

## Minutes

### APPG on Osteoporosis and Bone Health: Meeting

Tuesday 23<sup>rd</sup> May 14:15 – 15:50

#### Attendees

*Parliamentarians:* **Judith Cummins MP** (Chair), **Lord Black of Brentwood** (Co-chair), **Baroness Chisholm of Owlpen** (Vice-chair), **Lord Rennard** (Vice-chair), **Lord Brownlow of Shurlock Row**

*Speakers:* **Professor Karen Knapp** (Associate Professor in Musculoskeletal Imaging & Head of Department of Health and Care Professions, University of Exeter), **Sue Johnson** (Diagnostic radiographer in the Professional and Education team, Society of Radiographers), **Lisa Field** (Consultant Radiographer in Diagnostic Radiography, DXA & Radiology Osteoporosis Lead, Mid Yorkshire NHS Trust), **Marie Richards** (DXA Reporting Superintendent Radiographer), **Rehana Ismail** (Patient Advocate).

*Others:* **Nikos Methenitis** (Freelance policy researcher, ROS- minutes), **James Dobson** (Senior Policy and Public Affairs Officer, ROS, secretariat), **Craig Jones** (CEO, ROS), **Lucy Bramwell** (Head of Policy, Public Affairs and Service Influencing, ROS), **Jamie Grier** (Director Of Development, ROS), **Lauren Wiggins** (Director of Clinical Services, ROS), **Steven Rowntree** (Service Improvement Lead, ROS), **Jill Griffin** (Head of Clinical Engagement, ROS), **Neil Gittoes** (Chair of the Board of Trustees, ROS), **Andrew Bennett** (National Clinical Director MSK Conditions, NHS England) **Amanda Simonds** (Patient Group Engagement Lead, UCB), **Carys Richards** (Senior Partnership Manager, Society for Endocrinology), **Emma Geraty** (MSK Consultant Radiologist, Cambridge University Hospitals NHS Foundation Trust), **Fiona Mclean** (Members & Volunteers Committee member, ROS), **Gary Robjent** (Head of Policy and Public Affairs, British Orthopaedic Association), **Helen Richards** (Head of Volunteering and Public Engagement, ROS), **Jaime Gargas** (Senior Account Executive, Hanover Communications), **Jane Raleigh** (Manager, Outpatients Pathway Redesign, National Outpatients Transformation Programme, NHS England), **Joseph Lewis** (Parliamentary Assistant, Office of Judith Cummins MP), **Kate Ward** (Professor in Global Musculoskeletal Health, University of Southampton), **Oliver Parsons** (Public Affairs Officer, Versus Arthritis), **Stephen Tuck** (Consultant Rheumatologist), **Sue Brown** (CEO, Arthritis & Musculoskeletal Alliance), **Virginia Wakefield** (Freelance report author, ROS).

<b>Welcome from Chairs, and discussion of DXA FOI key results</b>
Judith Cummins MP, Chair of the APPG, welcomed attendees and asked parliamentarians to introduce themselves.

Following an overview of the results of the Freedom of Information Request (FOI) on DXA provision carried by the Royal Osteoporosis Society (ROS) as secretariat, members agreed to allow the ROS, as secretariat, to sign off a press release on the results and for chairs to sign off a report write-up of FOI results and evidence heard today, with policy recommendations.

### **DXA (Bone Density Scanning) Workforce, Infrastructure and Quality Hearing**

**Professor Karen Knapp** BSc (Hons), PgCAP, PgC, PhD, SFHEA, Associate Professor in Musculoskeletal Imaging & Head of Department of Health and Care Professions, University of Exeter.

Professor Karen Knapp (KK) presented to the APPG on the waiting times and numbers of adults waiting for DXA in England based on an analysis of NHS Digital waiting times data and compared pre and post covid data, highlighting disparity between DXA and other imaging modalities.

KK outlined the regulatory requirements for DXA services and how robust training and education is needed for staff to meet these requirement. Poor quality scans can lead to spurious results and inappropriate treatments.

KK explained the impact of the COVID pandemic on DXA waiting times and compared these to other imaging modalities, such as MRI, CT and Ultrasound. Waits for DXA scans of 13+ weeks had increased substantially during the COVID pandemic. DXA waiting times increased more proportionally, than waiting times for all other imaging modalities. Recovery of waiting times to pre-pandemic levels has only occurred in some regions (London, the North West and the South East), while waits of 13+ weeks have continued to rise in others (Midlands, East of England, North East and Yorkshire). There is no correlation between regional deprivation levels and waiting times however, regions with the highest waiting lists – North East and Yorkshire, East of England, North East and Yorkshire – also have higher deprivation rankings. Issues with DXA provision are likely to be contributing to widening health inequalities.

KK highlighted the issue of uneven distribution of scanners across the UK, and particularly in areas of deprivation where this will exacerbate health inequalities.

KK explained how increased waiting times lead to higher rates of fractures and increased cost to the NHS. KK estimated that based on a waiting list of 65,000 with 18.8% waiting over 13 weeks, there was the risk of 1831 fractures as a result of delayed treatment. The cost of the wrist fractures alone (40% of the total number of additional fractures) would be an additional £2.9 million.

### **Questions to Professor Karen Knapp**

Lord Black of Brentwood asked how the increased the cost of living relate to the lack of scanners in some parts of the UK and the distances patients are required to travel for a DXA scan.

KK would like to further investigate the issue but highlighted how in Cornwall, for example, some patients have to travel a round trip of 3 hours for a scan. This puts particular strain on the most vulnerable patients, who may struggle with mobility and the cost.

