

Document Control

Title Standard Operating Procedure for Restarting the Dual Energy Xray Absorptiometry (DXA) Service			
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1.0	Oct 2020	Final	Final document sent to Trust's Divisional Governance for approval.
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<ul style="list-style-type: none"> • Radiologists • Clinical Lead Osteoporosis • DXA Radiographers Prof. Dr Karen Knapp (UoE) Mrs J Griffin (ROS) 	<p>Education/ training will be provided by: Superintendent DXA Radiographer</p>
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1. Background

- 1.1. The Dual Energy X-ray Absorptiometry (DXA) service at Northern Devon Healthcare NHS Trust (NDHT) has been closed since the beginning of the Covid 19 pandemic in March 2020. This has led to no DXA scans being performed and the DXA service and equipment being mothballed. All referrers were notified at the time the service had been closed.
- 1.2. The DXA service has remained closed during this time and no resources have been used in maintaining any part of the service.
- 1.3. Requests for DXA scans have continually been received, albeit lightly. Although, this has led to a lot of requests being held on the waiting list of the Computer Radiology Information System (CRIS). As well it is highly probable that once the DXA service reopens, the volume of requests will increase dramatically.
- 1.4. The Royal Osteoporosis Society (ROS) have introduced a document called: DXA restoration of Services toolkit 2020, which this document will reference throughout. As well Plymouth University Hospital, healthy bones department had created an action plan for managing preponed bone mineral density (BMD) scans, which has also been used.

2. Purpose

- 2.1. The Standard Operating Procedure (SOP) has been written to:
- 2.2. Allow the Radiology department to explore how the DXA service can reopen.
- 2.3. Update all referrers about how the service will plan to reopen.
- 2.4. Identify the patients most in need of a DXA scans, using the ROS restoration of service flow chart (2020), utilising FRAX and National Osteoporosis Guidelines Group (NOGG) recommendations
<https://www.sheffield.ac.uk/FRAX/>
- 2.5. Triage the patient on the CRIS waiting list, clinically prioritising the order for booking DXA scans, once the service reopens.
- 2.6. Reject any DXA requests that do not meet the current referral criteria.
- 2.7. Ensure the appointments officer can prepare to book the most urgent patient for DXA scans, once the service opens.

3. Scope

3.1. This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the restarting of the DXA service.

- General Practitioners
- Hospital Referrers
- Clinical Lead for Osteoporosis
- DXA Radiographers
- Radiology Senior Management Team
- DXA appointments officer

4. Location

This Standard Operating Procedure ~ for restarting the DXA service, is part of the DXA service in X-ray / Scans department A. Northern Devon Healthcare NHS Trust.

5. Equipment

- The Royal Osteoporosis Society: DXA Restoration of Services Toolkit. <https://theros.org.uk/healthcare-professionals/covid-19-hub/>
- Telephone
- Computer with CRIS access, for patient information.
- Internet access, for accessing FRAX/ NOGG.
- Webcam and headphones for video appointments

6. Procedure

- All DXA requests are received on the dedicated DXA request form in paper format and are scanned onto the CRIS system into the request received (RR) folder. The requests are reviewed by a senior DXA radiographer and either authorised, which puts them into the request accepted (RA) folder, with any relevant comments added by the senior radiographer authorising the request. This is in accordance with the SOP for referring patients for DXA scans. If the request does not meet the criteria from the SOP for referring patients for DXA scans, it will be rejected and sent back to the referrer, either for more information or explaining why it has been rejected.
- The CRIS RA folder is monitored by the clerical officer for DXA. She moves the request onto the waiting list in either the DXA Waiting list, for scans to be booked as soon as possible, or into the DXA planned list, for scans to be booked at a set time in the future, as defined by the operator authorising the scan.
- During the Covid pandemic, all justified requests have been located into the relevant folders, but none have been booked or reviewed any further.
- A letter will be sent / made available to all referrers to update them on the reintroduction of the DXA service and the revised criteria for requesting scans. (Appendix 1)
- The DXA request form has been adjusted to match the letter and will be issued at the same time (Appendix 2).
- Secondary care referrals may fall outside of the requesting criteria – i.e. from orthogeriatricians who may want a more accurate bone assessment than clinical risk

factors give them. When this is the case this must be recorded in the consultant only box.

- GP referrals will need to be discussed with a consultant rheumatologist if they are over 75 (NHS 2019).
- Using the DXA restoration of service toolkit the DXA service will continually remain under review using the flow chart (ROS 2020).
- Telephone or video appointment triage and management during the closure can be considered (ROS 2020), to ensure patients are not waiting any longer to be assessed. This would require review of the entire waiting list and relevant patients being identified and contacted by a Senior DXA Radiographer to review their clinical risk factors. This would be to enable alerting of referrers to patients that are of high risk and that treatment is advised according to FRAX/NOGG while waiting for the DXA BMD.
- Clinical prioritisation for DXA scans (ROS 2020) will be used to ensure the most appropriate patients are called for scans at the earliest possible time. Using the flow chart to identify priority 1 and priority 2 (ROS 2020). This will be performed by a senior DXA Radiographer.
- These requests will then be moved into a dedicated waiting list for priority 1 and priority 2 patients, to ensure we book the patients in the appropriate order.
- Although if a DXA list is being booked and it is not possible to fill the list with priority 1 patients, priority 2 patients can be booked to fill any gaps.
- The clinical safety for the patient to attend for DXA scans will be assessed (ROS 2020). The flow chart will be used to assess this.

