Freedom of Information Request: Spirometry Medical Devices

Dear Sir/Madam,

Under the Freedom of Information Act 2000, I am requesting information on your Trust's use and procurement of Spirometry Medical Devices, associated software and maintenance.

Specifically, could you please provide answers to the following questions: -

1. **Does the Trust use Spirometry Medical Devices?**

Yes [x]

No [ ]

1(i) **If "No"** then go to question 10.

1(ii) **If “Yes**” then which makes and models are currently in use and how many of each are currently deployed by department (e.g. Cardiology, Respiratory, Chronic Obstructive Pulmonary Disease, Occupational Health, Accident & Emergency etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Quantity** | **Department** |
| Vyaire Medical Spirometer |  | 4 | OPD |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **For the most recent year for which data is available; how many Spirometry medical devices did the Trust procure?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Quantity** | **Year of Purchase** |
| Vyaire Medical Spirometer |  | 4 | 2021 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **For the most recent year for which data is available; how many Spirometry patient tests did the Trust perform?**

|  |  |
| --- | --- |
| ***Year*** | *N/A\** |
| ***Number of patient tests*** | *N/A\** |

\*This information is not recorded.

1. **What is the Trust’s preferred procurement channel for purchasing Spirometry medical devices?**

Supplier Direct [ ]

*NHS Supply Chain*  [x]

*Other\* (please specify)* [ ]

Other\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is the Trust’s preferred payment model for Spirometry medical devices?**

One Time Purchase [x]

Monthly / Subscription [ ]

*Other\* (please specify)* [ ]

Other\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What are the individual unit costs of each Spirometry device by cost category (hardware / software / maintenance)?**

**\*The WCFT do not have this information available to provide.**

6(i) Device Hardware

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Payment Model** | **Unit Price Excl. VAT**  |
|  |  | e.g. One Time Purchase, Monthly Subscription / Other\* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6(ii) Device Software

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Payment Model** | **Unit Price Excl. VAT**  |
|  |  | e.g. One Time Purchase, Monthly Subscription / Other\* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6(iii) Device Maintenance

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Payment Model** | **Unit Price Excl. VAT**  |
|  |  | e.g. One Time Purchase, Monthly Subscription / Other\* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Does the Trust undertake its own calibration of Spirometry medical devices or is this outsourced?**

In-house calibration [ ]

Outsourced calibration [ ]

No calibration [x]

1. **Would the Trust benefit from a Spirometry Medical Device that only requires calibration annually?**

Yes [ ]

No [x]

1. **What are the biggest challenges that the Trust faces in providing Spirometry tests?**

**N/A**

1. **Is the Trust planning to expand spirometry services?**

Yes [ ]

No [x]

10(i) **If “Yes**” what resources or support would be required to facilitate this expansion?

1. **Can you provide the contact details of the lead respiratory nurse, and the lead/business manager for respiratory services in your hospital?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **N/A** |  |  |
| **Position:** |  |  |  |
| **Department:** |  |  |  |
| **Email:** |  |  |  |
| **Tel:** |  |  |  |