

Ref: FOI/GS/ID 5184

**Please reply to:**  
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16 January 2019

## Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to charging Overseas Visitors.

*You asked:*

*Trust policies on charging overseas visitors for NHS services*

1. *Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance, published or unpublished, concerning the application of NHS Overseas Visitors Regulations 2015 (as amended) and/or the application of the national guidance from the DOHSC as described above.*
  - a. *If so, please provide a copy of the same.*
  - b. *If not, please confirm that no such policies, instructions or guidance are held.*

*Information specific to maternity services*

2. *Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance to those providing maternity services within the Trust concerning the operation of Regulation 9 (f) (i) – (iv) of the NHS Overseas Visitors Charging Regulations, namely the exemption for “services provided for the treatment of a condition caused by (i) torture; (ii) female genital mutilation; (iii) domestic violence; or (iv) sexual violence, provided that the overseas visitor has not travelled to the United Kingdom for the purpose of seeking that treatment”.*
  - a. *If so, please provide a copy of the same.*
  - b. *If not, please confirm that no such policies, instructions or guidance are held.*
3. *We further request a copy of any standard pro forma used at the a woman’s first ante natal booking appointment with maternity services.*
4. *Within maternity services provided by the Trust, for the years 2016 - 2017 (separately) what was the percentage of women attending their booking appointments at:*
  - a. *10 weeks gestational age and over (total)*

*And of those:*

- b. *10 weeks +1 day – 12 weeks +6 days*

- c. 13-20 weeks
- d. Over 20 weeks
5. For the same period what percentage of the above women at 4 (a) - (d) were subject to charges for NHS maternity services?
6. For the same period what percentage of the women at 4 (a) were deemed to be a 'high risk' pregnancy in accordance with NICE guidelines?

Trust response:

Trust policies on charging overseas visitors for NHS services

1. We follow the below Maidstone & Tunbridge Wells NHS Trust Overseas Policy. This is being updated and should be completed by the end of this financial year.

Information specific to maternity services

2.
    - a. The maternity service staff refer to the Trust-wide Overseas Policy (below) available via our centralised Trust document storage system.
    - b. Not applicable.
  3. Workflows for E3 electronic maternity system below x2. These Medical and Surgical History and Current Pregnancy questions are asked at booking along with collection of demographic data, recorded on PAS, which also populates E3.
  4.
    - a. See Q4 table below
- And of those:
- b. See Q4 table below
  - c. See Q4 table below
  - d. See Q4 table below
  5. See Q4 table below
  6. See Q4 table below
  - 7.

Q4 Tabulated information

		2016	2017
4	Gestation at booking:	% of bookings	% of bookings
4a	≥ 10 weeks	39%	36%
4b	10+1 – 12+6 weeks	23%	22%
4c	13 – 20 weeks	5%	5%
4d	>20 weeks	8%	7%
5	Women subject to charges for NHS maternity services	NR	NR
6	High risk pregnancy at booking ≥10 weeks (under care of obstetrician)	19%	19%

We do not collect data within the maternity system about charges for NHS care, although midwives alert the Overseas Visitor manager when they identify a woman who may not be eligible.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

# Overseas Visitor Policy and Procedure

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<b>Directorate:</b>	Finance
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<b>Approved by:</b>	Finance Committee, 24 <sup>th</sup> August 2015
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<b>Review date:</b>	October 2018 or at times of significant change

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This copy – REV3.1

## Document history

<b>Requirement for document:</b>	<p>The aim of this policy is to ensure that:</p> <ul style="list-style-type: none"> <li>The Trust operates an efficient and effective system for the identification of overseas visitors (OSV) and ensures that the subsequent income is recovered wherever possible.</li> </ul> <p>The scope of this policy is to:</p> <ul style="list-style-type: none"> <li>Provide guidance to all staff in meeting the DOH guidance, implementing the OSV hospital charge regulation</li> <li>Ensure anyone who has lived lawfully in the UK for at least 12 months immediately preceding treatment is not covered by this policy/procedure</li> </ul>
<b>Cross references:</b>	<ul style="list-style-type: none"> <li>The National Health Service Act 1977 section 121 (as amended)</li> <li>Visitor and Migrant NHS cost recovery programme implementation plan 2014-16</li> <li>The Immigration Health Surcharge and supporting technical Changes – April 2015</li> <li>Visitor and Migrant NHS Cost recovery Programme October 2014</li> <li>The Department of Health document '<i>Implementing the Overseas Visitors Hospital Charging Regulations</i>' updated APRIL 2015</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Anti Fraud, Bribery and Corruption Policy and Procedure</i> [RWF-OPPPCS-NC-WF48]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Overseas visitors requiring treatment, Information for all [STANDARD PRINT]</i> [RWF-OPLF-PC18]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Overseas visitors requiring treatment, Information for all [LARGE PRINT]</i> [RWF-OPLF-PC19]</li> </ul>

Version control:		
Issue:	Description of changes:	Date:
1.0	Original policy	
2.0	Reviewed	January 2006
3.0	Reviewed. Reformatted to follow Trust template. Complete overhaul due to new DH regulations updated April 2015	October 2015
3.1	PRC Chair agreed minor amendment to section 5.0 DH chart (3 <sup>rd</sup> February 2016)	February 2016

## Policy statement for

# Overseas Visitor Policy

The NHS provides healthcare for people who live in the UK. People who do not normally live in this country are not automatically entitled to use the NHS free of charge, regardless of their nationality, or whether they hold a British passport, or have lived in, and paid National Insurance contributions and taxes in, this country in the past. Entitlement to free NHS treatment is based on residence status alone.

This Policy outlines the rules and procedures to be followed by all grades of Trust staff for identifying “overseas visitors” and the subsequent recovery of income from such patients.

The Trust has a **legal** obligation to:

- ensure that patients who are not ordinarily resident in the (UK) are identified;
- assess liability for charges in accordance with the charging regulations;
- charge those liable to pay in accordance with the regulations.

The requirement to identify overseas visitors should never delay the provision of immediate necessary medical treatment which will always be provided regardless of whether a patient has been informed of, or has agreed, to pay charges.

The Trust has a commitment to ensure that all overseas visitors are treated with the same degree of respect, care and confidentiality as any NHS patient.

# Overseas Visitor Patient Procedure

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## 1.0 Introduction and scope

The aim of this policy/procedure is to ensure that the Trust will operate an efficient and effective system for the identification of overseas visitors and recover the subsequent income wherever possible.

Anyone who has lived lawfully in the UK for at least 12 months immediately preceding treatment is not covered by this policy and procedure.

The procedure to be followed regarding the identification, recording and charging of a potential overseas visitor is divided in four sections:

1. Responsibility of all staff that come into contact with patients.
2. Responsibility of the Overseas Visitors Manager (OVM)
3. Calculation of charges and other finance issues
4. Recovery of Income

This policy/procedure is for staff, including clinicians, senior managers and clerks, and particularly those whose responsibility it is to identify and charge overseas visitors.

The Department of Health strongly recommends that relevant NHS bodies have a designated person/s – hereafter referred to as an ‘Overseas Visitors Manager (OVM)’ – to oversee the implementation of the charging regulations. The OVM needs to be a person of sufficient seniority and skill to be able to resolve complex and sensitive situations and to deal effectively with clinicians, senior Trust managers, finance colleagues and members of the public. They should be given the authority to ensure that the charging regime can be properly implemented in all departments.

## 2.0 Definitions

- **Overseas Visitor (OSV)** a person who is not ‘ordinarily resident’ in the UK falls within the definition of an overseas visitor, and may incur a charge for treatment.
- **Stage 1 Officer:** Any member of Trust staff
- **Stage 2 Officer:** The Overseas Visitor Manager.
- **Ordinary residence** means, broadly, living in the UK on a lawful, voluntary and properly settled basis for the time being. A person who is not ordinarily resident in this country at the time of treatment is not automatically entitled to NHS hospital treatment free of charge. A person who is ordinarily resident is not subjected to this charging regime. A person does not become ordinarily resident in the UK simply by: having British nationality; holding a British passport; being registered with a GP; having an NHS number; owning property in the UK, or having paid (or currently paying) National Insurance contributions and taxes in this country. Whether a person is ordinarily resident is a question of fact, for which a number of factors are taken into account.
- **United Kingdom Borders Agency (UKBA):** The border control agency of the British government and part of the Home Office. It was formed as an executive agency on 1 April 2008 by a merger of the Border and Immigration Agency (BIA),



- **European Economic Area (EEA):** See Appendix Eleven for the residency rights of those from the EEA/Switzerland and those of their family members. For EEA/Swiss residents visiting the UK.
- **European health Insurance Card (EHIC):** for EEA residents only. A person with a valid EHIC/PRC is exempt from charges for “all medically necessary treatment”, i.e. treatment that it is medically necessary to provide to them during their temporary stay in the UK, with a view to preventing them from being forced to return home for treatment before the end of their planned duration of stay.
- **Asylum Registration Card (ARC):** Confirmation from Home Office of refugee status/Temporary Protection having been granted; valid Application Registration Card (ARC) issued by Home Office; confirmation from Home Office that asylum application or application for humanitarian protection on protection from serious harm grounds is still under consideration.
- **E112/S2 (a DH Form):** A person who has obtained permission from his or her social security institution to seek treatment in the UK will be issued with an **E112** or **S2**. They must make advance arrangements for their treatment and be given the same clinical priority as NHS patients.
- **E121/S1 (a DH Form):** UK state pensioners (whose pension is in payment) or those in receipt of long term incapacity benefit/bereavement benefit/war pension or disability living allowance, living in another member state/Switzerland who, in each case, have registered an E121/S1 (open ended).
- **PRC:** If patients cannot show their EHIC, they may instead produce a **Provisional Replacement Certificate (PRC)** to prove entitlement under the EU Regulations. It is for the patient or their representative to arrange the issue of the PRC from the member state that would issue their EHIC.

### 3.0 Duties

See Section 6.0, 7.0, and 8.0 for STAGE 3 Duties, roles and responsibilities.

### 4.0 Training / competency requirements

Support to staff and managers for the effective implementation of the policy will be provided by the OVM. Various staff groups will be targeted for training i.e.: A&E, Ward Clerks, administrative and secretarial staff, and all clinical staff.



