

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

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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 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.

Name of	Post	Do you	Do you perform	Do you perform
hospital.	code of	have an	inpatient or	cholesteatoma
Please	hospital.	ENT	daycase ENT	surgery at your
complete	Please	department	procedures at your	hospital?
	complete	at your	hospital?	-
		acute		
		hospital?		

	T	T	1	1
If you do not	If you refer	If you refer	If you refer	If you receive
perform	patient to	patient to	your	referrals for
cholesteatom	another	another	cholesteatom	cholesteatom
a surgery at	hospital for	hospital for	a patients to	a surgery
your hospital,	cholesteatom	cholesteatom	another	from other
which	a surgery, do	a surgery, do	hospital,	hospitals,
hospital do	they have	they have	please state	please list the
you refer	their follow	their	the reasons.	full names of
patients to?	ups at your	audiology	Thank you	the hospitals
Full name	hospital or at	appointments		that refer to
please	the other	at your		уои.
	hospital?	hospital or at		
		the other		
		hospital?		

## Please see the completed tables:

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

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