

# CHOPWELL PRIMARY HEALTHCARE CENTRE

## HOME VISIT POLICY & PROTOCOL

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### B. Document Details

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<b>Organisation:</b>	CHOPWELL PRIMARY HEALTHCARE CENTRE
<b>Document Reference:</b>	Home Visit Policy
<b>Current Version Number:</b>	1.0
<b>Current Document Approved By:</b>	Dr M S Hassan
<b>Date Approved:</b>	26.07.2016

### C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
2.0	26.07.2017	H Cuskin	Dr M S Hassan	Reviewed and updated
3.0	31.07.2019	L Powell	Dr M S Hassan	Reviewed and unchanged

**PRIMARY HEALTH CARE CENTRE, CHOPWELL  
HOME VISITING POLICY**

Patients are encouraged to attend the surgery in person in order to make the best use of GP time. However, when a patient is requesting a home visit they are asked to phone the practice before 11AM. The following guidelines are given in order to assist as to when a home visit would be appropriate. Decisions as to whether or not a home visit is warranted rest with the GP. No guarantee should be given as to which GP may attend.

Where a patient is requesting a home visit they should be advised that a GP may telephone them to assess the situation prior to the visit. Where a patient is complaining of chest pains then the practice will call for an ambulance on behalf of the patient. Should the patient decide that they do not want to call for an ambulance then the details should be passed to the GP without delay and refusal documented.

Patient care is our responsibility and we have a duty to act appropriately whenever a patient is requesting a home visit.

- GP visit recommended

Home visiting makes clinical sense and is the best way of giving medical opinion, in cases involving:

- The terminally ill.
- The truly housebound patient for whom travel to premises by car would cause deterioration in their medical condition.
- GP visit may be useful

Following a conversation with a health professional, it may be agreed that a seriously ill patient may be helped by a GP's visit.

- GP visit is not usual. In most of these cases a visit would not be an appropriate use of your GP's time or best for you:
- Heart Attack - severe Crushing chest pain. The best approach is to call an emergency paramedic ambulance.
- Common symptoms of childhood: fevers, cold, cough, earache, headache, diarrhoea/vomiting and most cases of abdominal pain. These patients are usually well enough to travel, to the surgery. It is not harmful to take a child with fever outside
- Adults with common problems, such as cough, sore throat, influenza, general malaise, back pain and abdominal pain are also readily transportable to the doctor's surgery. Transport arrangements are the responsibility of the patients or their carers
- Elderly patients, or their carers, that are requesting a home visit relating to an ulcer or bed sore. Please ask the caller if the patient is being cared for by the District Nurse. If they are then contact the District Nurse in the first instance.

## Home Visit Protocol

- All requests for home visits are entered into the 'home visit list' on EMIS web.
- A task is generated to the duty doctor with the request
- It is essential that receptionists capture all relevant details i.e.

1. Date and Time of Call
2. Staff Member's Initials
3. Patient Name
4. Patient Address
5. Patient Telephone Number
6. Details of illness

- The duty GP will triage the visit request and if appropriate will ask reception staff to add to the home visiting book.
- Reception will print a patient summary and place in book.
- Each GP will check the home visiting book and initial each visit for which they take responsibility. If the GP checks and they have no visits they will still initial the book.
- Late Home Visit Requests
- Each receptionist taking a home visit request, after the relevant GP has initialed the book, is individually responsible for passing on the details. The GP needs to be verbally contacted without delay (not a task, screen message or an email).
- Occasionally a receptionist may not have been able to contact the GP verbally and their shift is ending. When this happens they must pass on the responsibility to another receptionist making a note in the book
- The receptionist who takes the request for a home visit, is individually responsible for passing on the details to the GP on call immediately by speaking to the GP

GPs and receptionists must make sure they follow this protocol in full to ensure prompt attention to sick patients and provide a robust audit trail.

## PRIMARY HEALTH CARE CENTRE, CHOPWELL HOME VISIT REQUEST PROTOCOL

Patient requests home visit



Ask the reason for the home visit request  
(if severe crushing chest pain call an ambulance for the patient)



Ask patient's name, address and date of birth & details of illness



Ask patient to confirm their up to date telephone number



Advise patient the Dr will call them back and they must make themselves available  
on the number provided



Add the visit request to the home visit clinic within emis



Send task to Dr on call to alert them to the home visit request



Once GP has triaged the call and confirmed they will visit the patient, the visit  
should be written to the home visit book by the receptionist who took the call



GP will ask the receptionist to print a brief summary from patient's emis record  
and place with the home visit book

NB: The home visit screen within emis should be checked by a receptionist each  
morning for visits which may have been added the previous day.

## **Reasons behind the need to rationalise home visiting**

1.
  - a A doctor's ability to properly assess and to treat a patient seen in their own home is often impaired by the non-ideal clinical situation of poor lighting, absence of chaperones, unhygienic conditions and such simple difficulties as soft beds, making it impossible to examine the patient thoroughly
  - b As technology moves on, sophisticated, treatments and equipment and being increasingly employed to improve care; much of this is not portable and thus not available for home visits
  - c Speed of treatment is facilitated by restricting home visits to those who really need it. Others are to be encouraged to attend for properly equipped medical facilities where patients are seen quickly and those that need it, immediately.
2. International Comparison  
No other country has adopted the visiting habit of British general practice
3. Issues for the profession
  - a Workload. The workload of British GP's has increased greatly over recent years, It seems that it is set to rise further unless GPs are allowed to deliver care in most efficient way possible the system seems likely to break down.
  - b Safety Doctors and Nurses are particularly vulnerable to attack when home visiting
  - c Stress/low Morale/Poor Recruitment. Inappropriate requests for home visits are often quoted by GPs as a major source of dissatisfaction
  - d The current medico-legal climate is such that a GP, may have reservations about the prudence of making decisions based on an assessment made in the far from ideal clinical setting of a patients' home.
4. Financial  
Cost. Paying highly trained and expensive GPs to spend much of their time driving themselves from house to house makes little sense.
5. Existing Guidance  
This policy has been developed in conjunction with the existing guidance from the Local Medical Committees.

## **Principle and Fundamentals on which this Visiting Policy is based**

1. Terms of Service

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”.

2.

General practice has never been, and can never be an emergency service along the lines of the police or ambulance. There is neither the man power for this, nor the infrastructure to work there and it would inevitably harm other aspects of our work. It is not appropriate for a doctor to feel compelled to leave a busy pre-booked surgery to attend to a patient at home; who it would seem may be suffering from a serious medical emergency. It is highly likely that the Doctor will contribute little to the patient’s care above and beyond that which is offered by the Paramedics. Waiting for the Doctor to attend may well cause ultimate delay in hospital treatment and in addition major disruption to, many patient timetables caused by the Doctor’s leaving his/her surgery patients.

3. Throughout the development of this policy, the quality of medical care offered by the GPs and Nurses to our patients has been paramount importance. The emphasis is that clinical effectiveness must take precedence over patient convenience.