7. References

- Fracture Risk Assessment Tool. (N.D). University of Sheffield. : <https://www.sheffield.ac.uk/FRAX/tool.aspx>
- National Health Service. (2019). Bone Density Scan. (When is it used).
- National Institute for Health and Care Excellence. (2017). Osteoporosis. Quality Standard 149.
- National Osteoporosis Guideline Group (NOGG). (2017). *Clinical Guideline for the prevention and treatment of Osteoporosis*.
- The Royal Osteoporosis Society (ROS) 2020. DXA Restoration of service toolkit <https://theros.org.uk/healthcare-professionals/covid-19-hub/>
- SOP- For referring patients for DXA scans. Filed: DXA / Protocols and Guidelines / New Protocols and SOP's (2019).

8. Associated Documentation

- 8.1. Northern Devon Healthcare NHS Trust Policies for: SOP- Referring patients for DXA Scans.

Appendix 1

DXA Service
X-ray / Scans Department A
North Devon District Hospital
Raleigh Park
Barnstaple
Devon
EX31 4JB

Telephone: 01271314064

DATE

Dear Referrer.

Due to the Covid-19 pandemic the DXA service at North Devon District Hospital was suspended; we are now starting to look at how we can reintroduce the service. All the existing requests on our waiting list will be reviewed to ensure they meet the current referral criteria, in accordance with the Royal Osteoporosis Society and NICE guidance. Any requests that do not meet these criteria will be returned.

The current recommendations from The Royal Osteoporosis Society and NICE state:

- Patients over the age of 75 years being referred because of a fracture or long term Glucocorticoids use; do not require a DXA scan. Treatment as per NICE should be considered (1). (Perform FRAX and re-refer for DXA, if advised in 6 months) (ROS 2020).
- Patients on Aromatase Inhibitors should have a baseline DXA scan. Follow up scans at two years should only be requested if the patient has not been prescribed Bisphosphonates.
- Patients having an X-ray report stating Osteopenia should only be referred for a DXA if its FRAX/ NOGG indicated.

All follow up DXA scans for patients on Bisphosphonates will be performed at 5 years. A 3-6-month Bisphosphonate treatment compliance check is advised with a practice nurse, where appropriate to ensure the medication is being taken correctly.

If a fracture is sustained whilst on treatment, or an urgent review is required then a follow up scan may be considered earlier than 5 years, although please provide full information regarding this with any requests.

Yours Sincerely
Karl Nottage
Superintendent DXA Radiographer

- (1) Consider treatment with a first line treatment oral bisphosphonate, Alendronic Acid if not contra-indicated, in accordance with NOGG (2017) and NICE (2017) guidance. Risendronate should be considered as first alternative; further therapeutic options should be discussed with a Consultant Rheumatologist.

DXA Scan Request Form



X-Ray / Scans Department A, North Devon District Hospital,
Raleigh Park, Barnstaple, Devon. EX31 4JB

Direct Line: 01271 314064

First DXA Scan

Complete Section A+B

Follow Up Scan

2 Year

Complete Section B only
(when previous from NDDH)

5 Year

Patient Details

First name:

Surname:

NHS number:

Date of Birth:

Address:

Gender:

Telephone:

Section A (First DXA)

2017 NICE & NOGG Guidance is that fracture risk should be assessed with the FRAX / NOGG tool prior to a DXA referral. (Hyperlink) <https://www.sheffield.ac.uk/FRAX/tool.aspx?country=1>.

Please confirm:

This DXA request is FRAX Assessment and NOGG Guidance indicated

Print outs of both FRAX Assessment and NOGG Guidance pages are attached

Please kindly note DXA requests will NOT be accepted without fully completed FRAX assessment and NOGG guidance printouts unless they meet one or more of the criteria below:

Solid organ transplant		Coeliac	
Anti-epileptic medication		Cystic fibrosis	
BMI <19		Hyperparathyroidism	
Age >75 discussed with Rheumatology consultant. (Attach documents)		Osteopenia Only with fracture or FRAX/NOGG indicated	
Breast cancer: Aromatase Inhibitor Therapy		Breast cancer: Baseline DXA	
Consultant only, additional indications			

Section B (Referrer Details)

REFERRER'S DECLARATION

This form is a legal document. By signing this form I declare that:

- The correct patient details have been entered.
- I have discussed this examination with the patient/guardian (delete if not relevant).
- I have taken into account the possibility of pregnancy.
- I have given sufficient clinical information for this request to be justified according to IR (ME) R 2017.
- I will ensure that the examination result is recorded in the patient's case notes.
- The patient's weight is <160kg, they can transfer with minimal assistance on/off a couch, they do not have hip and spinal metal work.

(DXA Request Form Version 6 (09/20))

Referring GP / Consultant:

Date of referral:

Signature:

GP Practice / Hospital Department: