British
Thoracic
Society

UK ILD Registry

Annual Report 2025

ISSN 2040-2023
British Thoracic Society Reports | Vol 17, Issue 3, June 2026

CONTENTS

You can spread awareness by sharing Registry reports and other information on social media. Be part of the conversation at @BTSrespiratory

© British Thoracic Society.

All BTS material is subject to copyright restrictions. Content from this document may be reproduced with permission as long as you conform to the following copyright conditions:

- The text must not be altered in any way.
- The correct copyright acknowledgement must be included.

FOREWORD

As Chair of the UK ILD Registry steering group, I am delighted to present this annual report, which reflects another year of important activity to improve care for people living with ILD. Thanks to the endeavours of ILD teams across the UK, the Registry remains the leading dataset of its kind, allowing the ILD community to broaden its understanding of disease development and supporting services to deliver optimal care to their patients.

To support this, over the last 12 months we have focused on transitioning from delivery to facilitating and demonstrating the impact of the UK ILD Registry on a local and global level. We have developed user-downloadable reports that enable trusts to compare their ILD services to national metrics.

We have coordinated and delivered a focused project focusing on securing data entry from patients with fibrotic hypersensitivity pneumonitis, and we plan to analyse and publish an observational report regarding this subgroup of ILD. This will improve our knowledge and understanding of the epidemiology, treatment and outcomes of a challenging ILD and may inform future research questions and clinical care.

Our reach has been international with the publication of a number of papers by the steering group members and other researchers through data access requests supported by BTS. These publications have highlighted important aspects such as gender disparity in care and the impact of geographical distance from specialist services.

In response to feedback from sites, we have also been successful in obtaining ethical approval for telephone consent of patients to the registry. We hope this multi-modality approach gives sites the flexibility to make the consent process easier for both patients and services but still maintaining thorough research governance and ethical standards.

These initiatives aim to help ILD teams to use their local registry data to benchmark and improve the care they deliver to ILD patients and to ensure the BTS registry data has both local, regional and national impact.

Thanks again to the members of the multiprofessional ILD teams across the NHS who contribute to the Registry and to the patients who agree to participate in this activity.

Dr Nazia Chaudhuri
Chair, BTS Interstitial Lung Disease Registry Steering Group

I wish to acknowledge the considerable commitment of ILD teams across the United Kingdom, together with the patients who consent to participate in the UK ILD Registry. Their collective contribution has been essential to the success of this initiative. The data generated provide a critical resource for advancing international research in interstitial lung disease and for informing local decision-making regarding the delivery and resourcing of ILD services, with the ultimate aim of improving patient care. Importantly, the Registry will establish a lasting legacy—as a robust, longitudinal dataset that will continue to support research, service development, and improved outcomes for patients with ILD in the years ahead.

Dr Richard Russell
Chair, BTS Board of Trustees

PART 1 – THE UK ILD REGISTRY

1.1 THE UK ILD REGISTRY

The UK ILD Registry is a clinical database which was established in February 2013 and will continue to run until June 2026. The Registry holds data on patients with ILD and was open to all secondary and tertiary care institutions in England, Scotland, Wales and Northern Ireland. Hospitals and researchers use Registry data to monitor service provision and improve patient care.

Vision: Using data to support better lung health for all with ILD

To provide and promote data monitoring tools for benchmarking services, enabling improvement and equitable service provision.

Using data to advance understanding of distribution, care pathways and burden of ILDs.

Registry data entry is sustainable, and data collected are appropriate, accurate and representative of the whole ILD population.

Inclusion criteria

Patients were eligible for inclusion in the UK ILD Registry if they meet all three of the following criteria:

- ✓ First seen in clinic at the participating centre from 1st January 2013.
- ✓ Patients with a new or historic diagnosis of either:
    a. any ILD with evidence of fibrosis, *OR*
    b. any sarcoidosis with pulmonary involvement, with or without fibrosis.
- ✓ Informed, written consent has been obtained.

Registry timeline

The timeline of the Registry for inception to closedown demonstrated a pattern of growth and impact dedicated to achieving the vision of using data to support better lung health for all with ILD.

2013
Inception of the UK IPF & Sarcoidosis Registries.

2016
Growth phase, where local management & benchmarking tools developed. Cited in the evidence paper for NICE nintedanib funding.

2020-1
Influenced and adopted onto **NHSE ILD Quality Dashboa**rd. Data made available to researchers.

2023
Merger and expansion to form the **UK ILD Registry**, now open to all ILDs with evidence of fibrosis.

2025
Adoption onto HQIP **Quality Accounts.** Anonymised site benchmarking launched.

2026
Closure and legacy. Movement into cohort case studies and an archived research database.

1.2 THE LEGACY OF THE UK ILD REGISTRY

National commissioning and benchmarking

Throughout 2020, the Registry Steering Group collaborated with NHSE to align ILD Quality Dashboard metrics with the NICE Quality Standard for IPF[1], This initiative established consistent benchmarking for ILD care across the UK, with the Steering Group ensuring the Registry dataset precisely reflected these standards. Consequently, the updated NHSE ILD Quality Dashboard launched in 2021, enabling sites to collate their returns through the UK ILD Registry platform.

While the Registry is concluding, this integrated approach - linking dashboard requirements to NICE Quality Statements - remains a significant legacy. It reflects the programme's enduring commitment to championing best practice and improving outcomes for the patient community.

Availability of Registry data for research

Data from the UK ILD Registry are available for researchers to access for a small fee. Since 2020, 19 successful applications have been made. A full list of publications using Registry data is on page 15.

As the Registry concludes, ensuring data remain available for research is essential. Transitioning these datasets into a managed archive guarantees that the collected information continues to support high-quality research. By providing ongoing access to this robust evidence base, the programme's impact through insight and innovation will continue to benefit patients for years to come.

The following patient data are available to researchers from submissions made initially at presentation and subsequently at annual follow up.

Demographic data	**Clinical information**	**Follow up**
Entered once, at presentation	Entered once, at presentation	Entered multiple times *(requested every 12 months)*
• Age and sex. • Ethnicity. • Diagnosis. • Referral/presentation dates. • Family history of ILD. • Distance to treating centre. • Deprivation data. • Mortality data.	• Symptoms, and duration of symptoms prior to presentation. • Comorbidities, smoking status and exposure history. • Referral to other services or non-clinical support. • Height, weight and lung function tests (FEV1, FVC, TLCO, KCO). • Blood tests, biopsy results, HRCT results (not imaging data). • MDT and extra-pulmonary needs assessment. • Treatments, adverse effects and lung transplantation details. • Oxygen, pulmonary rehab and palliative care assessment and referral. • ILD specialist nurse involvement and clinical trial involvement.	

