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1. Home visit Policy

Background

Home visits are an integral and necessary part of general practice. However they are time consuming and often don't enable the best care or assessment to be delivered.

It is recognised that home visits are not a good use of valuable NHS resources unless circumstances are such that home visiting is unavoidable.

As GP workload escalates making best use of valuable GP and clinical time is an NHS priority.

From both the patient and clinician perspective care is best delivered in an environment where there is access to full medical records, an optimum environment in which to examine the patient and the additional resources of the whole primary care team immediately to hand.

This in most situations is the GP surgery, so a good reason should be apparent for a visit to be deemed appropriate.

A patient can often be reviewed in a more timely fashion in surgery allowing quick assessment and hopefully preventing deterioration and enabling rapid intervention that may not be possible were a home visit was pending.

Aim:

With these principles in mind we plan to approach the issue of home visiting with fresh ideas about how to:

- stream line visits;
- make them when necessary and appropriate;
- involve all stakeholders in the process.

We hope this will result in a win win situation for all involved clinicians, staff, patients, carers and relatives alike. We also believe that this will enable us offer more equitable care to more patients than the current situation allows.

2. Sample – an information leaflet for Patients (Great Sutton Medical Practice)

Home visits, whilst convenient, actually offer a poorer standard of care compared to surgery consultations. This is because of:

- ❑ **Poor facilities** (e.g., soft beds, poor lighting, lack of hygiene)
- ❑ **Inefficiency** (the doctor could see 3 to 4 other equally needy patients in the time taken for a home visit)
- ❑ **Lack of records and chaperones** (required for safe care and examinations)

We have noticed that many patients are requesting visits that are inappropriate or unnecessary which is having a negative impact upon other aspects of our service. Calling the doctor out unnecessarily takes them away from patients who may be in more clinical need. Most of the consultations during home visits could easily and safely be carried out in the surgery. Because patients might not know this, we are letting you know our policy on home visits.

Some Myths about Home Visits (all of these are not true)

- ❑ **“It’s my right to have a home visit”** - under GP terms of service, it is actually up to the doctor to decide, in their reasonable opinion, *where* a consultation should take place.
- ❑ **“I should get a visit because I’m old”** - our clinical work should not discriminate simply based on age alone.
- ❑ **“I can’t bring little Freddie out in this weather”** - no-one will be harmed by being brought in to the surgery.
- ❑ **“The doctor needs to check I’m ready to go into hospital / have a ward to go to”** - paramedics can provide initial lifesaving care and patients will be dealt with appropriately in A+E departments.
- ❑ **“I’m housebound”** - being housebound does not always prevent use of transport.
- ❑ **“I live in a care home so I get a visit”** - many such patients still go to hospital outpatients and take trips out.
- ❑ **“Can the GP just pop out and see me”** - we have fully booked surgeries and cannot simply drop everything to visit people urgently.

Where Home Visits are NOT appropriate (some examples only)

- ❑ **Children, young people or anyone who is mobile** – children are portable and can be seen quickly in the surgery.
- ❑ **Lack of money or transport** – this is not a medical responsibility. It is up to patients to organise transport.
- ❑ **Lack of childcare or not able to drive** – this is not a medical responsibility.
- ❑ **Can’t get out due to bad weather** – we are also affected by snow, ice or bad weather.
- ❑ **Timed visits between hairdressing and shopping appointments** – patients who are clearly mobile are taking doctors and nurses away from patients more at need.
- ❑ **Well but need a check over to make sure everything is all right** – our priority is seeing the unwell.
- ❑ **Other help more appropriate** – e.g., if you think you are having a heart attack or a stroke, please ring 999.

Where Home Visits are appropriate and worthwhile

- ❑ **Terminally ill patients** – we have no problems at all seeing those who are at *most clinical need*.
- ❑ **Truly bedbound patients** – we have no problems seeing those who are *confined to bed*.

If you think you may need a Home Visit

We kindly ask that any patient who is mobile (using walking aids, wheelchair or scooter) see us in surgery. If you are poorly and think you need an urgent same day visit, please ring your request through to reception on 0151 339 3126 ideally *before 11.00am* on the day. The doctor will always consider your request and may call you back.

