

Information Governance

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Our reference: FOI DA3296

I am responding to your request for information received on 12th November 2019. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,

Ayomide Adediran
Information Governance Coordinator

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision. If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

Tel: 0303 123 1113 Web: <u>www.ico.org.uk</u>

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Chair: Marie Gabriel Chief Executive: Dr Navina Evans

Request:

Question 1. What is the name and supplier of the IT solution currently used for order communications and results reporting?

Answer: The Trust uses RiO as our clinical record but does not have a

separate system for ordering and reporting pathology or radiology.

Question 2. What is the solution's contract end date?

Answer: Not applicable.

Question 3.1 Is the trust planning to go out to procurement within the next 12 months for a new order communications and results reporting solution?

Answer: No.

Question 3.2 If the trust is planning to go out to procurement, which framework does it plan to use?

Answer: Not applicable.

Question 4. Which departments within the trust currently use an order communications and results reporting solution, and what is the name of this solution?

Answer: None – the Trust uses the pathology and radiology provision of the

local acute Trusts depending on which Borough the service is

providing in.

Question 5. Which of these departments' systems are currently integrated with the order communications and results reporting solution, and what is the name of this departmental solution?

Answer: None.

Question 6.1 As part of your integrated care pathway, do you also refer any of your patients for acute care services?

Answer: This would only be ad hoc as the need arises; non-urgent issues are

dealt with by the patient's GP.

Question 6.2 If you do, to which acute hospital(s) do you refer your patients?

Answer: The Trust uses the hospitals relevant to our Borough provision;

Bedfordshire, Luton & Dunstable, Barts Health and Homerton.

Question 6.3 To which of the following clinical departments do you refer them?

1 Audiology

2 Maternity

3 Endocrinology

4 Oncology

5 Ophthalmology

6 Pulmonology

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7 Urology 8 Neurology 9 Nutrition and dietetics 10 Sexual health

Answer: Any of the above, as needed.

Question 7.1 Do you enable or plan to enable your home care team or crisis team to conduct tests in a remote setting?

Answer: The Trust has wards and community teams that use near patient

testing; cholesterol, blood sugar etc. but this is not standardised across the Trust and has been developed depending on local need. Some of our community services use a remote service to report

ECGs.

Question 7.2 Do you enable or plan to enable your home care team or crisis team to commission tests in a remote setting?

Answer: No.

Question 8. Does the trust extend their order communications and results reporting services to GP Practices?

Answer: No, but the East London Health Information Exchange allows GPs to

see the reports of investigations done by the Trust.

Question 9. How do you commission physical health assessments for your patients?

Answer: There is no formal commissioning of this. The Trust has a GP@ELFT

service providing regular GP advice to adult and forensic wards, a Diabetic specialist nurse service to the adult and forensic wards and ad hoc access to tissue viability and other therapy provision - these all come from other Trust managed services. If we need other specialist input, we refer to the local acute hospital. Our low secure forensic unit

has a service level agreement with a local GP practice for GP

services.

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