Facilitating clinical trials

Researchers conducting clinical trials may request that the BTS facilitate introductions to participating clinicians. During the initial consent process, patients indicate their willingness to be contacted regarding relevant trials, allowing their clinician to reach out when appropriate.

While this service will eventually phase out following the Registry's conclusion, researchers can currently still leverage the platform to identify potential cohorts for the time being. This provides a valuable mechanism for trial recruitment during the transition period. To find out more, please contact bts@brit-thoracic.org.uk.

The entire purpose of the Registry has been to support hospitals and researchers to deliver better treatment and outcomes for patients. BTS has worked closely with patient charities and lay representatives to ensure the patient voice is fully embedded in this process, and this collaborative spirit ensures that improved standards of care remain the Registry's enduring legacy.

1.3 FIBROTIC HYPERSENSITIVITY PNEUMONITIS (HP) COHORT STUDY

Fibrotic hypersensitivity pneumonitis (HP) is an interstitial lung disease caused by an exaggerated immune response to inhaled substances. Diagnosis can be challenging, and there are comparatively few cohort studies available. Global burden varies significantly, with data from registries indicating 7.8% of fibrotic ILDs in Canada are HP and 47.3% of all ILDs in India are HP [2, 3]. There is a need to improve understanding of the epidemiology and management of fibrotic HP in the UK, and the UK ILD Registry is in a unique position to collate data nationally.

A descriptive cohort study is currently underway where a number of sites in the UK ILD Registry are submitting data relating to cases of fibrotic HP where the diagnosis was confirmed through MDT discussion. It is anticipated that this study will be published during 2026.

After this study is published the data relating to fibrotic HP will be available for researchers to access alongside all UK ILD Registry data.

PART 2 – REGISTRY ACTIVITIES IN 2025

107 hospitals have obtained Caldicott approval to participate in the Registry. These sites represent 70 of the 217 healthcare trusts in England and 14 of the 27 health boards in the devolved nations.

The Registry was included in the **HQIP Quality Accounts** for the very first time in 2025/6, and now again in 2026/7.

A cohort study is underway using Registry data to improve understanding of **fibrotic hypersensitivity pneumonitis** (fHP) in the UK.

423 users have accounts on the Registry – our sincere thanks to all of them

2,259 new cases were added to the Registry, with a final count of **12,897** patients overall**.**

The **mean age was 71.6** (± 11.0), ranging from 18 to 97. It is very important to consider the spread of affected ages when diagnosing.

Cases added to the UK ILD Registry in 2025 *(with overall total in brackets)*:

- ➔ **1,464** *(9,485)* IPF
- ➔ **200** *(613)* exposure-related
- ➔ **82** *(296)* interstitial pneumonias
- ➔ **68** *(278)* connective tissue related
- ➔ **122** *(1,238)* sarcoidosis
- ➔ **323** *(987)* other ILDs

3 successful research applications were made to access pseudonymised Registry data (the total number of successful applications since 2020 is **19**).

11 new research publications/abstracts used Registry data in 2025. Overall, **22** publications have used Registry data, cited **106** times by other researchers.

Referral to other clinical and non-clinical services in 2025 (785 responses):

- ➔ **47.6%** *(374)* support groups
- ➔ **33.8%** *(265)* helplines
- ➔ **60.9%** *(478)* other
- ➔ **42.3%** *(332)* charities
- ➔ **14.9%** *(117)* mental health support
- ➔ **39.1%** *(307)* none

PART 3 – BENCHMARKING

Centres can benchmark their services both against a set of agreed standards and against the performance of similar services. The Registry team regularly reviews whether data can be sourced by other means, reducing the burden of data entry on participating sites. Due to the variety of electronic systems used by hospitals and the nature of the data collected in the Registry it is not possible at this time. However, initiatives such as aligning the Registry with NHSE ILD Quality Dashboard items help minimise the general burden of data entry (e.g. the Registry is used to collate dashboard data).

3.1 BENCHMARKING METRICS

The UK ILD Registry holds data relating to these specific metrics, which are part of the Healthcare Quality Improvement Action Plan published by the UK ILD Registry in the 2024 Annual Report, and which align with both the NHSE ILD Quality Dashboard and the NICE Quality Statements for IPF[4, 5, 1.]

Resourcing and diagnosis
Items 1 to 3

1 **Wait times from referral to presentation should be under 8 weeks (56 days)**

2 **People are only diagnosed with the consensus of an ILD MDT**

3 **Interaction with an ILD specialist nurse offered at presentation**

Assessment and action
Items 4 to 6

4 **Oxygen needs assessment carried out at each follow-up visit**

5 **Pulmonary rehabilitation (PR) needs assessed at presentation**

6 **Palliative (symptom management) needs assessed at presentation**

How can clinicians find out how their hospital performs against these metrics?

The following pages include anonymised hospital-level data. If you are a clinician participating in the Registry, your anonymised hospital ID is shown when you log into the UK ILD Registry site. When the UK ILD Registry platform is fully closed you can contact BTS directly if you want to be reminded of your anonymised hospital ID.

This section includes scatter plots detailing the performance of individual sites against the number of cases they submitted. Each of these charts indicates both the mean performance of all sites ($\bar{x}$) and the target performance. Hospitals with <5 cases are not shown. Data relate to patients with a first clinic visit during 2025.

