Classification: Official

Diagnostic Imaging Dataset Statistical Release

Version 1, 23 July 2026

Contents

1 Introduction

The Diagnostic Imaging Dataset (DID) is a monthly data collection covering data on diagnostic imaging tests on NHS patients in England. It includes estimates of GP usage of direct access to key diagnostics tests for cancer, for example chest imaging, non-obstetric ultrasound, and brain MRI.

The DID was introduced to monitor progress on *Improving Outcomes: A Strategy for Cancer*[1]. This strategy set out how the Government, NHS and public can help prevent cancer, improve the quality and efficiency of cancer services and move towards achieving outcomes that rival the best. One aspect of that is to ensure that GPs have access to the right diagnostic tests to help them to diagnose or exclude cancer earlier. The DID therefore reports on imaging activity, referral source and timeliness.

These data are collated from Radiology Information Systems (RISs), which are hospital administrative systems used to manage the workflow of radiology departments, and uploaded into a database maintained by NHS Digital.

1.1 Frequently Used Acronyms

- **DID**
  Diagnostic Imaging Dataset

- **RIS**
  Radiology Information System

In this publication, imaging activity for the latest month of data is based on submissions up to the 28th of the month before the publication.

[1] Improving Outcomes: A Strategy for Cancer, first published 12 January 2011.
In May 2016, the cancer strategy implementation plan was updated: Achieving World-Class Cancer Outcomes: Taking the strategy forward.

2 Headline Messages

- There were 50.8 million imaging tests reported in England in the 12 months from April 2025 to March 2026. Of these, 4.12 million imaging tests were reported to have taken place in March 2026.

- In March 2026, Plain Radiography (X-ray) was most common (1.88 million), followed by Diagnostic Ultrasonography (Ultrasound, 0.97 million), Computerized Axial Tomography (CT Scan, 0.71 million) and Magnetic Resonance Imaging (MRI, 0.41 million).

- The median period between the request being made and the test being performed in March 2026 varied greatly for the different tests, from the same day for X-ray, Fluoroscopy and Medical Photography to 23 days for Nuclear Medicine.

- The median period for the report to be issued after the test in March 2026 ranged from the same day for Ultrasound, for example, to 3 days for MRI.

- In March 2026, GPs requested 27.4% of all tests that may have been used to diagnose or discount cancer[2], under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (172,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (52% of which were requested by GPs).

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

3 Current Data – March 2025 to March 2026

3.1 Imaging Activity

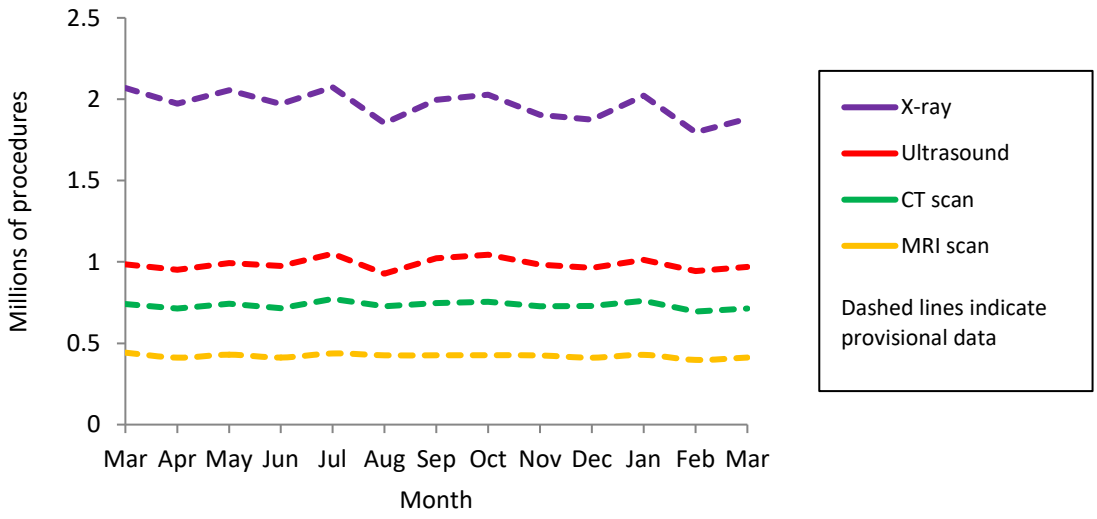
3.1.1. There were 50.8 million imaging tests reported in England during the year from April 2025 to March 2026. Of these, 4.12 million imaging tests were reported to have taken place in March 2026.

