

Freedom of Information Request

Reference Number: [EPUT.FOI.23.2823](#)
Date Received: [22.January 2023](#)

Information Requested:

When an NHS patient is referred to EPUT by their GP, in the referral process to EPUT, if a patient knows the EPUT team they would like to be treated by, how does the patient make EPUT aware of their Treatment Team choice?

A link to NHS England guidance for Patients, Commissioners and Providers on Choice
<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwpcontent%2Fuploads%2F2018%2F02%2Fchoice-in-mental-health-carev5.pdf&data=05%7C01%7CEpunft.FOI%40nhs.net%7C2e03c3c4e33445dba93308dafc4e9253%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638099711640383628%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=kWbv0uyQBLMkxTy0vwClhM4cHQaW9n%2FNyMG54SfQ2LA%3D&reserved=0>

Response:

Your request for information is refused under section 14(1) of Freedom of Information Act 2000. EPUT recognises that there is a high threshold for refusal of information under section 14(1). However having considered all the circumstances EPUT considers that responding to your request is disproportionate and unjustified.

The Information Commissioner's Guidance ("ICO Guidance") on "Dealing with vexatious requests" explains that dealing with unreasonable requests can place a strain on the resources of a public authority and get in the way of delivering mainstream services or answering legitimate requests. The ICO Guidance sets out four broad themes in identifying potentially vexatious requests, as identified by the Upper Tribunal, one of which is the burden placed on the public authority and its staff in responding to the request.

The Code of Practice issued under section 45 of the Freedom of Information Act 2000 states that public authorities should "note that the public interest in obtaining the material does not act as a 'trump card', overriding the vexatious elements of the request requiring the public authority to respond to the request".

This point has also been reiterated by the Upper Tribunal and First-Tier Tribunal. Please see The Information Commissioner's Decision Notice Nos: FS50835684

For the purposes of section 14, EPUT has taken a holistic view of the number of requests made by you and the overlapping subject matter. Since August 2019 you have made 27 requests for information under the Freedom of Information Act 2000 which comprise of a total of 76 individual questions. Your requests have all been aimed around availability a certain treatment at EPUT, its funding by the relevant commissioning authority and patients choosing their treatment irrespective of medical recommendation. At Appendix 1 we have

included a table setting out the history of the requests made by you to EPUT under the Freedom of Information Act 2000.

EPUT also notes that you have made several complaints in relation to the same issues under the Trust's complaints procedure.

In the circumstances EPUT considers that responding to your request is disproportionate and unjustified.

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk>

Appendix 1

Date of Request	Requested information
07.08.19	<p>1, So i presume the clinician at Eput have not put a case forward for general NHS patients to receive TMS? I therefore, make a freedom of information request on my sentence above to see if the clinicians have asked for routine funding of TMS by CCG?</p> <p>2, leading to the question, If at treatment is so good as Eput state on their webpage why are they not requesting funding for general NHS patients if it would help?</p> <p>3, What Eput is doing regarding TMS does not make any logical sense to me Eput recommend TMS as effective treatment, put will not recommend it for NHS patients why?</p> <p>Please remember TMS sessions now only need to be 3.5 minutes in length on 60k machine, so cost is no longer a stumbling block. Also TMS sideeffects are minimal, unlike drugs, talking therapy ((for some individuals) and ECT.</p> <p>It is very difficult to put forward a case for individual funding with the CCG and the clinicians and the CCG known this.</p> <p>4, This is a circular argument between Eput and the CCG, explain how Eput see this differently, as its beyond my comprehension of logic, with what i have copied pasted from the ccg reply above and i am stuck in the middle of it and banging my head against the proverbial brick wall, (similar to OCD not getting anywhere) Eput say the CCG decide The CCG say Eput clinicians have to recommend it first.</p> <p>5, So how can i put forward a case for all suitable NHS patients of Eput to receive TMS, that is for the Eput clinicians to recommend TMS to the ccg?</p> <p>6, I see it like this first Eput need to recommend TMS for all suitable patients of theirs, leading to the question, why has Eput not done this, going to do this, or not willing to do this?</p> <p>That's why i said i wanted to meet with the medical director, as none of this makes sense, and i haven't got a clue if he is aware and he needs to answer these questions i have asked. And explain what the clinicians and trusts position is on TMS. And if he does not recommend TMS for all its patients it could help, then i can try and explain why i think the trust/clinicians should.</p>

