

Title:
DXA Facilities

Reference Number: RDF1262

Date of Response: 20/02/2023

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Questions

Infrastructure:

1) Do you outsource your DXA scans? If Yes- please state the organisation providing this service and forward this FOI to your provider for completion (please continue to complete for any of the elements of the DXA pathway that are provided by your Trust/board)

No at the Eastern Service.

At the Northern Service, we have a contract with Musgrove Taunton. (Somerset NHS Foundation Trust) where they scan 14 patients a month for us.

2) In January 2023 how many DXA scanning machines did you have at your trust/board for clinical use?

	Eastern	Northern
a. n. Operational	1	1
b. n. not in use .	0	0
c. n. accessible outside of Trust	0	1

3) What is the average weekly capacity for clinical scans? (N. of scans per week)

Eastern service - 65

Northern service - 15 but with extra sessions and Taunton this average to 22 at present.

4) What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked) – 8% Eastern. 1.2% Northern.

5) What age range do you include in your clinical scans? Please tick all that apply

	Eastern	Northern
a. <20 years	yes	
b. 20-40 years	yes	yes
c. 40-60 years	yes	yes
d. 60-75 years	yes	yes
e. 75-80 years	yes	yes
f. >80 years -	yes	Only with consultant approval

6) What is the duration of your routine DXA appointment:		
	Eastern	Northern
a. 15 minutes or less		
b. 16-25 minutes		
c. 26-30 minutes	yes	
d. >30 minutes		Yes

7) What was the average wait for clinical patients from referral to scan in January 2023?		
	Eastern	Northern
a. <2 weeks (move to Q9)	yes	
b. 2-6 weeks (move to Q9)		
c. 6-13 weeks		
d. >13 weeks		yes

8) What are your perceived barriers to delivering DXA scans within 6 weeks from referral? Please tick all that apply		
	Eastern	Northern
a. Scanner capacity (DXA equipment)		
b. Clinical capacity (operator)		yes
c. Other- please state	None	Training new staff.

9) What was the average time from the scan to the report being available to the referrer in January 2023?		
	Eastern	Northern
a. <3 weeks (move to Q11) – Yes	yes	yes
b. 4-6 week		
c. 6-13 weeks		
d. >13 weeks		

10) What are your perceived barriers to referrers receiving DXA scan reports within 3 weeks from scan? Please tick all that apply		
	Eastern	Northern
a. Clerical- internal		
b. Clinical- internal		
c. Factors external to this service (please state)		
d. Other (please state) -	None	None

11) What hospital department is responsible for delivery of DXA scans:		
	Eastern	Northern
a. Radiology	yes	yes
b. Medical physics		
c. Nuclear medicine		
d. Rheumatology		support

e. Other- please state		
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12) Which DXA examinations are included in routine protocols for the clinical service? Please tick all that apply		
	Eastern	Northern
a. Lumbar spine -	yes	yes
b. Proximal femur -	yes	yes
c. Long femur (AFF assessment)		
d. Total body -	yes	
e. Vertebral fracture assessment (VFA) -	yes	
f. Peripheral/forearm -	yes	yes

13) What access facilities do you have available? Please tick all that apply		
	Eastern	Northern
a. Overhead hoist		
b. Portable hoist -	yes	
c. Wheelchair transfers		
d. Bed/trolley transfers -	yes	
e. Changing room -	yes	yes
f. assistance for transfers -	yes	
g. Other- please state		

Workforce:

1)		
i) What professional groups perform DXA scan measurements at your center? (DXA operators)		
	Eastern	Northern
a. Radiographer –	Yes 6 WTE	Yes 1 WTE
b. DXA technician –	Yes 1 WTE	
c. Assistant practitioner		Yes 1 WTE
d. Clinical scientist		
e. Nurse		
f. Medical Dr- please state specialism		
g. Other- please state		
h. Unknown]		

