr	32%	57%	96%	97%	91%	98%	75%	87%	81%	87%	62%	75%	26%	54%	77%	88%	47%	58%
	May	32%	56%	96%	97%	92%	98%	75%	87%	80%	87%	65%	77%	22%	46%	83%	89%	50%	62%
	Jun	32%	57%	96%	97%	92%	98%	76%	88%	81%	87%	61%	73%	25%	51%	77%	85%	56%	64%
	Jul	33%	58%	96%	98%	92%	98%	76%	88%	81%	87%	61%	73%	24%	50%	76%	85%	59%	65%
	Aug	32%	56%	96%	98%	92%	98%	74%	86%	82%	87%	63%	75%	27%	48%	77%	84%	62%	67%
	Sep	32%	56%	96%	98%	91%	98%	75%	87%	81%	87%	61%	74%	23%	42%	79%	88%	57%	67%
	Oct	33%	57%	95%	97%	91%	97%	75%	87%	79%	85%	61%	74%	27%	53%	76%	84%	53%	63%
	Nov	34%	58%	96%	98%	92%	98%	77%	88%	81%	86%	59%	74%	28%	50%	80%	85%	60%	71%
	Dec	32%	56%	96%	97%	92%	98%	76%	88%	81%	87%	66%	78%	32%	55%	84%	90%	78%	87%
	Jan	34%	59%	96%	97%	92%	98%	77%	88%	81%	86%	63%	76%	27%	52%	78%	87%	77%	83%
	Feb	34%	58%	96%	98%	92%	98%	76%	88%	81%	86%	62%	75%	30%	50%	84%	91%	66%	70%
	Mar	33%	57%	96%	97%	91%	98%	75%	87%	81%	86%	61%	76%	27%	50%	82%	89%	63%	66%

Outpatient and GP Direct Access

Reported by:		X-ray		Ultrasound		CT Scans		MRI		Fluoroscopy		Nuclear Medicine		PET-CT Scans		SPECT Scans		Medical Photography	
		Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day	Same day	Next day
Outpatient and GP Direct Access	2012/13	37%	53%	84%	90%	34%	50%	20%	35%	54%	68%	23%	45%	9%	39%	23%	46%	25%	70%
	2013/14	38%	53%	87%	91%	32%	47%	19%	34%	56%	70%	25%	46%	9%	35%	22%	43%	66%	90%
	2014/15	38%	54%	88%	93%	29%	45%	18%	33%	59%	72%	26%	47%	10%	38%	20%	44%	70%	86%
	2015/16	39%	54%	89%	93%	27%	42%	17%	32%	61%	73%	29%	50%	13%	38%	23%	44%	57%	76%
	2016/17	38%	54%	90%	94%	27%	40%	17%	31%	63%	74%	30%	50%	16%	41%	24%	44%	58%	72%
	2017/18	39%	54%	91%	94%	25%	37%	16%	29%	65%	76%	31%	51%	14%	43%	23%	43%	60%	71%
	2018/19	39%	54%	92%	95%	23%	36%	15%	29%	64%	74%	30%	49%	12%	39%	24%	42%	62%	70%
	2019/20	38%	53%	93%	95%	21%	33%	14%	28%	63%	74%	30%	50%	11%	37%	23%	43%	62%	71%
	2020/21	47%	64%	94%	96%	26%	43%	19%	36%	67%	78%	37%	58%	17%	50%	28%	49%	74%	83%
	2021/22	39%	53%	94%	96%	19%	32%	14%	28%	67%	77%	35%	54%	15%	44%	25%	44%	72%	81%
	2022/23	37%	50%	94%	96%	18%	29%	13%	24%	67%	77%	34%	52%	11%	36%	24%	41%	65%	74%
	2023/24	38%	50%	94%	96%	18%	29%	12%	24%	68%	78%	33%	51%	12%	36%	21%	39%	56%	66%
	2024/25	39%	51%	94%	96%	18%	29%	12%	24%	70%	80%	33%	51%	11%	34%	21%	40%	52%	63%
	Apr	38%	50%	94%	96%	18%	28%	12%	24%	68%	78%	33%	52%	11%	36%	21%	39%	66%	77%
	May	38%	49%	94%	96%	18%	29%	12%	24%	69%	79%	33%	51%	10%	33%	23%	39%	52%	63%
	Jun	38%	49%	93%	96%	19%	29%	12%	24%	69%	79%	33%	52%	11%	33%	23%	41%	58%	65%
	Jul	39%	50%	94%	96%	19%	29%	12%	23%	69%	80%	32%	51%	12%	34%	19%	37%	42%	53%
	Aug	39%	49%	94%	96%	18%	27%	12%	22%	71%	80%	32%	50%	11%	32%	19%	34%	39%	51%
	Sep	39%	49%	94%	96%	18%	29%	12%	23%	69%	79%	34%	52%	11%	35%	21%	40%	59%	74%
	Oct	40%	51%	93%	95%	19%	31%	13%	25%	69%	79%	34%	53%	11%	36%	23%	42%	42%	55%
	Nov	40%	52%	93%	96%	19%	29%	12%	24%	70%	79%	33%	51%	12%	34%	21%	41%	52%	63%
	Dec	41%	53%	94%	96%	18%	29%	12%	23%	72%	80%	33%	51%	14%	39%	23%	43%	51%	62%
	Jan	42%	54%	94%	96%	19%	31%	13%	25%	71%	80%	33%	51%	14%	37%	22%	41%	54%	61%
	Feb	40%	52%	94%	96%	19%	30%	12%	24%	70%	80%	33%	51%	10%	28%	22%	41%	56%	67%
	Mar	38%	50%	93%	95%	18%	29%	12%	23%	71%	80%	31%	48%	10%	28%	21%	39%	51%	63%

