

## A. Service Specifications

<b>Service</b>	Dual Energy X-ray Absorptiometry (DXA scan) Service
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> July 2017 – 30 <sup>th</sup> June 2020
<b>Date of Review</b>	Annually

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p>Full Body Dual Energy X-ray Absorptiometry (DXA) Scans are used to identify people who may have osteoporosis or osteopaenia. This enables timely interventions to ameliorate the condition, where possible. Repeat scans can identify adhere levels to prescribed medication and the effectiveness of medical interventions.</p> <p>Osteoporosis is described by the World Health Organization as a ‘progressive systemic skeletal disease characterised by low bone mass and micro-architectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture’.</p> <p>The clinical significance of osteoporosis lies in the fractures that arise. In the UK, osteoporosis results in over 200,000 fractures each year, causing severe pain and disability to individual sufferers at an annual cost to the National Health Service (NHS) of over £1.73 billion. More than one-third of adult women and one in five men will sustain one or more osteoporotic fractures in their lifetime<sup>1</sup>.</p> <p>Common sites of fracture include the vertebral bodies, distal radius, proximal femur and the proximal humerus. Hip fractures alone account for more than 20% of orthopaedic bed occupancy in the UK, and the majority of the direct health service cost of osteoporosis. Approximately 50% of people suffering a hip fracture can no longer live independently and 20% die within 12 months of the fracture.</p> <p>Fractures in people over 60 years account for more than 2 million hospital bed days in England. This exceeds the bed occupancy attributable to diabetes, ischaemic heart disease, heart failure or chronic obstructive pulmonary disease.</p> <p>In Europe, osteoporosis accounts for more disability-adjusted life years lost than many non-communicable diseases including rheumatoid arthritis, Parkinson’s disease, breast cancer and prostate cancer.</p> <p>The ageing of the UK population will give rise to a doubling of the number of osteoporotic fractures over the next 50 years if changes are not made in present practice. The admission rate for hip fractures has increased in England by 2.1% per year since 1999, whilst hospital bed days have increased by 5.9% per year.</p> <p>Fall-related risk factors add significantly to the risk of fracture and often overlap with risk factors for osteoporosis. Identification of elderly people at risk of fracture should therefore involve an integrated approach.</p>

<sup>1</sup> Osteoporosis - Clinical guideline for prevention and treatment. Executive Summary Updated January 2016 National Osteoporosis Guideline Group

The Isle of Wight CCG commissions the Isle of Wight NHS Trust to provide an Osteoporosis Nurse Specialist to work alongside the commissioned DXA Scan Service.

The Nurse receives referrals to assess and treat people who may have osteoporosis. Having screened the referrals a joint clinic is held at the DXA Scan provider's premises where patients are assessed by the DXA Scan provider and advice and initial treatment is provided by the Nurse. Occasionally clinics will be held without the Nurse being present, depending on numbers of referrals and the availability of the Nurse.

Any other treatments required are undertaken in out-patient clinics at the Isle of Wight NHS Trust St Mary's Hospital in Newport. The DXA Scan provider is not involved in these ongoing treatments or clinics.

Expected Activity:

1100 scans per annum with a possibility of this rising to 1500 scans per annum if the CCG decides to commission a Fracture Liaison Service.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	Preventing people from dying prematurely	✓
<b>Domain 2</b>	Enhancing quality of life for people with long-term conditions	✓
<b>Domain 3</b>	Helping people to recover from episodes of ill-health or following injury	✓
<b>Domain 4</b>	Ensuring people have a positive experience of care	✓
<b>Domain 5</b>	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

The Provider will work with the Commissioner to achieve and make improvements to ensure progress is made against these.

### 2.2 Local defined outcomes

To be discussed and agreed prior to contract award

## 3. Scope

### 3.1 Aims of service

The service is expected to:

- Provide high quality treatment and advice in line with recognised clinical standards and best practice.
- Participate in relevant National and any agreed Local audits.

### Objectives of service

- To provide a Full Body DXA Scanning service for the assessment of osteoporosis and osteopenia
- To provide a timely, patient centred service
- To promote health, self-help and self-management
- To audit timeliness, appropriateness and effectiveness of service delivery to identify areas of concern or requiring development.

