

Reference: FOI.ICB-2627/172

Subject: Direct Access Tests (DATs) Volumes and Wait Times

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE																														
Please refer to requesters template enclosed. Clarification received: We will accept data relating to the most recent financial year for which you have information available. Please provide the total figures. Kindly see attached the Snomed codes list in excel format.  Copy of UpperGIEndoscopy.xls  Copy of HeadCT.xlsx  Copy of FlexiSigmoidoscopy.xl  Copy of Colonoscopy.xlsx  Copy of ChestXray.xlsx  Copy of ChestCT.xlsx  Copy of BrainMRI.xlsx  Copy of AbdoPelvisCT.xlsx  Copy of AbdoPelvicUSS.xlsx	Table 1: Diagnostic Imaging Activity Data <table><tr><th>Test</th><th>2024/25</th><th>2025/26</th></tr><tr><td>abdo_pelvic_uss</td><td>30,057</td><td>29,758</td></tr><tr><td>abdo_pelvis_ct</td><td>7,400</td><td>8,243</td></tr><tr><td>brain_mri</td><td>1,931</td><td>2,247</td></tr><tr><td>chest_ct</td><td>4,003</td><td>4,095</td></tr><tr><td>chest_xray</td><td>27,843</td><td>24,407</td></tr><tr><td>colonoscopy</td><td>*</td><td>*</td></tr><tr><td>flexi_sigmoidoscopy</td><td>*</td><td>*</td></tr><tr><td>head_ct</td><td>4,030</td><td>4,813</td></tr><tr><td>upper_gi_endoscopy</td><td>*</td><td>*</td></tr></table> * No matches for provided SNOMED Codes from 2023/24 onwards Data Source: Diagnostic Imaging Dataset - https://digital.nhs.uk/services/data-services-for-commissioners/datasets/diagnostic-imaging-dataset-dids Notes: • Data includes all tests where a GP was the referrer.	Test	2024/25	2025/26	abdo_pelvic_uss	30,057	29,758	abdo_pelvis_ct	7,400	8,243	brain_mri	1,931	2,247	chest_ct	4,003	4,095	chest_xray	27,843	24,407	colonoscopy	*	*	flexi_sigmoidoscopy	*	*	head_ct	4,030	4,813	upper_gi_endoscopy	*	*
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	• Data includes activity at locations outside the ICB boundary area, but where the ICB is responsible commissioner for the patient • Data includes all activity for all patients at provider locations within the ICB boundary area • No data held for 2026/27 • No information available on urgency of test (route/urgent). - We do not contract specified min or max levels of diagnostics tests. - If the tests fall under DM01 the constitution standard target / expectation is that 99% of tests are completed within 6 weeks of referral. (Sometimes this is described as 'no greater than 1% of people should wait longer than 6 weeks between their referral and diagnostic test'). - Monthly diagnostic waiting time and activity data is available publicly here Statistics » Monthly Diagnostic Waiting Times and Activity – data is available on a monthly and annualised basis dating back to 2008/9; it is available at commissioner and provider levels and is available at test level. - It is important to note that DM01 is specifically waiting time to test completion, not report completion (and while for some tests the report is generated at the time of test, for others this is completed at a later date). We routinely collect data on the time to test (link above) but the ICB does not collect or hold data on time between test and report (what is referred to in this FOI as Turn around Time). Nor does the ICB contract for specified turnaround times on reporting of tests.
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The information provided in this response is accurate as of 17 September 2026 and has been approved for release by Caroline Dawe, Director of Strategic Commissioning - Value and Delivery for NHS Bristol, North Somerset and South Gloucestershire ICB.

Last question - For each direct access test, please provide information on test volumes, wait times and turnaround times.

Please note that for the purpose of this survey we define **"waiting time"** as the time interval, measured in calendar days, between the date a direct access test is requested by a GP and the date the test is performed; and **"turnaround times"** as the time interval between the date a direct access diagnostic test is requested by a GP and the date the final report/result is made available to the requesting clinician.

[illegible]