DEXA SCAN
CRITERIA BASED ACCESS (CBA) POLICY

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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1718.v2	September 2020	Rebranding from IFR to EBI
1920.v3	April 2022	3-year review, no amendments to clinical criteria, additional inclusion of 2.7 under policy criteria
2223.v3a	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3b	March 2023	Wording change 4.6
2223.v3c	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v3d	January 2025	3-year review, wording amendment to general principles & EBI pathway. Re-Wording on all points as advised by clinician EK

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	October 2021
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should only be given in line with these general principles.

1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery

1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment

1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

1.7 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.8 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing

1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

2.1 DEXA scans are not required before the option of commencing treatment with a bone sparing agent for patients with high risk of osteoporotic fragility fracture.

The decision whether to initiate treatment should be made after assessing fracture risk using either FRAX or QFracture, considering additional risk factors not included in these tools (e.g. conditions and medication that increase fracture risk as per NICE CG146) and discussion between the responsible clinician and the patient about the advantages and disadvantages

2.2 DEXA scans **are commissioned** following risk assessment with FRAX or QFRACTURE.

a) if the fracture risk is in the region of an intervention threshold for a proposed treatment for patients before starting treatments that may have a rapid adverse effect on bone density (for example, sex hormone deprivation for treatment for breast or prostate cancer)

b) for assessment of fracture risk in people aged under 40 years who have a major risk factor, such as history of multiple fragility fracture, major osteoporotic fracture, or current or recent use of high-dose oral or high-dose systemic glucocorticoids (more than 7.5 mg prednisolone or equivalent per day for 3 months or longer)

c) for patients who have a 10-year probability of osteoporotic fragility fracture of < 1%, but there is a clinical concern that the fracture risk assessment has underestimated the risk because the patient has a medical condition or other factors that may not be included in the risk tool, for example living in a care home or taking drugs that may impair bone metabolism (such as anti-convulsants, selective serotonin reuptake inhibitors, thiazolidinediones, proton pump inhibitors and antiretroviral drugs) **and the result of the DEXA scan will clinically influence whether treatment is commenced.**

2.3 DEXA scans are not commissioned to assess fracture risk without prior assessment using FRAX or QFracture.

2.4 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 TARGETING RISK ASSESSMENT (CG146)

3.1 Consider assessment of fracture risk:

In all women aged 65 years and over and all men aged 75 years and over, in women aged under 65 years and men aged under 75 years in the presence of risk factors, for example:

a) Previous fragility fracture current use or frequent recent use of oral or systemic glucocorticoids
b) History of falls
c) Family history of hip fracture
d) Other causes of secondary osteoporosis
e) Low body mass index (BMI) (less than 18.5 kg/m2)
f) smoking
g) Alcohol intake of more than 14 units per week for women and more than 21 units per week for men

3.2 Do not routinely assess fracture risk in people aged under 50 years unless they have major risk factors (for example, current or frequent recent use of oral or systemic glucocorticoids, untreated premature menopause or previous fragility fracture) because they are unlikely to be at high risk

3.3 Estimate absolute risk when assessing risk of fracture (for example, the predicted risk of major osteoporotic or hip fracture over 10 years, expressed as a percentage)

3.4 Use either FRAX (without a bone mineral density [BMD] value if a dual-energy X-ray absorptiometry [DEXA] scan has not previously been undertaken) or QFracture, within their allowed age ranges, to estimate 10-year predicted absolute fracture risk when assessing risk of fracture. Above the upper age limits defined by the tools, consider people to be at high risk

3.5 Interpret the estimated absolute risk of fracture in people aged over 80 years with caution, because predicted 10-year fracture risk may underestimate their short-term fracture risk

3.6 Do not routinely measure BMD to assess fracture risk without prior assessment using FRAX (without a BMD value) or QFracture

3.7 Following risk assessment with FRAX (without a BMD value) or QFracture, consider measuring BMD with DEXA in people whose fracture risk is in the region of an intervention threshold for a proposed treatment, and recalculate absolute risk using FRAX with the BMD value

3.8 Consider measuring BMD with DEXA before starting treatments that may have a rapid adverse effect on bone density (for example, sex hormone deprivation for treatment for breast

3.9 Measure BMD to assess fracture risk in people aged under 40 years who have a major risk factor, such as history of multiple fragility fracture, major osteoporotic fracture, or current or recent use of high-dose oral or high-dose systemic glucocorticoids (more than 7.5 mg prednisolone or equivalent per day for 3 months or longer)

3.10 Consider recalculating fracture risk in the future: if the original calculated risk was in the region of the intervention threshold for a proposed treatment and only after a minimum of 2 years, or when there has been a change in the person's risk factors

3.11 Consider that the risk assessment tools may underestimate fracture risk in certain circumstances, for example if a person:

- Has a history of multiple fractures
- Has had previous vertebral fracture(s)
- Has a high alcohol intake
- Is taking high-dose oral or high-dose systemic glucocorticoids or prostate cancer (More than 7.5 mg prednisolone or equivalent per day for 3 months or longer)
- Has other causes of secondary osteoporosis

3.12 Consider that fracture risk can be affected by factors that may not be included in the risk tool, for example living in a care home or taking drugs that may impair bone metabolism (such as anti-convulsants, selective serotonin reuptake inhibitors, thiazolidinediones, proton pump inhibitors and antiretroviral drugs)

3.13 All DEXA requests are vetted by a qualified healthcare professional to meet IRMER requirements. Requests with insufficient information may be returned for further details, if this is not provided scan requests may be refused. If scans are requested but felt to be inappropriate, the request will be returned with an explanation regarding the grounds for refusal

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note*.* applications CANNOT be considered from patients personally

4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

4.5 Generic EBI Funding Applications are considered against '**clinical exceptionality'**. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled **Generic EBI Pathway**

4.6 Where appropriate photographic supporting evidence can be forwarded with the application form

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 https://www.nice.org.uk/guidance/cg146
6.2 https://www.nice.org.uk/guidance/ta464