3.2 PERFORMANCE AGAINST METRICS IN 2025

Wait times for patients with IPF

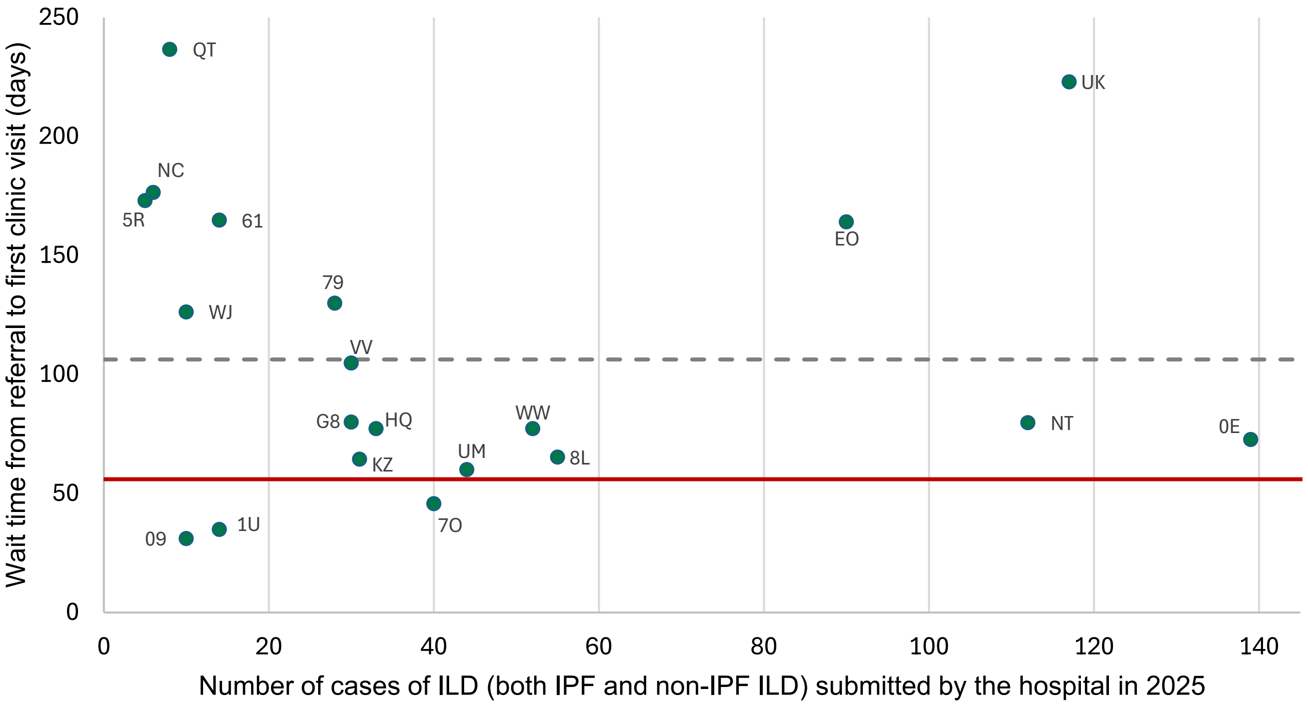
The NHSE ILD Quality Dashboard – which focuses on IPF as a surrogate marker for the wider ILD service – suggests that patients be seen in clinic within eight weeks (56 days) of referral, due to the cancer-like outcomes experienced by those with IPF.

Centre type	Mean time from referral to presentation	Patients with symptoms for >24m before presentation
English prescribing	93 days	38%
English non-prescribing	76 days	12%
Devolved nations	Too few to report	Too few to report
All centres	**93 days**	**36%**

Wait times for all patients

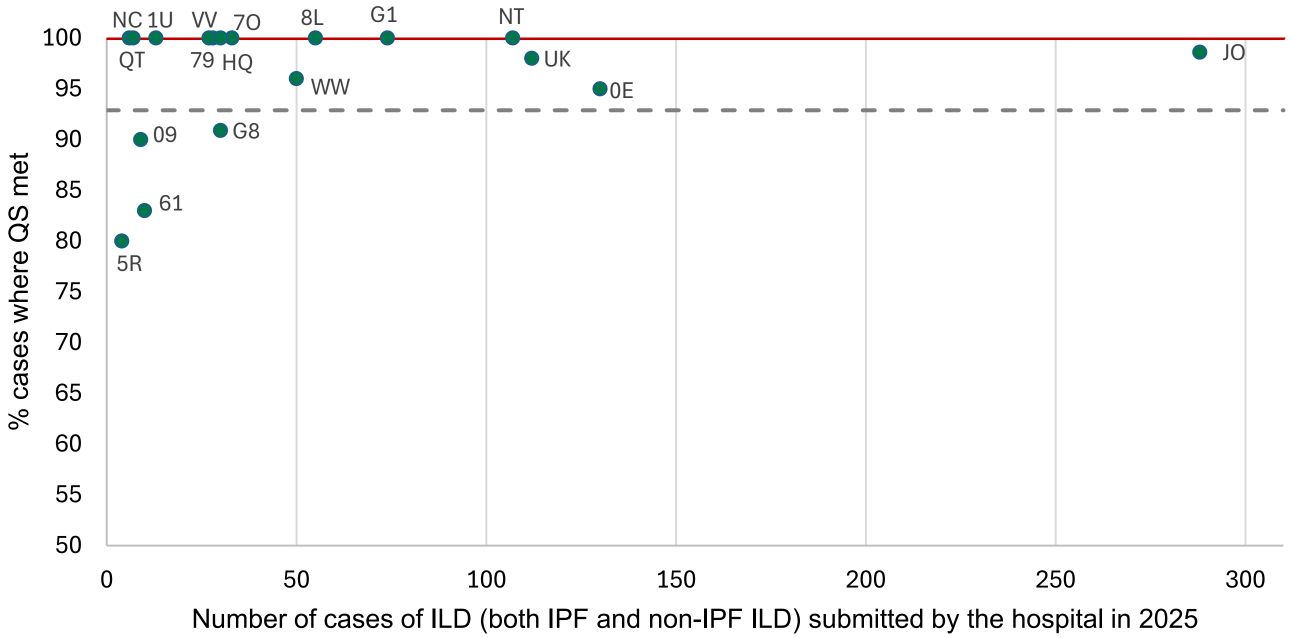
Wait times are shown below for 22 centres, as only these centres had submitted data for five or more patients seen during 2025. Only five centres were in line with the target wait time of 56 days, meaning roughly three quarters of the centres shown here were not meeting the target wait times. Survival time is strongly linked to the speed with which patients are prescribed appropriate treatments, so the wait times highlighted here are clearly suboptimal. Patients who are not directly referred from primary care to a prescribing centre will also be subject to the additional delay of undergoing two referrals, firstly from primary care and secondly from non-prescribing secondary care.

Wait times for individual centres in 2025 (both IPF and non-IPF ILD)