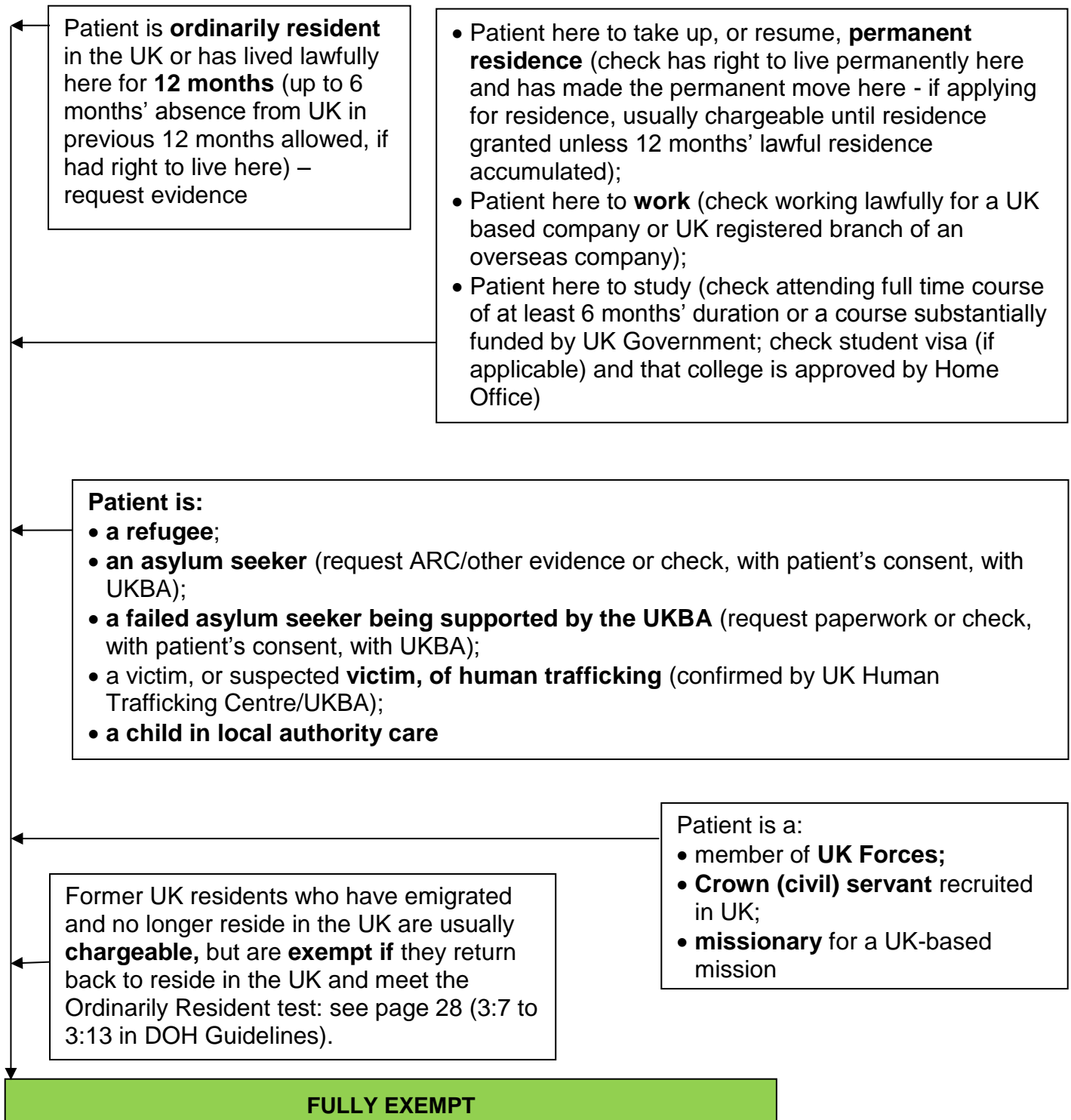
## 5.0 Department of Health chart: Why is the patient in the UK?

This does not include all the exemption categories, but, starting at the top left-hand box, can help work out if a patient's circumstances mean that they are entitled to free NHS hospital treatment.

### Determining exemption

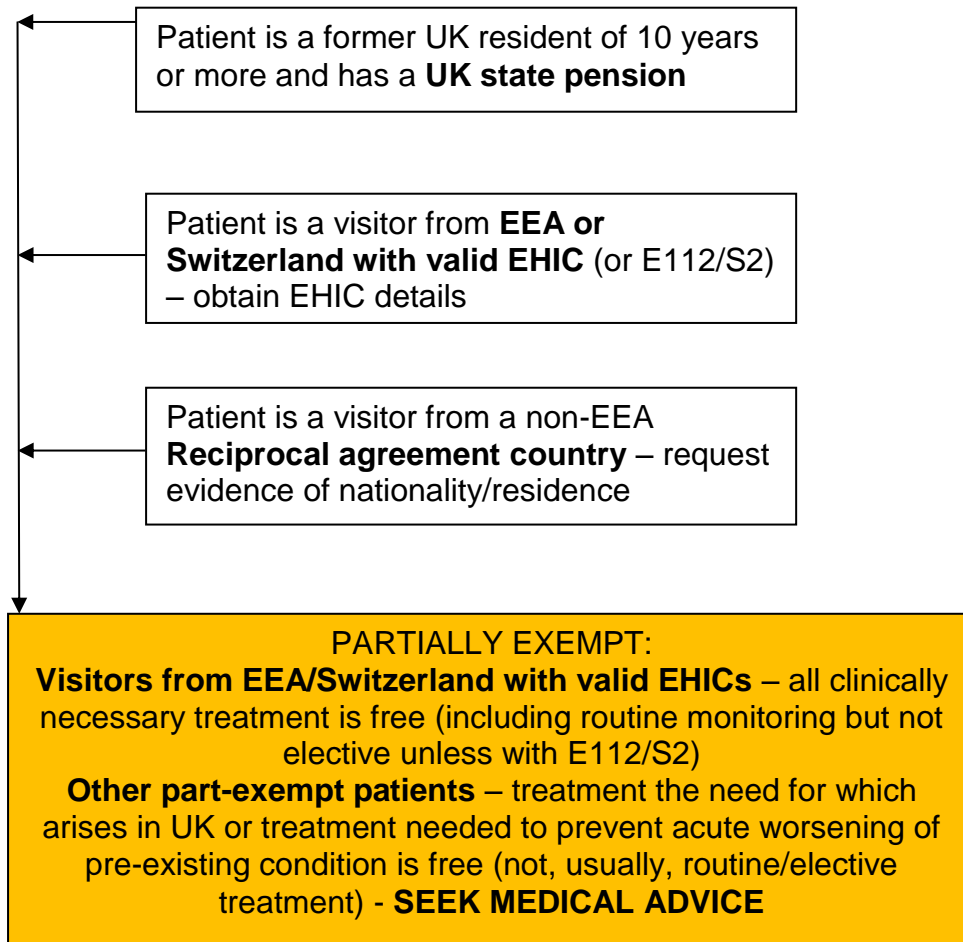
#### Fully exempt

Consider the criteria in each box, starting with the top left, to determine whether the patient is fully exempt.



## Partially exempt

Consider the criteria in each box, starting with the top left, to determine whether the patient is partially exempt.



## Chargeable patients

Any patient that does not meet the requirements in the above graphs will be fully chargeable if not ordinarily resident in the UK.

Identifying EU- EHIC cards website below:

<http://ec.europa.eu/social/main.jsp?catId=653&langId=en>

Please see some examples of EHIC cards:

			
<b>Portugal</b>	<b>Romania</b>	<b>Slovakia</b>	<b>Slovenia</b>
<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 14117</li> <li>■ Number of photos: 2</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 15306</li> <li>■ Number of photos: 2</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 15481</li> <li>■ Number of photos: 7</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 13026</li> <li>■ Number of photos: 2</li> </ul>
			
<b>Spain</b>	<b>Sweden</b>	<b>Switzerland</b>	<b>United Kingdom</b>
<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 24876</li> <li>■ Number of photos: 2</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 22894</li> <li>■ Number of photos: 2</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 21/08/2013</li> <li>■ Views : 9829</li> <li>■ Number of photos: 6</li> </ul>	<ul style="list-style-type: none"> <li>■ Date: 28/05/2009</li> <li>■ Views : 24748</li> <li>■ Number of photos: 4</li> </ul>

Once the Trust has identified that a patient is an EEA patient, The OVM should ask the patient if they have been issued with an EHIC card. Information from the card (including full name, date of birth, country references and EHIC numbers) is entered onto the online E-portal by the OVM, along with the date of treatment and cost of treatment.

The NHS Overseas Visitor Treatment Web Portal: A financial incentive will be delivered to support and encourage Trusts to identify and record patient's details through the EHIC Portal. Its overall objective will be to enable the UK to recover a higher percentage of the costs of the healthcare provided to non-resident EEA patients.

**No clinical information should be shared on the portal.**

If the patient does not have an EHIC or a PRC, then the Trust must determine whether the person is ordinarily resident in the UK, or otherwise exempt from any charges under the charging regulations. Patients without an EHIC/PRC who are only visiting the UK may still be insured by the member state they reside in. If appropriate, Trusts are able to contact other EEA member states to determine if they will cover the healthcare costs of the patient.

## NHS exempt patients

Some NHS services are free to everyone regardless of the status of the patient. These, with reference to this Trust, are as follows:

- Treatment in Accident and Emergency Department
- Family planning services - Primary care only
- Certain diseases where treatment is necessary to protect the wider public health
- Treatment in, or as a result of a referral from, a sexually transmitted disease clinic
- Treatment given to people detained under the provisions of the Mental Health Act 1983
- Stage 1 officers are still required to identify and record on PAS patient's overseas details and inform the Stage 2 officer (OVM)

## Maternity care

Maternity services are not exempt from charges, however, because of the severe health risks associated with conditions such as eclampsia and pre-eclampsia, all maternity services, including routine antenatal treatment, must be treated as being immediately necessary. No woman must ever be denied, or have delayed, maternity services due to charging issues. The patient remains liable for charges and the debt should be pursued in the normal way. If the patient is a member of the EEA or from Switzerland always ask if they have an EHIC card or S1 form to cover their treatment here in the UK.

## Asylum seekers

The exemption from charges for asylum seekers only lasts until their claim (including appeals) is determined by the Home Office, although on-going treatment will still remain exempt from charges if their application is turned down. If the claimant starts a new course of treatment after their application is turned down they are then personally liable and no longer exempt from medical costs.

## HIV

There is no charge for any HIV patient including diagnostic testing. This also includes any associated counselling to establish if a patient is HIV positive. Please see guidance on the link below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/212952/DH-Guidance-HIV-and-NHS-Charging-fORMATED.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212952/DH-Guidance-HIV-and-NHS-Charging-fORMATED.pdf)

## 6.0 Stage 1 Officers

### Baseline questions

All staff that come into first contact with patients, or receive incoming referrals are considered Stage 1 Officers.