5 Imaging Tests that could contribute to Early Diagnosis of Cancer

5.1 Definition of the tests

5.1.1. One of the main drivers for establishing the DID was to assess the 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 subset⁶ of procedures that are often used to diagnose or discount a diagnosis of cancer has 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)**
CTs which 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.

5.1.2. 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.

5.1.3. Brain MRI, chest X-ray, and ultrasounds of the abdomen and pelvis to diagnose Ovarian Cancer were three of the key tests outlined in *Improving Outcomes: a Strategy for Cancer*.

5.2 Imaging activity and GP referral

5.2.1. In 2024/25, 11.9 million of these tests that may have been used to diagnose or discount cancer were performed, up 4.3% from 11.4 million in 2023/24. Kidney Ultrasound referrals were up 8.3% from 2023-24 but with total activity remaining slightly lower than 2019/20 pre-pandemic levels. Direct GP referrals exceeded pre-pandemic levels for every test group. Of these test types, the

⁶ Other imaging procedures may be used to diagnose or discount cancer, such as cystoscopy for bladder cancer, but are not included in these figures.

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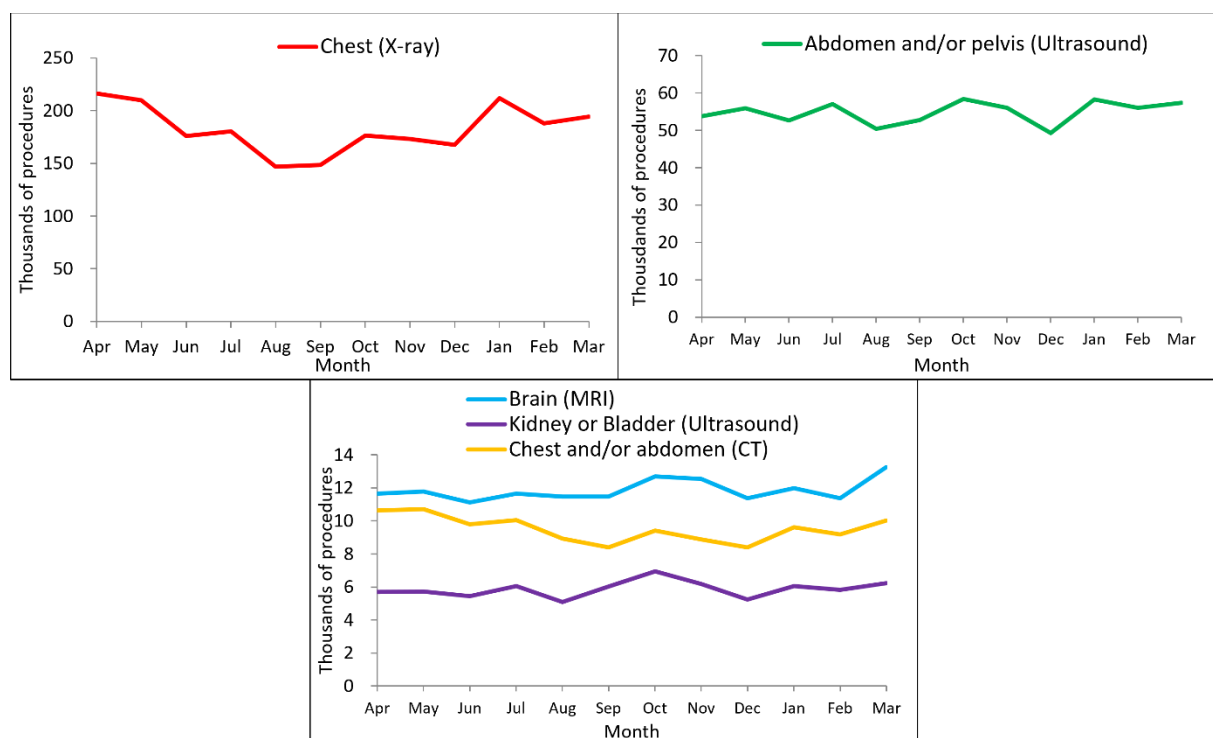
smallest increase was for Chest X-ray referrals: up 2.9% from 2023/24, with GP referrals decreasing slightly. Pelvic Ultrasound was up 6% and Brain MRI and Chest or abdomen CT were up 8.5% and 9.6% respectively. Table 6 shows the total number of tests suitable for diagnosing cancer, with the subset of these that had a referral source of GP direct access.