	<p>7, Is Eput really putting patients first or is bureaucracy and staff first? By not answering my questions i believe its what i have just said, i was never listened to when i said talk therapy was not working.</p> <p>Remember not all patients respond to the supposed recommended treatments (e.g. talking therapy it can actually make their condition worse) for their condition, so all you can do as patient is remain ill for a large portions of your life.</p> <p>8, TMS is not an alternative therapy, its a main stream therapy in the US and Canada (approved since 2002) and if it helps some patients should it not be recommended by the clinicians to the CCG so it can be made available?</p> <p>Unfortunately talk therapy is recommended for my condition this creates problems when i come to be treated. Personally the trust/Eput and myself were willing to waste so much time and money on talking therapy and i have even been told by your clinicians it has made me worse, talk therapy e.g. CBT, ERP, mindfulness Even though i expressed my doubts in talking therapy over the years, as i have tried it so many times with no benefit (NHS private support groups books etc.). I am then told i am not trying hard enough, when in reality i am trying too hard and that's why the talk therapy is not working its messing up my brain. Therefore i felt totally ignored/unable to explain/what's wrong with me, because talk therapy has never worked at all for me and it supposedly should.</p> <p>Eput is willing to push talk therapy, however for a small minority of patients it makes them worse/does not work</p> <p>9, Why is the trust/Eput via the CCG then not willing to spend the money/recommend something that works e.g. TMS as in my case when i cannot tolerate the recommended talk therapy's?</p>
01.09.19	<p>1, Who own the Magstim TMS (Transcranial Magnetic Stimulation) machine at Brentwood? 2, Is the TMS machine on Eput or NHS property? 3, Who at EPUT allowed a TMS private practice to happen on Eput/NHS property?</p>
13.02.20	<p>1, How much does Eput charge the Essex CCG's it serves for one treatment session of transcranial magnetic stimulation/rTMS for NHS funded patients?</p> <p>2, How many NHS funded patients have been treated by Eput's private rTMS service or a very good estimate?</p> <p>3, What types of NHS funding have been used to pay for these NHS funded patients rTMS? I have heard of IFR and Individual Placements Team (IPT), but i am not expert on NHS bearocracy.</p>

	<p>And believe IFR funding has replaced IPT, but i am no expert on NHS beurocracy.</p> <p>4, Why has there been a change in the funding type for NHS patients?</p> <p>5, Has the change of NHS funding if it has occurred affected the number of NHS patients being treated? e.g. Have the number of NHS funded patients greatly reduced.</p> <p>5, Can break the types of funding down e.g. IFR=120 patients, IPT=500 patients, or give at least an indication of the main sources of NHS funding as approximate percentages. I am trying to find out if the majority of NHS patients are being funded by one particular type of NHS funding or another.</p> <p>6, Are patients still being funded via one type e.g. IPT if this is how their NHS funding started and will it continue in this form indefinetately, rather than an IFR having to be made to e.g. continue to provide maintenance rTMS treatment.</p> <p>5, How many NHS funded patients from Mid Essex CCG have been treated by the Eput rTMS service?</p> <p>6, Can you break down the types of funding for the NHS patients of Mid Essex CCG or at least give approximate percentages?</p>
05.03.20	<p>1, Could you please breakdown the above 30 NHS funded patients that have been treated by Eput, private rTMS service, for each of the six Essex CCG's (Basildon and Brentwood, Mid Essex, North East Essex, Southend, Thurrock and West Essex).</p> <p>You have already given a figure of 2 patients (above) for Mid Essex CCG.</p> <p>2, If any of the 30 NHS patients have come from outside of the six Essex CCG could you please provide the name of the CCG and the number of their patients treated.</p> <p>3, Could you please provide the names and locations of the Eput, psychiatrists who prescribe rTMS?</p>

	<p>4, Could you please provide the names and locations of the Eput psychiatrists who make the individual funding requests/IFR for rTMS for NHS patients?</p> <p>5, Which CCG's does Eput commission services for?</p>
21.04.20	<p>I have had a response from Mid Essex CCG on the same information requested that you provided me with (EPUT.FOI.20.1458). As you provide the service it makes me think your figures are actually the correct:</p> <ul style="list-style-type: none"> ☑ EPUTS figures on successful mid Essex NHS IFR for rTMS = 2 ☑ Mid Essex CCG IFR rtms NHS funded = Zero/0/nil <p>So unfortunately the figures do not match. I wanted to ensure that I have the correct information. As both EPUT (the provider) and the Essex CCG (the Commissioners) work together I am sure you can confirm which of the organisations FOI is actually correct by liaising with CCG FOI?</p>
23.04.20	<p>1, As I am a thick NHS mental health patient would you expect me to have any knowledge or any interest in exotic NHS beurocratic nonsense such as the individual funding requests process? I had not heard of individual funding requests process or heard of ccg</p> <p>2, in my question to Eput Pals in June 2019 “why is rtms not offered by the NHS...”, would it not have been sensible for Eput to have thought i was talking about routine funding for all patients that need it? I was talking about routine funding and the reason TMS is not routinely funded is because Eput has not put a business case to the ccgs. The answer to my question is, Eput is currently blocking TMS being (routinely, to allow for the miserly IFR quota) funded for NHS patients as Eput do not recommend it as a treatment to the people who fund (the Essex ccg's).</p> <p>As eput should known virtually any “exotic” treatment can and is very funded by the nhs if you can put a case forward to the organisation that holds the purse strings (ccgs or nhs england). I could probably get acupuncture for haemorrhoids if i could put strong enough a case forward for funding. My question was about why Eput is not interested in providing routinely (i only put the word routinely here as you think the miserly IFR route is wonderful help to all the people of Essex, 24 patients in 1.8 million population) tms to nhs patient, were did i mention funding in my original question?</p>

.2, What effective treatment options does Eput routinely offer other than meds, therapy or ECT for affective disorders?

i note in your reply of the 27th February 2020 Eput states

“

With regard to the business case you have cited, as explained in one of our previous responses, we are not yet at that stage, as the service remains relatively new to EPUT.

”

- 3, So is not FDA approval, Canadian approval and Nice approval of rTMS for TRD (with an approximately a 50% response rate) not enough evidence for EPUT and the CCG to put forward a businesses case for routinely funding TMS?
- 4, Or Is Eput carrying out their own TMS study, as both Eput and the CCG do not recognise the former organisations as providing good quality recommendation to put forward a business case for routinely funding TMS for NHS patients?
- 5, Especially when your other main stream treatments of meds and therapy are empirically known to be not very effective and difficult to tolerate for a large number of patients, please explain?
- 6, i therefore say the trust for some reason is blocking routine access to TMS which is a known effective treatment for large number of patients?
- 7, Would it not be beneficial for patients to have another routine available treatment option like TMS that works by a “totally different mechanism” than Meds or therapy?
- 8, **So I say Eput has been denying a large number of their patients since 2015 TMS a NICE approved effective treatment** with a low side-effect profile when you have very little other in the form of effective treatments other than meds, therapy and ect?
- 9, How can a NHS trust with a multimillion pound budget not afford a 30k tms machine for their patients, especially when you only really offer most meds and therapy to most patients?
- 10, Is spending 30k to much money, to make a big difference to your patients live, especially when 170 people in the population you serve are dying by suicide in

Essex each year?