Stage 1 Officers must follow the procedure, which is laid out in a step by step chart in this policy in section 6.10; please also refer to the *Information for all overseas visitors requiring treatment [STANDARD PRINT]* [RWF-OPLF-PC18]

**Three question rule:** The following baseline questions should be asked of **all** patients commencing a new course of treatment or referral for treatment.

1. What is the patient's nationality?

This question should be followed by:

2. Where has the patient lived for the past 12 months?
3. What date did the patient arrive in the UK?"

**The patient may need to show evidence of this.**

Exemption expressly applies only to those living here lawfully in the UK.

These questions must be asked as a matter of routine at a patient's first point of contact at the hospital such as:

- The patient is admitted to hospital through the Accident & Emergency Department
- The patient is admitted to hospital through either a surgical or medical assessment unit
- The patient is referred to an outpatient clinic by GP (See Appendix Eight)
- First contact when admitted via an ambulance

Anyone who has lived lawfully in the UK for at least 12 months immediately requiring treatment is exempt from charges.

### **6.1 European Economic Area Countries (EEA)**

Visitors who are resident in the EEA (see Appendix Eleven) and hold a valid European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC) are entitled to receive all necessary treatment free of charge. A claim can then be made against the Member State. Necessary treatment means:

- Diagnosis of symptoms or signs occurring for the first time after arrival in the UK
- Any other treatment which, in the opinion of a medical or dental practitioner is required promptly for a condition which arose after the visitor's arrival; or became acutely exacerbated after arrival;
- Would be likely to become acutely exacerbated without treatment

If EEA visitors do not have a valid EHIC or PRC. They must be charged in accordance with the regulations.

Any patient attending for non-necessary treatment must be assessed in accordance with the regulations to ascertain if they are liable to be charged for their treatment.

### **6.2 Non-European Economic Area countries and territories with which the United Kingdom has a bilateral healthcare agreement**

The United Kingdom has bilateral healthcare agreements in similar terms with many non-EEA countries see Appendix Eleven. Please contact the OVM if you require any further information.

### **6.3 Acceptable documented evidence / examples of evidence of right of residence**

- Birth certificate
- Passport
- Entry clearance documents
- Ancestral visa

### **6.4 Examples of evidence of residence**

- Housing contracts
- Utility bills/Council Tax
- Bank statements
- Tax returns

### **6.5 Outpatient appointments**

Referral letters received by Trust clerical and administration staff which refer to the patient NOT having lived in the UK for the previous 12 months should be sent to the OVM.

On receipt of these letters the OVM will send a letter (Appendices Nine and Ten) and a Pre-attendance form (Appendix Five) to the patient requesting patient information e.g. foreign address, date of entry to the UK, purpose of visit to the UK etc.

## 6.6 NHS card or number and HC2 form

Having an NHS card or NHS number or HC2 form (maternity) does not give automatic entitlement to free NHS hospital treatment; these documents display a registration number, but do not hold the added information needed to verify residency in the UK during the last 12 months. Every patient's eligibility should be checked by the Stage 2 officer (OVM).

## 6.7 Emergency admissions

Emergency overseas visitors are usually admitted via:

- General Practitioner
- Accident and Emergency Department / Ambulance
- Transfers from other hospitals

It is the responsibility of the Ward Clerk/receptionist or admitting Nurse to record on the PAS computer system and on the patient's front sheet in the health records if the patient has not been resident in the UK for the previous 12 months.

By recording a "YES" in the overseas visitors section on the Ward admission screen on PAS this will indicate that a Stage 2 interview may be required.

The Ward Clerk or admitting nurse will then contact the OVM with a request for a Stage 2 interview.

## 6.8 Entering the patient details on PAS

When admitting, booking or giving outpatient appointments to patients on a ward or within a clinic setting who have not been resident in the UK for the last 12 months the following details must be entered into PAS:

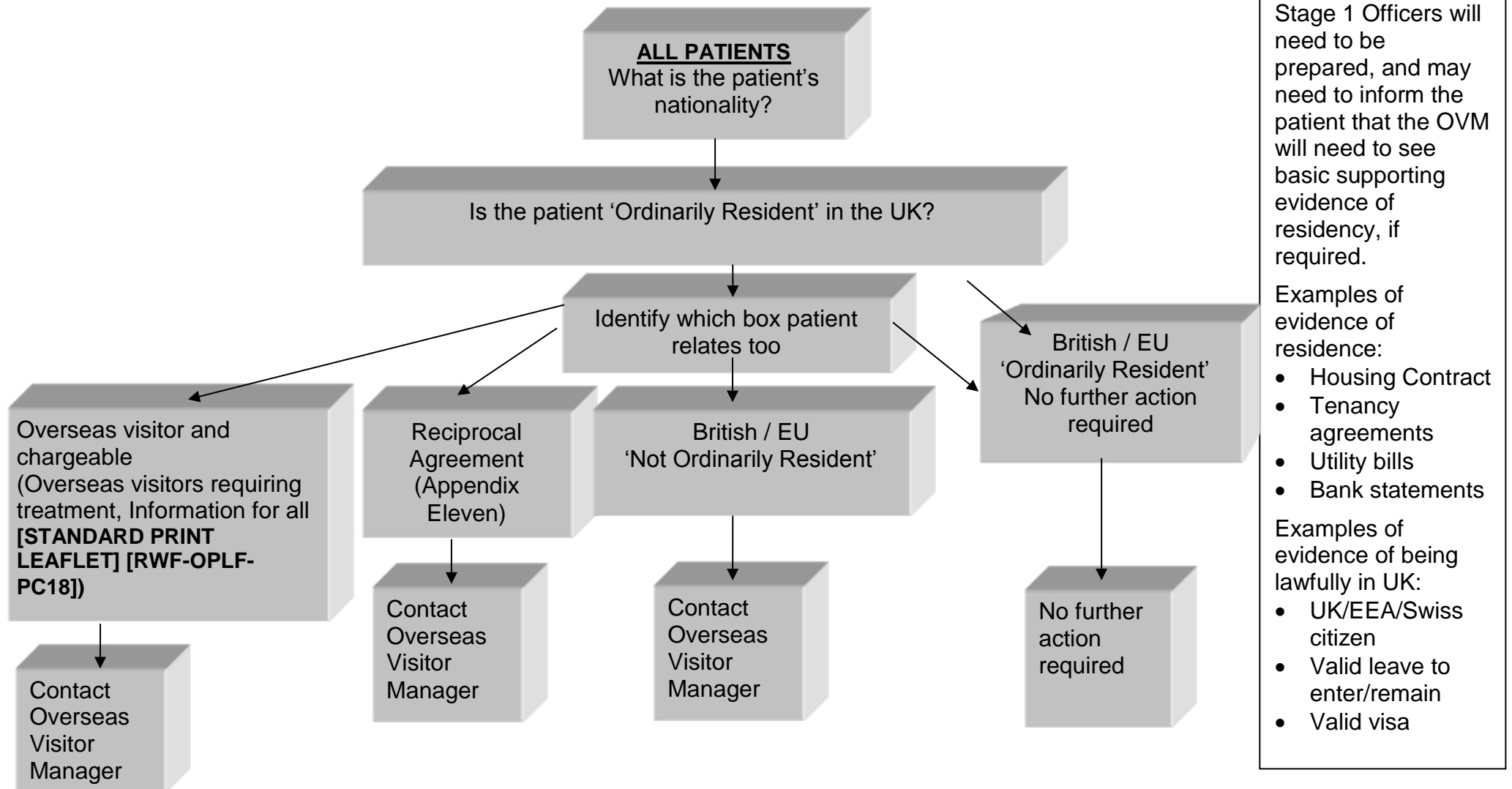
- **Address:** in the permanent address area on the PAS patient's details section. This should be recorded as the patient's permanent home address e.g. Hong Kong.
- **Postcode:** The relevant Overseas postcode (ZZ codes) should be chosen from the drop down menu within the patient address area on PAS.
- **Mailing/correspondence address:** this should be the patient's UK temporary address, e.g. relatives address if staying in UK on holiday.
- **Registered GP:** Overseas visitors are usually temporarily registered at a General Practitioner's surgery, if not, then PAS must be updated as "not registered".
- **Overseas visitor's status:** on PAS all overseas visitor's appointments and admissions must be recorded with category OSV. The OSV status must be recorded as appropriate, **NOT** number 8 'not applicable'.
- **Patient alert:** This will be the responsibility of the OVM by accessing the patient's details within PAS and selecting "other" option, the drop-down box will allow you to select the option, Overseas Visitor. **The country the patient has arrived from must be recorded with the date they arrived, if known.**

## 6.9 Interpretation

If at this stage of the identification procedure it becomes apparent that the patient does not have English as their first language then it may be necessary to make arrangements for an interpreter. Staff using these services will need to access the hospital identification code, which is available from the Ward/Department Manager. For Interpreter form see Appendix Seven. For contact details, refer to the Interpreting service pages on the Trust's Intranet.



## 6.10 Graph procedure for Stage 1 Officers





### 6.11 Notifying the Overseas Visitor Manager

During office hours, 08.30 – 16:30, Monday to Friday, all potential overseas visitors must be notified to the OVM. Weekends and evenings please email: [mtw-tr.overseas@nhs.net](mailto:mtw-tr.overseas@nhs.net) or leave a message for the OVM on **01892 636090**

## 7.0 STAGE 2 Overseas Visitor Manager (OVM)

The OVM is the Stage 2 Officer and they must follow the procedure below:

On receiving this information the OVM will:

- Visit the ward that the patient has been admitted to.
- Request to see the patient's health records.
- Discuss with the Ward Clerk that a Pre- attendance form *needs to be completed* (see Appendix Five).
- Determine from the Nurse in charge if the patient is well enough to be interviewed.
- Explain to the Nurse caring for the patient that the OVM will be discussing and recovering the cost of the patient's treatment.
- The Overseas Visitor Manager will introduce themselves to the patient and show their NHS Trust identity badge.
- The OVM will go through the *Overseas visitor interview form* with the patient to validate the information (Stage 2 interview; see Appendix Four for form).
- The OVM will, on behalf of the Trust, decide if the patient is eligible for free NHS medical care, personally liable or qualifies for exemption under the EC and reciprocal healthcare agreements (see Appendix Eleven).
- If the patient is personally liable for medical costs the OVM will ask the patient to complete and sign an *Undertaking to pay form* (see Appendix Six). A patient who defaults on payment will be referred to the Credit Protection Agency for the Trust to be reimbursed. The patient remains liable for charges even if they refuse to sign the form.
- The OVM will seek to take a deposit from the patient to cover care already given and will explain future likely charges in order that the patient can make an informed decision about whether or to what extent they wish to proceed with further treatment.
- If the patient's medical condition is such that they are unable to be interviewed then the relatives or next-of-kin will be asked to complete the necessary *overseas visitor interview form* (Appendix Four).
- Where the patient is an inpatient and is unwilling or unable to pay, the clinical team, OVM and Directorate Management team will develop a clear plan for the patient's future management which minimises expenditure but which ensures the patient's safety.
- Where a patient has been referred by a GP Surgery to the Trust, please complete the Doctor Advice form (see Appendix Eight) to inform the GP that the Trust has determined that this patient is an Overseas Visitor as defined in National Health Services (Charges to Overseas Visitors) Regulations 2011. As such, the patient is liable for charges as an

Overseas Visitor unless and until there are any applicable changes in their situation.