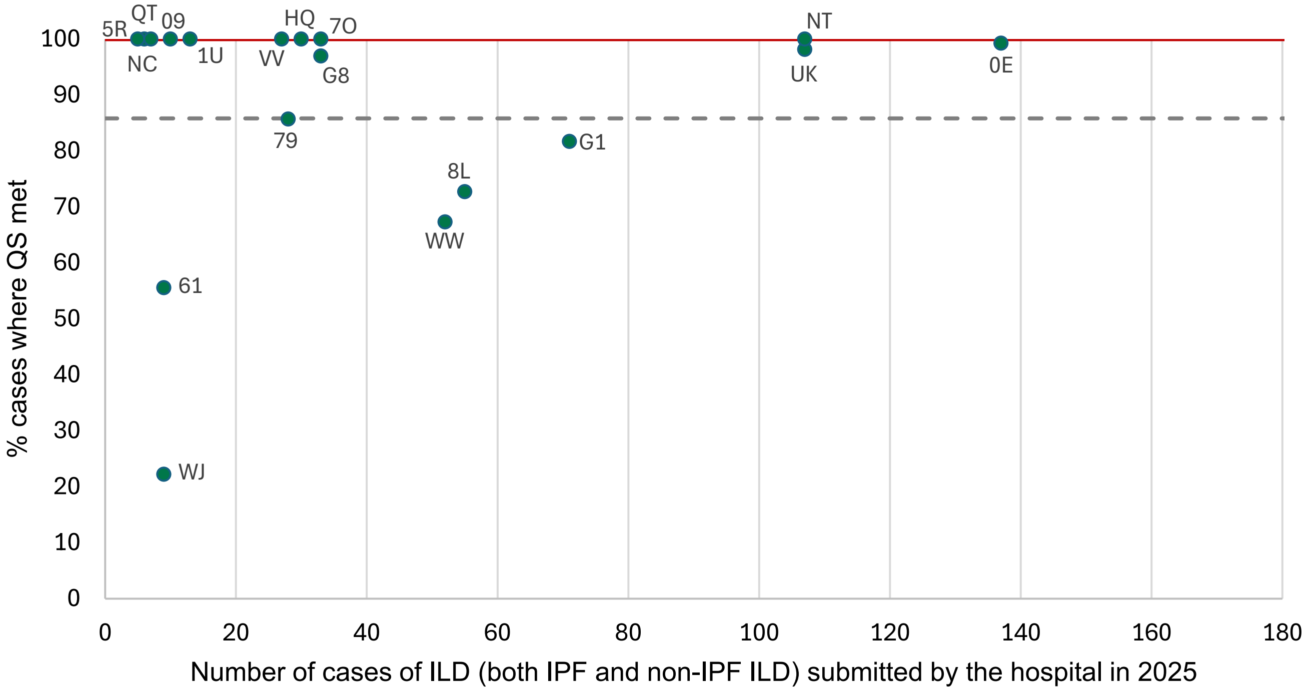
Was the patient’s case discussed at MDT as part of their diagnosis?

The question aligns with NICE IPF Quality Statement #1: *People are diagnosed with IPF only with the consensus of a multidisciplinary team (MDT) with expertise in interstitial lung disease.*



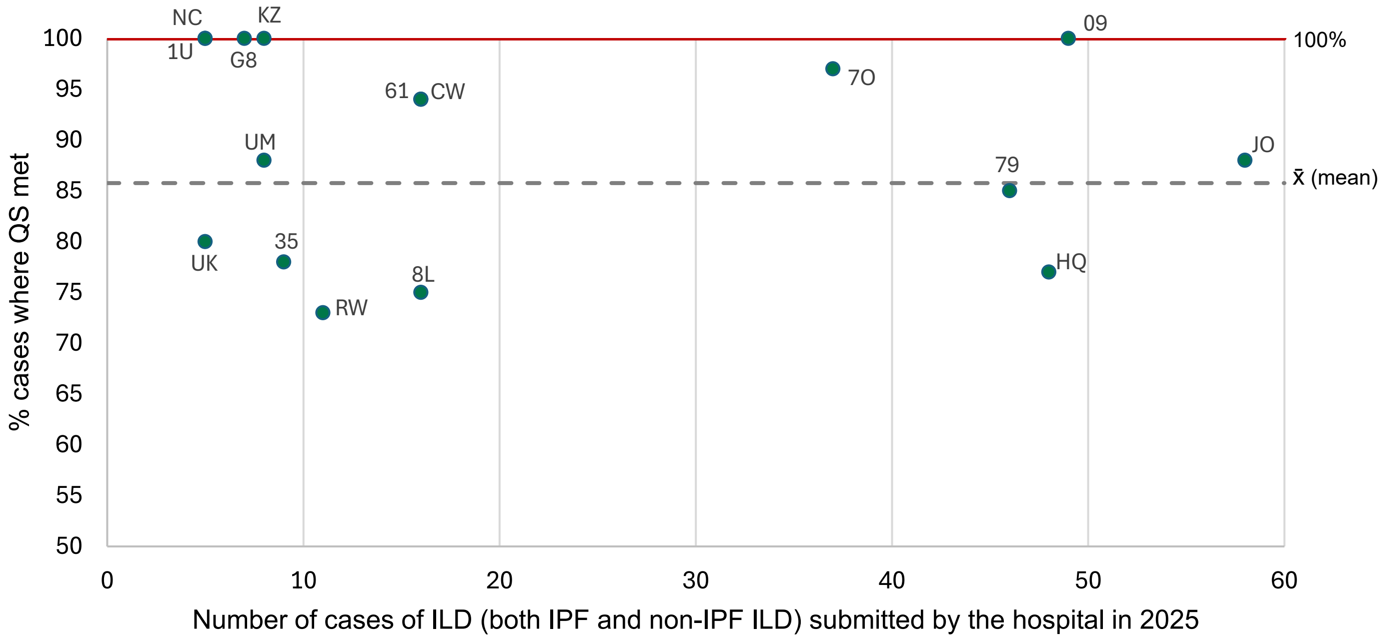
Was the patient offered interaction with an ILD specialist nurse at diagnosis?

This question aligns with NICE IPF Quality Statement #2: *People with IPF have an interstitial lung disease specialist nurse available to them.*



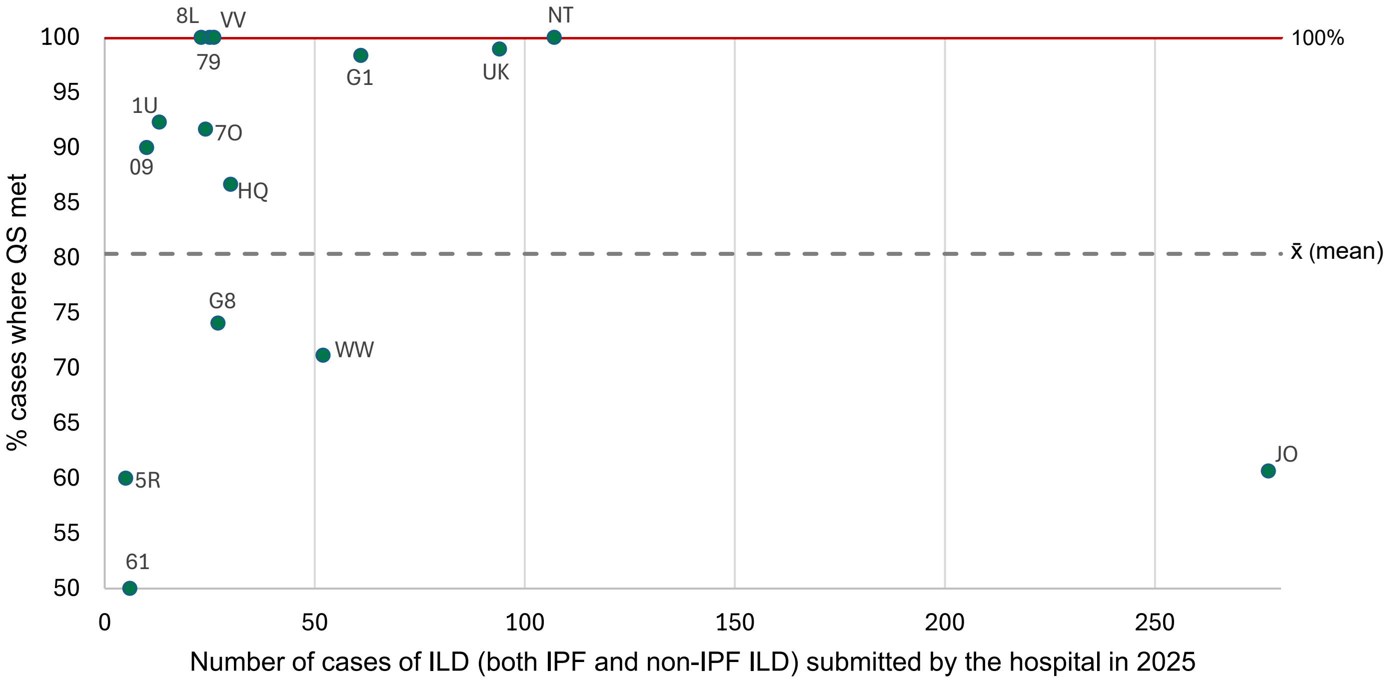
Do patients have an assessment for oxygen needs at each follow up?

