

Date: Friday, 03rd February 2023 Our Ref: MB/SH FOI 5570

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Re: Freedom of Information Request FOI 5570

We are writing in response to your request submitted under the Freedom of Information Act, received in this office on 01st February 2023.

Your request was 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)

I can confirm in accordance with Section 1 of the Freedom of Information Act 2000 (FOIA) that we do not hold the information you have requested as the Trust does not outsource DXA scans, our Clinicians either refer patients directly to Liverpool University Hospitals Trust or their GP; therefore we cannot provide this information.

Under the FOIA, we are not required to create this information in order to answer your request. I should explain that the FOIA is to do with transparency of information held by public authorities. It gives an individual the right to access recorded information held by public authorities. The FOIA does not require public authorities to generate information, or to answer questions, provide explanations or give opinions, unless this is recorded information that they already hold.

- 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

N/A

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

N/A

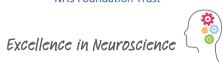
4) What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked)

- 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

N/A

- 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

N/A

- 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

N/A

- 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

N/A

- 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

N/A

Workforce:

14)

- 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

N/A

- 15) 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

- 16) 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)
- I. Medical Dr external please state specialism(s)
- m. Other- please state
- n. Reporting is outsourced
- o. unknown

- 17) 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

N/A

- 18) 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

N/A

19) Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023?









Quality:

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

N/A

- 21) 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

N/A

- 22) 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

- 23) 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

- 24) 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

- 25) 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)
- 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

Please see our response above in blue.

Re-Use of Public Sector Information

All information supplied by the Trust in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2005, Statutory Instrument 2005 No. 1515 which came into effect on 1st July 2005.

Under the terms of the Regulations, the Trust will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however the Trust reserves the right, in certain circumstances, to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information can be found at www.opsi.gov.uk where a sample license terms and fees can be found with guidance on copyright and publishing notes and a Guide to Best Practice and regulated advice and case studies, at www.opsi.gov.uk/advice/psi-regulations/index.htm

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to the Freedom of Information Office at the address above.

Please remember to quote the reference number, FOI 5570 in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioners Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Mike Burns

Mr. Mike Burns, Executive Lead for Freedom of Information