## 7.1 Interview

Where possible a Stage 2 interview will proceed following notification by the Ward, clinic or outpatient services staff that an overseas visitor is on the Ward or in clinic.

- All patients identified as potential overseas visitors (i.e. those who cannot show that they are lawfully and ordinarily resident in the UK or where there is an element of doubt) will be interviewed in order that their eligibility for free NHS care can be clarified.
- The OVM will interview the patient following Department of Health guidance to determine whether or not the patient meets any of the exemption criteria and is therefore exempt from fees or can prove that they are ordinarily and lawfully resident in the UK.
- The Trust will ask patients to produce evidence in support of their claim. The OVM will collect all relevant documentation. The Trust is required to **'make such enquiries as it is satisfied are reasonable in all the circumstances'**. It is for the patient to satisfy the Trust of the validity of their claim for exemption from charges. Where the patient cannot or will not produce evidence in support of their claim, the Trust must take the decision to charge for treatment.
- Patients can claim reimbursement at a later date providing that sufficient evidence can be produced to show that he or she was entitled to free treatment at the time it was given. The OVM will inform the patient of the Trust's decision to levy charges or not.
- When a decision about the status of the patient has been made the OVM will select the appropriate option and record the interview on PAS with one of the following:
  - Exempt: Reciprocal agreement – EHIC (European Health Insurance Card)
  - Exempt: Other Reason – Clinical Commissioning Group (CCG) Funded
  - To pay all fees. – **Patient is** liable for all costs.
- When a patient is identified as chargeable, they will be informed of this at the earliest possible opportunity, together with an estimate of the likely cost in order that they can make an informed decision about how, or whether they wish to proceed with treatment.
- When a patient is identified as chargeable, the clinical team will be informed immediately. If the consultant considers the patient's treatment to be 'immediately necessary' it will never be delayed or withheld while the patient's eligibility for free NHS care is clarified.
- For maternity treatment – When the midwife contacts the OVM as a first point of contact, a deposit will be requested in advance of booking the patient with midwives for her course of maternity care. The OVM will accept the deposit and assist in the organisation of the appointment with an appropriate community midwife by contacting midwifery liaison. In the event that the lady contacts the midwives first, then treatment continues,

but a deposit will be requested in advance of delivery, or further planned care being received.

- In the event the patient has insufficient funds to pay the deposit in full, the treatment is classed as immediately necessary, so will not and should not be refused, but terms of payment will be dealt with by the OVM, and communicated to the patient where possible verbally, but finalised in writing.

## 7.2 Overseas visitors placed on NHS waiting lists

If, following an outpatient appointment the consultant in charge decides to place the overseas visitor on the Trust's waiting list it is the responsibility of the OVM to:

- Inform the patient of the potential cost of the procedure and insure full payment is received prior to treatment.
- Inform the consultant in charge that their patient will have to pay for NHS medical costs.
- Inform the relevant General Manager that the patient will have to pay for NHS medical costs.
- Ensure that the waiting list module on the PAS computer system is updated with the correct patient details.
- Where treatment is non-urgent, the patient should not be put on a waiting list or provided with any treatment until the patient has paid in full or paid a deposit equivalent to the estimated cost of the treatment.

## 7.3 Categories for NHS waiting lists

The Department of Health rules and regulations relating to overseas visitors access to inpatient and outpatient NHS waiting lists are as follows:

- A person who leaves the UK permanently should be removed from the NHS waiting list immediately.
- A person who leaves the UK temporarily and who has not been given an appointment date/admission date should be suspended from the waiting list until they return, assuming they still meet the criteria for NHS treatment.
- A person who leaves the UK temporarily who has been given an appointment date/admission date should not be suspended from the waiting list, assuming they still meet the criteria for NHS treatment and assuming they are not away at the time of their appointed appointment/admission date.
- A person who turns down a reasonable offer of an appointment or admission date because they are out of the country, or for any other reason, counts as a self-deferral and would be suspended from the list.

## 8.0 STAGE 3 Duties, roles and responsibilities

### 8.1 Chief Executive

The Chief Executive has overall responsibility for ensuring the overseas visitor charging regulations are implemented.

### 8.2 Role of the Consultant

It is the Consultant's role to provide appropriate care for their patients and to make decisions on their treatment based on their clinical needs. In the case of overseas visitors, the Trust will not be paid by our commissioners for treatment that is deemed to not to be an emergency.

Consultants are not expected to make judgements regarding the eligibility of patients to free NHS hospital treatment, but if it is the Consultant who first

becomes aware that a person may not be ordinarily resident in the UK, they should notify the OVM and can, if appropriate, inform the patient that charges might apply. Consultants and other staff should not indicate to patients that treatment will be free unless and until this is established, as a charge may have to be levied if the OVM subsequently assesses them as chargeable. Ultimately, it is always a clinician's decision on what treatment is needed. Whether the relevant NHS body then withholds or limits that treatment will depend on information received from the OVM.

- Unless treatment is needed as an emergency, the OVM should be contacted.
- Patients entitled to free NHS treatment are visitors who:
  - Have lived in the UK for 12 months or more
  - Live in a country which has a reciprocal agreement with the UK (see Appendix Eleven)
  - Holds an EHIC card or **S2 form** (for emergency treatment only)

**For further information if required, or contact:**

**Overseas Visitor Manager on 01892 636090, or [mtw-tr.overseas@nhs.net](mailto:mtw-tr.overseas@nhs.net)**

### **8.3 General Managers / Service Managers**

Must ensure that all their staff adhere to the *Overseas Visitor Policy and Procedure*. Notify the Overseas Visitors Manager of any patients that are identified as not being ordinarily resident in the UK, therefore possible overseas visitors.

The success of the charging regime depends on all staff being aware and supportive of the role of the OVM. General Managers should support the charging regime not only because it is a legal obligation to ensure that those overseas visitors who are not exempt from charges pay for their treatment wherever possible, but also because it allows extra income to be raised and protects allocated funds for those entitled to free treatment.

### **8.4 Director of Finance**

- Responsible for Finance Staff

### **8.5 Finance Staff**

- OVM will liaise with the Finance staff regarding the amounts that should be charged to patients identified as overseas visitors not entitled to free NHS hospital care.
- Finance staff will ensure that once the invoice requisition is received from the OVM, an invoice will be raised and a copy emailed to the OVM.
- On advice from the OVM, finance staff will exclude from CCG billing those patients invoiced for their NHS hospital treatment.
- Finance staff will advise the OVM on a monthly basis, of money received in payment of these invoices, so that outstanding amounts can be chased.
- Finance Staff will arrange for long outstanding invoices for overseas visitors treatment to be sent to the Trust's approved Debt Collectors on a monthly basis, as directed by the OVM / Directorate.

## 9.0 STAGE 4: Calculation of charges and other finance issues by OVM

- Within the English NHS, costs for NHS treatment are calculated on the basis of a HRG (Healthcare Resource Group), a grouping consisting of patient events that have been judged to consume a similar level of resource.
- The calculated charges for each overseas visitor treatment is based upon the respective HRG costing together with a relevant uplift reflecting the market forces factor and a provision for administrative and collection costs
- For urgent clinical care, deposits equivalent to the estimated cost of treatment should be requested in full in advance of treatment, but treatment is not stopped if no payment is received, or if the patient cannot pay. Instalments maybe negotiated, ideally to insure full payment is made within six months.
- For routine planned care, deposits are required in full in advance of treatment equivalent to the estimated cost of treatment. If no payment is received, then treatment is withheld until payment is made. This is not refusing treatment, but requiring payment conditions to be met in advance. If payment is received, then treatment goes ahead, but patient must be informed that the initial charge is an estimate and may change dependent on the clinical care is received. Any additional charge following completion of treatment should be paid within 30 days of final invoice.
- Patients need to be aware if debts are not settled, the NHS has the right to report the patient to the Home Office, which could affect future attempts to visit the UK.

### 9.1 NHS Counter Fraud

It is the responsibility of the Stage 2 officer to request current, legal documented proof in order to support a patient's claim to entitlement for free NHS treatment.

The onus is on the patient to provide whatever evidence they think is appropriate to support their claim. Failure to do so may result in charges being levied.

The level of documented evidence which is acceptable is entirely a matter for the Trust in the light of the individual patient's circumstances.

All suspected fraudulent documentation and information provided by a patient will be referred to the OVM for possible action in line with the Trust *Anti Fraud, Bribery and Corruption Policy and Procedure*.

An investigation by the Trust's Local Counter Fraud Specialist will occur if a patient provides fraudulent information and the patient may be subject to criminal and/or civil prosecution if found to be guilty.

## 10.0 STAGE 5: Recovery of income

### 10.1 Non-exempt patients i.e. personally liable for healthcare costs

If a patient is not exempt from charges and is required to pay, the OVM will advise the patient of the estimated cost of any tests and treatments, and

collect full payment or a deposit prior to treatment or admission if possible. If the patient is over charged at this point then they will receive a refund if there is any overpayment.

The different modes of admission to the hospital are outlined below with actions required. Clinical staff are not expected to recover income from patients who are personally liable for their healthcare costs but they are required to notify the OVM of patients who are considered to be overseas visitors.



If the information received indicates that the patient is personally liable for NHS medical costs the OVM will:

- Ask the patient to complete an *undertaking to pay form* (see Appendix Six)
- Decide which elements of treatment the patient needs to pay for
- Ask Finance to cost up / or a set a fixed sum for the treatment received.
- Contact the patient regarding the cost of the treatment and the methods of payment
- Raise the invoice
- Ask the patient to call the Financial Services Department to pay for their treatment by credit or debit card prior to any outpatient appointment.
- If an Outpatient follow up is needed the OVM will ask for payment in advance.
- If the patient refuses at any stage to pay the cost the OVM will inform the Consultant of the position. The Consultant will make the decision regarding whether treatment is immediately necessary.
- Where treatment is non-urgent, the patient should **not** be put on a waiting list or provided with any treatment until the patient has paid in full.