3.1.2. Out of all tests performed in March 2026, X-rays (Plain Radiography) were the most common, with 1.88 million X-rays being performed. The next most common procedures were Diagnostic Ultrasonography (Ultrasound, 0.97 million), Computerized Axial Tomography (CT Scan, 0.71 million) and Magnetic Resonance Imaging (MRI, 0.41 million).

3.1.3. Table 1 gives an all-England count of imaging activity by modality from March 2025 to March 2026. March 2025 is shown at the top of the table for comparison but is not included in the totals for the latest 12 months. Overall activity for all modalities decreased by 6.1% between March 2025 and March 2026.

3.1.4. Graph 1 shows the trend in imaging activity from March 2025 to March 2026

Graph 1: NHS imaging activity in England, March 2025 to March 2026



All data from April 2025 onwards remain provisional and subject to change. Further information on the tests included in these tables is given in the glossary section. Full break-downs by modality, provider and referral source setting are given in Tables 1 – 6 (separate excel files), available from NHS England DID website

Table 1: Count of imaging activity in England, on NHS Patients, March 2025 to March 2026

	X-ray	Ultrasound	CT Scan	MRI	Fluoroscopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography	% organisations included	Total
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**
Apr	1,973,425	951,745	713,125	411,750	78,310	25,260	24,545	4,895	4,995	98.7%	**4,188,045**
May	2,055,510	993,120	742,070	429,690	81,395	26,475	26,185	5,075	4,710	99.4%	**4,364,230**
Jun	1,970,735	975,595	716,035	412,255	79,695	27,655	25,430	5,265	4,965	97.4%	**4,217,630**
Jul	2,073,770	1,050,085	772,385	437,315	86,730	29,635	27,210	5,700	5,605	99.4%	**4,488,440**
Aug	1,853,355	927,600	728,155	425,880	75,400	25,795	23,375	4,785	5,045	99.4%	**4,069,390**
Sep	1,995,965	1,021,575	746,505	426,085	83,335	28,400	26,955	5,605	5,930	99.4%	**4,340,360**
Oct	2,027,735	1,045,010	755,240	426,415	85,075	28,575	28,305	5,390	8,945	98.1%	**4,410,695**
Nov	1,903,405	983,855	727,910	425,100	78,925	26,360	25,440	4,980	8,120	99.4%	**4,184,090**
Dec	1,874,210	963,275	728,560	411,245	78,615	25,885	25,540	4,970	8,015	99.4%	**4,120,310**
Jan	2,021,495	1,013,020	760,595	428,700	80,215	26,760	27,140	5,080	8,690	97.5%	**4,371,690**
Feb	1,796,725	943,140	694,930	397,720	75,335	25,270	26,330	4,595	7,775	96.2%	**3,971,825**
Mar	1,880,200	969,240	713,430	412,255	77,545	25,420	26,425	4,845	7,910	93.0%	**4,117,270**
Total	**23,426,520**	**11,837,260**	**8,798,935**	**5,044,415**	**960,560**	**321,490**	**312,890**	**61,185**	**80,715**	-	**50,843,970**

1. Activity not matched to a known organisation is omitted.
2. Data from April 2025 onwards remain provisional and subject to change.
3. Total row represents a rolling 12-month total and does not include activity from the earliest month in the table. Totals may not always equal the sum of the parts due to rounding

3.2 Patient Test Times

3.2.1. The DID collects data on four dates associated with each imaging event:

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

3.2.2. The Date of Test determines the month an imaging event is reported under in the DID monthly publications.

3.2.3. There is variation in the median period between the request being made (or received) and the test being performed for each of the different tests in March 2026. The median period was as low as the same day for X-ray, Fluoroscopy and Medical Photography and as high as 23 days for Nuclear Medicine scans.

3.2.4. Table 2 gives the median number of days between the 'date of test request' (or, where this was missing, the 'date of test request received') and the 'date of test', split by the test modality for each month from March 2025 to March 2026.