2) What DXA-specific training (outside of professional training) have the DXA operators performing scans had?		
	Eastern	Northern
a. In house -	yes	yes
b. Manufacturers applications training -	yes	yes

c. <i>Recognized/accredited national training programme (please state the name of the training programme/provider)</i>		
d. <i>Other- please state</i>	- ROS Foundation course (all), ROS National training scheme (2 operators), PGCert Bone densitometry reporting (1 operator)	(Radiographer – DXA reporting for clinicians, Royal Osteoporosis society- Initial modules Fracture Prevention Practitioner, Advanced modules- Fracture prevention Practitioner, Vertebral Fractures in the clinical setting.
e. <i>unknown</i>		

3) <i>What professional groups report your DXA scans at your center? ()</i>		
	<i>Eastern</i>	<i>Northern</i>
a. <i>Radiographer - internal</i>		yes
b. <i>Radiographer - external</i>		
c. <i>DXA technician – internal</i>		
d. <i>DXA technician - external</i>		
e. <i>Assistant practitioner – internal</i>		
f. <i>Assistant practitioner - external</i>		
g. <i>Clinical scientist – internal</i>		
h. <i>Clinical scientist - external</i>		
i. <i>Nurse -internal</i>		
j. <i>Nurse - external</i>		
k. <i>Medical Dr – internal - please state specialism(s)</i>		Rheumatologist supervises the service and is point of contact when outside the reporting SOP
l. <i>Medical Dr – external - please state specialism(s)</i>		
m. <i>Other- please state -</i>	We do not provide reports, only computer-generated scan analysis. This is done by Radiographers.	
n. <i>Reporting is outsourced</i>		
o. <i>unknown -</i>		

4) What training (outside of professional training) have those reporting DXA scans had- specifically in DXA reporting?		
	Eastern	Northern
a. In house		
b. Manufacturers applications training		yes
c. Recognized/accredited national training programme (please state the name of the training programme/provider)		
d. Other- please state		
e. unknown –	N/A	

5) What professional group provides clinical leadership for your service?		
	Eastern	Northern
a. Radiographer		yes
b. DXA technician		
c. Assistant practitioner		
d. Clinical scientist		
e. Nurse		
f. Medical Dr- please state specialism(s) -	Rheumatology	Rheumatologist
g. Other- please state		
h. unknown		

6) Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023? (Free text) – None for East and Northern.

Quality:

1) Is your service accredited as part of a national programme?		
	Eastern	Northern
a. ISAS		
b. IOS		
c. Other- please state		
d. None	None	None
e. Unknown		

2) What clinical audits do you routinely undertake? Please tick all that apply		
	Eastern	Northern
a. DXA scan technique		
b. Reporting (double reporting)		
c. Reporting (clinical review)		yes
d. Scanner QA review - Yes	yes	
e. Other- please state		referral from reporter for specialist opinion on report from

		rheumatologist. As well as referral for patients where a specialist review is recommended
f. <i>unknown</i>		

3) <i>What IR(ME)R audits do you routinely undertake? Please tick all that apply</i>		
	Eastern	Northern
a. <i>Patient pregnancy</i>		
b. <i>DXA dose audit</i>		
c. <i>Referrer entitlement</i>		
d. <i>Scan justification</i>		
e. <i>Other- please state</i>		none as a specific department, but pregnancy and does comes under our radiology audits
f. <i>unknown - Yes</i>	yes	

4) <i>What clinical protocols do you have in place? Please tick all that apply</i>		
	Eastern	Northern
a. <i>Scan site -</i>	yes	yes
b. <i>Scan mode -</i>	yes	yes
c. <i>Reference data selection</i>		
d. <i>Patient positioning -</i>	yes	yes
e. <i>Scan analysis -</i>	yes	yes
f. <i>Interpretation- T&Z-scores</i>		yes
g. <i>Reporting</i>		yes
h. <i>Other- please state</i>		initial scans, follow up scan protocols, Patient ID, booking appointments, attending patients for scans
i. <i>Unknown</i>		

