

FOI REF: 23/084

27th February 2023

Tel: 0300 131 4500

Website: www.esht.nhs.uk

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

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)**

East Sussex Healthcare NHS Trust does not currently offer a Dexa scanning service. There are other providers within the East Sussex area but we do not outsource to them.

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

- a. n. Operational
- b. n. not in use
- c. n. accessible outside of Trust

Not applicable.

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

Not applicable.

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

Not applicable.

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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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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)

Not applicable.

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

Not applicable.

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

Not applicable.

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
- f. Assistance for transfers
- g. Other- please state

Not applicable.

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

Not applicable.

- 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

Not applicable.

- 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

Not applicable.

- 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

Not applicable.

- 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)
 - g. Other- please state
 - h. Unknown

Not applicable.

- 6) Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023? (Free text)

Not applicable.

Quality:

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

Not applicable.

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
- f. Unknown

Not applicable.

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
- f. unknown

Not applicable.

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
- i. Unknown

Not applicable.

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

Not applicable.

b. BMD results for each measurement site

- i. T score (after peak bone mass)**
- ii. Z score**
- iii. Rate of change for serial measurements**

Not applicable.

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**

Not applicable.

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

Not applicable.

e. Results of additional investigations performed at DXA appointment

- i. VFA**
- ii. X-ray or other imaging**
- iii. Laboratory tests**

Not applicable.

f. Summary of clinical risk factors for fracture

Not applicable.

g. Summary of fracture history

Not applicable.

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)**

Not applicable.

- i. Management advice**
 - i. Reference to national guideline (NICE/NOGG/ROS)**
 - ii. Reference to local management guideline**
 - iii. Individualised advice**

Not applicable.

- j. Recommendations on:**
 - i. Need for onward referral eg falls assessment or additional investigation**
 - ii. Timing of future scan**

Not applicable.

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**
 - iii. Reporter's ID**

Not applicable.

- b. BMD results for each measurement site**
 - i. T score (after peak bone mass)**
 - ii. Z score**
 - iii. Rate of change for serial measurements**

Not applicable.

- 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**

Not applicable.

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

Not applicable.

e. Results of additional investigations performed at DXA appointment

- i. VFA**
- ii. X-ray or other imaging**
- iv. Laboratory tests**

Not applicable.

e. Summary of clinical risk factors for fracture

Not applicable.

f. Summary of fracture history

Not applicable.

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)**

Not applicable.

i. Management advice

- i. Reference to national guideline**
- ii. Reference to local management guideline**
- iii. Individualised advice**

Not applicable.

j. Recommendations on:

- i. Need for onward referral eg falls assessment or additional investigation**
- ii. Timing of future scan**

Not applicable.

k. The secondary care report is the same as the primary care report

Not applicable.

If I can be of any further assistance, please do not hesitate to contact me.

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Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

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Corporate Governance Manager
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