## 10.2 Waiving charges

No power has been given, in the Department of Health regulations or otherwise, for any person, including the Trust Chief Executive or Government Minister, to waive any charges which are due.

The Trust should therefore take all reasonable measures to recover outstanding debts. However, where it would not be reasonable to pursue a debt, for instance because it is clear that a patient is destitute, debts can be written off to save further expense.

Written off debt must be accurately recorded in the Trust's Annual Accounts.

## 11.0 Monitoring and audit

This policy and procedure will be monitored on an on-going basis by the OVM and the Finance Department via feedback from the implementation of the policy and procedure.

## APPENDIX ONE

### Process requirements

#### 1.0 Implementation and awareness

- Support to staff and managers for the effective implementation of the policy will be provided by the Private Patient Office. Training is planned for the future.
- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

#### 2.0 Review

This policy will be reviewed 3 years after approval, or sooner should changes in legislation or Trust practice require. The OVM will initiate the review process and follow the procedure set out in the "Principles of Production, Approval and Implementation of Trust Wide Policies and Procedures [RWF-OPPPCS-NC-CG25]".

The review will take into account:

- Department Of Health: Updates on guidance
- Presentations and regular update meetings with Directorates including Clinicians and General Managers.
- Feedback and learning from training events.
- External reported best practice developments and case-law precedents.

#### 3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

## APPENDIX TWO

### CONSULTATION ON: Overseas Visitor Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Overseas Visitor Manager: [mtw-tr.overseas@nhs.net](mailto:mtw-tr.overseas@nhs.net)

**By date:** 22 June 2015

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff MUST be included in ALL consultations:</b>				
Local Counter Fraud Specialist				
Clinical Governance Assistant	11.11.14	13.11.14	Y	Y
Chief Pharmacist (if pharmacy/prescribing issues are included in the document)	21.05.15	NO		
<b>Please list key staff whose reply is compulsory before approval can be granted:</b>				
<b>Please list other staff to be included in the consultation but whose reply is not compulsory:</b>				
Relevant Directors/ DD/ ADO/ ADNS etc.	21.05.15	NO		
Relevant GM's/ CD's/ Matrons etc.	21.05.15	NO		
Relevant risk leads/ governance leads etc.				
Infection Control representative	NO			
Estates and Facilities representatives	NO			
Trust Competent Officers and advisors etc.	21.05.15	NO		
Members of key committees	21.05.15 & 24.8.15	25.8.15		
Fraud investigator	8.10.15	NO		
Staff required to implement the policy				
<b>The following staff have consented to have their names included in this policy/procedure and its appendices:</b>				
Caroline Stapleton				21/05/15

## APPENDIX THREE

### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the *Equality and diversity policy and procedure (incorporating Single Equality Scheme (SES))* on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

Title of Policy or Practice	Overseas Visitor Policy and Procedure
<b>What are the aims of the policy or practice?</b>	
<b>Identify the data and research used to assist the analysis and assessment</b>	See cross references
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes – Translator services are available
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	No stage 2 assessment required
<b>When will you monitor and review your EQIA?</b>	Alongside the policy and procedure when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy and procedure on the Trust intranet (Q-Pulse)



## FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
Four	Overseas visitor interview form	RWF-OPF-CS-NC-TM11
Five	Pre-attendance form	RWF-OPF-CS-NC-TM12
Six	Undertaking to pay NHS hospital cost (OSV)	RWF-OPF-CS-NC-TM13
Seven	Overseas visitor interpreter form	RWF-OPF-CS-NC-TM14
Eight	Overseas visitor request for advice from doctor	RWF-OPF-CS-NC-TM15
Nine	Overseas visitor letter 1	RWF-OPF-CS-NC-TM16
Ten	Overseas visitor letter 2	RWF-OPF-CS-NC-TM17
Eleven	Countries with reciprocal agreements with the UK	RWF-OWP-APP840

### AN Booking medical surgical history E3 Downtime Form

**Hospital Number:**

**Surname:**

**Date of Birth:**

**Question:** Have you had any cardiac problems?

- ☐ No ☐ Arrhythmia  
☐ Cardiac disease (under cardiac care) \_\_\_\_\_  
☐ Cardiac murmur (under cardiac care) \_\_\_\_\_  
☐ Cardiac surgery \_\_\_\_\_  
☐ Cardiac transplant \_\_\_\_\_  
☐ Congenital cardiac anomaly \_\_\_\_\_  
☐ Ischaemic heart disease \_\_\_\_\_  
☐ Rheumatic fever ☐ Valve lesion  
☐ Other \_\_\_\_\_

**Question:** Have you ever had hypertension?

- ☐ No  
☐ Currently - medicated \_\_\_\_\_  
☐ Currently - no medication \_\_\_\_\_  
☐ During pregnancy medicated \_\_\_\_\_  
☐ During pregnancy not medicated \_\_\_\_\_  
☐ Non pregnant medicated ☐ Non pregnant no medication

**Question:** Have you had anaemia or other haematological problems?

- ☐ No ☐ Anaemia  
☐ Antibody sensitivity \_\_\_\_\_ ☐ Alpha  
 Thalassaemia  
☐ Beta Thalassaemia ☐ Beta  
 Thalassaemia Trait

☐ Bone marrow transplant \_\_\_\_\_  
☐ Rhesus isoimmunisation ☐ Sickle cell  
disease  
☐ Sickle cell trait  
☐ Other \_\_\_\_\_

**Question:** Is there any history of thromboembolic or clotting disorders?

☐ No ☐ Antiphospholipid  
syndrome  
☐ Antithrombin deficiency  
☐ Compound heterozygosity-under haematological care  
☐ DVT - anticoagulated ☐ DVT - not  
anticoagulated  
☐ Factor V Leiden (homozygous) ☐ Haemophilia  
☐ Idiopathic Thrombocytopenic Purpura (ITP)  
☐ Previous arterial thrombosis  
☐ Previous DIC \_\_\_\_\_  
☐ Protein C deficiency ☐ Protein S  
deficiency  
☐ Prothrombin mutation (factor II homozygous)  
☐ Pulmonary embolus ☐ Thrombocytopenia  
☐ Thrombophilia  
☐ Varicose veins with phlebitis  
☐ Varicose veins no phlebitis ☐ Von Willebrand  
disease  
☐ Other \_\_\_\_\_

**Question:** Have you had any respiratory problems?

☐ No ☐ Asthma  
☐ Asthma - previous admission in last 12 months  
☐ Asthma - Specialist Consultant Care  
☐ Chronic bronchitis ☐ Chronic obstructive airway  
disease  
☐ Pulmonary fibrosis ☐ Sarcoidosis  
☐ Tuberculosis CURRENT treatment \_\_\_\_\_  
☐ Tuberculosis past treatment  
☐ Other \_\_\_\_\_

**Question:** Have you had jaundice or liver problems?

☐ No ☐ Acute Fatty  
Liver \_\_\_\_\_  
☐ Autoimmune hepatitis ☐ HELLP syndrome  
☐ Hepatitis A \_\_\_\_\_ ☐ Hepatitis  
B \_\_\_\_\_  
☐ Hepatitis C \_\_\_\_\_ ☐ Hepatitis type unknown  
☐ Jaundice not hepatitis specific \_\_\_\_\_  
☐ Liver transplant ☐ Obstetric cholestasis  
☐ Other hepatic problem \_\_\_\_\_

**Question:** Have you had urinary or kidney problems?

☐ No ☐ Chronic renal  
failure  
☐ Congenital renal anomaly \_\_\_\_\_  
☐ Dysplasia ☐ Glomerulonephritis  
☐ Glomerulosclerosis ☐ Haemolytic uremic  
syndrome



☐ Henoch-Schonlein Purpura                      ☐ IgA Nephropathy  
☐ Lupus Nephritis                                      ☐ Nephrectomy  
☐ Nephrotic Syndrome                                ☐ Polycystic kidney  
disease  
☐ Pyelonephritis  
☐ Recurrent infection \_\_\_\_\_  
☐ Renal stones or colic                      ☐ Renal  
surgery \_\_\_\_\_  
☐ Renal transplant                              ☐ Urinary incontinence  
☐ Other renal \_\_\_\_\_

**Question:** Have you had any gastrointestinal problems?

☐ No                                      ☐ Achalasia                      ☐ Cholecystitis  
☐ Coeliac disease                      ☐ Crohn's disease                      ☐ Faecal  
incontinence  
☐ Gastric band                      ☐ Gastric ulcer                      ☐ Haemorrhoids  
treated  
☐ Haemorrhoids not treated                                      ☐ Hiatus hernia  
☐ Irritable bowel syndrome                                      ☐ Malabsorption  
syndrome  
☐ Pancreatitis    ☐ Ulcerative  
colitis  
☐ Other \_\_\_\_\_

**Question:** Have you had any endocrine problems?

☐ No    ☐ Addison's disease  
☐ Autoimmune hypothyroidism                                      ☐ Cushing's syndrome  
☐ Diabetes type 1    ☐ Diabetes type 2  
☐ Endocrine disease \_\_\_\_\_  
☐ Gestational diabetes  
☐ Hyperthyroidism - current \_\_\_\_\_  
☐ Hyperthyroidism in past  
☐ Hypothyroidism \_\_\_\_\_  
☐ Pituitary disorder \_\_\_\_\_  
☐ Polycystic ovarian syndrome (PCOS) \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Are there any current diabetic concerns?

☐ None  
☐ Diabetic retinopathy \_\_\_\_\_  
☐ Diabetic nephropathy \_\_\_\_\_  
☐ Autonomic neuropathy \_\_\_\_\_  
☐ Fluctuating glycaemic control \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** How is the diabetes controlled?

