FOI 5751

1. Do you currently have a Community Diagnostic Centre (CDC) in place? (Y/N)

I can confirm that the Walton Centre NHS Foundation Trust does not have a Community Diagnostic Centre in place.

1. If the answer to question 1 is yes:
	1. Is the CDC operated in-house or by a third-party?
	2. If the CDC is operated by a third-party, which partner(s) are involved in the operation of the CDC?

N/A

1. If the answer to question 1 is no:
	1. Are you exploring the option of setting up a CDC? (Y/N)
	2. If the answer to question 3a is yes, are you exploring the option of using third-party providers? (Y/N)

The WCFT does not have any plans to establish a CDC.

1. How many of the following scanners do you currently operate within your Trust?

|  |  |  |  |
| --- | --- | --- | --- |
|  |   | **Total number excluding those located within your CDC(s)** | **Number located within your CDC(s) [if applicable]** |
| **# scanners** | **MRI** | 5  |  |
| **CT** | 2 |  |

1. Have you used a mobile MRI or CT service (that you operate or a third-party operates) in the last three years? (Y/N)

No

1. If the answer to question 5 is yes:
	1. Approximately how many scans were undertaken on mobile scanners in the years 2020/21, 2021/22 and 2022/23? N/A

|  |  |  |
| --- | --- | --- |
|   | **MRI** | **CT** |
| **Mobile service used in the last three years? (Y/N)** |  |  |
| **Approximate total # scans undertaken on a mobile scanner by year**  | **2020/21** |  |  |
| **2021/22** |  |  |
| **2022/23** |  |  |

* 1. Why have you used mobile scanning services over the last three years (please select all that apply)?

|  |  |  |
| --- | --- | --- |
| **Reason** | **CT** | **MRI** |
| **Interim capacity** | **To provide interim scanning capacity during the installation of new scanners/ replacement of scanners within a hospital setting (Y/N)** |  |  |
| **To provide interim scanning capacity during the set-up of Community Diagnostic Centres (CDCs) (Y/N)** |  |  |
| **Routine ad-hoc additional capacity** | **To provide ad-hoc additional overflow capacity at times of high demand (Y/N)** |  |  |
| **Routine ongoing additional capacity** | **To provide ongoing additional capacity in a hospital setting** |  |  |
| **To provide ongoing additional capacity in a community setting (Y/N)** |  |  |
| **Other (please specify) [free text]** |  |  |

* 1. If you are using mobile scanning services to provide routine ongoing additional capacity, what is the primary reason for using a mobile service rather than installing a static scanner within your Trust/CDC?

|  |  |  |
| --- | --- | --- |
|  | **MRI** | **CT** |
| **Lacking sufficient capital budget to acquire a new scanner (Y/N)** |  |  |
| **There isn’t enough space to install an additional permanent scanner (Y/N)** |  |  |
| **Scan volumes are not high enough to make the purchase of an additional scanner cost-effective (Y/N)** |  |  |
| **Other (please specify)** |  |  |

* 1. Do you use any third-party providers for the provision of MRI or CT mobile scanning services and, if so, which providers and do they provide services for your CDC(s) as well (if applicable)? NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Provider name** | **Provide mobile MRI services (Y/N)** | **Provide mobile CT services (Y/N)** | **Provide mobile MRI or CT services within your CDC(s) (if applicable); (Y/N)** |
| **Provider 1** |  |  |  |  |
| **[Add more if required]** |  |  |  |  |