If we visit you and feel that your request was inappropriate

If we feel that your visit request was inappropriate, we will inform you so that you may use our services more appropriately in the future. Please do not be offended, as we have a duty to use our resources effectively for the safety and benefit of all patients. ► **PLEASE TURN OVER FOR MORE HELP AND INFORMATION**

Useful Information and Help

▶ DO I ACTUALLY NEED A HOME VISIT?

Attend a major A+E department or ring 999 for the following:

- A feverish and floppy (unresponsive) infant
- Difficulty breathing
- Chest pain (suspected heart attack)
- Suspected stroke
- Suspected meningitis
- Anaphylactic shock (severe allergy)
- Heavy bleeding or deep lacerations
- Accidental or intentional overdose of medication
- Trauma (including falls) and broken bones
- Fluctuating levels of consciousness or completely unconscious
- Difficulty breathing or stopped breathing with change in colour
- Seizure, fit or uncontrollable shaking

Other options for help:

- Self-care** – for minor grazes, coughs and colds, sore throats, hangovers, sprains and strains.
- Pharmacist** – for diarrhoea, runny nose and headaches, cuts, rashes, stings and bites.
- Dentist** – toothache, abscesses, gum disease. Ring NHS 111 if you need to find a dentist.
- NHS 111** – general advice, medical help or not sure who to call.
- Social Services** – for advice and help on social matters, including respite care, additional help at home, and aids.
- Podiatry** – patients can refer themselves to the Podiatry Service for foot and nail care.
- Counselling** – patients can refer themselves to a counsellor for mild to moderate anxiety and depression.
- Citizens Advice Sefton**

Summary Information

▶ I AM FAR TOO POORLY – WHAT DO I DO?

- I need to ring 999 if my life is in immediate danger– e.g., suspected heart attack, stroke, heavy bleeding
- I am mobile at home, perhaps I can get to surgery– even those with ill health may be able to take transport
- I can't get out of bed or feel too ill, I will ring for advice on what to do– we will always consider your request

