FOI 1979

Date 06/07/2023

Dear Requester,

Thank you for your Freedom of Information request. Please note, this is a cross-site response for Bedford site and Luton site.

You asked:

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)**

Not outsourced.

1. **In January 2023 how many DXA scanning machines did you have at your trust/board for clinical use?  
   a.      n. Operational -** Two.  
   **b.      n. not in use  
   c.      n. accessible outside of Trust**
2. **What is the average weekly capacity for clinical scans? (N. of scans per week)**

150

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

9.2%

1. **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 **
2. **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**
3. **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 **
4. **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 -** Reporting capacity
5. **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**
6. **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)**
7. What hospital department is responsible for delivery of DXA scans:  
   **a.      Radiology **for acquisition **b.      Medical physics  
   c.      Nuclear medicine  
   d.      Rheumatology **for reporting **e.      Other- please state**
8. **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**
9. **What access facilities do you have available? Please tick all that apply  
   a.      Overhead hoist  
   b.      Portable hoist   
   c.      Wheelchair transfers   
   d.      Bed/trolly transfers   
   e.      Changing room   
   f.      assistance for transfers   
   g.      Other- please state**  
    **Workforce:**
10. **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**
11. **Please indicate WTE for each group selected**

0.75 AP, 0.45 Radiographer

1. **What DXA-specific training (outside of professional training) have the DXA operators performing scans had?  
   a.      In house -** Radiographers & APs **b.      Manufacturers applications training  
   c.      Recognized/accredited national training programme (please state the name of the training programme/provider) -** Radiographers & APs: Royal Osteoporosis Society National Training Scheme for Bone Densitometry **d.      Other- please state  
   e.      unknown**
2. **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) **Rheumatology **m.      Other- please state  
   n.      Reporting is outsourced  
   o.      unknown**
3. **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 **
4. **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) -**Rheumatology **g.      Other- please state  
   h.      unknown**
5. **Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023? (Free text)**  
    **Quality:**
6. **Is your service accredited as part of a national programme?  
   a.      ISAS  
   b.      IOS  
   c.      Other- please state  
   d.      None   
   e.      Unknown**
7. **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 **
8. **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 -**IR(ME)R audits regularly undertaken, but no specific recent DEXA audits. **f.      unknown**
9. **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**
10. **Which of the following are routinely included in the DXA report issued to the PRIMARY CARE referrer?   
    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 (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 **
11. **Which of the following are routinely included in the DXA report issued to the SECONDARY CARE referrer?   
    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 **

This information is provided for your personal use and is the property of Bedfordshire Hospitals NHS Trust and subject to any existing Intellectual Property and Database Rights. Any commercial application or use of this information may be subject to the provisions of the Re-use of Public Sector Information Regulations 2015 (RPSI). This means that if you wish to re-use the information provided for commercial purposes for any reason you must ask the Trust for permission to do so.

Please note that the Trust has a formal internal review and complaints process which is managed by the Information Governance Manager/Data Protection Officer. Should you have any concerns with our response, you can make a formal request for an internal review. Requests for internal review should be submitted within three months of the date of receipt of the response to your original letter, and should be addressed to: dataprotectionofficer@ldh.nhs.uk. This option is available to you for up to three calendar months from the date your response was issued.

If you are not satisfied with the Trust review under the Freedom of Information Act 2000 you may apply directly to the Information Commissioners Officer (ICO) for a review of your appeal decision. The ICO can be contacted at: ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF www.ico.org.uk

Yours sincerely,

*FOI Officer*

Bedfordshire Hospitals NHS Foundation Trust