Baroness Chisholm asked what training is currently available for DXA providers.

KK explained that currently the ROS is the only organisation running training for professionals who perform scans, but this is oversubscribed. There was only one training programme for DXA reporting staff but this has been paused for two years.

**Sue Johnson**, Diagnostic radiographer in the Professional and Education team, Society of Radiographers

**Lisa Field**, Consultant Radiographer in Diagnostic Radiography, DXA & Radiology osteoporosis lead, Mid Yorkshire NHS Trust

Sue Johnson (SJ) and Lisa Field (LF) talked to the group about the educational requirements and provision for optimal DXA scan interpretation and reporting, particularly in the context of registration and scope of practice requirements.

SJ outlined the pathways of DXA services for patients from referral to examination to report. The workforce, skills and knowledge at each of these is crucial to the patient getting the test they need, at the right time and to the right quality to inform their ongoing care. SJ discussed issues with referrers and what is needed to justify a referral – this is a huge bureaucratic burden. Training for referrals is needed but also IT solutions to ease the burden.

SJ explained the DXA reporting process and the regulatory requirements of this. Many members of the Society of Radiographers have reported that there have been a removal of the interpretations of reports. Key reasons for this are the lack of available training for reporters and an ageing workforce.

Lisa Field (LF) discussed her own DXA service and work to develop a career pathway for DXA operators and reporters. DXA as a specialism has received a lack of recognition and recruitment challenges are not new. LF outlined strategies to promote career development in bone densitometry for newly qualified radiographers on rotation. She described an apprentice pathway for assistant practitioners to take them to advanced practice. She highlighted the challenge to access training, and how the main accredited ROS course for operators is always oversubscribed, whilst there are associated costs with releasing staff. There is a lack of access to reporting training with only one provider nationally and this cause is currently rested and it is unclear if it will run next year. All of this leads to considerable variation in standards, with further concern that a high proportion of the workforce is due to retire in the next 5 years

**Questions to Sue and Lisa**

Lord Black of Brentwood asked SJ and LF for their views on the level of knowledge and visibility of DXA scans with GPs. LF responded that it is important that GPs are able to explain the DXA scan process and subsequent reports but the information given is often incorrect. There is a gap in knowledge.

Jill Griffin, Royal Osteoporosis Society, asked whether scans that do not have an actionable report (i.e. without interpretation to provide actionable advice) are justified in the eyes of the regulator. SJ explained that services cannot expose patients to radiation if that exposure does not result in a change to the treatment pathway. The regulator will need to issue improvement notices to many services that are doing so.

**Marie Richards, DXA Reporting Superintendent Radiographer**

Marie Richards (MR) talked to the group about the problems created when services do not produce comprehensive DXA reports but just report the scanner output measurements without clinical evaluation and interpretation.

MR described how she previously the sole reporter of DXA scans at her Trust but due to many other local services deciding to stop providing interpreted reports her trust decided to do the same. Instead of a detailed report with management advice and key clinical interpretation of measurements, referring clinicians (such as GPs) would only be sent the scan images and complex scan measurements without the explanation of the significance. Referring clinicians (usually GPs) do not have the expertise to interpret this information appropriately. Critical clinical information identified by the DXA operator is no longer shared, even though it could result in a different patient management decision.

MR described how as a result patients' fracture risk cannot be addressed appropriately. Some patients are being under-treated and not monitored until they have another fracture. Others are being over-treated, incurring unnecessary costs to the NHS, and risking harm to the patient from medication or side effects.

**Questions to Marie**

Lord Black of Brentwood asked what a GP currently receives in a report from a radiographer to interpret. MR responded that in her service these would just be the images from her slides. Many GPs would not be able to interpret these images and measurements, such as the rate of change.

Judith Cummins MP highlighted how the difference between the reports in MR's service and the holistic reports provided by LF's service show the lack of consistency and the regional variation.

**Rehana Ismail, Patient Advocate**

Rehana (RI) described her own difficult experience of accessing DXA through primary care, the lack level of information and support she received from her GP and their knowledge of DXA scan results at her follow up scan.

RI told the group how she broke a bone from coughing and struggled with a lack of information from her GP about why this happened and what it could mean. RI could only find information online and was very worried. RI had to push to be referred for a DXA scan and then waited around 5 weeks from referral, which she found very stressful. After the scan RI received a letter with a diagnosis of osteoporosis, given a prescription but given very little information. RI had to wait a further 5 weeks to see her GP before she could start treatment.

RI received very little information from her GP on her diagnosis or treatment and no individualised advice was given. RI relied on the ROS for information but expressed concern that many vulnerable patients who are technologically literate or had poor English would not have been able to access further information online or through organisations like the ROS.

In the last year RI had requested a follow up scan but was told the scanning machine in her local area was broken. RI made arrangements to travel to a hospital outside of the area but the appointment was rescinded and she was told she would have to wait for a new machine in her area. RI had to wait over six months for a follow up scan and then had to chase up her own results and wait a few more months before seeing her GP. The GP gave very little information about the difference between her initial and follow up scans and so RI has requested to see a specialist.

RI feels that GPs need to be able to give thorough information and individualised advice to patients on their diagnosis and treatment.

### **Closing remarks from Chairs**

The chair thanked presenters and attendees.

The chair asked members for their consent to ROS, as secretariat, drafting ROS/APPG response to the Major Conditions Strategy consultation, and for chairs to signing this off on behalf of group. Members agreed.

**Meeting closed**