Table 2: Median number of days between 'date of test request' and 'date of test' for imaging activity, March 2025 to March 2026

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Mar	0	15	1	22	0	22	9	18	0
Apr	0	16	1	21	0	24	8	20	0
May	0	16	1	21	0	25	8	21	0
Jun	0	16	1	20	0	24	9	21	0
Jul	0	15	1	20	0	24	8	20	0
Aug	0	16	0	21	0	24	8	20	0
Sep	0	18	1	19	0	24	9	19	0
Oct	0	16	1	18	0	22	8	20	0
Nov	0	18	1	21	0	23	9	20	0
Dec	0	17	1	22	0	21	9	19	0
Jan	0	19	1	25	0	28	11	24	0
Feb	0	17	1	21	0	23	10	22	0
Mar	0	18	1	22	0	23	9	22	0

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

3.2.5. These figures should not be compared to "waiting time" statistics that measure how long patients are on a waiting list, since the DID figures include both planned and unplanned imaging activity. In addition, they exclude any cancelled or missed appointments and they count the period for each distinct test not each patient appointment.

3.2.6. There was slight variation between different test types in the median period for the report to be issued after the test. In March 2026 this ranged from the same day for Ultrasound, for example, to 3 days for MRI. Table 3.1 gives the median number of days between 'date of test' and 'date of test report issued', split by the test modality for each month March 2025 to March 2026. Table 3.2 gives the percentage of records where the test report is issued on the same day of test, split by modality.

Table 3.1: Median number of days between 'date of test' and 'date of test report issued' for imaging activity, by modality, March 2025 to March 2026

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Mar	1	0	0	4	0	2	2	2	0
Apr	1	0	0	4	0	1	2	2	0
May	1	0	0	4	0	2	2	3	0
Jun	1	0	0	3	0	1	2	2	0
Jul	1	0	0	3	0	1	2	2	0
Aug	1	0	0	4	0	2	2	2	0
Sep	1	0	0	4	0	1	2	2	0
Oct	1	0	0	3	0	1	2	2	0
Nov	1	0	0	3	0	1	2	1	0
Dec	1	0	0	4	0	1	2	1	0
Jan	1	0	0	3	0	1	2	1	0
Feb	1	0	0	3	0	1	2	2	0
Mar	1	0	0	3	0	1	2	2	0

Note: Median values of 0 occur where at least 50% of activity has the same day for both 'date of test' and 'date of test report issued'. Records where either of these dates is missing are excluded from the calculation of median values. 96% of all records for tests performed in March 2026 included both these dates.

Table 3.2: Percentage of records where date of test report issued equals date of test, by modality, March 2025 to March 2026

	X-ray	Ultra-sound	CT Scans	MRI	Fluoro-scopy	Nuclear Medicine	PET-CT Scans	SPECT Scans	Medical Photography
Mar	36%	94%	59%	23%	77%	33%	12%	29%	55%
Apr	37%	94%	60%	24%	78%	34%	14%	29%	59%
May	36%	94%	60%	23%	76%	33%	13%	28%	66%
Jun	37%	94%	60%	24%	77%	35%	14%	29%	65%
Jul	38%	94%	60%	25%	78%	34%	14%	29%	63%
Aug	36%	94%	60%	22%	79%	33%	15%	30%	53%
Sep	37%	94%	61%	24%	79%	34%	14%	31%	62%
Oct	37%	94%	60%	24%	79%	35%	15%	32%	75%
Nov	38%	94%	61%	24%	79%	35%	16%	31%	73%
Dec	39%	94%	61%	24%	80%	36%	17%	31%	74%
Jan	38%	94%	61%	24%	79%	36%	17%	33%	83%
Feb	39%	94%	60%	24%	78%	35%	15%	31%	82%
Mar	39%	94%	60%	24%	79%	35%	15%	32%	81%

3.3 Imaging Tests that could contribute to Early Diagnosis of Cancer

3.3.1. A main driver for the creation of the DID is to assess use of diagnostic imaging that could contribute to the early diagnosis of cancer and in particular General Practitioner (GP) direct access to these tests. To enable this analysis a subset of procedures particularly used to identify or discount a diagnosis of cancer have been identified:

- **Brain (MRI)**
  This may diagnose brain cancer, this includes – MRI of brain (often with contrast);

- **Kidney or bladder (Ultrasound)**
  This may diagnose kidney or bladder cancer, this includes – ultrasound of kidney, ultrasound scan of bladder or ultrasound and Doppler scan of kidney;

- **Chest and/or abdomen (CT)**
  These may diagnose lung cancer, this includes - chest + abdominal CT, CT of chest (high resolution or other), CT thorax + abdomen with contrast, CT thorax with contrast or CT chest + abdomen;

- **Chest (X-ray)**
  This may diagnose lung cancer, this includes – plain chest X-ray only;

- **Abdomen and/or pelvis (Ultrasound)**
  This may diagnose ovarian cancer, this includes – ultrasonography of pelvis, ultrasonography of abdomen (upper, lower or other) or abdomen + pelvis.