5) Which of the following are routinely included in the DXA report issued to the PRIMARY CARE referrer? Please tick all that apply		
	Eastern	Northern
<i>a. Admin. details</i>		
<i>i. Date of assessment -</i>	yes	yes
<i>ii. Patient ID and demographics -</i>	yes	yes
<i>iii. Reason for referral -</i>	yes	yes
<i>iv. Reporter's ID -</i>		yes
<i>b. BMD results for each measurement site -</i>	yes	yes
<i>i. T score (after peak bone mass) -</i>	yes	yes
<i>ii. Z score -</i>	yes	yes
<i>iii. Rate of change for serial measurements -</i>	yes	
<i>c. Comment on reliability of measurements</i>		
<i>i. BMD results</i>		yes
<i>ii. Documentation of excluded measurements eg vertebrae</i>		yes
<i>iii. Statistical significance of rate of change</i>		only with serial scans
<i>iv. Clinical significance of rate of change</i>		
<i>d. WHO diagnostic category (for adults after peak bone mass) -</i>	yes	yes
<i>e. Results of additional investigations performed at DXA appointment</i>		
<i>i. VFA</i>		
<i>ii. X-ray or other imaging</i>		only if a formal result is known of a relevant test at the time.
<i>iii. Laboratory tests</i>		
<i>f. Summary of clinical risk factors for fracture -</i>	yes	yes
<i>g. Summary of fracture history</i>	yes	yes
<i>h. Clinical interpretation to quantify absolute fracture risk</i>		
<i>i. FRAX+BMD</i>	Yes (computer generated so not using most up to date version of FRAX)	yes
<i>ii. FRAX + TBS</i>		yes

iii. FRAX+BMD plus comment on additional adjustment		yes
iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)		yes
i. Management advice		
i. Reference to national guideline (NICE/NOGG/ROS)		yes
ii. Reference to local management guideline		yes
iii. Individualised advice		yes
j. Recommendations on:		
i. Need for onward referral eg falls assessment or additional investigation		sometimes
ii. Timing of future scan		yes

6) Which of the following are routinely included in the DXA report issued to the SECONDARY CARE referrer? Please tick all that apply		
	Eastern	Northern
a. Admin. details		
i. Date of assessment -	yes	yes
ii. Patient ID and demographics -	yes	yes
iii. Reason for referral -	yes	yes
iv. Reporter's ID -	yes	yes
b. BMD results for each measurement site		
i. T score (after peak bone mass) -	yes	yes
ii. Z score -	yes	yes
iii. Rate of change for serial measurements -	yes	
c. Comment on reliability of measurements		
i. BMD results		yes
ii. Documentation of excluded measurements eg vertebrae		yes
iii. Statistical significance of rate of change		
iv. Clinical significance of rate of change		
d. WHO diagnostic category (for adults after peak bone mass) -	yes	yes
e. Results of additional investigations performed at DXA appointment		
i. VFA		

<i>ii. X-ray or other imaging</i>		
<i>iii. Laboratory tests</i>		
<i>f. Summary of clinical risk factors for fracture -</i>	yes	yes
<i>g. Summary of fracture history -</i>	yes	yes
<i>h. Clinical interpretation to quantify absolute fracture risk</i>		
<i>i. FRAX+BMD</i>	Yes (computer generated so not using most up to date version of FRAX)	yes, if unable to use TBS
<i>ii. FRAX + TBS</i>		yes
<i>iii. FRAX+BMD plus comment on additional adjustment</i>		yes
<i>iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)</i>		yes
<i>i. Management advice</i>		yes
<i>i. Reference to national guideline</i>		yes
<i>ii. Reference to local management guideline</i>		yes
<i>iii. Individualised advice</i>		yes
<i>j. Recommendations on:</i>		
<i>i. Need for onward referral eg falls assessment or additional investigation</i>		yes
<i>ii. Timing of future scan</i>		yes
<i>k. The secondary care report is the same as the primary care report</i>		yes