11, Would it not be better from a patients perspective to spend a small amount of the total budget on a 30k TMS machine and less NHS red tape?

12, Rather than spend the majority of your budget on employees who do endless paper work which does not make your patients feel better?

You have said the TMS service will benefit the people of Essex

12, According to your FOI department (March 2020) only 16 patients have received NHS funding for TMS via exotic NHS CCG funding schemes and about half again of this number of private patients?

13, As you serve a population of 1.8 million is 24 Essex people a lot to have have benefited from the TMS service since you launched it in 2017. The TMS service does not (24 patients) seem to me to be benefiting many people in Essex, please comment?

14 ,Is this no a waste of a valuable tax payers funded resource could the TMS machine not be running 24 hours a day much like the multimillion pound scanners at acute NHS trusts (as eput seem to think its so special and expensive) to bring benefit to a greater number of people in Essex?

15. Or would you prefer for your patients to end up sitting in A&e and wasting other NHS trusts resources only to be sent home hours later after receiving what you would call "treatment" which consisted of a long wait and brief "assessment" by Eput please comment?

16, as supposedly it costs Eput £200 to provide a 3.5 minute iTBS session on a TMS machine costing only 30k, please comment why?

17 As it appears from what is actually happening in practice that e.g., Eput would prefer to waste often on a regular basis the actual resources of fellow NHS acute trusts instead, eg of a so called treatment of your patients in crisis by attending a&e on multiple occasions, when a once a month 3.5 minute tms session could possibly most of all save all the anguish for your patient and the waste of fellow NHS trust resources, please comment?

18, from the above regularly occurring in practice a&e scenario does the NHS not do joined up thinking between NHS organisations or is it more look after your own organisation first and e.g. forget the acute, please comment?

19, As i have shown in practice the TMS service was/is a planned money making cow for eput, but not in reality a treatment for the people of Essex. Also a toy for the Eput elite, but not a treatment for NHS patients (as the numbers treated in practice are so low), Eput (as my deceased friend would say) shame on you Eput,

	please comment?
08.06.20	<p>As this was a review i am not sure if i can ask you to review your data again? Unfortunately the figures for mid essex ccg still still do not appear to match the ccg's foi on the same and i have attached IFR for mid essex ccg funded TMS ccg = 0 eput =1</p>
10.06.20	<p>Could please provide me with a copy of the current commissioning contract Eput has with mid Essex CCG?</p>
15.06.20	<p>Can i please request a list of Trans-cranial magnetic stimulation (TMS) targets that Eput can provide TMS treatment of?</p>
02.09.20	<p>Hello FOI Can you confirm who has had input with the attached [mental health referral] form. that is Eput or CCG's? or both Eput and CCG's (Mid Essex CCG) Mid Essex (CCG) appears on the form</p>
23.11.20	<p>I have viewed the public Eput website and have so far for example not found any information on the leads for the teams for and therefore unable to research their specialities and make an informed choice.</p> <p>At present, it is unfortunately not possible to make an informed choice over the Team you are seen by at Eput. So Eput is no adhering to the Choice framework as set out by NHS England. For example, making choice easy and accessible to the patient and giving the patient the information they need to make choice based on facts. GP for example do not have the knowledge, no you condition well enough or the time to do research for you. Choice should be in the hands of the patient as much as possible rather than just guided by your local GP so they will just refer you to local Eput access and assessment.</p>