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

3.3.3. Brain MRI, Chest X-ray, and Ultrasounds of the abdomen and pelvis to diagnose ovarian cancer are three of the key tests which are outlined in *Improving Outcomes: a Strategy for Cancer*.

3.3.4. In March 2026, GPs requested 27% of all tests that may have been used to diagnose or discount cancer, under direct access arrangements. Of these, the test most commonly requested by GPs was Chest X-ray (172,000), whilst the test with the highest proportion of GP referral was ultrasounds that may have been used to diagnose ovarian cancer (52% of which were requested by GPs).

3.3.5. Table 4 gives a count of tests carried out on NHS patients that may have been used to make an early diagnosis of cancer. It includes the total number of these tests carried out, regardless of referral source setting, and a subset of this total where the referral source was recorded as “GP Direct Access”.

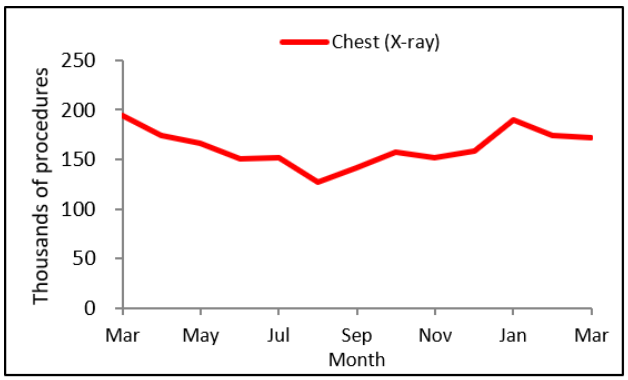
Table 4: Imaging activity for groups of tests suitable for diagnosing cancer, for all patients referred and for those directly referred by a GP, March 2025 to March 2026

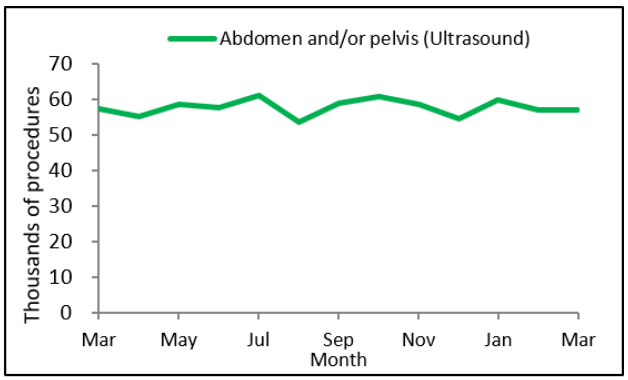
	Brain (MRI)		Kidney or Bladder (Ultrasound)		Chest and/or abdomen (CT)		Chest (X-ray)		Abdomen and/or pelvis (Ultrasound)	
	All	GP	All	GP	All	GP	All	GP	All	GP
Mar	92,805	13,270	20,010	6,230	79,090	10,025	732,760	194,250	115,875	57,425
Apr	86,350	12,175	18,200	5,625	76,295	9,510	682,895	174,440	109,125	54,990
May	90,430	12,835	19,740	6,595	78,685	9,745	674,790	165,965	114,985	58,530
Jun	86,915	12,350	18,660	5,660	75,955	9,180	631,940	150,510	112,505	57,710
Jul	91,820	12,670	20,095	6,355	81,055	9,730	650,150	151,665	118,605	60,955
Aug	89,250	12,685	17,520	5,345	74,490	8,465	597,610	126,790	105,215	53,430
Sep	90,140	12,760	19,515	6,295	74,680	8,215	641,065	141,970	114,900	58,935
Oct	90,805	12,555	19,775	6,125	76,985	8,380	687,495	157,115	118,285	60,585
Nov	89,330	13,215	19,150	6,440	73,315	8,085	674,175	152,030	113,660	58,405
Dec	86,495	12,360	18,185	5,650	74,290	8,320	709,540	158,665	107,030	54,375
Jan	91,385	12,785	19,570	6,430	77,550	8,810	752,890	189,400	117,135	59,875
Feb	84,705	11,720	18,040	5,845	73,185	8,910	651,310	173,970	109,335	57,080
Mar	86,875	12,510	18,150	5,735	74,900	9,515	647,910	172,375	110,410	57,020

