

## **Home Visit Policy – Seaford Medical Practice**

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Created July 2017

Review December 2019

### **Introduction –**

Home visits are discretionary and not an absolute requirement of GP terms and services. Home visits are a poor use of GP time. By attending surgery, patients can be assessed more thoroughly as doctors have access to appropriate equipment and timely investigations. Consultations outside of surgery carry higher risk of medical errors. The quality of medical care must take precedence over patient convenience.

The purpose of the policy is to enable all of our patients to have fair and equal access to a clinician. Home visits are reserved for patients in extreme need only. However, no patient deemed to be in definite need of a home visit will be refused.

### **Principles on which the policy is based –**

- 1) The new GP contract in 2004 stated that the decision about whether or not a patient can be reasonably expected to attend surgery rests with the assessing clinician. The GP is only under obligation to visit the patient at any place other than surgery if it is the doctor's reasonable opinion that it would be inappropriate for the patient to attend surgery. Equally, the clinician may refer patients directly to hospital without first seeing them if they deem it appropriate.
- 2) General practice is not an emergency service. Making emergency visits can have impact on other aspects of care and services offered by the practice. Equally, waiting for a doctor to attend may well cause delay in accessing hospital treatment by patients.

## Examples of Visiting Guidelines

- 1) **Situations where GP home visiting makes clinical sense and provides the best way to give a medical opinion:**
  - a. **Terminally ill patients**
  - b. **Truly bedbound patients** for whom travel to surgery by car would cause a deterioration in medical condition or cause unacceptable discomfort.
  
- 2) **Situations where visiting is not usually required:**

Common symptoms in children, adults and elderly of fever, cold, cough, earache, headache, malaise, joint pains and poor mobility, diarrhoea/vomiting and most cases of abdominal pain. These patients are almost always well enough to travel by car. Transport can usually be arranged by patients/carers themselves, friends, relatives or taxi firms.

**It is not in the clinicians remit to arrange such transport.**

As a general rule, if a patient is fit enough to visit an optician, dentist, friend, relative, do own shopping or go to hairdressers, they can attend a pre-booked appointment at the surgery.

## Considerations when requesting a home visit

- 1) Ring before 10:30(or as soon as reasonably able) to request via visit desk, choose option 3 of the automated message
- 2) Name, D.O.B, Address, Telephone number(for GP to call back and be available to take the call) and brief reason for request
- 3) Advise of any access codes/other details eg. Hidden/preferred access etc.
- 4) Where possible it would be helpful if the GP can speak with the patient during the triage call

## The following information will help triage a visit request effectively when Nursing homes/Care homes/care agency staff request visits

- 1) If a patient in a care home is not bed-bound and is able to attend other appointments with assistance, care homes can be reasonable expected to make arrangements to bring patients into the surgery
- 2) Where possible please check and provide basic vital statistics information at the time of requesting visit
- 3) Carer agencies should leave direct phone number of the carer requesting the visit to discuss with the GP

*With thanks to the Team at Ivy Grove Surgery and Staffordshire LMC.*

## VISITING GUIDE AT A GLANCE

Request for medical care made by patient (usually by telephone) to GP or other clinician and backed by appropriate protocols

