

Home Visiting Criteria Policy

Introduction/Background

It is recognised that home visits are not an effective use of a GP's time and therefore should be restricted to those patients who really need them in order that GP capacity is used most effectively. The purpose of this policy is to set clear parameters as to what constitutes a home visit and what does not.

As GP workload escalates, making best use of valuable GP and clinical time is a 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 home visit to be deemed appropriate.

Who is eligible for a Home Visit?

- Patients who are genuinely housebound and who do not leave the house for any reason. Including those in residential and nursing homes.
- Patients for whom travel to the GP premises may cause a deterioration to their medical condition and or severe discomfort, as they do not normally leave their home.
- Terminally ill patients.
- The GP/ Advanced clinical practitioner MAY visit those patients who are not usually bed-bound but have a clinical condition that prevents them from being ambulatory.

Home visit requests for an acutely ill patient

This refers to home visit requests for patients with life threatening conditions.

The surgery will follow these guidelines:

The caller will be advised to dial 999 immediately as requesting a visit from a GP/Practitioner can delay life-saving treatment.

Examples of such situations are:

- Myocardial infarction/Heart attack
- Severe shortness of breath
- Severe haemorrhage
- Suspected stroke

Patients are therefore advised to ring the emergency services directly.

Conditions not classed as being eligible for a Home Visit

A GP/Practitioner will NOT visit for these conditions and circumstances, and it is expected that the patient will attend the surgery to be seen.

- 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 by car. It is not harmful to take a child with a fever outside. These children may not be fit to travel by bus or walk, but car transport is available from friends, relatives or taxi firms.
- Adults with common problems, such as a cough, sore throat, influenza, back pain and abdominal pain, are also readily transportable by car to the surgery premises.

- Common problems in the elderly, such as poor mobility, joint pain and general malaise, would also best be treated by consultation at the surgery premises where the facilities are available for full examination and investigations.

Kindly note the following

- The practice is not responsible for arranging transport to the surgery.
- We will not visit for convenience.
- Age is not a criterion for a home visit.
- Wherever possible patients requiring a consultation with a GP/ Practitioner will be asked to attend the surgery. The surgery has the correct facilities for undertaking examinations.
- In the surgery the GP/Practitioner, undertaking the consultation has access to the full clinical record and access to support services such as Practice Nurses and therefore a consultation at the practice is better quality with regard to governance issues.
- Home visits are not an efficient or effective use of pressurised clinician's time.
- If you request a home visit, you may initially receive a telephone consultation from the Doctor or Practitioner, who will discuss your symptoms with you. You may be asked to attend the surgery as a result of this consultation if clinically appropriate. The Doctor/Practitioner will decide on the most suitable place and time for your condition to be assessed.
- General Practice is not an emergency service provision.

Triage Criteria

Only those patients who meet the criteria below shall be offered a Home Visit Appointment:

- 1. Can the medical problem be managed by telephone advice?**
 - a. **Yes:** The GP/Practitioner provides telephone advice +/- prescription
 - b. **No:** Proceed to 2
- 2. Is the patient registered housebound for medical reasons?**
 - a. **Yes:** Proceed to 4
 - b. **No:** Proceed to 3
- 3. Could it reasonably be expected that travel by car to the GP premises would cause a dangerous deterioration in the patient's condition?**
 - a. **Yes:** Proceed to 4
 - b. **No:** Ask the patient to attend the surgery in a timescale befitting the medical condition.
- 4. Is there reason to believe that the condition is of such an acute and serious nature that immediate transfer to hospital for specialist diagnostic or treatment facilities is indicated?**
 - a. **Yes:** Arrange ambulance transport immediately to hospital. If clinically indicated AND other commitments permit, the GP/Practitioner may also attend to prepare the patient for hospital.
 - b. **No:** The GP will arrange a clinically appropriately timed home visit by a member of the GP team.