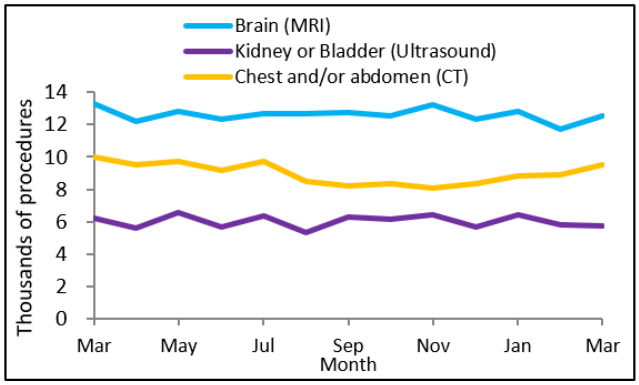
Note: Data from April 2025 onwards have been updated but remain provisional and subject to change.

3.3.6. The number of Chest X-rays (all referrals and GP referrals) appeared to show some seasonality with summer months generally having lower numbers of Chest X-rays and winter months higher levels. This was not evident in the other tests. The trend in imaging activity for patients directly referred by a GP for March 2025 to March 2026 is shown in Graph 2.

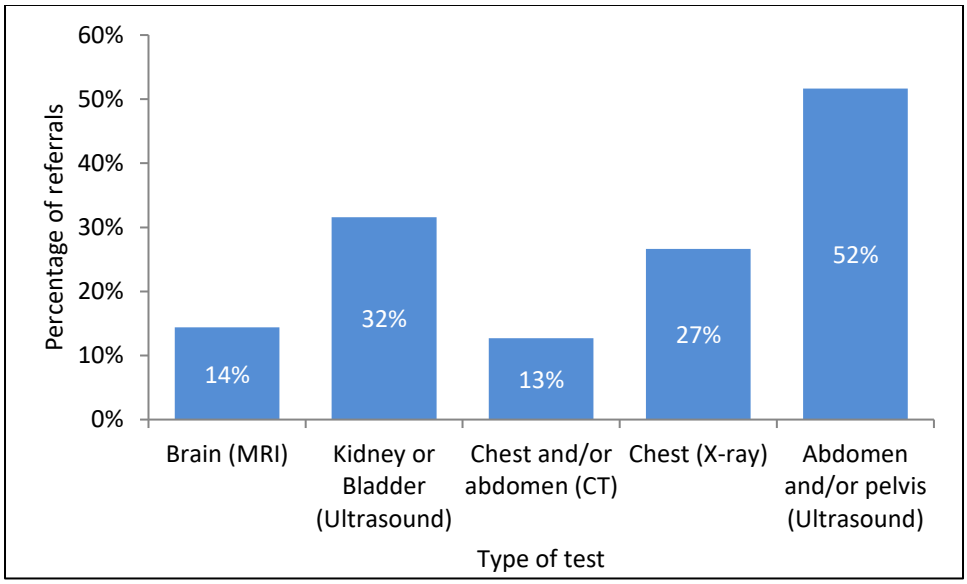
Graph 2: Imaging activity for patients directly referred by a GP, March 2025 to March 2026







Graph 3: Percentage of referrals made by GPs by type of test, March 2026



3.3.7. Graph 3 shows the proportion of referrals that were made by GPs for tests undertaken in March 2026. Ultrasounds on the Abdomen and/or Pelvis had the highest proportion (52%) of referrals made by GPs, whilst Chest and/or abdomen CT had the lowest (13%).

3.3.8. Table 5 shows the median number of days between the date a test was requested and the date the test was completed, for groups of tests suitable for diagnosing cancer, for All Referral routes and GP Direct Access for March 2025 to March 2026.