This question aligns with NICE IPF Quality Statement #3: *Patients with IPF have an assessment for home and ambulatory oxygen therapy at each follow-up appointment and before they leave hospital following an exacerbation of the disease.*



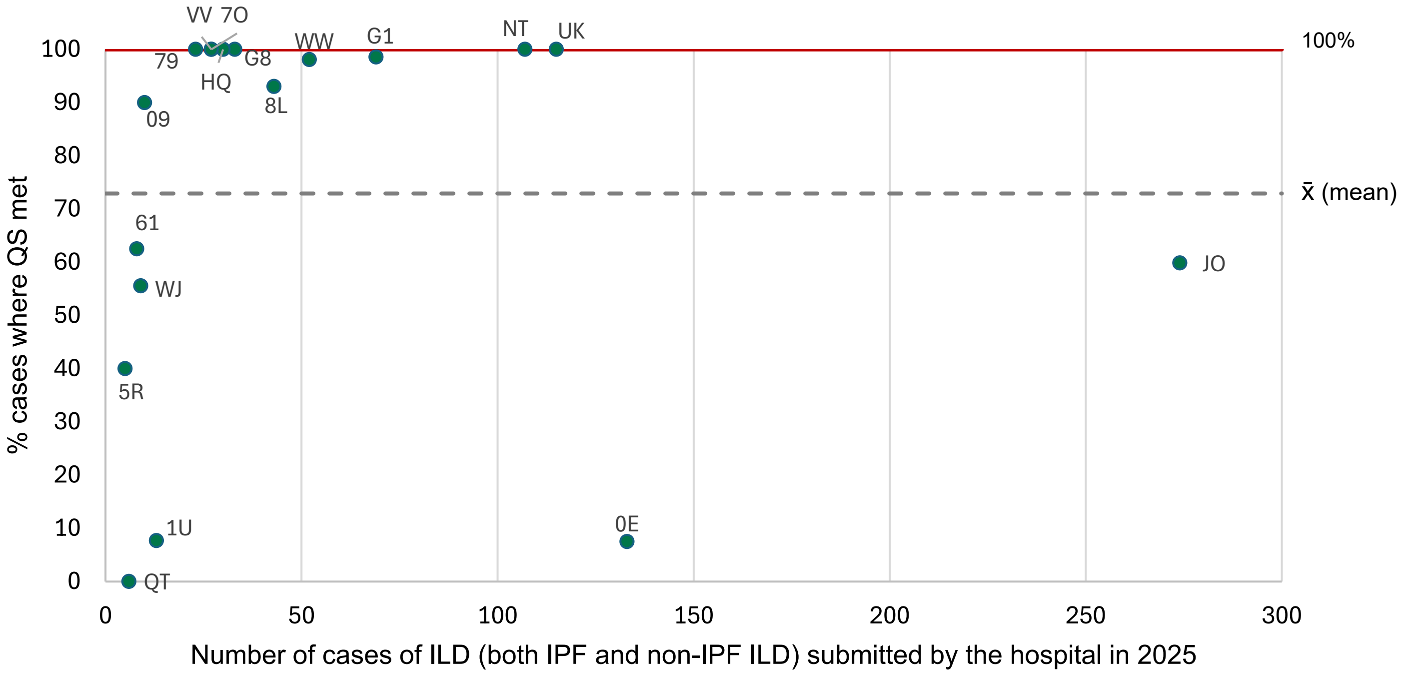
Was an assessment for pulmonary rehabilitation needs carried out at presentation?

This question is loosely aligned with NICE IPF Quality Statement #4: *Pulmonary rehabilitation (PR) programmes provide services that are designed specifically for IPF.*



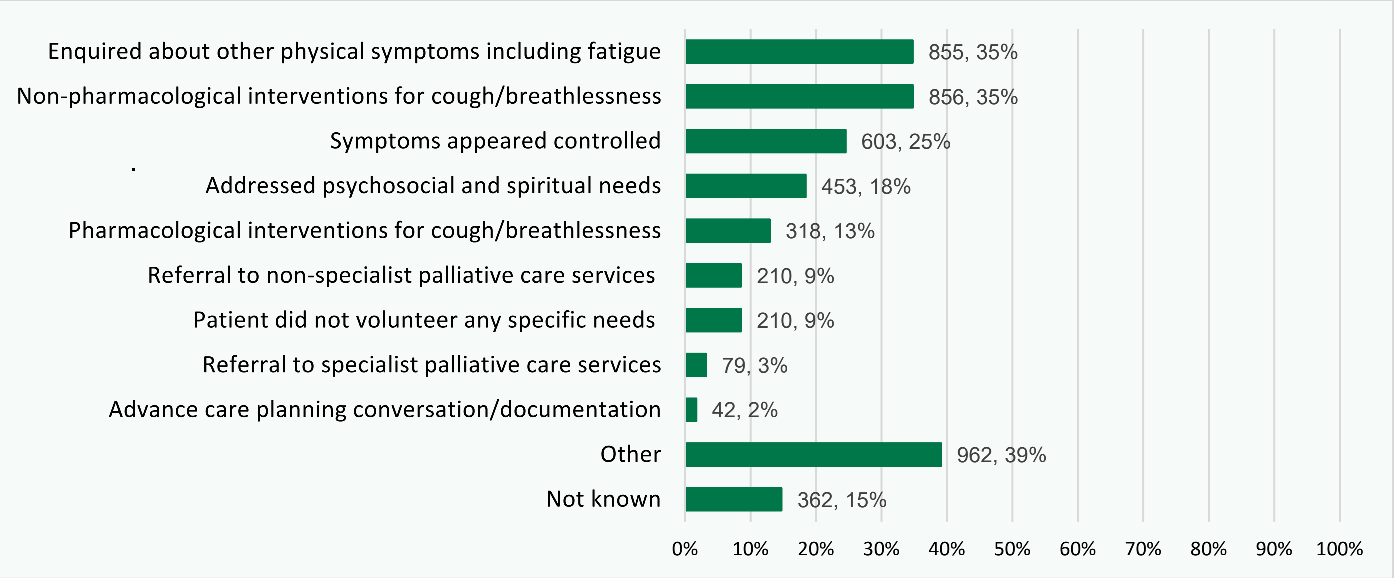
Was an assessment for palliative care needs carried out at presentation?

