

Request under Freedom of Information Act 2000

Thank you for your request for information which we received on 02 February 2023.

I am pleased to confirm the following.

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)

Yes for some OP and GPs = Inhealth

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

a. n. Operational - 1

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

16

4) What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked)

Dexa audit – total DNA rate 17%

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

a. <20 years

b. 20-40 years ✓

c. 40-60 years ✓

d. 60-75 years ✓

e. 75-80 years ✓

f. >80 years ✓

6) What is the duration of your routine DXA appointment:

a. 15 minutes or less

b. 16-25 minutes

c. 26-30 minutes ✓

d. >30 minutes

7) What was the average wait for clinical patients from referral to scan in January 2023?

a. <2 weeks (move to Q9)

b. 2-6 weeks (move to Q9)

c. 6-13 weeks ✓

d. >13 weeks

8) What are your perceived barriers to delivering DXA scans within 6 weeks from referral? Please tick all that apply

- a. Scanner capacity (DXA equipment) ✓
- b. Clinical capacity (operator) ✓
- c. Other- please state

9) What was the average time from the scan to the report being available to the referrer in January 2023?

- a. <3 weeks (move to Q11) ✓
- 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

- a. Clerical- internal
- b. Clinical- internal
- c. Factors external to this service (please state)
- d. Other (please state)

11) What hospital department is responsible for delivery of DXA scans:

- a. Radiology
- b. Medical physics
- c. Nuclear medicine
- d. Rheumatology
- e. Other- please state. Breast Care Unit ✓

12) Which DXA examinations are included in routine protocols for the clinical service? Please tick all that apply.

- a. Lumbar spine ✓
- b. Proximal femur ✓
- c. Long femur (AFF assessment)
- d. Total body
- e. Vertebral fracture assessment (VFA)
- f. Peripheral/forearm

13) What access facilities do you have available? Please tick all that apply

- a. Overhead hoist
- b. Portable hoist
- c. Wheelchair transfers ✓
- d. Bed/trolley transfers
- e. Changing room – Yes – in the Dexa room there is a privacy curtain
- f. assistance for transfers ✓
- g. Other- please state

Workforce:

1)

i) What professional groups perform DXA scan measurements at your center? (DXA operators)

- a. Radiographer ✓
- b. DXA technician
- c. Assistant practitioner
- d. Clinical scientist
- e. Nurse
- f. Medical Dr- please state specialism
- g. Other- please state
- h. Unknown]

ii) Please indicate WTE for each group selected – 1.5 sessions per week

2) What DXA-specific training (outside of professional training) have the DXA operators performing scans had?

- a. In house
- b. Manufacturers applications training ✓
- c. Recognized/accredited national training programme (please state the name of the training programme/provider) ✓
- d. Other- please state
- e. unknown

3) What professional groups report your DXA scans at your center? ()

- a. Radiographer - internal
- b. Radiographer - external
- c. DXA technician – internal
- d. DXA technician - external
- e. Assistant practitioner – internal
- f. Assistant practitioner - external
- g. Clinical scientist – internal
- h. Clinical scientist - external
- i. Nurse -internal
- j. Nurse - external
- k. Medical Dr – internal - please state specialism(s) ✓
- l. Medical Dr – external - please state specialism(s)
- m. Other- please state
- n. Reporting is outsourced
- o. unknown

4) What training (outside of professional training) have those reporting DXA scans had- specifically in DXA reporting?

- a. In house
- b. Manufacturers applications training
- c. Recognized/accredited national training programme (please state the name of the training programme/provider)
- d. Other- please state
- e. unknown ✓

5) What professional group provides clinical leadership for your service?

- a. Radiographer
- b. DXA technician

- c. Assistant practitioner
- d. Clinical scientist
- e. Nurse
- f. Medical Dr- please state specialism(s) Rheumatologists.
- 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)

Zero

Quality:

1) Is your service accredited as part of a national programme?

