gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.
We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Cais Rhyddid Gwybodaeth / Freedom of Information request
Ein Cyf / Our Ref: 23-B-003

Please note that Swansea Bay Health Board host the DXA scanning unit for both SBUHB patients and patients from Hywel Dda University Health Board (in our mobile unit within HDUHB and in Singleton Hospital for patients from Pengorof Surgery and Ystradgynlais Community Hospital). The information provided reflects patients from both health boards.

You asked:

Infrastructure:

1) **Do you outsource your DXA scans?**
   No

2) **In January 2023 how many DXA scanning machines did you have at your board for clinical use?**
   a.   **Operational** x 2 (one in SBUHB and one in HDUBH)
   b.   **not in use** x 0
   c.   **accessible outside of Health Board** x 1 (in HDUHB)

3) **What is the average weekly capacity for clinical scans?**
   SBUHB – 80
   HDUHB – 46

4) **What was your average DNA rate over the last 3 months?**
   7%

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** ✓

Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR
Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe
Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

6) What is the duration of your routine DXA appointment:
   a.   **15 minutes or less**
   b.   **16-25 minutes** ✓ 20 minutes (exceptions for patients with mobility issues who need a hoist or paediatric patients: they patients have double slots)
   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 –** Reporting capacity

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** ✓ SBUHB
   c.   **6-13 weeks**
   d.   **>13 weeks** ✓ HDUHB

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

Workforce:

1) **What professional groups perform DXA scan measurements at your centre? (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]**

   i. **Please indicate WTE for each group selected**
      2WTE DXA technologists and 1WTE assistant practitioner

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 centre?**
   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)** ✓ – Rheumatology & Geriatrics
   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)** ✓ – Reporting Course from Derby University
    d. **Other - please state**
    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)** ✓ - Rheumatology
    g. **Other- please state**
    h. **unknown**

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

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 ✓

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