This question aligns with NICE IPF Quality Statement #5: *People with IPF and their families and carers have access to services that meet their palliative care needs.*



In focus: What does palliative care mean?

The dataset asks whether a patient's palliative care (i.e. symptom management) needs have been assessed. In 2023, a new question was added to obtain greater granularity regarding palliative care provision. Of those patients whose palliative care needs were assessed at presentation since 2013 (73%), the question regarding assessment and/or action was answered in 83% of cases (answers included *Not known*).



NOTES AND ACKNOWLEDGEMENTS

Registry Ethics Approval, Information Governance and Data security

Ethical approval was granted in 2012, then renewed in 2017 and 2022 (ref: 22/EE/0235). Participating centres are required to confirm their Caldicott Guardian has approved their participation before they can enter data. Patient consent must be obtained before any patient information is entered. Information for patients is available at: https://www.brit-thoracic.org.uk/quality-improvement/lung-disease-registries/bts-ild-registry/.

All patient identifiable data are encrypted at the point of entry and can only be accessed by the hospital team directly responsible for caring for the patient. No identifiable data are available to BTS administrators. The British Thoracic Society Information Governance Policy and associated data security policy documents are available on the BTS website at: https://www.brit-thoracic.org.uk/about-us/governance-documents-and-policies/

Acknowledgements

The UK ILD Registry Programme is funded by BTS. A grant (2012- 2014) from HQIP contributed to the initial development, and this support is gratefully acknowledged. The Society is grateful for financial assistance provided from Boehringer Ingelheim and InterMune for the enhancement of the data collection software (2014)..

The BTS Interstitial Lung Disease Registry is supported by:Action for Pulmonary Fibrosis (www.actionpf.org/) and SarcoidosisUK (www.sarcoidosisuk.org).

The Society would like to thank the clinicians, nursing staff and administrative staff who diligently consented patients, collated information and submitted data to the Registry. Our sincerest thanks to all the patients who have kindly consented to take part in the Registry – none of this work would be possible without their support.

Finally, the Registry Steering Group and all of BTS would like to acknowledge the contribution and kindness of Dr Clare Hodkinson. Dr Hodkinson joined the Registry Steering Group in early 2022, representing Action for Pulmonary Fibrosis and working tirelessly to ensure the patient voice is centered in everything the Registry does. Dr Hodkinson brought energy, expertise and compassion, along with first-hand knowledge of living with pulmonary fibrosis. Very sadly, Dr Hodkinson passed away during 2025. We send our sincere condolences and heartfelt sympathies to her family, who should be incredibly proud of everything she has achieved and the lasting impact she has had on the whole PF community.

BTS Lung Disease Registry Steering Group Membership 2025:

Dr Nazia Chaudhuri	Chair
Dr Andrew Achaiah	Trainee Respiratory Physician Representative
Mr Graham Bloye	SarcoidosisUK
Dr Felix Chua	Consultant Respiratory Physician
Dr Giles Dixon	Trainee Respiratory Physician Representative
Dr Sophie Fletcher	Consultant Respiratory Physician
Dr Richard Hewitt	Consultant Respiratory Physician
Dr Clare Hodkinson	Action for Pulmonary Fibrosis
Dr Fasihul Khan	Consultant Respiratory Physician
Dr Paul Minnis	Consultant Respiratory Physician
Miss Helen Morris	Nurse Representative
Ms Marium Naqvi	Pharmacist
Mr Bradley Price	Action for Pulmonary Fibrosis
Dr Gavin Thomas	Consultant Respiratory Physician
Dr Sameen Toor	Consultant Respiratory Physician
Miss Sally Welham	BTS Chief Executive
Mr Miguel Souto	BTS Head of Clinical Programmes
Miss Maria Loughenbury	BTS Lung Disease Registry Manager

REFERENCES

1. NICE. Quality Standard for idiopathic pulmonary fibrosis in adults (2015)
2. Fisher JH, Kolb M, Algamdi M, *et al.* (2019) Baseline characteristics and comorbidities in the CAnadian REgistry for Pulmonary Fibrosis. *BMC Pulm Med.* **19(1):**223. *PMID: 31771541*
3. Singh S, Collins BF, Sharma BB, *et al.* (2017) Interstitial Lung Disease in India. Results of a Prospective Registry. *Am J Respir Crit Care Med.* **195(6):**801-813. *PMID: 27684041.*
4. British Thoracic Society (2025) UK ILD Registry Annual Report 2024 (website retrieved 02/06/2026): https://www.brit-thoracic.org.uk/clinical-resources/bts-ild-registry/
5. NHS England, NHS Specialised Services Quality Dashboards (website retrieved 02/06/2026). https://www.england.nhs.uk/commissioning/spec-services/npc-crg/spec-dashboards/