Table 6: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, April 2024 to March 2025

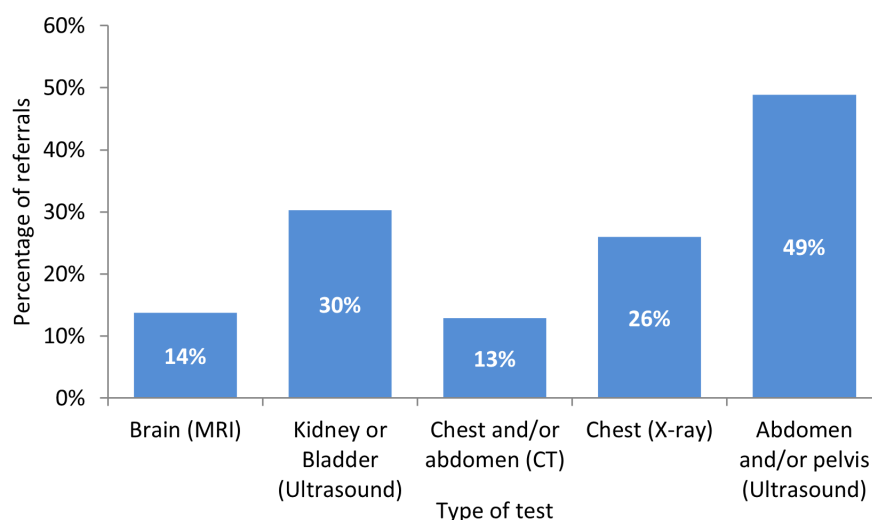
	Brain (MRI)		Kidney or bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
2012/13	472,820	31,035	220,270	67,455	388,640	32,210	7,728,945	1,993,455	1,165,540	536,945
2013/14	529,285	39,540	220,045	65,390	438,190	39,180	7,694,255	1,931,255	1,246,130	570,170
2014/15	584,755	50,150	228,810	67,060	490,140	46,680	8,170,075	2,128,450	1,303,945	600,390
2015/16	629,050	68,325	222,740	65,920	512,825	50,995	8,070,205	2,019,280	1,312,635	600,365
2016/17	686,365	76,925	233,440	65,990	539,405	58,875	8,253,310	2,167,875	1,286,845	576,665
2017/18	717,650	82,115	228,970	62,700	566,610	63,790	8,332,405	2,161,805	1,264,240	559,955
2018/19	774,845	87,320	240,255	65,745	611,620	68,105	8,280,540	2,051,840	1,312,270	586,075
2019/20	802,490	90,970	237,355	63,870	638,905	75,910	8,347,800	2,079,920	1,290,100	581,370
2020/21	689,780	75,280	176,455	43,665	561,555	52,775	6,723,690	1,090,125	947,380	390,705
2021/22	837,395	103,735	203,270	57,415	684,040	82,115	7,906,825	1,818,905	1,179,865	537,275
2022/23	882,125	115,460	211,845	62,995	743,400	97,280	8,080,450	2,099,550	1,208,240	563,815
2023/24	953,500	132,845	214,645	65,525	806,625	110,510	8,194,405	2,233,695	1,269,595	621,030
2024/25	1,034,585	142,455	232,530	70,465	884,020	114,075	8,434,860	2,188,050	1,346,200	658,140
Change	8.5%	7.2%	8.3%	7.5%	9.6%	3.2%	2.9%	-2.0%	6.0%	6.0%
2024/25										
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	85,915	11,665	20,025	6,060	73,620	10,055	689,335	180,390	117,100	57,055
Aug	83,210	11,470	18,025	5,085	69,765	8,930	607,350	146,705	104,780	50,410
Sep	84,710	11,485	19,005	6,025	69,030	8,400	628,580	148,565	108,910	52,755
Oct	90,520	12,695	21,380	6,950	74,855	9,425	714,045	176,170	119,260	58,395
Nov	88,060	12,555	20,200	6,170	72,755	8,875	698,625	173,140	113,430	56,055
Dec	82,005	11,385	18,175	5,230	68,695	8,405	728,165	167,365	102,220	49,295
Jan	88,385	11,990	20,415	6,045	77,345	9,610	775,320	211,675	118,225	58,340
Feb	83,585	11,380	18,825	5,815	74,225	9,195	692,910	187,945	109,970	56,000
Mar	92,805	13,270	20,010	6,230	79,090	10,025	732,760	194,250	115,875	57,425

1. Totals do not always equal the sum of parts due to rounding.
2. % Change is between 2023/24 and 2024/25.

5.2.2. Chest X-ray remained the most common of these tests, with 8.4 million tests being requested through all source settings in 2024/25. This was also the most common test requested by GPs, at 2.2 million (down 2% on 2023/24). Next most common were tests that may have been used to diagnose ovarian cancer (Abdominal or Pelvic Ultrasound, 1.3 million), with 49% of such tests being requested by a GP. Imaging activity for patients referred by a GP increased for all modalities in 2024/25 compared with 2023/24, with the exception of Chest X-ray which decreased by 2%. The variation in the number of these tests directly referred by GPs over the year is shown in Graph 4.1.

