

Freedom of Information request 100-23

Request & Response

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

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

- a. n. Operational - **One**
- b. n. not in use – **None**
- c. n. accessible outside of Trust - **None**

3) What is the average weekly capacity for clinical scans? (N. of scans per week) - **Approx 32 per week depending on staff**

4) What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked) - **9%**

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

All of below with sufficient clinical reason

- 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 - **If there is a Health Care Support Worker to assist**
- c. 26-30 minutes - **If Radiographer is working alone**
- 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 - **Approx 6 months for routine request**

- 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) - **Staff**
 - 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) - **Less than 3 weeks**
 - 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
- Not applicable**
- 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 - **Yes**
 - b. Medical physics
 - c. Nuclear medicine
 - d. Rheumatology
 - e. Other- please state
- 12) Which DXA examinations are included in routine protocols for the clinical service? Please tick all that apply
- a. Lumbar spine - **Yes**
 - b. Proximal femur - **Yes**
 - c. Long femur (AFF assessment)
 - d. Total body
 - e. Vertebral fracture assessment (VFA) - **Yes**
 - f. Peripheral/forearm - **For primary hyperparathyroidism**
- 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**
 - f. assistance for transfers - **Yes depending on staffing levels**
 - g. Other- please state

Workforce:

- 1)
- i) What professional groups perform DXA scan measurements at your center? (DXA operators)
- a. Radiographer - **Yes**
 - 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 “ - **0.4 WTE**

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

- a. In house - **Yes**
- 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

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

- a. Radiographer – internal - **Yes**
- 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) - **Rheumatologist**
- 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) - **Derby University reporting course**
- d. Other- please state
- e. unknown

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

- a. Radiographer - **Yes**
- b. DXA technician
- c. Assistant practitioner
- d. Clinical scientist
- e. Nurse
- f. Medical Dr- please state specialism(s) - **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

Quality:

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

- a. ISAS
- b. IOS
- c. Other- please state
- d. None - **Yes**
- 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) - **Yes**
- d. Scanner QA review
- e. Other- please state
- f. unknown

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

- a. Patient pregnancy - **Yes as part of a Radiology audit**
- b. DXA dose audit - **Yes**
- c. Referrer entitlement - **Yes**
- d. Scan justification
- e. Other- please state
- f. unknown

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

- a. Scan site - **Yes**
- b. Scan mode - **Yes**
- c. Reference data selection
- d. Patient positioning
- e. Scan analysis - **Yes**
- f. Interpretation- T&Z-scores
- g. Reporting - **Yes**
- h. Other- please state
- 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 - **Yes**
- ii. Patient ID and demographics - **Yes**
- iii. Reason for referral - **Yes**
- iv. Reporter's ID - **Yes**

b. BMD results for each measurement site

- i. T score (after peak bone mass) - **Yes**
- ii. Z score - **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 - **Yes**

d. WHO diagnostic category (for adults after peak bone mass) - **Yes**

e. Results of additional investigations performed at DXA appointment

- i. VFA - **Yes**
 - ii. X-ray or other imaging
 - iii. Laboratory tests
- f. Summary of clinical risk factors for fracture - **Yes**
- g. Summary of fracture history - **Yes**
- h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD - **in some cases**
 - 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) - **in some cases**
- i. Management advice
 - i. Reference to national guideline (NICE/NOGG/ROS) - **Yes**
 - ii. Reference to local management guideline
 - iii. Individualised advice - **Yes**
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - 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
 - a. Admin. Details
 - i. Date of assessment - **Yes**
 - ii. Patient ID and demographics - **Yes**
 - iii. Reason for referral - **Yes**
 - iv. Reporter's ID - **Yes**
 - b. BMD results for each measurement site
 - i. T score (after peak bone mass) - **Yes**
 - ii. Z score - **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 - **Yes**
 - d. WHO diagnostic category (for adults after peak bone mass) - **Yes**
 - e. Results of additional investigations performed at DXA appointment
 - i. VFA - **Yes**
 - ii. X-ray or other imaging
 - iii. Laboratory tests
 - f. Summary of clinical risk factors for fracture - **Yes**
 - g. Summary of fracture history - **Yes**

- h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD - **In some cases FRAX**
 - 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) - **in some cases**
- i. Management advice
 - i. Reference to national guideline - **Yes**
 - ii. Reference to local management guideline
 - iii. Individualised advice - **Yes**
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - ii. Timing of future scan - **Yes**
- k. The secondary care report is the same as the primary care report - **Yes**

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or foi.enquiries@borders.scot.nhs.uk.

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **100-23** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.