☐ Diet and exercise                      ☐ Insulin                      ☐ Oral  
hypoglycaemics

**Question:** What is the latest HbA1c result? (mmol)

\_\_\_\_\_ ☐ Not known

**Question:** Has retinal assessment been performed in the last 12 months?                      ☐ No                      ☐ Yes

**Question:** Has a renal assessment been performed in the last 12 months?

☐ No ☐ Yes

**Question:** Did you have any preconceptual counselling?

☐ No ☐ Yes

**Question:** Have you had fits, epilepsy or neurological problems?

☐ No ☐ Cerebral palsy

☐ Chronic fatigue syndrome ☐ Epilepsy no

medication

☐ Epilepsy requires medication\_\_\_\_\_

☐ Myotonic dystrophy ☐ Neuropathy

☐ Previous subarachnoid haemorrhage

☐ Stroke ☐ Fits not epilepsy

☐ Migraine ☐ Migraine - severe

☐ Neuromuscular disorder\_\_\_\_\_

☐ Spina bifida

☐ Other\_\_\_\_\_

**Question:** Do you have any of the following inherited disorders?

☐ No ☐ Aperts Syndrome

☐ Congenital adrenal hyperplasia ☐ Congenital hip

dysplasia

☐ Cystic fibrosis ☐ Down's Syndrome

☐ Haemochromatosis ☐ Marfans Syndrome

☐ MCADD ☐ Muscular

dystrophy

☐ Neurofibromatosis ☐ Phenylketonuria

☐ Other\_\_\_\_\_

**Question:** Are you receiving specialist secondary care because of this genetic condition?

☐ No ☐ Yes

**Question:** Is there any history of autoimmune disease?

☐ No

☐ Gestational pemphigoid\_\_\_\_\_

☐ Multiple sclerosis\_\_\_\_\_

☐ Myasthenia Gravis\_\_\_\_\_

☐ Pernicious anaemia\_\_\_\_\_

☐ Psoriasis ☐ Psoriatic

arthropathy

☐ Rheumatoid arthritis\_\_\_\_\_

☐ Systemic lupus erythematosus\_\_\_\_\_

☐ Systemic sclerosis ☐

Vitiligo\_\_\_\_\_

☐ Other\_\_\_\_\_

**Question:** Have you any dermatological problems?

☐ No ☐ Acne ☐ Contact dermatitis

☐ Eczema ☐ Other\_\_\_\_\_

**Question:** Have you had any musculoskeletal problems?

☐ No ☐

Achondroplasia

☐ Achondroplasia - Specialist consultant care

☐ Connective tissue disorder ☐ Fractured

pelvis

☐ Pelvic girdle pain ☐ Scoliosis  
☐ Spinal injury\_\_\_\_\_ ☐ Spinal  
 problem\_\_\_\_\_  
☐ Other\_\_\_\_\_

**Question:** Is there any history of malignancy within the last 3 years?

☐ No ☐ Treatment in past 3 yrs\_\_\_\_\_  
☐ Current treatment\_\_\_\_\_

**Question:** Have you had any gynaecological problems or surgery?

☐ No ☐ Abnormal cervical smears  
☐ Cervical cautery ☐ Cervical surgery  
☐ Colposcopy ☐ Cone biopsy/LLETZ  
☐ D&C NOT after miscarriage ☐ Endometrial ablation  
☐ Endometriosis ☐ Fibroids  
☐ Infertility investigations\_\_\_\_\_  
☐ Laparotomy ☐ Laparoscopy  
☐ Laser treatment ☐ Myomectomy  
☐ Ovarian cystectomy\_\_\_\_\_  
☐ Pelvic floor repair ☐ Pelvic inflammatory  
 disease  
☐ Previous OASIS repair ☐ Reversal of sterilisation  
☐ Septectomy ☐ Tubal  
 surgery\_\_\_\_\_  
☐ Uterine anomaly\_\_\_\_\_ ☐ Uterine  
 surgery\_\_\_\_\_  
☐ Vulvo-vaginal warts ☐ 3 or more consecutive  
 miscarriages  
☐ Other\_\_\_\_\_

**Question:** Has the woman ever undergone female genital mutilation?

☐ No ☐ Yes

**Question:** What classification is the female genital mutilation?

☐ Type 1 ☐ Type 2 ☐ Type 3  
☐ History of Type 3 (deinfibulation performed)  
☐ Type 3 Re-infibulation Identified  
☐ Type 4 ☐ Type not known

**Question:** What is the classification of the type 4 FGM?

☐ Pricking ☐ Piercing ☐ Scraping  
☐ Incising ☐ Cauterisation ☐ Not known

**Question:** How was the identification of FGM made?

☐ Information provided by other care professional  
☐ Reported by woman ☐ Physical examination  
☐ Other\_\_\_\_\_

**Question:** In what age range was the woman when FGM was undertaken?

☐ Under 1 year ☐ Over 1yr - 4yrs  
☐ Between 5yrs - 9yrs ☐ Between 10yrs - 14yrs  
☐ Between 15yrs - 17yrs ☐ 18yrs or more  
☐ Didn't say

**Question:** Has the woman been advised on the implications of FGM?

☐ No ☐ Yes

**Question:** Has the woman been advised of the illegality of FGM?  
☐ No ☐ Yes

**Question:** When was your last smear?  
☐ Smear never performed ☐ Within last year  
☐ Within last two years ☐ Within last three years  
☐ Over three years ago ☐ Don't know

**Question:** Have you had any surgery in the past?  
☐ No ☐ Appendicectomy  
☐ Breast augmentation ☐ Breast biopsy  
☐ Breast reduction ☐ Cholecystectomy  
☐ Hip surgery \_\_\_\_\_ ☐  
Laparotomy \_\_\_\_\_  
☐ Mastectomy \_\_\_\_\_ ☐ Spinal  
surgery \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Have you had any of the following infections?  
☐ No ☐ Confidential  
Information  
☐ Candida ☐ C Difficile  
☐ Chicken pox ☐ Chlamydia  
☐ Cytomegalovirus ☐ Genital herpes  
☐ Genital warts ☐ Glandular fever  
☐ Gonorrhoea ☐ Group B  
streptococcus  
☐ Human immunodeficiency virus ☐ Malaria  
☐ Meningitis ☐ MRSA  
☐ Parvovirus ☐ Polio  
☐ Rubella ☐ Syphilis  
☐ Toxoplasmosis ☐ Tropical  
disease \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Have you had any mental health problems?  
☐ No ☐ ADHD ☐ Anxiety disorder ☐  
Asperges  
☐ Bipolar disorder  
☐ Depression current treatment \_\_\_\_\_  
☐ Depression past treatment \_\_\_\_\_  
☐ Eating disorder \_\_\_\_\_  
☐ Obsessive-compulsive disorder \_\_\_\_\_  
☐ Post traumatic stress disorder \_\_\_\_\_  
☐ Previous postnatal depression \_\_\_\_\_  
☐ Puerperal psychosis \_\_\_\_\_  
☐ Schizophrenia ☐ Self  
harm \_\_\_\_\_  
☐ Suicide attempt \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Are you currently receiving specialist secondary care because of this mental health issue?  
☐ No ☐ Yes \_\_\_\_\_

**Question:** Have you had any mental health referrals or admissions?

- ☐ No      ☐ Admission\_\_\_\_\_
- ☐ Referral\_\_\_\_\_
- ☐ Detention under the Mental Health Act\_\_\_\_\_
- ☐ Other\_\_\_\_\_

**Question:** Have you any physical disabilities?

- ☐ No      ☐ Amputee\_\_\_\_\_
- ☐ Blind      ☐ Deaf with speech \_\_\_\_\_ ☐ Deaf  
without speech
- ☐ Impaired mobility (using using crutches/frame)
- ☐ Paralysis\_\_\_\_\_ ☐ Partial hearing loss  
(severe)
- ☐ Partially sighted (uncorrected by glasses)
- ☐ Wheelchair user\_\_\_\_\_
- ☐ Other\_\_\_\_\_

**Question:** Do you have any allergies?

- ☐ No      ☐ Animals\_\_\_\_\_ ☐ Aspirin
- ☐ Cosmetic or detergents \_\_\_\_\_ ☐ Elastoplast
- ☐ Food/drinks\_\_\_\_\_ ☐ Grass/pollen
- ☐ Latex      ☐ Local anaesthetics      ☐ Morphine
- ☐ Nuts      ☐ Penicillin      ☐ Scoline
- ☐ Septrin      ☐ Other antibiotic\_\_\_\_\_
- ☐ Other\_\_\_\_\_

**Question:** Do you carry an EpiPen?

- ☐ Not required      ☐ No      ☐ Yes

**Question:** Have you had problems with a previous anaesthetic?

- ☐ Never had an anaesthetic      ☐ No
- ☐ Problem with previous epidural\_\_\_\_\_
- ☐ Problem with previous GA\_\_\_\_\_
- ☐ Problem with previous spinal\_\_\_\_\_

**Question:** Have you had a blood transfusion?

- ☐ No      ☐ Yes
- ☐ Declined blood products\_\_\_\_\_ ☐ Not known

**Question:** Did you have a transfusion reaction?

- ☐ No      ☐ Yes\_\_\_\_\_

**Question:** Have you any notable family history (state relationship and details)?

- ☐ No      ☐ Cardiac  
problem\_\_\_\_\_
- ☐ Childhood eye disorder\_\_\_\_\_
- ☐ Clotting disorder\_\_\_\_\_
- ☐ Congenital adrenal hypoplasia\_\_\_\_\_
- ☐ Congenital anomaly\_\_\_\_\_
- ☐ Congenital dislocation of hips\_\_\_\_\_
- ☐ Congenital hypothyroidism\_\_\_\_\_
- ☐ Cystic fibrosis\_\_\_\_\_
- ☐ Diabetes - type 1\_\_\_\_\_
- ☐ Diabetes - type 2\_\_\_\_\_
- ☐ Genetic problems\_\_\_\_\_
- ☐ Gestational hypertension\_\_\_\_\_
- ☐ Haemoglobinopathy\_\_\_\_\_

- ☐ Haematological disorder\_\_\_\_\_
- ☐ Hearing disability\_\_\_\_\_
- ☐ Hypertensive disorder\_\_\_\_\_
- ☐ MCADD\_\_\_\_\_
- ☐ Mental health\_\_\_\_\_
- ☐ Multiple pregnancy (not IVF etc)\_\_\_\_\_
- ☐ PKU\_\_\_\_\_
- ☐ Pre eclampsia\_\_\_\_\_
- ☐ Thrombosis\_\_\_\_\_
- ☐ Tuberculosis\_\_\_\_\_
- ☐ Venous thromboembolism\_\_\_\_\_
- ☐ Family history not known
- ☐ Other major condition\_\_\_\_\_

**Question:** Please give further details of the family history regarding mental health

- ☐ Bipolar disorder\_\_\_\_\_
- ☐ Depression\_\_\_\_\_
- ☐ Obsessive compulsive disorder\_\_\_\_\_
- ☐ Schizophrenia\_\_\_\_\_
- ☐ Other\_\_\_\_\_

**Question:** Is there any family history of FGM, if so please indicate which family members this applies to

- ☐ No history known      ☐ Not asked      ☐ Not stated
- ☐ Aunt\_\_\_\_\_ ☐
- Cousin\_\_\_\_\_ ☐
- ☐ Grandmother\_\_\_\_\_ ☐
- Guardian\_\_\_\_\_ ☐
- ☐ Mother\_\_\_\_\_ ☐ Mother-in-
- law\_\_\_\_\_ ☐
- ☐ Sister\_\_\_\_\_ ☐ Sister-in-
- law\_\_\_\_\_ ☐
- ☐ Other\_\_\_\_\_