Graph 4.1: Imaging activity for patients directly referred by a GP, April 2024 to March 2025

5.2.3. Of the 11.9 million tests suitable for diagnosing cancer requested in 2024/25, 26.6% were requested by GPs under direct access arrangements, compared with 27.7% in 2023/24. Graph 4.2 shows the proportion of each test requested by GPs. The lowest proportions of GP direct access were for Chest and/or Abdomen CT and Brain MRI (13% and 14% respectively).

Graph 4.2: Percentage of referrals made by GPs by type of test, 2024/25

5.3 Patient test times

Patient test times – Request to test

5.3.1. For the key tests that may be used to diagnose or discount cancer, the median period from a test request being made (or received) to being performed is longer for GP direct access than for all referrals, see Table 7. The main reason for this difference is that 'all referrals' includes tests on emergency admissions and inpatients, which have shorter waits.

Table 7: 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, April 2024 to March 2025

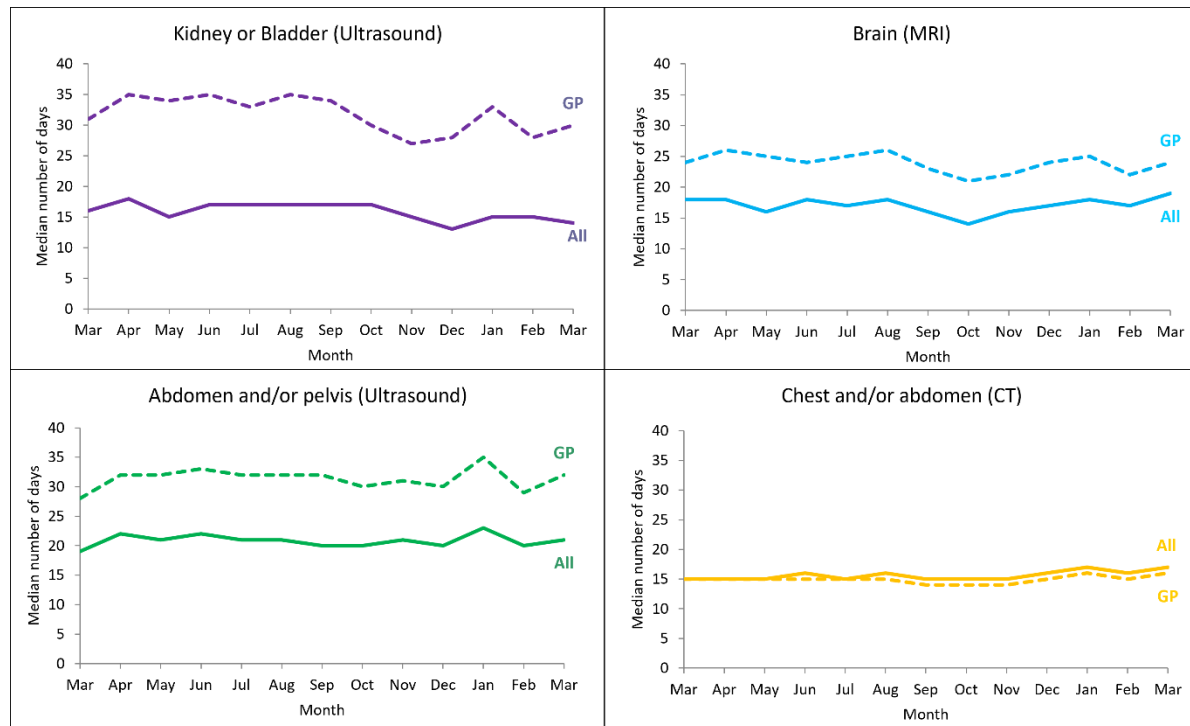
	Brain (MRI)		Kidney or bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
2012/13	21	25	13	23	13	17	0	0	14	22
2013/14	21	25	13	23	13	16	0	0	15	24
2014/15	21	26	13	24	14	17	0	0	17	26
2015/16	19	21	11	26	14	16	0	0	17	27
2016/17	19	21	12	27	14	17	0	0	17	27
2017/18	19	22	12	27	15	18	0	0	17	27
2018/19	19	22	13	28	16	18	0	0	20	30
2019/20	18	23	13	27	16	19	0	0	19	30
2020/21	12	21	11	25	13	16	0	5	13	26
2021/22	16	25	14	32	15	16	0	7	19	32
2022/23	16	25	15	30	14	15	0	5	20	32
2023/24	16	23	15	31	14	15	0	3	20	30
2024/25	17	24	16	31	15	15	0	3	21	32
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	17	34	15	14	0	3	20	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	13	28	16	15	0	3	20	30
Jan	18	25	15	33	17	16	0	2	23	35
Feb	17	22	15	28	16	15	0	3	20	29
Mar	19	24	14	30	17	16	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 in 2024/25, 'Date of test request received' was used instead. Records where both dates were missing were excluded from the median calculation.