- a. ISAS
- b. IOS
- c. Other- please state
- d. None
- e. Unknown ✓

2) What clinical audits do you routinely undertake? Please tick all that apply

- a. DXA scan technique
- b. Reporting (double reporting)
- c. Reporting (clinical review)
- d. Scanner QA review
- e. Other- please state – none routinely but x1 DNA audit and 1 x waiting time audit
- f. unknown

3) What IR(ME)R audits do you routinely undertake? Please tick all that apply

- a. Patient pregnancy
- b. DXA dose audit
- c. Referrer entitlement
- d. Scan justification
- e. Other- please state - None
- f. unknown

4) What clinical protocols do you have in place? Please tick all that apply

- a. Scan site ✓
- b. Scan mode ✓
- c. Reference data selection
- d. Patient positioning ✓
- e. Scan analysis ✓
- f. Interpretation- T&Z-scores
- g. Reporting ✓
- h. Other- please state Referral SOP
- i. Unknown

5) Which of the following are routinely included in the DXA report issued to the PRIMARY CARE referrer? Please tick all that apply

- a. Admin. Details ✓
 - i. Date of assessment
 - ii. Patient ID and demographics
 - iii. Reason for referral
 - iv. Reporter's ID
- b. BMD results for each measurement site ✓
 - i. T score (after peak bone mass)
 - ii. Z score
 - iii. Rate of change for serial measurements
- c. Comment on reliability of measurements ✓
 - i. BMD results
 - ii. Documentation of excluded measurements eg vertebrae
 - iii. Statistical significance of rate of change
 - iv. Clinical significance of rate of change
- d. WHO diagnostic category (for adults after peak bone mass) ✓
- e. Results of additional investigations performed at DXA appointment. No
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests
- f. Summary of clinical risk factors for fracture ✓
- g. Summary of fracture history ✓
- h. Clinical interpretation to quantify absolute fracture risk ✓
 - i. FRAX+BMD ✓
 - ii. FRAX + TBS
 - iii. FRAX+BMD plus comment on additional adjustment
 - iv. Statement on level of risk based on clinical judgement (eg low/moderate/high) ✓
- i. Management advice
 - i. Reference to national guideline (NICE/NOGG/ROS) ✓
 - ii. Reference to local management guideline
 - iii. Individualised advice
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation ✓
 - ii. Timing of future scan ✓

6) Which of the following are routinely included in the DXA report issued to the SECONDARY CARE referrer? Please tick all that apply

- a. Admin. details
 - i. Date of assessment
 - ii. Patient ID and demographics
 - iii. Reason for referral
 - iv. Reporter's ID
- b. BMD results for each measurement site
 - i. T score (after peak bone mass)
 - ii. Z score
 - iii. Rate of change for serial measurements
- c. Comment on reliability of measurements
 - i. BMD results
 - ii. Documentation of excluded measurements eg vertebrae
 - iii. Statistical significance of rate of change
 - iv. Clinical significance of rate of change
- d. WHO diagnostic category (for adults after peak bone mass)
- e. Results of additional investigations performed at DXA appointment
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests

- f. **Summary of clinical risk factors for fracture**
- g. **Summary of fracture history**
- h. **Clinical interpretation to quantify absolute fracture risk**
 - i. **FRAX+BMD**
 - ii. **FRAX + TBS**
 - iii. **FRAX+BMD plus comment on additional adjustment**
 - iv. **Statement on level of risk based on clinical judgement (eg low/moderate/high)**
- i. **Management advice**
 - i. **Reference to national guideline**
 - ii. **Reference to local management guideline**
 - iii. **Individualised advice**
- j. **Recommendations on:**
 - i. **Need for onward referral eg falls assessment or additional investigation**
 - ii. **Timing of future scan**
- k. **The secondary care report is the same as the primary care report**

N/A we only scan primary care patients

You are advised that this information is provided in accordance with the Freedom of Information Act 2000 and is for your personal use. Any re-use of this information will be subject to copyright and the Re-Use of Public Sector Information Regulations (1st July 05) and authorisation from Milton Keynes Hospital NHS Foundation Trust will be required. In the event of any re-use, the information must be reproduced accurately and not used in a misleading manner.

If you are unhappy with the information received in response to this request, please address your complaint to the Patient Affairs Office at Milton Keynes Hospital NHS Foundation Trust, Standing Way, Eaglestone, Milton Keynes MK6 5LD. If, after exhausting our internal process, you are still unhappy with the information received, you may write to the Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely,

Freedom of Information Co-ordinator
For and on behalf of Milton Keynes Hospital NHS Foundation Trust

Any re-use of this information will be subject to the 'Re-use of Public Sector Information Regulations' and best practice.
