**FOI Ref: 6107**

**Category(ies): Clinical – Service Activity**

**Subject: Medefer**

**Date Received: 18/11/2021**

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| **Your request:** | **Our response:** |
| How many referrals has your Trust made to Medefer in each month of 2020. | 0 |
| How many of the referrals sent to Medefer have been (a) resolved by the virtual service and (b) re-referred to an in-person NHS trust.  | N/A |
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