### Current Pregnancy E3 Downtime Form

**Hospital Number:**

**Surname:**

**Date of Birth:**

**Question:** Who was the first professional the mother contacted to discuss or confirm pregnancy?

- ☐ Consultant      ☐ GP
- ☐ Health visitor      ☐ Teenage pregnancy
- midwife\_\_\_\_\_ ☐
- ☐ Midwife      ☐ Other\_\_\_\_\_

**Question:** What was the date of the first contact? (not booking appointment)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)      ☐ Not known

**Question:** What is the booking date?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

**Question:** Where did the booking take place?

- ☐ Maidstone Birth Centre      ☐ Maidstone ANC

☐ Children's centre ☐ Community Midwife  
clinic  
☐ GP surgery ☐ Home  
☐ Tunbridge Wells Hospital ☐ Crowborough Birth  
Centre  
☐ Other \_\_\_\_\_

**Question:** Has the woman booked at another hospital already in this pregnancy?

☐ No ☐ Darent Valley ☐ Medway  
☐ Princess Royal Farnborough ☐ Princess Royal  
Haywards Heath  
☐ William Harvey ☐ Other  
Hospital \_\_\_\_\_

**Question:** At what gestation did the mother book at another hospital? (completed weeks) \_\_\_\_\_ .

**Question:** Why is the woman now booking at this Trust?

☐ Maternal choice \_\_\_\_\_ ☐ Transfer of  
care \_\_\_\_\_  
☐ Other clinical reason \_\_\_\_\_

**Question:** Which hospital is responsible for the provision of antenatal care?

☐ Tunbridge Wells Hospital ☐ Maidstone Hospital

**Question:** Do you give consent for the trust to contact you by email or mobile phone? (give preferred details)

☐ No ☐ Trust use only  
☐ Trust and Information for Parents Service (IPS)

**Question:** What is your baby's father's ethnic category?

☐ Any other Asian background ☐ Any other Black  
background  
☐ Any other Ethnic group ☐ Any other Mixed  
background  
☐ Any other White background  
☐ Asian or Asian British: Bangladeshi  
☐ Asian or Asian British: Indian  
☐ Asian or Asian British: Pakistani  
☐ Black or Black British: African  
☐ Black or Black British: Caribbean  
☐ Mixed: White & Asian ☐ Mixed: White & Black  
African  
☐ Mixed: White & Black Caribbean  
☐ Other Ethnic Group: Chinese ☐ White: British  
☐ White: Irish ☐ Not stated ☐ Not known

**Question:** Is your baby's father a blood relative? (if yes, state relationship)

☐ No ☐ Yes \_\_\_\_\_ ☐ Not known

**Question:** Was this a planned pregnancy?

☐ No ☐ Yes

**Question:** Did you become pregnant while using contraception?



- ☐ No
- ☐ Pill DEFINITELY taken during early pregnancy
- ☐ Pill possibly taken during early pregnancy
- ☐ Coil - now removed      ☐ Coil still in situ
- ☐ Other \_\_\_\_\_

**Question:** Was this pregnancy a result of fertility treatment?

- ☐ No
- ☐ Artificial insemination by donor
- ☐ Artificial insemination by partner
- ☐ Became pregnant during investigations
- ☐ Clomiphene      ☐ GIFT      ☐ ICSI
- ☐ Intrauterine insemination (IUI)
- ☐ Invitro fertilisation (IVF)
- ☐ Human chorionic gonadotrophin (HCG)
- ☐ Pergonal or Metrodin
- ☐ Reversal of sterilisation
- ☐ Surrogate pregnancy      ☐ Tubal surgery
- ☐ Yes, but does not wish to discuss
- ☐ Other \_\_\_\_\_

**Question:** Has Correct dose of Folic Acid been taken?

- ☐ Taken prior to pregnancy      ☐ Started once pregnancy confirmed
- ☐ Not taken

**Question:** How many pregnancies have there been, including the current pregnancy? \_\_\_\_\_.

**Question:** What is the parity? \_\_\_\_\_.

**Question:** What is the number of previous caesarean sections?  
.

**Question:** Is a VBAC planned for this pregnancy?

- ☐ No      ☐ No decision at booking      ☐ Yes

**Question:** What is the LMP?

- \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)      ☐ Date unknown
- ☐ None since last pregnancy      ☐ None since stopping contraception

**Question:** Are you certain of the LMP date?

- ☐ No      ☐ Yes      ☐ Unsure

**Question:** Have there been any USS prior to booking? (Please give reason for USS)

- ☐ No      ☐ Yes \_\_\_\_\_

**Question:** Was a first trimester scan discussed with the woman?

- ☐ Discussed, offered and accepted
- ☐ Discussed, offered but declined
- ☐ Discussed, offered but undecided
- ☐ Not discussed, already performed
- ☐ Not discussed other reason \_\_\_\_\_

☐ Not eligible - stage in pregnancy

**Question:** What date was the first trimester scan performed?  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

**Question:** Was an anomaly diagnosed at the first trimester scan?  
☐ No ☐ Yes \_\_\_\_\_

**Question:** What is the EDD by scan?  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)  
☐ No scan performed ☐ Not known

**Question Text:** How many babies were seen on scan?  
☐ One ☐ Two ☐ Three ☐ Four ☐ Five

**Question:** Why is this booking occurring at greater than 12 + 6 weeks?  
☐ Concealed pregnancy ☐ DNA earlier appointment  
☐ No earlier Midwife appointment available  
☐ Recently moved into area  
☐ Mother unable to make earlier appointment  
☐ Transfer of care ☐ Unaware of pregnancy  
☐ Other \_\_\_\_\_

**Question:** Has there been any vaginal bleeding during pregnancy?  
☐ No ☐ Bleeding not admitted  
☐ Bleeding requiring admission ☐ Spotting

**Question:** Does the woman agree to receive blood or blood products if required? ☐ Yes ☐ No

**Question:** Have you taken any medication during this pregnancy?  
☐ None  
☐ Analgesics \_\_\_\_\_  
☐ Antacids \_\_\_\_\_  
☐ Antibiotics \_\_\_\_\_  
☐ Anti D \_\_\_\_\_  
☐ Antidepressants \_\_\_\_\_  
☐ Antihypertensives \_\_\_\_\_  
☐ Asthma drugs \_\_\_\_\_  
☐ Aspirin \_\_\_\_\_  
☐ Insulin \_\_\_\_\_  
☐ Levothyroxine \_\_\_\_\_  
☐ Lithium \_\_\_\_\_  
☐ Multivitamins \_\_\_\_\_  
☐ Oral hypoglycaemics \_\_\_\_\_  
☐ Oncology drugs \_\_\_\_\_  
☐ Roaccutane \_\_\_\_\_  
☐ Vitamin D \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Has the woman ever smoked?  
☐ No ☐ Yes

**Question:** What is the CO reading at booking (ppm)?  
\_\_\_\_\_ [ ] Not taken

**Question:** Was the woman a smoker in the 12 months before pregnancy?  
[ ] No [ ] Yes but stopped before conception [ ]  
Yes

**Question:** Is the woman still smoking at booking?  
[ ] Yes [ ] Stopped

**Question:** How many cigarettes per day does the woman smoke?  
\_\_\_\_\_ [ ] Declines to answer

**Question:** Is a referral to a stop smoking service required?  
[ ] No [ ] Yes

**Question:** Does anyone else in the household smoke?  
[ ] No [ ] Yes

**Question:** How many units of alcohol per week did the woman consume before pregnancy? \_\_\_\_\_ .  
[ ] Never drinks alcohol

**Question:** How many units of alcohol per week are consumed now? Do not enter a range  
\_\_\_\_\_ [ ] None

**Question:** Did the woman use any substances before pregnancy?  
[ ] Never used [ ] Declined to answer [ ] Acid  
[ ] Amphetamines [ ] Cannabis [ ] Cocaine  
[ ] Crack [ ] Crystal meth [ ]  
Diazepam  
[ ] Ecstasy [ ] Glue [ ] Heroin  
[ ] Ketamine [ ] Khat [ ] Lighter  
fuel  
[ ] Methadone [ ] Speed [ ] Subutex  
[ ] Temazepam [ ] Other \_\_\_\_\_

**Question:** Are any substances still being used at booking?  
[ ] No [ ] Declined to answer [ ]

Acid \_\_\_\_\_  
[ ] Amphetamines \_\_\_\_\_ [ ]  
Cannabis \_\_\_\_\_  
[ ] Cocaine \_\_\_\_\_ [ ]  
Crack \_\_\_\_\_  
[ ] Crystal meth \_\_\_\_\_ [ ]  
Diazepam \_\_\_\_\_  
[ ] Ecstasy \_\_\_\_\_ [ ]  
Glue \_\_\_\_\_  
[ ] Heroin \_\_\_\_\_ [ ]  
Ketamine \_\_\_\_\_  
[ ] Khat \_\_\_\_\_ [ ] Lighter  
fuel \_\_\_\_\_  
[ ] Methadone \_\_\_\_\_ [ ]  
Speed \_\_\_\_\_

☐ Subutex \_\_\_\_\_ ☐  
Temazepam \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** Is any action required for substance or alcohol use?