5.3.2. The median period from request to test was unchanged or slightly higher in 2024/25 than in 2023/24 for all key tests overall and under GP direct access arrangements. The two ultrasound tests have slightly longer request to test periods in 2024/25 than before the pandemic, as has GP direct access Chest X-ray, but Chest and/or Abdomen CT has a slightly lower median period from request to test than before the pandemic.

5.3.3. The median number of days between date of request and date of test varied during 2024/25 for tests that are suitable for diagnosing cancer as shown in Graph 5. There was a seasonal increase in the request to test period in January 2025 for all modalities.

Graph 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, March 2024 to March 2025



Patient test times – Test to report

5.3.4. The overall median period between the date of test and the date the report was issued was the same or slightly higher than pre-pandemic 2019/20 levels for all tests suitable for diagnosing cancer in 2024/25, as shown in Table 8. Compared with 2023/24, all tests had the same overall percentage of reports turned around the same day and the same median period from test to report. For GP referrals, the percentage of reports turned around the same day was slightly lower than 2023/24 for Chest and Abdomen CT, and slightly higher for Chest X-ray, though the median period from test to report remained the same for both.

5.3.5. For GP direct access referrals, there is generally a slightly lower percentage of tests suitable for diagnosing cancer reported the same day than overall; the exception is Chest X-ray. The differences for Ultrasound tests were small, as over 90% were reported on the same day. For Brain MRI, the median period from test to report was 2 days longer for GP-referred cases than the overall median.

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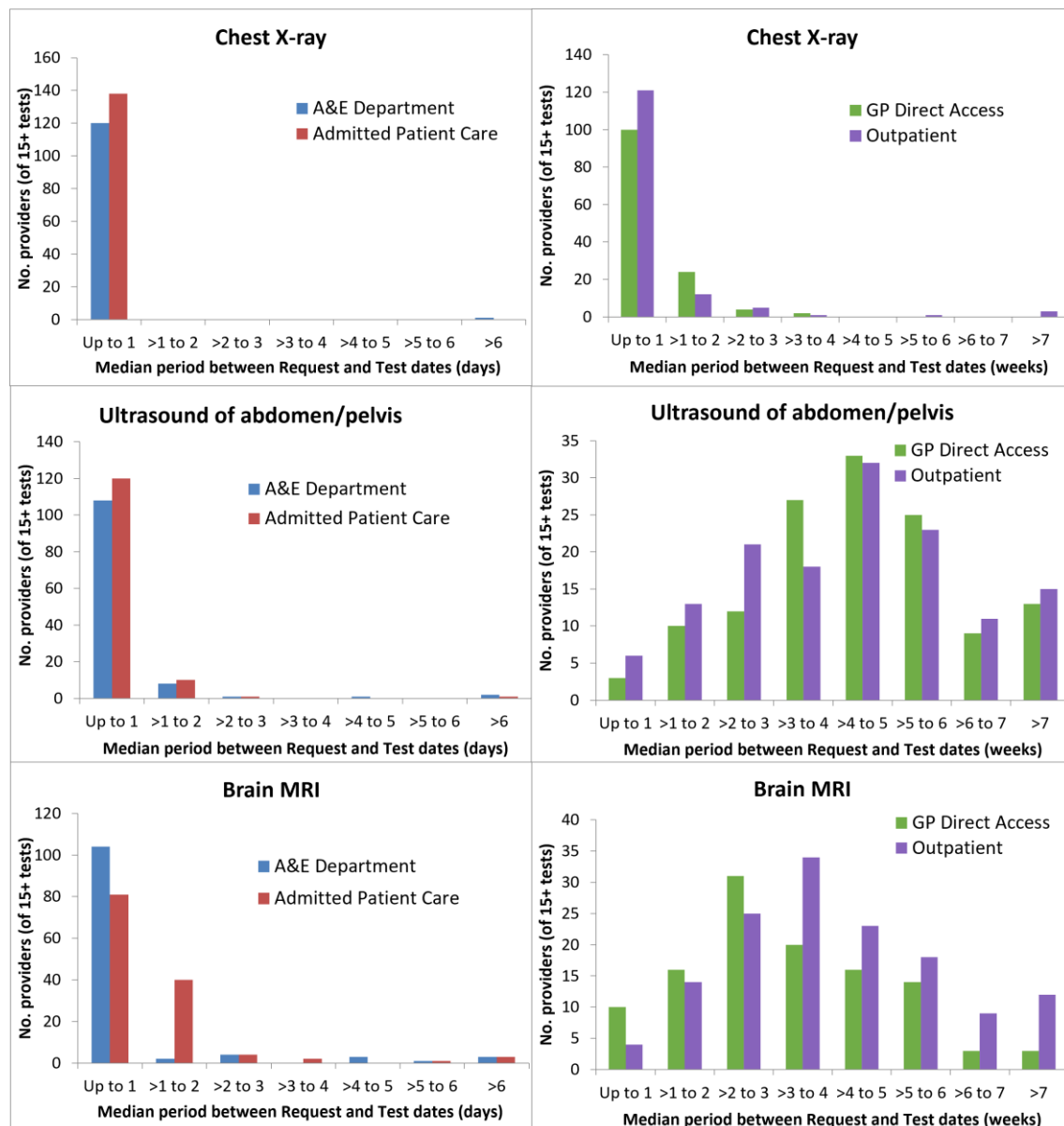
Table 8: Median number of days between date of test and date test report issued and Percentage of records where report issued on day of test, for groups of tests suitable for diagnosing cancer, All referrals and GP Direct Access, April 2024 to March 2025