### 3.2 Service description/care pathway

- Service users will receive a Full Body DXA Scan from appropriately trained, named Diagnostic Radiographers, who are on the UK Register of Radiographers.
- The Service will usually take place in the presence of the Isle of Wight NHS Trust's Osteoporosis Nurse Specialist.
- Prior to, and following, the Scan the Radiographer will:
  - Fully explain the scanning process; and
  - Ensure that sufficient time is spent with service users, relatives and carers to listen to worries, answer questions and offer reassurance. Where relevant this will be with the service user's permission
  - Offer service users a feedback questionnaire to establish satisfaction levels with the service
- All equipment used for the treatment of service users will meet current Health & Safety regulations and will be serviced and checked at the manufacturer's recommended timescales.
- All professional standards will be regularly reviewed by the Provider and audited to reflect best practice. These standards should be at least consistent with those set by the Radiographer's professional body or recognised equivalent.
- Any concerns about service users during appointments will be discussed with the Osteoporosis Nurse Specialist.
- Service users will be discharged after their scan.
- Printed scan results/data will be sent to the Osteoporosis Nurse Specialist within 5 working days of the scan if not available on the appointment day.
- The Provider will ensure that relatives and carers will have access to timely information, where relevant and with the service user's permission.
- The service user will be provided with an information booklet relevant to their needs about DXA Scans.

This service specification supports the Clinical Commissioning Group's Access Policies as detailed in the Standard NHS Contract. Services will be provided as detailed in the service specification for all regardless of age, gender, culture, sexual orientation, current relationship status, sensory impairment and physical or learning disability.

The service will make reasonable adjustments to ensure equitable service provision is maintained for patients and carers who may have specific needs.

### **Staffing**

- All Qualified staff will be on the UK Register of Diagnostic Radiographers (Health & Care Professions Council)
- Radiographers must be able to demonstrate that they have carried out an appropriate number of Full Body DXA Scans in order to maintain skills and competence, with a minimum of 50 per year
- All staff will work to their professional body's Service Standards and Professional Code of Conduct.
- Training – all staff will undertake Continuous Professional Development (CPD) in compliance with their professional registration requirements – clinical supervision, self-directed study and formal training. Mandatory training to include safeguarding for adults and children.

### **Prevention and Self-Care Patient and Carer Information**

All service users will be given self-help and self-management advice by the Osteoporosis Nurse Specialist.

### **Response Time**

The Provider will ensure that the Scanner is available so that the maximum timescale from referral to scan will be no longer than 4 weeks.

### **3.3 Population covered**

The service is provided to the population of the Isle of Wight, who are registered with an Isle of Wight GP.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance criteria:**

- Referrals will only be accepted from the IOW NHS Trust's Osteoporosis Nurse Specialist and are managed through this system.
- Referrals are accepted for people aged between 64 and 75 years of age, although referrals will be received for people outside of this age bracket if there is an expected benefit for the patient.

#### **Exclusion Criteria:**

- People who have not been referred by the IOW NHS Trust's Osteoporosis Nurse Specialist.

### **3.5 Interdependence with other services/providers**

Providers will be expected to participate fully in local, regional, and national clinical networks as appropriate to the specialty and build upon partnerships and collaborative working between organisations, particularly local community services, delivering various aspects of care along the pathway.

In particular the service will work closely with:

- IOW NHS Trust's Osteoporosis Nurse Specialist.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

NICE Clinical guideline [CG146] Published date: August 2012 Last updated: February 2017

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

Standards issued by the Society of Radiographers

### **4.3 Applicable local standards**

None noted at this time

## **5. Applicable quality requirements**

**5.1 Applicable quality requirements**

These will be detailed during the tender process. See Schedules in the NHS Standard Short Form Contract.

**5.2 Applicable Local Incentive Scheme (LIS) goals**

A LIS may be available, dependent on the needs of the CCG

**6. Location of Provider Premises**

Accessible premises should be provided on the Isle of Wight within easy reach of a car park and bus routes.