

Leckhampton Surgery Home Visit Policy

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1 Introduction

1.1 Policy statement

The purpose of this document is to ensure that all personnel fully understand the practice system for the triaging and prioritising of home visits, thereby ensuring that patient safety is not compromised.

1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

2.2 Why and how it applies to them

Following a patient safety alert issued by NHS England in April 2016¹, it was recognised that there is a requirement for practices to have in place a system to triage and prioritise home visits. The alert states:

“When a request for a home visit is made, it is vital that practices have a system in place to assess:

- whether a home visit is clinically **necessary**; and
- the **urgency** of the need for medical attention.”

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a

¹ [NHS/PSA/W/2016/002](https://www.nhs.uk/psa/w/2016/002)

disadvantage compared with others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

The introduction of the new GP Contract in 2004 re-affirmed that it is the doctor's decision whether or not the patient can be reasonably expected to attend the surgery. The GP is only under obligation to visit the patient at any place other than the surgery if it is the doctor's reasonable opinion that it would be inappropriate for the patient to attend the surgery. It is also very important to emphasise that there is nothing in the Contract that prevents a doctor referring a patient directly to hospital without first seeing them, providing "the medical condition of the patient makes that course of action appropriate".

3 Policy

3.1 Home visit requests

Requests for home visits at Leckhampton Surgery are referred to the Triage Doctor between 8.30am and 11.30am. Requests received after 11.30am are referred to the Duty Doctor.

All requests for home visits are triaged by the GP and recorded on SystmOne. When discussing with the patient their condition, it is essential that the following are confirmed:

- Patient's full name (if not the patient, full name of the person calling and relationship to patient)
- Date of birth
- Address
- Contact telephone number
- Named GP
- Known existing medical conditions
- Reason for calling/duration of symptoms

3.2 Home visit justification

Home visits are at the discretion of the GP who will determine if the visit is clinically necessary. Visits are reserved for patients who are genuinely housebound, including those in nursing and residential homes, and terminally ill patients.

A GP may conduct a home visit if they believe the patient's condition:

- a. Prevents them from travelling to the practice, or
- b. The condition may deteriorate as a result of travelling to the practice

Home visits will not be authorised as a result of:

- a. A lack of transport
- b. The patient's financial situation

- c. Childcare issues
- d. Poor weather conditions
- e. Any other situation deemed inappropriate by the clinician

3.3 Home visit management system

At Leckhampton Surgery the flow diagram at Annex A illustrates the processes which are to be adhered to for home visit requests.

Annex A – Home visit flow diagram