	Brain (MRI)				Kidney or bladder (Ultrasound)				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	All Median	All % Same day	GP Median	GP % Same day	All Median	All % Same day	GP Median	GP % Same day
2012/13	2	32%	3	17%	0	85%	0	80%	1	42%	2	32%	2	25%	2	29%	0	86%	0	84%
2013/14	2	34%	3	18%	0	89%	0	85%	1	40%	2	29%	2	25%	2	28%	0	89%	0	88%
2014/15	2	33%	3	18%	0	91%	0	88%	1	38%	2	27%	2	25%	2	28%	0	90%	0	89%
2015/16	2	35%	3	21%	0	92%	0	89%	1	36%	2	25%	2	26%	2	29%	0	92%	0	90%
2016/17	2	33%	3	19%	0	93%	0	89%	2	36%	3	23%	2	26%	2	27%	0	93%	0	91%
2017/18	2	32%	3	16%	0	94%	0	90%	2	34%	4	19%	2	24%	2	28%	0	94%	0	92%
2018/19	2	33%	3	17%	0	95%	0	92%	3	32%	4	19%	2	24%	1	29%	0	95%	0	93%
2019/20	2	33%	3	17%	0	95%	0	92%	3	30%	4	16%	2	24%	2	28%	0	95%	0	94%
2020/21	1	39%	2	23%	0	95%	0	92%	1	39%	2	23%	1	35%	1	43%	0	96%	0	93%
2021/22	2	35%	3	18%	0	95%	0	91%	3	30%	4	18%	2	24%	1	30%	0	95%	0	93%
2022/23	2	34%	4	16%	0	95%	0	92%	4	28%	4	17%	2	23%	2	29%	0	95%	0	93%
2023/24	2	33%	4	16%	0	95%	0	93%	4	27%	5	15%	2	25%	2	31%	0	95%	0	93%
2024/25	2	33%	4	16%	0	95%	0	93%	4	27%	5	13%	2	25%	2	33%	0	95%	0	93%
Apr	2	33%	4	15%	0	95%	0	92%	5	26%	6	13%	2	25%	2	32%	0	95%	0	93%
May	3	33%	4	15%	0	95%	0	92%	4	27%	6	13%	2	25%	2	33%	0	95%	0	93%
Jun	2	33%	4	17%	0	95%	0	92%	4	27%	6	13%	2	25%	2	32%	0	95%	0	92%
Jul	2	34%	4	16%	0	95%	0	93%	4	28%	6	13%	2	26%	1	34%	0	95%	0	93%
Aug	3	33%	5	17%	0	95%	0	91%	5	27%	7	13%	2	26%	2	33%	0	95%	0	93%
Sep	3	33%	4	16%	0	95%	0	93%	4	27%	6	13%	2	24%	2	32%	0	95%	0	92%
Oct	2	33%	3	18%	0	94%	0	94%	4	27%	5	13%	2	26%	1	35%	0	94%	0	91%
Nov	2	33%	4	17%	0	95%	0	93%	4	27%	5	13%	2	26%	1	35%	0	94%	0	92%
Dec	2	34%	4	16%	0	95%	0	92%	4	28%	5	12%	2	25%	1	33%	0	95%	0	93%
Jan	2	34%	3	17%	0	95%	0	92%	3	27%	4	13%	2	26%	2	33%	0	95%	0	93%
Feb	2	34%	3	17%	0	95%	0	92%	4	26%	4	13%	2	26%	2	32%	0	95%	0	93%
Mar	2	32%	4	15%	0	95%	0	93%	4	26%	5	12%	2	25%	2	32%	0	95%	0	92%

Patient test times – Variation by provider

5.3.6. The median period between the date the test request was made (or received) and the test date varies by provider as well as by referral source and modality, see Graph 6.1 for Chest X-ray, Ultrasound of the abdomen and/or pelvis and Brain MRI. Chest X-ray has least variation by provider in the median period from request to test, with the median for A&E and admitted patients generally up to a day and those for GP referrals and outpatients generally up to a week, but with some spread over a week. The median from request to test by provider was also generally up to one day for Ultrasound of abdomen/pelvis and Brain MRI for A&E and admitted patients, but with more variability for Brain MRI for admitted patients. There was much more variation in the median from request to test for GP direct access and outpatients for all three tests, with providers differing in their median request to test period by several weeks.