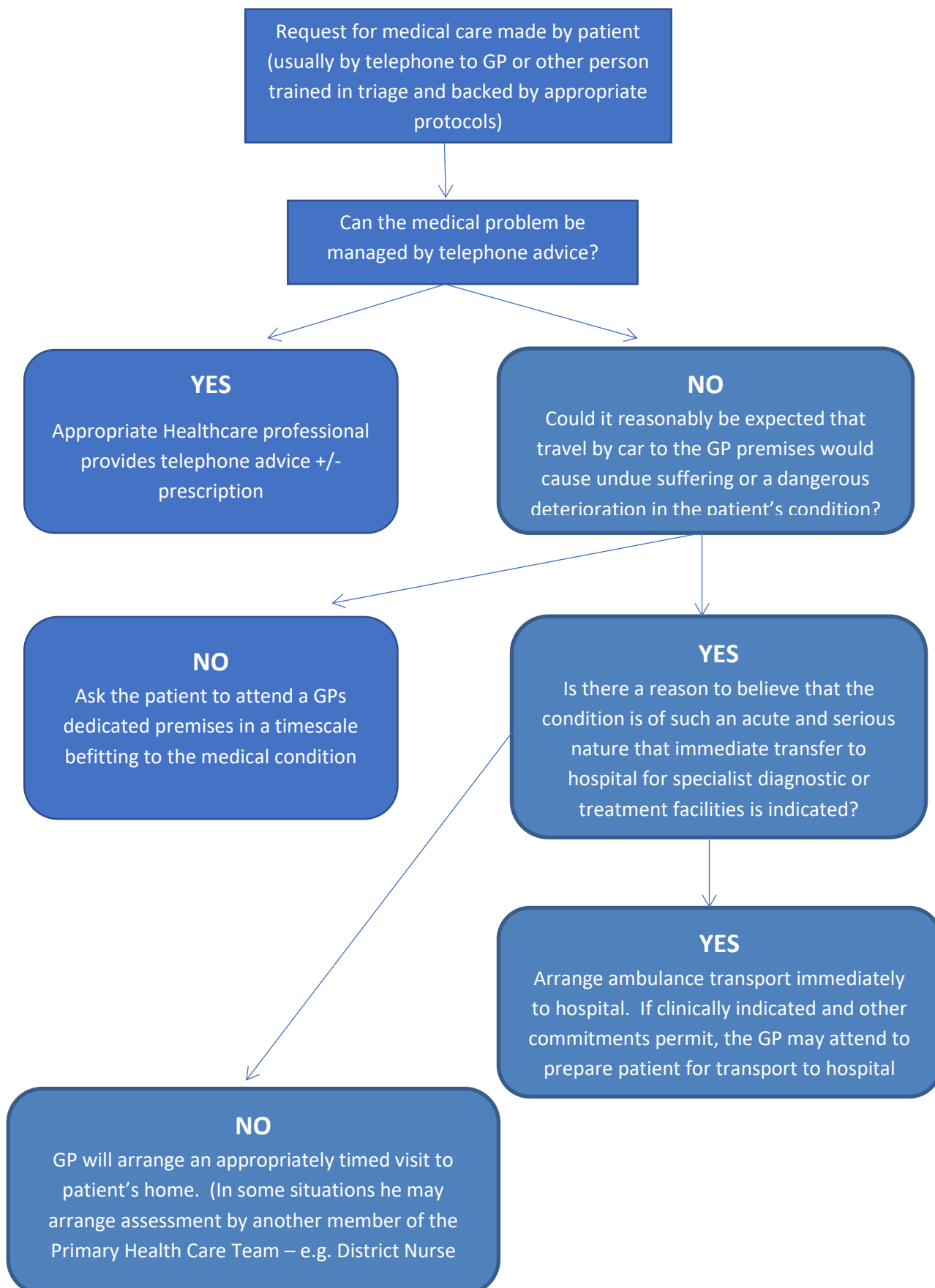
▶ WHEN IS THE BEST TIME TO RING FOR A HOME VISIT

- Ideally in the morning, but we have the ability to visit patients up to 5.30pm – this helps us to plan our day effectively

▶ IN WHAT SITUATIONS SHOULD I REQUEST A HOME VISIT?

- I am completely bedbound and cannot leave the bed – we are happy to visit those in most clinical need
- I have a terminal illness or condition – we are happy to visit those in most clinical need
- All patients have an automatic right to a home visit – doctors must consider clinical need only
- As an older patient, I should always get a home visit – we should not discriminate for or against age
- I have a high temperature, I should not leave the house – patients will not come to harm leaving the house
- I am a child, young adult or am otherwise mobile – children are very portable and can be seen quickly
- I live in a residential home so I should get a home visit – if patients can get out they can come to see us
- I have no money for a taxi or any transport – this is not a medical responsibility
- I have no childcare for my other children – this is not a medical responsibility
- I've had a bit to drink and can't drive – this is not a medical responsibility
- Can you visit me when I get back from the hairdressers? – those who are mobile can come to surgery
- The weather is really bad, I can't get out – we also suffer from the effects of bad weather
- I think I may be having a heart attack (or stroke)! – in this case, a 999 ambulance is more appropriate
- I am housebound – being housebound does not always prevent the use of transport
- But I've always had a home visit from the doctor – we must always prioritise clinical need
- I've got a really sore throat and a bad cough – such conditions do not prevent a patient from travelling

3. Visiting Guidelines at a Glance



4. Telephone message on home visits

Practices will have their own individual telephone messaging systems which may include e.g. “press to request a home visit”. The following scripted message below can then follow on from this initial message. Having a GP record this telephone message is more likely to have the desired impact:

“Please note, following your request for a home visit, a GP, nurse practitioner or nurse may phone you to discuss the necessity and urgency of the visit. **Visits are only appropriate if you are truly housebound or if you are medically unfit to travel to the surgery.**”