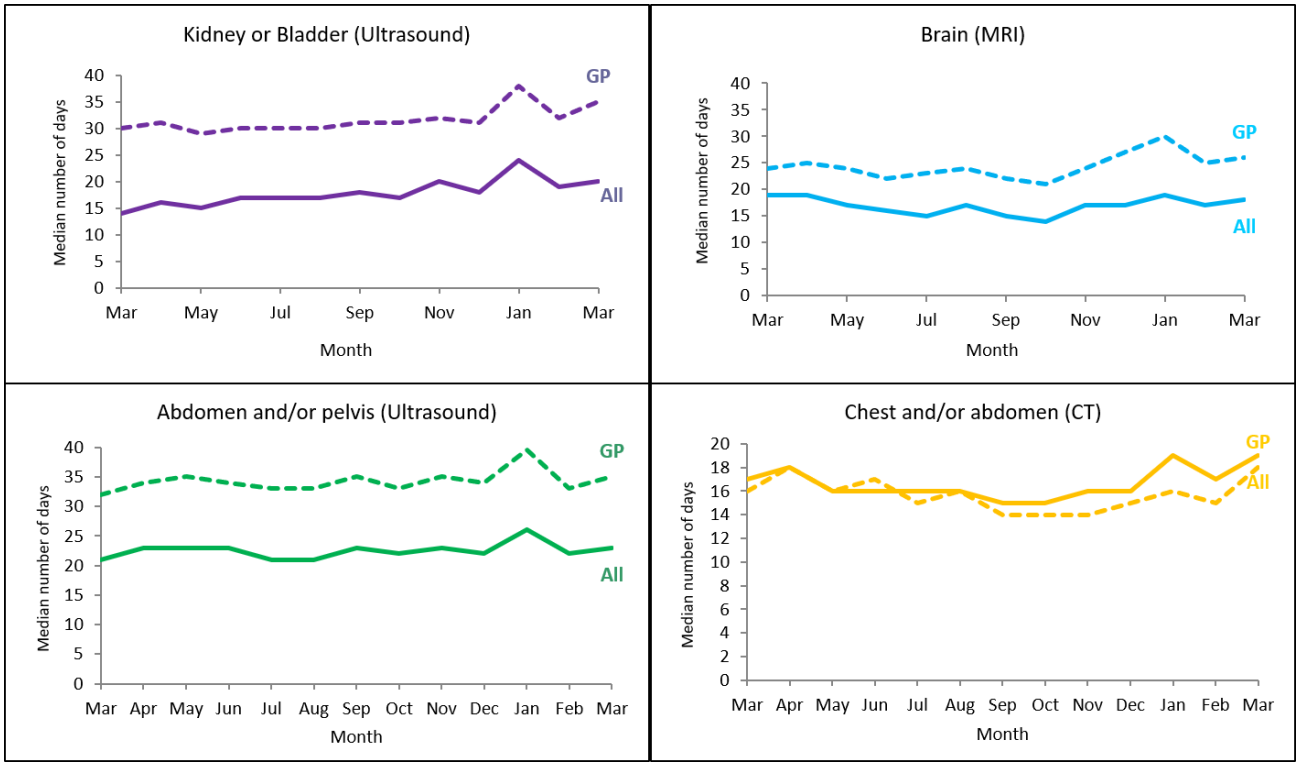
3.3.9. The median period from a test being requested (or, where this was missing, the date of test request being received) to being performed is noticeably longer for GP direct access than overall for the Ultrasound tests (Kidney or bladder and Abdomen and/or pelvis) used to diagnose or discount cancer. There are smaller differences for Brain MRI and Chest and/or abdomen CT in March 2026. The main reason for a difference is that 'All Referrals' includes tests on emergency admissions and inpatients, which have shorter waits. The trend in these differences is shown in Graph 4.

Table 5: Median number of days between 'date of test request' and 'date of test' for groups of tests suitable for diagnosing cancer, overall and for GP Direct Access, March 2025 to March 2026

	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
Mar	19	24	14	30	17	16	0	3	21	32
Apr	19	25	16	31	18	18	0	3	23	34
May	17	24	15	29	16	16	0	4	23	35
Jun	16	22	17	30	16	17	0	3	23	34
Jul	15	23	17	30	16	15	0	3	21	33
Aug	17	24	17	30	16	16	0	3	21	33
Sep	15	22	18	31	15	14	0	3	23	35
Oct	14	21	17	31	15	14	0	3	22	33
Nov	17	24	20	32	16	14	0	3	23	35
Dec	17	27	18	31	16	15	0	3	22	34
Jan	19	30	24	38	19	16	0	2	26	39.5
Feb	17	25	19	32	17	15	0	3	22	33
Mar	18	26	20	35	19	18	0	3	23	35

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

Graph 4: Median number of days between 'date of test request' and 'date of test' for groups of tests suitable for diagnosing cancer, overall and for GP Direct Access, March 2025 to March 2026



3.3.10. As can be seen from Table 6, although there is generally little difference in the time taken for a test report to be issued for GP Direct Access and All Referrals, GP-referred reporting periods were slightly longer for Brain MRI and Chest and/or abdomen (CT).