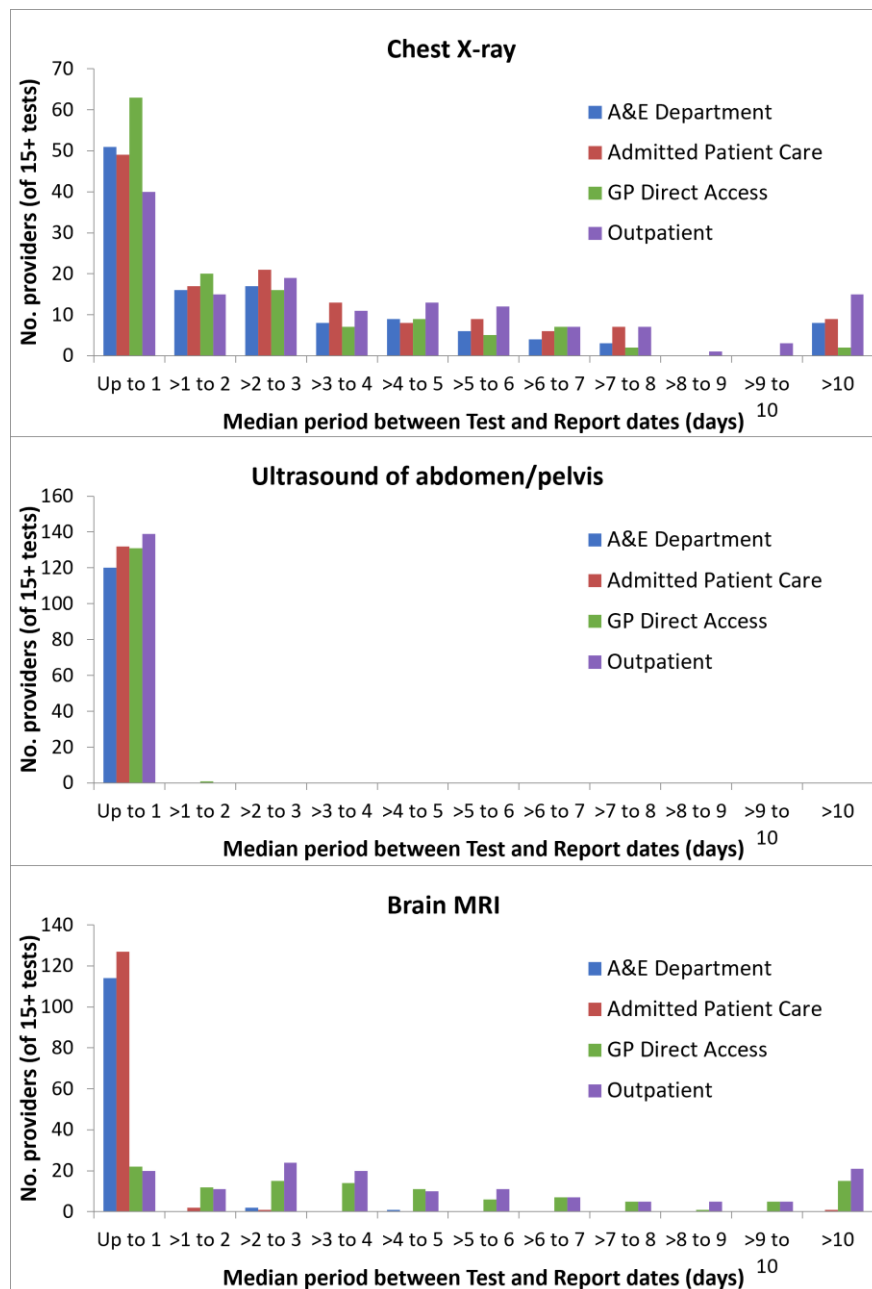
Graph 6.1 Variation by provider of median period from date of test request to date of test for procedures suitable for diagnosing cancer, by referral source, 2024/25



Note: Median period from 'date of test request' or, where missing, 'date of test request received' to 'date of test'.

5.3.7. The median period between the test and report dates varies by provider for Chest X-ray and Brain MRI, but not for Ultrasound of the abdomen and/or pelvis, see Graph 6.2. Of these, only Chest X-ray shows variation by provider for A&E and admitted patients, but Brain MRI also shows variation in the provider medians for GP direct access and outpatient referrals. The median reporting period for Ultrasound of the abdomen and/or pelvis is up to a day for almost all providers for all referral sources. Longer median test to report periods did not necessarily appear in the same providers as longer median request to test periods, nor in those with higher or lower activity (no significant correlations were found).