☐ No treatment or referral  
☐ Referral for alcohol use \_\_\_\_\_  
☐ Referral for substance use \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Question:** What is the womans height? (m)

\_\_\_\_\_ ☐ Not performed

**Question:** What was the womans weight at booking? (kg)

\_\_\_\_\_ ☐ Not weighed

**Question:** What is the thromboembolic risk?

☐ Low ☐ Intermediate ☐ High

**Question:** Has Thromboprophylaxis been prescribed?

☐ Yes ☐ No

**Question:** What was the womans blood pressure at booking?

\_\_\_\_\_ ☐ Not performed

**Question:** The BMI is 30 or greater, has the woman been assessed for an appropriate sized BP cuff?

☐ Yes, standard cuff appropriate ☐ Yes, large cuff appropriate  
☐ Not measured (give reason) \_\_\_\_\_

**Question:** What size BP cuff was used?

☐ Standard cuff ☐ Large cuff ☐  
Other \_\_\_\_\_

**Question:** Did you offer a blood test to screen for rubella?

☐ Offered, accepted and taken  
☐ Offered, accepted Not taken \_\_\_\_\_  
☐ Offered and declined ☐ Offered but undecided

**Question:** Did you offer a blood test to screen for hepatitis B?

☐ Offered, accepted and taken  
☐ Offered, accepted Not taken \_\_\_\_\_  
☐ Offered and declined ☐ Offered but undecided

**Question:** Did you offer a blood test to screen for syphilis?

☐ Offered, accepted and taken  
☐ Offered, accepted Not taken \_\_\_\_\_  
☐ Offered and declined ☐ Offered but undecided

**Question:** Did you offer a blood test to screen for HIV?

☐ Offered, accepted and taken  
☐ Offered, accepted Not taken \_\_\_\_\_  
☐ Offered and declined ☐ Offered but undecided

**Question:** Did you offer a blood test to screen for haemoglobinopathies?

- ☐ Offered, accepted and taken  
☐ Offered, accepted Not taken \_\_\_\_\_  
☐ Offered and declined ☐ Offered but undecided

**Question:** Were any other booking bloods taken?

- ☐ None ☐ Full blood count ☐ Blood group  
☐ Rhesus antibodies ☐ HbA1c ☐ Thyroid  
function tests  
☐ Blood cultures ☐ Bile acids ☐ Clotting  
studies  
☐ Crossmatch ☐ CRP ☐ Group and save  
☐ Kleihauer ☐ Liver function tests  
☐ Maternal serum screening ☐ Rubella ☐  
TORCH screen  
☐ Toxoplasmosis ☐ Urates ☐ Urea &  
electrolytes  
☐ Other \_\_\_\_\_ ☐ Declined ☐ Unable to  
obtain

**Question:** Has a screening test for Downs Syndrome been offered?

- ☐ Offered and accepted ☐ Offered but declined  
☐ Offered but undecided ☐ Not offered  
(reason) \_\_\_\_\_  
☐ Not appropriate (stage in pregnancy)

**Question:** Has a joint screening test for Edward's Syndrome (Trisomy 18) & Patau's Syndrome (Trisomy 13) been offered?

- ☐ Offered and accepted ☐ Offered but declined  
☐ Offered but undecided ☐ Not offered (gestation >  
20 weeks)  
☐ Not offered (already performed) ☐ Private screening  
arranged

**Question:** What was the result of the joint screening test?

- ☐ High risk ☐ Low risk ☐ Result not yet  
available

**Question:** Has an anomaly scan been discussed with the woman?

- ☐ Discussed, offered and accepted  
☐ Discussed, offered but declined  
☐ Discussed, offered but undecided  
☐ Not appropriate (stage in pregnancy)  
☐ Already performed in pregnancy

**Question:** What date & time was the anomaly scan performed?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ (dd/mm/yyyy) hh:mm

**Question:** Was an abnormality detected at the anomaly scan?

- ☐ No abnormality detected ☐ Anencephaly  
☐ Bilateral renal agenesis ☐ Cleft lip  
☐ Diaphragmatic hernia ☐ Exomphalos  
☐ Gastroschisis ☐ Lethal skeletal  
dysplasia  
☐ Open spina bifida  
☐ Serious cardiac abnormality \_\_\_\_\_



☐ Other \_\_\_\_\_

**Question:** Are there any accommodation issues?

☐ No Issues      ☐ Bed and breakfast      ☐ Homeless  
☐ Hostel      ☐ Looked after child      ☐ Mental health unit  
☐ Mother and baby unit      ☐ Prisoner  
☐ Refuge or sheltered housing  
☐ Shared facilities or overcrowding  
☐ Temporary accommodation \_\_\_\_\_ ☐ Recently moved to area  
☐ Other \_\_\_\_\_

**Question:** What best describes the employment status of the mother at booking?

☐ Employed      ☐ Unemployed - seeking work  
☐ Student (not working/seeking work)  
☐ Long term sick/disabled      ☐ Homemaker (not seeking work)  
☐ Not working, not seeking work, no benefits  
☐ Voluntary work only - not seeking work  
☐ Retired      ☐ Not stated

**Question:** What best describes the employment status of the partner at booking?

☐ Employed      ☐ Unemployed - seeking work  
☐ Student (not working/seeking work)  
☐ Long term sick/disabled      ☐ Homemaker (not seeking work)  
☐ Not working, not seeking work, no benefits  
☐ Voluntary work only - not seeking work  
☐ Retired      ☐ Not known/No partner      ☐ Not stated

**Question:** Is the woman's first language English?

☐ No      ☐ Yes      ☐ Not stated

**Question:** Is an interpreter required?

☐ No      ☐ Yes \_\_\_\_\_

**Question:** Are there any issues with language or literacy?

☐ No      ☐ Speaks little English  
☐ Unable to speak English      ☐ Limited ability to read English  
☐ Unable to read English      ☐ Limited understanding of English  
☐ Unable to understand English

**Question:** Does your partner or anyone you live with have issues with any of the following? (please specify)

☐ No      ☐ Alcohol misuse \_\_\_\_\_  
☐ Drug misuse \_\_\_\_\_ ☐ Mental health \_\_\_\_\_  
☐ Other issue \_\_\_\_\_



Question Text: Are there any broader family issues?

- ☐ None ☐ Asylum seeker ☐
- Domestic abuse  
☐ Family disharmony ☐ New partner this pregnancy  
☐ Own children living elsewhere ☐ Partner known to
- Police  
☐ Recent migrant (less than 12 months)  
☐ Refugee ☐ Relationship concerns  
☐ School related problems \_\_\_\_\_  
☐ Step children this pregnancy ☐ Teenage pregnancy  
☐ Woman known to Children's Services \_\_\_\_\_  
☐ Woman known to Police ☐ Other \_\_\_\_\_

**Question:** Have you travelled or do you plan to travel to a country with active Zika virus transmission (South & Central America, Caribbean, Phillipines or Thailand) during pregnancy or 4 weeks before?

- ☐ No ☐ Yes ☐ Plan to travel while pregnant  
☐ Not asked

**Question:** Are there any agencies involved?

- ☐ No agencies involved ☐ Community alcohol team  
☐ Community drug team ☐ Domestic Abuse Services  
☐ Interpreting services ☐ Mental health services  
☐ Probation or prison service ☐ Safeguarding Children  
☐ Social care ☐ Surestart or children's centres  
☐ Women's refuge ☐ Other \_\_\_\_\_

**Question:** Which of the following topics were discussed at the booking visit?

- ☐ Benefits of breast feeding ☐ BCG vaccination  
☐ Caffeine ☐ Common pregnancy symptoms  
☐ Exercise ☐ Foods to avoid  
☐ Healthy eating ☐ HIV  
☐ Parenting classes ☐ Place of birth  
☐ Sex in pregnancy ☐ Whooping cough  
☐ Other \_\_\_\_\_

**Question:** What sources of information have you directed the mother to?

- ☐ None ☐ Alcohol in pregnancy  
☐ Aquanatal ☐ Aromatherapy  
☐ Off to the best start + dvd ☐ Choice of place of birth  
☐ Diet including vitamin supplements  
☐ Healthy start vouchers ☐ Healthy weight in pregnancy  
☐ Multiple pregnancies ☐ Parent education  
☐ Promoting positive mental health and wellbeing  
☐ Seasonal Influenza Vaccine ☐ Smoking and pregnancy  
☐ Screening tests for you and your baby  
☐ Tuberculosis ☐ VBAC

☐ Whooping cough vaccination ☐  
Other\_\_\_\_\_

**Question:** Has any information regarding benefits or any certificates been given or discussed?

☐ None ☐ FW8 ☐ MatB1 ☐ Maternity allowances

☐ Other\_\_\_\_\_

**Question:** During the past month, have you often been bothered by feeling down, depressed or hopeless?

☐ No ☐ Yes

**Question:** During the past month have you often been bothered by having little interest or pleasure in doing things?

☐ No ☐ Yes

**Question:** During the past month have you been feeling nervous, anxious or on edge?

☐ No ☐ Yes

**Question:** During the past month have you not been able to stop or control worrying?

☐ No ☐ Yes

**Question:** Is this something you feel you need or want help with?

☐ No ☐ Yes

**Question:** Have any referrals been made?

☐ None ☐ Anomaly uss  
☐ Anaesthetic referral ☐ Birth options clinic  
☐ Cervical length uss ☐ Childrens centre  
☐ Combined screening ☐ Concerns & Vulnerabilty

Form

☐ CRI ☐ Dating USS  
☐ Diabetic clinic  
☐ Drug or alcohol dependancy services\_\_\_\_\_  
☐ Early help ☐ Fetal Cardiac USS  
☐ Fetal medicine unit ☐ GTT\_\_\_\_\_  
☐ Health visitor ☐ Healthy weight midwives  
☐ Infant feeding midwife ☐ Medical referral  
☐ MIMHS or CAMHS referral ☐ Multiple Pregnancy

Midwife

☐ Neonatal referral ☐ Obstetric

referral

☐ Physiotherapy ☐ Quadruple screening  
☐ Retinal assessment ☐ Safeguarding midwife  
☐ Screening midwives\_\_\_\_\_  
☐ Sexual Health Service ☐ Smoking

cessation

☐ Social care (social services)  
☐ Teenage pregnancy midwife ☐ Surgical referral  
☐ Ultrasound scan\_\_\_\_\_  
☐ Perinatal Mental Health Nurse  
☐ Other\_\_\_\_\_

**Question:** Following discussion, what is the decision for place of birth?

[ ] Tunbridge Wells Hospital [ ] Maidstone Birth  
Centre  
[ ] Home [ ] Midwife led unit  
[ ] NHS hospital - private bed [ ] Crowborough Birth  
Centre  
[ ] Other\_\_\_\_\_

**Question:** Who interviewed this woman?

[ ] Midwife\_\_\_\_\_ [ ] Student  
midwife\_\_\_\_\_  
[ ] Teenage pregnancy midwife\_\_\_\_\_  
[ ] Other\_\_\_\_\_

**Question:** Who supervised the interview?

[ ] Midwife\_\_\_\_\_ [ ] Not supervised  
[ ] Teenage pregnancy midwife\_\_\_\_\_  
[ ] Other\_\_\_\_\_

**Question:** Were there any difficulties interviewing the mother?

[ ] No  
[ ] Distractions during interview  
[ ] Interpreter present  
[ ] Friend or relative interpreted  
[ ] Language difficulties-interpreter not present  
[ ] Language line telephone services used  
[ ] Other\_\_\_\_\_

**Question:** To which team is the woman allocated?

[ ] Diabetes Midwives [ ] Crowborough  
[ ] Edenbridge [ ] Hawkhurst and Paddock Wood  
[ ] Leeds [ ] Maidstone  
[ ] Malling [ ] Out of area  
[ ] Sevenoaks [ ] Teenage Pregnancy Midwives  
[ ] Tonbridge [ ] Tunbridge Wells

**Question:** Has this woman been given a Maternity Choices booklet?

[ ] Yes [ ] No\_\_\_\_\_

**Question:** Do you wish to add any further notes?

[ ] No [ ] Yes