	<p>I give below an example of an NHS trust providing a lot of information on their team leads and an example.</p> <p>https://www.slam.nhs.uk/national-services/our-experts/prof-anthony-cleare/</p> <p>Compare this with your own website an example below for adult community health teams, there is no mention of the team leads just resource centres NO team leads specialities or sub specialities mental health.</p> <p>Unfortunately, very little information for patients to make informed Choice.</p> <p>https://eput.nhs.uk/our-services/essex/essex-mental-health-services/adults/community-teams/adult-community-mental-health-teams/</p> <p>I can provide you with NHS England information on how Choice should be provided to patients by providers if this would help?</p> <p>Could you, therefore, please review your response in the light of this lack of information/clarity for patients to make their own informed choice decisions.</p>
20.01.21	<p>The document [provided in response to a previous request] relates to a lot of admin structures and senior nursing roles not the clinical leads and their specialities.</p> <p>I realised Eput has advised it is putting a list together to be available on your website can you advise on anytime scales?</p> <p>and is a partial list available now?</p>
17.02.21	<p>If Eput is unable to answer the questions based on this foi ccg data could you then provide provide eputs figures on the same that being</p> <p>Can you please tell me how many individual funding requests/ifr have been made for TMS by Eput broken down by CCG areas?</p>

And how many of thoes requests were not funded and how many have been funded broken down in to each of the Essex CCG areas Eput provides a service?

Basically the same table as provide by the CCG FOI department but based on Eput data which will be more update.

I have pasted the CCG data below and attached the FOI response so you can see clearly what is being requested.

CCG	Basildon & Brentwood	Thurrock	Mid Essex	West Essex	Castle Point & Rochford	Southend
Number of rTMS Requested	9	2	3	0	1	1
Number of rTMS Funded	9	2	0	0	1	1

thank you

<p>27.04.21</p>	<p>1, Why is there such a disparity in Essex for TMS treatment dependant on CCG area? I think it is fair to discount the possibility that patients in the two areas of both “Basildon & Brentwood “and “Thurrock” may suffer from a “different form” of mental health conditions to the other CCG areas that is for example more amenable to TMS. And the populations in these two areas are significantly greater than the other major towns and cities in Essex.</p> <p>For example both the Basildon & Brentwood and Thurrock CCG areas have significantly higher number of both TMS request and funded requests? Only 1 patient out of 18 was refused CCG funding for these two CCG areas. West Essex has no successful TMS requests, so is in my words has been “neglected by the NHS regarding TMS”</p> <p>2, Leading to the question who is the clinician or clinicians in the Basildon and Brentwood area? and Thurrock area putting the paperwork together to these two CCG’s?</p> <p>There are genuine and reasonable reasons for patient to want know this information, including</p> <ul style="list-style-type: none"> a, for example a patient may want to be treated by a member of the team of this clinician with such a high success rate (a patient has a legal right to choose the team who treats them since April 2014). b, As the NHS CCG (are an NHS partner organisations of Eputs) use a common set of procedures (as part of STP), Therefore the Essex ccgs are using a common procedure/selection criteria for NHS funding. <p>It is therefore clear that the clinician or clinicians in the Brentwood and Thurrock areas are more experienced in the CCG paperwork, that is putting a successful IFR together.</p>
<p>07.05.21</p>	<p>TMS treatment requests made by Eput vary significantly depending on patient location in Essex,</p> <p>Why is there such dissparity on TMS treatment requests made by Eput (currently ifr) depending on were you live in Essex?</p> <p>For example Basildon and Brentwood area there have been 13 IFR requests for TMS to date However in the Southend only 1 IFR request to date</p> <p>And ask for a review based on</p>

