

Date: 07/04/2017

FREEDOM OF INFORMATION REQUEST FOI/013385 - Private Healthcare providers

1.1	Do you have a written or unwritten agreement between your trust and any		If you answered yes, please provide
	private healthcare providers to provide:	Yes/No	further details, including stating the
			name of the private healthcare
			provider and frequency with which
			services are provided
Α	on call junior doctor cover in the form of telephone advice or clinical review?	No	
В	on call specialist advice from consultants?	No	
С	access to imaging, pathology or other diagnostics?	Yes	Imaging for Claustraphobic
			patients provided by CMC
			Imaging (ad hoc usage)
D	elective admission ¹ of patients from private facilities?	No	
E	other clinical advice or support?	No	(please specify which other
			clinical advice or support)

¹ Elective Admission, "when the decision to admit could be separated in time from the actual admission" (HES Data Dictionary definition)

1.2	How are the services paid for? (please put "x" in the relevant column, and if	Cost per case	Block annual	Other, please
	possible state the annual value of the contract)		contract	specify
Α	on call junior doctor cover in the form of telephone advice or clinical review			
В	on call specialist advice from consultants			
С	access to imaging, pathology or other diagnostics	X (approx. £4k)		
D	elective transfer of patients from private facilities			
E	other clinical advice or support			