

Ref: FOI/CAD/ID 4246

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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 Services provided.

- 1. With regards to 1997 – 2010: does your trust no longer provide some services which it previously provided, after these services were put out to tender by the CCG and when your trust submitted a bid for the contracts associated with these services and lost the bid to private companies?*
- 2. If your trust did lose, contracts or parts of its operations running to private companies from 1997 – 2010, what did you lose?*
- 3. With regards to 2010 to present day: does your trust no longer provide some services which it previously provided, after these services were put out to tender by the CCG and when your trust submitted a bid for the contracts associated with these services and lost the bid to private companies?*
- 4. If your trust did lose any contracts or parts its operational running to private companies from 2010 – present day what did you lose?*
- 5. What services did you outsource to private companies from 1997 – 2010?*
- 6. What services did you outsource to private companies from 2010 – present day?*
- 7. Has your trust created its own private subsidiary company to take over the running of parts of your trust?*
- 8. Does your trust plan to created its own private subsidiary company to take over the running of parts of your trust?*

1. & 2. Prior to 2010, CCGs did not exist; they came into being from April 2013 as a result of the Health & Social Care Act 2012. They replaced PCTs which came into being on April 2001 following the NHS plan 2000.

3. & 4. Under the Health & Social Care Act 2012s act, CCGs are obliged to treat providers equally and in a non-discriminatory way which resulted in a plethora of services being put to Any Qualified Provider (AQP). The only two examples of losing clinical work to a private company as a result of a tender process is with regard to Community Diabetes in High Weald Lewes Havens CCG and GP Direct Access MRI NOUS in West Kent.

The Trust did not bid for either of these as we welcomed the reduction in demand for our services.

In West Kent, the CCG has only put Dermatology out to tender (i.e. for a single prime provider) which was not a service previously run by MTW, so we did not lose work. HWLH CCG have issued both a MSK and Community Diabetes tender which MTW have not won. Although MTW has lost a small proportion of work, it has not resulted in a loss of service provision as the reduction in demand in East Sussex has been compensated by a growth in demand from West Kent.

Services that we tendered for (as lead provider) but did not win include:

- Pulmonary Rehab (which we subsequently took over)
- West Kent Dermatology
- North Kent Community Ophthalmology
- Medway Sexual health Services
- Stereotactic radiosurgery (SRS) and stereotactic radiation therapy (SRT)

We should stress that MTW was not the incumbent service provider for any of these services and so we did not lose a service as a result of the tender process.

5 & 6.

Radiology reporting and external referral of examination. As a result of increased demand for the service.

7. No

8. Under the terms of the Health and Social Care Act 2001 the Trust has the ability to establish private subsidiary companies and the Trust Board would consider such an option should the appropriate opportunity arise.