	<p>1, as the ccg are partner organisation of Eput and you work closely together can you not liase on my behalf or somone in Eput already knows the answer eg Dr Pillay or Dr Karale or they would know how to findout? Especially as the Eput website says when eg patients make contact you may need to liaise with your partner organisations eg the Essex CCG</p> <p>2, or is this just another NHS beaurocratic hurdle being put in the way so answers are never revealed?</p> <p>3, In the past i have found i have to provide Eput with a lot personal information (some was not relevant in my opinion at all), but then not provided with answers to important questions I put?</p> <p>4, But Eput itself is not so happy with providing information to the public or patients when it raises questions like the TMS disparity above?</p>
17.12.21	<p>Since April 2014 patients have had the right to choose the treatment team of their choice. The right to Choose would have applied to the previous NHS organizations that formed Eput.</p> <p>1, Could you please tell me for each year from 2014, how many patients have chosen a treatment team of their choice?</p> <p>2, Could you please tell me for each year from 2014, how many patients have been treated by the team of their choice?</p> <p>When I say choose the team of their choice I mean the patient has actively made a decision to choose a team other than the team allocated by Eput/the system.</p>
14.01.22	<p>I am writing to request an internal review of Essex Partnership University NHS Foundation Trust's handling of my FOI request 'Number of patients that have been able to access the team of their choice'.</p> <p>OK so Eput says</p> <p>"1. Could you please tell me for each year from 2014, how many patients have chosen a treatment team of their choice? We do not record this information</p>

	<p>2. Could you please tell me for each year from 2014, how many patients have been treated by the team of their choice? We do not record this information"</p> <p>So Eput does not know how many people have been allowed to choose their team. A personal anecdotal fact, I have not been allowed to choose my team even after raising a complaint. There had been quite drawn out communication between me and the trust including none relevant facts like a choice only has to do with service providers or ignoring my request (maybe because it was verbal).</p> <p>So Eput does not know what is going on regarding choice within the trust, we have been able to determine this fact.</p> <p>1, Would it be a good idea for Eput to have some idea? 2, Is this not information Eputs supervisory organizations require?</p> <p>3, I guess "We do not record this information" means no patients of Eput have been able to choose their team, (particularly if they are the normal public patients, eg not employed, not a medical professional...)?</p> <p>I can confirm personally my request for choice has been blocked by Eput. My GP made a choice request and I have made numerous requests both in writing and verbally to no avail.</p>
29.03.22	<p>Can Eput confirm normal public patients have been able to choose their treatment team, please exclude NHS staff and all other people who are in the know or can pull strings or have influence, etc?</p> <p>I would add the following</p> <p>If Eput are going to answer the question above and the answer is a yes normal patients have been able to choose their team.</p> <p>Can Eput please provide an indication of the ratio of normal patients to patients that are NHS staff, people in the know, can pull strings, have influence, etc?</p>

16.06.22	<p>Since the revamp of the Eput TMS clinic at Brentwood to the renamed Essex Neuromodulation Clinic</p> <p>There are now new treatments on offer including Esketamine Vagus Nerve Stimulation/VNS</p> <p>The clinical evidence for both Esketamine and VNS for Treatment-Resistant Depression is not that robust, unlike rTMS for depression which has strong evidence.</p> <p>Therefore regarding NHS funding both these treatments only have NICE Interventional Procedure Approval. Therefore they do not have to be routinely funded to Essex NHS patients even if recommended by an NHS clinician. I am aware that rTMS also only has NICE Interventional Procedure Approval.</p> <p>Unlike ECT which if recommended by a clinician is routinely funded on the NHS, as it has NICE Technology Appraisal approval.</p> <p>Which kind of patients are going to be receiving esketamine and VNS treatment private only or private and Essex NHS?</p> <p>If Essex NHS patients are going to receive Esketamine and VNS how is it going to be funded by the CCGs on the NHS as a routine treatment or via IFR?</p> <p>Is the surgery to fit the VNS stimulator being carried out by Eput or is Eput referring patients on to example a clinical trial?</p> <p>I believe there is a stronger evidence base for Ketamine infusion for TRD depression is this treatment to be offered by the Essex Neuromodulation Clinic?</p>
15.07.22	<p>Could I please ask for more details on the following response?</p> <p>"The treatments are available for patients within mid and south Essex, who won't need an individual request for funding. For all other areas an individual request for funding would be required."</p>