APPENDIX 1: Publications using Registry data

	Publications which make use of UK ILD Registry data
1	Mulholland S, Dixon G, Wells M, *et al.* (2025) Sex differences in a UK Idiopathic Pulmonary Fibrosis (IPF) population: analysis of the British Thoracic Society (BTS) Interstitial Lung Disease (ILD) Registry. *European Respiratory Journal*, **66(Suppl. 69)**, PA2985.
2	Bączek K, Minnis P, Bloye G, *et al.* (2025) Ethnic disparities in presentation and treatment of sarcoidosis from the British Thoracic Society (BTS) UK Interstitial Lung Disease (ILD) registry. *European Respiratory Journal*, **66(Suppl. 69)**, OA5503.
3	Cheng SL, Minnis P, Bloye G, *et al.* (2025) Effect of comorbidities on mortality in IPF: Analysis from the British Thoracic Society (BTS) UK interstitial lung disease (ILD) registry. *European Respiratory Journal,* **66(Suppl. 69)**, PA5001.
4	Cheng SL, Minnis P, Bloye G, *et al.* (2025) Gender differences in idiopathic pulmonary fibrosis (IPF) from the British Thoracic Society (BTS) UK ILD registry. *European Respiratory Journal,* **66(Suppl. 69)**, PA5021.
5	Bączek K, Minnis P, Bloye G, *et al.* (2025) Gender differences in treatments for sarcoidosis from the British Thoracic Society (BTS) UK Interstitial Lung Disease (ILD) registry. *European Respiratory Journal*, **66(Suppl. 69)**, PA4067.
6	Cheng SL, Amanda G, Bączek K, *et al.* (2025) Gender disparity in immunosuppression prescribing in progressive pulmonary fibrosis (PPF) patients from the British Thoracic Society (BTS) United Kingdom (UK) interstitial lung disease (ILD) registry. *European Respiratory Journal,* **66**(Suppl. 69), PA3007.
7	Crooks R, McCall M, Minnis P, *et al.* (2025) Cluster analysis to phenotype sarcoidosis using British Thoracic Registry data. *European Respiratory Journal*; **66(**Suppl. 69), PA4065.
8	Bączek KK, Leng Cheng S, Amanda G, *et al.* (2025) Exploring gender and ethnic disparities in sarcoidosis: insights from the British Thoracic Society UK Interstitial Lung Disease Registry. *BMJ Open Respiratory Research*.**12:**e003449.
9	Sia LC, Amanda G, Bączek K*, et al.* (2025) Gender differences in clinical features, comorbidities and prognostic outcomes in idiopathic pulmonary fibrosis—a retrospective cohort analysis from the British Thoracic Society Interstitial Lung Disease Registry. *BMJ Open* 2025;**15:**e104914. *PMID: 41151942*
10	Mulholland S, Dixon G, Wells M, *et al.* (2025) Differences in disease characteristics and outcomes as determined by biological sex in a large UK idiopathic pulmonary fibrosis population: analysis from the British Thoracic Society, Interstitial Lung Disease registry data. *BMJORR* **12:**e003301. *PMID: 40998463*
11	Fahim A, Loughenbury M, Stewart I, *et al.* (2025) Idiopathic pulmonary fibrosis in the United Kingdom: Findings from the British Thoracic Society UK Idiopathic Pulmonary Fibrosis Registry. *BMJORR*; **12:**e002773. *PMID: 39971593*
12	Crooks R, McCall M, Minnis P, *et al.* (2024) Phenotyping pulmonary sarcoidosis with CT descriptors using BTS ILD registry data. *Thorax* **79:**A146-A147
13	Ho L-P, Loughenbury M, Casimo L, *et al.* (2024) Sarcoidosis in the United Kingdom: Findings from the first decade of the UK ILD Registry. *European Respiratory Journal* **64(suppl 68):** OA954; DOI: 10.1183/13993003.congress-2024.OA954
14	Fahim A, Loughenbury M, Agnew S, *et al.* (2024) Idiopathic Pulmonary Fibrosis in the United Kingdom: Findings from the first decade of the largest single-country IPF Registry. *European Respiratory Journal* **64(suppl 68):** PA5147; DOI: 10.1183/13993003.congress-2024.PA5147

15 Shankar R, Hadinnapola CM, Clark AB, *et al.* (2024) Assessment of the impact of social deprivation, distance to hospital and time to diagnosis on survival in idiopathic pulmonary fibrosis. *Respiratory medicine* **227:**107612. *PMID: 38677526*

16 Naftel J, Kinsella E, Wood N, Fletcher S (2023) Comparison of antifibrotic availability for patients on the BTS IPF Registry using existing and new prescribing criteria. *European Respiratory Journal* **10**.1183/13993003.congress-2023.PA2886.

17 Jalbert A, Siafa L, Ramanakumar AV, Assayag D (2022) Gender and racial equity in clinical research for idiopathic pulmonary fibrosis: a systematic review and meta-analysis. *European Respiratory Journal* 2102969. DOI 10.1183/13993003.02969-2021

18 Spencer L, Loughenbury M, Chaudhuri N, *et al.* (2021) Idiopathic Pulmonary Fibrosis in the UK: Analysis of the British Thoracic Society Electronic Registry between 2013 and 2019. *ERJ Open R.* **7:** 00187-2020. ***PMID: 33532476***

19 Molyneaux P, Loughenbury M, Welham S, *et al.* (2020) Eligibility for antifibrotic therapy of patients in British Thoracic Society (BTS) UK IPF Registry varies according to the reference values used to calculate FVC. *European Respiratory Journal* **56 Suppl. 64:** 1798.

20 Thillai M, Chang W, Chaudhuri N, et al. (2019) Sarcoidosis in the UK: insights from British Thoracic Society registry data. *BMJ Open Respiratory Research* **6:**e000357.

21 Spiteri M, Chang W, Chaudhuri N, *et al.* (2017) First insights from the BTS idiopathic pulmonary fibrosis (IPF) Registry. *European Respiratory Journal* **48:** PA2099

22 Coker R, Chang W, Chaudhuri N, *et al.* (2017) Sarcoidosis in the UK: Insights from the BTS interstitial lung disease registry. *European Respiratory Journal* **48:** PA822

APPENDIX 2: Participating sites

The following organisations have Caldicott approval in place to participate in the UK ILD Registry – our thanks to all involved:

