Reference:	FOI.10871.23
Subject:	DXA Facilities Audit
Date of Request:	1 February 2023

Your request and our response

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)

    Hywel Dda University Health Board (UHB) undertakes some DXA scans at Bronglais General Hospital, whilst others are undertaken on our behalf by Swansea Bay University Health Board (SBUHB) under a Service Level Agreement.

2. In January 2023 how many DXA scanning machines did you have at your trust/board for clinical use?
    a. Operational   ✓ **one machine at BGH**
    b. Not in use
    c. Accessible outside of Trust

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

    The UHB currently offers sixteen (16) scans over two (2) working days.

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

    The UHB's average 'Did Not Attend' rate between 1 November 2022 and 31 January 2023 was 2.1%.

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

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/trolly transfers
    e. Changing room   ✓
    f. assistance for transfers   ✓
    g. Other- please state

Workforce:

1a. What professional groups perform DXA scan measurements at your center? (DXA operators)
   I. Radiographer   ✓
   II. DXA technician
   III. Assistant practitioner

  IV. Clinical scientist
   V. Nurse
  VI. Medical Dr- please state specialism
  VII. Other- please state
 VIII. Unknown]

1b. Please indicate WTE for each group selected

  The UHB currently has 0.4 Whole Time Equivalent (WTE) working within the service.
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   ✓ **Computer generated technical report only**
 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   ✓ **Radiographers trained to generate computer generated technical report.**
 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)
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)

    There is no current funding to expand the service.

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
    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
    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
    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
     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   ✓