Graph 6.2 Variation by provider of median period from date of test to date test report issued for procedures suitable for diagnosing cancer, by referral source, 2024/25



6 Annex

6.1 Data Quality Statement

- 6.1.1. Although Radiology Information Systems (RISs) were not originally intended to provide data for statistical purposes and have some inconsistencies, they do provide a rich resource with great potential for wider analysis. This data collection aligns with the code of practice for official statistics in making better use of administrative data and evaluating existing data sources to limit the burden on respondents.
- 6.1.2. There are a number of validations built into the DID upload system, verifying that the data provided by organisations makes sense. Whilst validations and other checks have been made to ensure that the data are complete and accurately reflect activity, data issues affect activity for some providers.
- 6.1.3. Final data for each month are extracted from the DID data warehouse around the 28th of the sixth month after the period. There continues to be gaps in data coverage in 2024/25, with 13 providers failing to submit all or any records for at least one month. The overall shortfall from these missing submissions is estimated to be around 1.25 million imaging records, or 2.5% of the total submitted. In addition, some data submissions may be incomplete. The biggest shortfalls are listed below (see Section 4 of the Technical Report for further details):
- Manchester University NHS Foundation Trust (R0A) under-reported activity from April 2024 to January 2025, resulting in an estimated shortfall of 330,000 records
 - North Cumbria Integrated Care NHS Foundation Trust (RNN) did not report any activity for 2024/25, resulting in an estimated shortfall of 320,000 records
 - Surrey and Sussex Healthcare NHS Trust (RTP) did not report any activity from June 2024 to February 2025, resulting in an estimated shortfall of 250,000 records
 - Mersey and West Lancashire Teaching Hospitals NHS Trust (RBN) did not report any activity for their Southport and Ormskirk sites for much of April, August, October and November 2024 and January 2025, and submitted incomplete activity for September 2024, resulting in an estimated shortfall of 90,000 records
 - Buckinghamshire Healthcare NHS Trust (RXQ) did not report any activity for July to September 2024, resulting in an estimated shortfall of 80,000 records
- 6.1.4. In addition to shortfalls from missing submissions, absent or misleading data in individual fields may affect analysis of the data. Examples are listed below, with more given in Section 4 of the Technical Report:
- Birmingham Women's and Children's NHS Foundation Trust (RQ3) did not report gender for 44% of its activity at the Women's hospital site during 2024/25 (76% of activity from September to March)
 - Chelsea and Westminster Hospital NHS Foundation Trust (RQM) submitted the same test request date and test date for 540,000 (100%) of their activity

- Countess of Chester Hospital NHS Foundation Trust (RJR) submitted the same test date and test report issued date for 182,000 (100% where not missing) of their activity.
- Guy's and St Thomas' NHS Foundation Trust (RJ1) reported GP direct access activity as 'Outpatient' source setting in 2024/25.
- Healthshare Diagnostics (NYR) did not submit a patient postcode for 30% of its activity in 2024/25.
- Surrey and Sussex Healthcare NHS Trust (RTP) did not report gender for any of its activity in March 2025.
- The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust (RCX) defaulted to 'Other' patient source setting for their GP direct access activity from April to August 2024.

6.1.5. Other providers missing certain data fields for all or part of the year include a valid GP Practice, Patient postcode, Age (date of birth), Sex, Date of request or report and Patient source setting. The Technical Report gives more information on data completeness and quality in Section 4.

6.1.6. 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, that is 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 interval or repeated at a specific frequency.
- The patient is currently admitted to a hospital bed and is waiting for a diagnostic test/procedure as part of their inpatient treatment.

6.1.7. For the data published here, 99.7% of tests had a date of test request or date of test request received included (up from 98.9% in 2023/24). In addition, 96.5% of tests had a date of test report issue included (up from 94.3% in 2023/24).

6.1.8. Some patient records have no known commissioner as this is derived from patient registered GP practice which is not a mandatory field. In 2024/25, where this was missing, ICB and Sub-ICB Location were derived from Lower Super Output Area (LSOA) based on patient postcode instead. Data shortfalls by provider also affect their commissioner data.

6.1.9. 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 which is available on the [NHS England DID website](#).

6.2 Revisions

In the provisional publications, several Trusts did not provide data on time and their figures were shown as blank. Many of these subsequently submitted data, with the exceptions listed above. Further revisions will only be made in exceptional circumstances, see the Technical Report.

6.3 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 much smaller 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 sensitised 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 numbers 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 indirectly from NICIP (National Interim Clinical Imaging Procedure) codes.

Patient 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.

6.4 Contact Us

6.4.1. Feedback

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

6.4.2. Websites

Further information about the dataset can be found on [Diagnostic Imaging Data Set](#).

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](#).

6.4.3. Additional Information

For press enquiries contact the NHS England Media team on 0113 825 0958 or email enquiries to nhsengland.media@nhs.net.

The NHS England Analyst responsible for producing these data is:

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