England

Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust
Aintree University Hospital, NHS University Hospitals of Liverpool Group
Arrowe Park Hospital, Wirral University Teaching Hospital NHS Foundation Trust
Basingstoke and North Hampshire Hospital, Hampshire Hospitals NHS Foundation Trust
Barnsley Hospital, Barnsley Hospital NHS Foundation Trust
Blackpool Victoria Hospital, Blackpool Teaching Hospitals NHS Foundation Trust
Burnley General Teaching Hospital, East Lancashire Hospitals NHS Trust
Castle Hill Hospital, Hull University Teaching Hospitals NHS Trust
Central Middlesex Hospital, London North West University Healthcare NHS Trust
Charing Cross Hospital, Imperial College Healthcare NHS Trust
Cheltenham General Hospital, Gloucestershire Hospitals NHS Foundation Trust
Chorley and South Ribble Hospital, Lancashire Teaching Hospitals NHS Foundation Trust
Churchill Hospital, Oxford University Hospitals NHS Foundation Trust
Conquest Hospital, East Sussex Healthcare NHS Trust
Countess of Chester Hospital, Countess of Chester Hospital NHS Foundation Trust
Croydon University Hospital, Croydon Health Services NHS Trust
Darlington Memorial Hospital, County Durham and Darlington NHS Foundation Trust
Derriford Hospital, University Hospitals Plymouth NHS Trust
Dewsbury and District Hospital, Mid Yorkshire Teaching NHS Trust
Doncaster Royal Infirmary, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Ealing Hospital, London North West University Healthcare NHS Trust
Eastbourne District General Hospital, East Sussex Healthcare NHS Trust
George Eliot Hospital, George Eliot Hospital NHS Trust
Glenfield Hospital, University Hospitals of Leicester NHS Trust
Gloucestershire Royal Hospital, Gloucestershire Hospitals NHS Foundation Trust
Good Hope Hospital, University Hospitals Birmingham NHS Foundation Trust
Great Western Hospital, Great Western Hospitals NHS Foundation Trust
Guy’s Hospital, Guy’s and St Thomas’ NHS Foundation Trust
Hammersmith Hospital, Imperial College Healthcare NHS Trust
Harrogate District Hospital, Harrogate and District NHS Foundation Trust
Heartlands Hospital, University Hospitals Birmingham NHS Foundation Trust
Hexham General Hospital, Northumbria Healthcare NHS Foundation Trust
Hinchingbrooke Hospital, North West Anglia NHS Foundation Trust
King's College Hospital, King’s College Hospital NHS Foundation Trust
King’s Mill Hospital, Sherwood Forest Hospitals NHS Foundation Trust
Kingston Hospital, Kingston and Richmond NHS Foundation Trust
Lister Hospital, East and North Hertfordshire NHS Trust
Liverpool Heart and Chest Hospital, Liverpool Heart and Chest Hospital NHS Foundation Trust
Medway Maritime Hospital, Medway NHS Foundation Trust
Midland Metropolitan University Hospital, Sandwell and West Birmingham NHS Trust
Musgrove Park Hospital, Somerset NHS Foundation Trust
New Cross Hospital, The Royal Wolverhampton NHS Trust
Norfolk and Norwich University Hospital, Norfolk & Norwich University Hospitals NHS Foundation Trust
North Devon District Hospital, Royal Devon University Healthcare NHS Foundation Trust
Northern General Hospital, Sheffield Teaching Hospitals NHS Foundation Trust
North Middlesex University Hospital, Royal Free London NHS Foundation Trust
North Tyneside General Hospital, Northumbria Healthcare NHS Foundation Trust
Northwick Park Hospital, London North West University Healthcare NHS Trust
Nottingham City Hospital, Nottingham University Hospitals NHS Trust
Peterborough City Hospital, North West Anglia NHS Foundation Trust
Pinderfields Hospital, Mid Yorkshire Teaching NHS Trust
Pontefract Hospital, Mid Yorkshire Teaching NHS Trust
Princess Alexandra Hospital , The Princess Alexandra Hospital NHS Trust
Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust
Queen Elizabeth Hospital, University Hospitals Birmingham NHS Foundation Trust
Queen Elizabeth Hospital, Gateshead Health NHS Foundation Trust

Royal Albert Edward Infirmary, Wrightington, Wigan and Leigh NHS Foundation Trust,
Royal Blackburn Teaching Hospital, East Lancashire Hospitals NHS Trust
Royal Brompton Hospital, Guy’s and St Thomas’ NHS Foundation Trust
Royal Derby Hospital, University Hospitals of Derby & Burton NHS Foundation Trust
Royal Devon and Exeter Hospital, Royal Devon University Healthcare NHS Foundation Trust
Royal Free Hospital, Royal Free London NHS Foundation Trust
Royal Hampshire County Hospital, Hampshire Hospitals NHS Foundation Trust
Royal Lancaster Infirmary, University Hospitals of Morecambe Bay NHS Foundation Trust
Royal Papworth Hospital, Royal Papworth Hospital NHS Foundation Trust
Royal Preston Hospital, Lancashire Teaching Hospitals NHS Foundation Trust
Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust
Royal Victoria Infirmary, The Newcastle upon Tyne Hospitals NHS Foundation Trust
Russells Hall Hospital, The Dudley Group NHS Foundation Trust
Salford Royal, Northern Care Alliance NHS Foundation Trust
Solihull Hospital, University Hospitals Birmingham NHS Foundation Trust
Southampton General Hospital, University Hospital Southampton NHS Foundation Trust
Southmead Hospital, North Bristol NHS Trust
St Bartholomew’s Hospital, Barts Health NHS Trust
St James' University Hospital, The Leeds Teaching Hospitals NHS Trust
St Mary's Hospital, Imperial College Healthcare NHS Trust
Tameside Hospital, Tameside & Glossop Integrated Care NHS Foundation Trust
Torbay Hospital, Torbay and South Devon NHS Foundation Trust
University College Hospital, University College London Hospitals NHS Foundation Trust
University Hospital Coventry, University Hospitals Coventry & Warwickshire NHS Trust
University Hospital of North Tees, North Tees & Hartlepool NHS Foundation Trust
University Hospital Lewisham, Lewisham and Greenwich NHS Trust
Wansbeck Hospital, Northumbria Healthcare NHS Foundation Trust
West Middlesex University Hospital, Chelsea and Westminster Hospital NHS Foundation Trust
Whiston Hospital, Mersey and West Lancashire Teaching Hospitals NHS Trust
Worcestershire Royal Hospital, Worcestershire Acute Hospitals NHS Trust
Wythenshawe Hospital, Manchester University NHS Foundation Trust

Scotland

Aberdeen Royal Infirmary, NHS Grampian
Forth Valley Royal Hospital, NHS Forth Valley
Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde
Lorn & Islands Hospital, NHS Highland
Ninewells Hospital, NHS Tayside
Perth Royal Infirmary, NHS Tayside
Raigmore Hospital, NHS Highland
Royal Alexandra Hospital, NHS Greater Glasgow and Clyde
University Hospital Crosshouse, NHS Ayrshire and Arran
University Hospital Monklands, NHS Lanarkshire
University Hospital Wishaw, NHS Lanarkshire
Vale of Leven District Hospital, NHS Greater Glasgow and Clyde

Wales

Glan Clwyd Hospital, Betsi Cadwaladr University Health Board
Morriston Hospital, Swansea Bay University Health Board
University Hospital Llandough, Cardiff and Vale University Health Board
Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board

Northern Ireland

Altnagelvin Area Hospital, Western Health and Social Care Trust
Antrim Area Hospital, Northern Health and Social Care Trust
South West Acute Hospital, Western Health and Social Care Trust
The Ulster Hospital, South Eastern Health and Social Care Trust

If you would like to know more about the UK Interstitial Lung Disease Registry, please visit the BTS website at: https://www.brit-thoracic.org.uk/quality-improvement/lung-disease-registries/bts-ild-registry/