	<p>Will patients in the former West Essex CCG and North Essex CCG areas also not require IFR funding for NHS treatment at the Essex Neuromodulation Clinic?</p>
<p>24.10.22</p>	<p>If Eput can not provide one of the treatments deemed necessary for a patient's care. And the Eput clinician is in agreement that the treatment could be of benefit to a patient. And funding is in place</p> <p>Can a patient go to another e.g. NHS provider for this other treatment while remaining a patient of Eputs? If there is documentation covering this could I please have a copy?</p>
<p>17.11.22</p>	<p>As</p> <p>1, I would like to ask you to reassess my request on your choice process in light of the fact that the information I have requested would have a serious purpose and value (as per the ICO guidance at https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fico.org.uk%2Fmedia%2Ffor-organisations%2Fdocuments%2F1198%2Fdealing-with-vexatious-requests.pdf&data=05%7C01%7CEpunft.FOI%40nhs.net%7C9739e39f4750467f000b08dac8ad2f22%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638042943383578870%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C&sd=0).</p> <p>2, ICO guidance states that Section 14(1) is applied because of the nature of the request rather than the consequences of releasing the requested information (see https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fico.org.uk%2Fmedia%2Ffor-organisations%2Fdocuments%2F1198%2Fdealing-with-vexatious-requests.pdf&data=05%7C01%7CEpunft.FOI%40nhs.net%7C9739e39f4750467f000b08dac8ad2f22%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638042943383578870%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C&sd=0).</p>

3, I would like to ask you to reassess my request in light of the fact that the information I have requested would have a serious purpose and value (as per the ICO guidance at <https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fico.org.uk%2Fmedia%2Ffor-organisations%2Fdocuments%2F1198%2Fdealing-with-vexatious-requests.pdf&data=05%7C01%7CEpunft.FOI%40nhs.net%7C9739e39f4750467f000b08dac8ad2f22%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638042943383578870%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C&sdata=XZReRCCnakel4pQELu%2BPqSyuRhc2DjbVcycmJEwaHMM%3D&reserved=0>).

4 I would like to draw your attention to the fact that the information you pointed me does not, in fact, answer my request. As a patient's choice of team is not determined by as you say on 16/11/2022 "previously advised in the Trust's response sent to you on the 20th October 2022, the information you have requested is subject to clinical judgment of individual clinicians and not information centrally held by the Trust"

I am not talking about a primary care or secondary care clinician referring/"choosing" a patient's team, but a patient making their own choice of team, possibly in discussion with a clinician.

This patient legal right to choice team is documented on the NHS England website included in the following link

<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fchoice-in-mental-health-care%2F&data=05%7C01%7CEpunft.FOI%40nhs.net%7C9739e39f4750467f000b08dac8ad2f22%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638042943383578870%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=cOXzrAy%2FxpqBBstiGcYhftjhXRDI3luKgrP9cldr5tg%3D&reserved=0>

I assure you that my request was not intended to be vexatious, just want beable to choose my treatment team which is a patient legal right.

	<p>So how does a patient inform Eput of their choice of treatment team at Eput?</p> <p>Or can you confirm that Eput does not have any process in place for a patient to inform Eput of their choice of team, so a patient will be guaranteed it will happen?</p>
22.01.23	<p>When an NHS patient is referred to Eput by their GP In the referral process to Eput If a patient knows the Eput team they would like to be treated by.</p> <p>How does the patient make Eput aware of their Treatment Team choice?</p> <p>A link to NHS England guidance for Patients, Commissioners and Providers on Choice</p> <p>https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwpcontent%2Fuploads%2F2018%2F02%2Fchoice-in-mental-health-carev5.pdf&data=05%7C01%7CEpunft.FOI%40nhs.net%7C2e03c3c4e33445dba93308dafc4e9253%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638099711640383628%7CUnknown%7CTWFPbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikh1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=kWbv0uyQBLMkxTy0vwClhM4cHQaW9n%2FNYMG54SfQ2LA%3D&reserved=0</p>

