

Ref: FOI/GS/ID 7460

Please reply to:
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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 hypoxic challenge tests.

You asked:

- 1. Does the Trust provide hypoxic challenge testing services?*
- 2. If yes, is HCT testing provided as an NHS service or as a private service?*
- 3. If HCT testing is offered as a private service, what is the fee?*
- 4. Do patients need a GP referral or consultant referral to access hypoxic challenge testing?*
- 5. How is the HCT/fitness to fly service "marketed" to GPs and private patients?*
- 6. Which patient groups / morbidities typically require HCT testing? e.g. patients with interstitial lung disease etc.*
- 7. How many hypoxic challenge tests have been completed in the last year?*
- 8. What is the current waiting time to access an HCT test?*
- 9. Has the emergence of long Covid added to demand for fit to fly assessments in recent months?*
- 10. For patients referred for a fitness to fly assessment, what outputs does the patient receive? e.g. a letter from a respiratory consultant advising whether they will need supplementary oxygen when flying, a consultation, any other intervention.*

Trust response:

1. Yes
2. Have the option of NHS and Private Patient.
3. The Trust is applying Section 43(2) FOIA which provides an exemption from disclosure of information which would or would be likely to, prejudice the commercial interests of any person (including the public authority holding it). This is a qualified exemption, and is therefore subject to the

public interest test. The Trust believes that the information requested contains details which would be likely to damage the Trust's ability to win new business opportunities for their services and to perform them within a commercially competitive market. The Trust has concluded that the public interest in maintaining the exemption, and therefore protecting the commercial interests and preserving its ability to compete fairly in a commercial market, outweighs the public interest in disclosure in this case.

4. For NHS, the referral can be taken from nurses/consultants of the Trust. For external to the Trust, referral taken from Respiratory community teams, GP's, or medical doctors.
5. It is not "marketed".
6. ILD, COPD, those on LTOT, Some Cardiac patients, those who had difficulties flying in past
7. Three
8. Dependent on reason for flying
9. No
10. Clinical scientist advises of outcome, requires O2 or does not require O2. A letter with the results is given/sent to the patient. They then take (if appropriate) to GP to get them to sign MEDIF. Results also placed on electronic record