Table 6: Median number of days between date of test and date test report issued and Percentage of records where report issued on day of test, for groups of tests suitable for diagnosing cancer, for all referrals and GP Direct Access, March 2025 to March 2026

	Brain (MRI)				Kidney or Bladder (Ultrasound)			
	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day
Mar	2	32%	4	15%	0	95%	0	93%
Apr	2	35%	4	16%	0	96%	0	93%
May	2	34%	4	16%	0	93%	0	87%
Jun	2	34%	4	16%	0	95%	0	92%
Jul	2	36%	4	17%	0	95%	0	91%
Aug	2	33%	5	14%	0	95%	0	93%
Sep	2	34%	4	14%	0	96%	0	94%
Oct	2	35%	4	15%	0	95%	0	92%
Nov	2	34%	4	15%	0	95%	0	93%
Dec	2	35%	4	15%	0	96%	0	94%
Jan	2	35%	3	16%	0	96%	0	94%
Feb	2	35%	3	17%	0	95%	0	93%
Mar	2	34%	4	14%	0	95%	0	93%

	Chest and/or abdomen (CT)				Chest (X-ray)				Abdomen and/or pelvis (Ultrasound)			
	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day	All Median	All % Same Day	GP Median	GP % Same Day
Mar	4	26%	5	12%	2	25%	2	32%	0	95%	0	92%
Apr	5	27%	6	11%	2	26%	2	33%	0	95%	0	93%
May	4	27%	5	12%	2	26%	1	33%	0	95%	0	93%
Jun	4	27%	5	14%	2	27%	1	34%	0	95%	0	92%
Jul	4	27%	6	15%	2	27%	1	34%	0	94%	0	92%
Aug	5	26%	7	9%	2	25%	1	33%	0	95%	0	93%
Sep	4	28%	6	12%	2	25%	1	34%	0	95%	0	93%
Oct	4	27%	5	11%	2	25%	1	33%	0	95%	0	93%
Nov	3	27%	4	14%	2	26%	1	34%	0	95%	0	93%
Dec	4	29%	5	13%	2	26%	1	36%	0	95%	0	93%
Jan	3	29%	4	15%	2	26%	2	32%	0	95%	0	94%
Feb	3	28%	4	14%	2	28%	1	34%	0	95%	0	93%
Mar	3	28%	5	12%	2	28%	2	33%	0	94%	0	92%

Note: Median values of 0 occur where at least 50% of activity has 'date of test' and 'date of test report issued' recorded as the same day. Only records where both dates are reported are included in the calculation of median values: 96.6% of all records for tests performed in March 2026 and 98.6% of records for patients referred through GP Direct Access.

4 Annex

4.1 Glossary

Computerised Axial Tomography (CT Scan)
Computed tomography (CT), sometimes called CAT scan, uses special x-ray equipment to obtain image data from different angles around the body, then uses computer processing of the information to show a cross-section of body tissues and organs. In the DID this means all codes mentioning CAT or computed tomography except those also mentioning PET.

Diagnostic Ultrasonography (Ultrasound)
The use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to image an internal body structure, monitor a developing foetus or generate localised deep heat to the tissues. In the DID this means any code relating to ultrasound.

Fluoroscopy
Fluoroscopy is an imaging technique commonly used by physicians to obtain real-time images of the internal structures of a patient through the use of a fluoroscope. In its simplest form, a fluoroscope consists of an x-ray source and fluorescent screen between which a patient is placed. In the DID this is a collection of codes mentioning fluoroscopy or using fluoroscopic guidance, Barium enema or swallow. Interventional procedures are classified under imaging modalities which provide guidance. Almost all interventional procedures are under fluoroscopy procedure. A very small number of interventional procedures are under CT or MRI procedures.

Magnetic Resonance Imaging (MRI)
Magnetic resonance imaging (MRI) is a method of producing extremely detailed pictures of body tissues and organs without the need for x-rays. The electromagnetic energy that is released when exposing a patient to radio waves in a strong magnetic field is measured and analysed by a computer, which forms two- or three-dimensional images that may be viewed on a TV monitor. In the DID this means all codes mentioning MRI.

Plain Radiography (X-ray)
A Radiograph is an image produced on a radiosensitive surface, such as a detector, by radiation other than visible light, especially by X-rays passed through an object or by photographing a fluoroscopic image. In the DID this means any code referring to radiography or X-ray.

Medical Photography
A Photograph is an image recorded on sensitized material by energy from the light spectrum, which is then processed to create a print that can be viewed clearly. Medical Photography is used in order to document a variety of different medical conditions and their treatment.

Nuclear Medicine
Nuclear medicine (NM) is a branch of medicine and medical imaging that uses unsealed radioactive substances in diagnosis and therapy. These substances consist of radionuclides, or pharmaceuticals that have been labelled with radionuclides

(radiopharmaceuticals). In diagnosis, radioactive substances are administered to patients and the radiation emitted is measured.

