

Maidstone and 
Tunbridge Wells

NHS Trust

Ref: FOI/CAD/ID 3261

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane, Maidstone
Kent, ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

15 April 2016

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Cholesteatoma Surgery – Regional centres.

The previous Freedom of Information request showed that a number of regional centres for cholesteatoma surgery already exist. I want to make sure that I have captured all of these regional centres.

If you have a number of hospitals please only complete for your acute hospitals. Please list each acute hospital separately.

<i>Name of hospital. Please complete</i>	<i>Post code of hospital. Please complete</i>	<i>Do you have an ENT department at your acute hospital?</i>	<i>Do you perform inpatient or daycase ENT procedures at your hospital?</i>	<i>Do you perform cholesteatoma surgery at your hospital?</i>
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<i>If you do not perform cholesteatom a surgery at your hospital, which hospital do you refer patients to? Full name please</i>	<i>If you refer patient to another hospital for cholesteatom a surgery, do they have their follow ups at your hospital or at the other hospital?</i>	<i>If you refer patient to another hospital for cholesteatom a surgery, do they have their audiology appointments at your hospital or at the other hospital?</i>	<i>If you refer your cholesteatom a patients to another hospital, please state the reasons. Thank you</i>	<i>If you receive referrals for cholesteatom a surgery from other hospitals, please list the full names of the hospitals that refer to you.</i>
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Please see the completed tables:

Name of hospital. Please complete	Post code of hospital. Please complete	Do you have an ENT department at your acute hospital?	Do you perform inpatient or daycase ENT procedures at your hospital?	Do you perform cholesteatoma surgery at your hospital?
Tunbridge Wells Hospital at Pembury	TN2 4QJ	yes	Day case and inpatient	yes

If you do not perform cholesteatoma surgery at your hospital, which hospital do you refer patients to? Full name please	If you refer patient to another hospital for cholesteatoma surgery, do they have their follow ups at your hospital or at the other hospital?	If you refer patient to another hospital for cholesteatoma surgery, do they have their audiology appointments at your hospital or at the other hospital?	If you refer your cholesteatoma patients to another hospital, please state the reasons. Thank you	If you receive referrals for cholesteatoma surgery from other hospitals, please list the full names of the hospitals that refer to you.
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable