

Ref no: 013120417  
From: Commercial  
Date: 12/04/17  
Subject: Mammography provision within your Trust.

## REQUEST

Please can you answer the following questions regarding the Mammography equipment used within the Trust?

1. Please can you provide the following information for each piece of mammography equipment? (Please complete the attached spreadsheet)
  - a. Manufacturer
  - b. Model
  - c. Location - Hospital Name or Mobile Van
  - d. Function – Breast Screening/ Assessment/ Screening & Assessment
  - e. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
  - f. Initial cost of Equipment
  - g. Annual Maintenance cost
  - h. Acquisition Date
  - i. Planned Replacement Date
  
2. If you are a Breast screening provider - where is the assessment clinic that you then send your follow up referrals to?

## RESPONSE

1. Please see the attachment
  
2. Breast assessment clinic takes place at St Helens and Knowsley Teaching Hospitals NHS Trust ( St Helens site