Nuclear medicine imaging tests differ from most other imaging modalities in that the tests primarily show the physiological function of the system being investigated, as opposed to the anatomy. It has both diagnostic and therapeutic uses, such as planning cancer treatments and evaluating how well a patient has responded to a treatment. It can be used with other diagnostic methods, including CT scans and MRI, where the images are superimposed to produce complex cross-sectional, three-dimensional scans.

Position Emission Tomography – Computer Tomography (PET-CT Scans)
Position Emission Tomography - Computed Tomography (PET-CT Scan) is an imaging technique used in the diagnosis and treatment of cancer which combines PET with CT. PET uses gamma-type cameras to produce crude three-dimensional images highlighting radionuclide concentration in the body. CT allows precise localisation of the radionuclide concentration. PET-CT scans can be used to show how far a cancer has spread and can determine if a patient is responding positively to a treatment. In the DID this means all codes mentioning PET, whether or not they also mention CT.

Single Photon Emission Computerised Tomography (SPECT scans)
Single Photon Emission Computerised Tomography (SPECT scans) is an imaging method that allows for analysis of internal organs. Gamma photon-emitting radionuclides are administered to a patient prior to being exposed to gamma cameras that rotate around a patient to produce cross-sectional slices that can then be reformatted into a true three-dimensional image of the patient.

Median
The median is the preferred measure of the average time between pairs of dates within records as it is less susceptible to extreme values than the mean. The median number of days between pairs of dates is calculated by ordering the values obtained by subtracting the dates for each record and selecting the middle value when all records are ranked by these number of days.

Modality
The broad procedure or method used for examination, for example MRI. This may include procedures assisted by the method, e.g. biopsy or injection. In the DID the modality of the examination is derived from SNOMED CT (Systematised Nomenclature of Medicine – Clinical Terms) or NICIP (National Interim Clinical Imaging Procedure) codes.

Referral source setting
This is a categorisation of the department or organisation making the referral for the imaging activity. It includes categories for admitted patient care, outpatients, GP Direct Access, A&E and health care providers other than the organisation providing the imaging activity.

4.2 Data Quality Statement

This collection uses data from Radiology Information Systems (RISs) as a rich resource for analysis, making wider use of administrative data in line with the code of practice for official statistics. Some RIS systems cover additional test activity not reported in this publication.

A number of validations and other checks are built into the DID upload system and processing to seek to ensure that the data are complete and accurately reflect activity. Nevertheless, data issues may affect activity for some providers and users should exercise care when interpreting the results.

Reported times from test request to test should not be compared to diagnostic test waiting time statistics, as these are collected using different definitions. Unlike these statistics, the DM01 diagnostic test waiting times statistics exclude records where, for example:

- The patient is waiting for a planned (or surveillance) diagnostic test/procedure as part of a treatment plan, which is carried out at a specific time or repeated at a specific frequency for clinical reasons, eg. 6-month check cystoscopy;
- The patient is currently admitted to a hospital bed and is waiting for a diagnostic test/procedure as part of their inpatient treatment.

Data for this publication is extracted from the DID data warehouse around the 28th of the third month after the period. Any data submitted after this date may not be included in the provisional published data but should be included in subsequent updates. Finalised data are published in the Annual Report at the end of the year.

Details of coverage, completeness, comparability with other data sources, and a discussion on the types of data quality issues encountered are provided in the Technical Report and the Coverage Completeness Data Quality Summary report which is available on the NHS England Statistics website.

Contact Us

4.2.1 Feedback

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

4.2.2 Websites

Further information about the dataset, including the new information standard for DID v2.0, can be found on NHS Digital DID website.

Those who submit data to DID do so via a secure submission portal. Further information about submissions can be found on the submission website.

The DID Additional Tables and Technical Report can be found on NHS England DID website.

4.2.3 Additional Information

For press enquiries contact the NHS England Media team on 0113 825 0958 or 0113 825 0959. Email enquiries should be directed to nhsengland.media@nhs.net

This is the final monthly publication from DIDv1; the 2025-26 data will be finalised in the annual report due for release on Thursday 26 November 2026.

From next month, publications will be based on available DIDSv2.0 data (see Diagnostic Imaging Data Set (DIDS) implementation tools and guidance - NHS England Digital). The first DIDv2.0 publication is planned for Thursday 27th August 2026.

The NHS England Analyst responsible for producing these data is:

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