



Home Visit Policy

Document Details		
Title	Home Visit	
Main points	Regarding the use of home visit consultations for house bound patients	
Who is the document aimed at?	All staff	
Author		
Approval process		
Approved by (Clinician/Manager)	EMT	
Most recent approval date	December 2021	
Category	Clinical administration	
Sub Category	Appointments	
Next review date	January 2025	
Distribution		
Who the policy will be distributed to	All staff	
Document Links		
Required by CQC		
Other		
Amendments History		
No	Date	Amendment
1		
2		
3		
4		
5		

Background

This document explains the manner in which Hope Citadel Healthcare will handle requests for Home Visits from patients that wish to have their consultations at home.

All reception and clinical staff will be provided with training at induction so that they fully understand this policy.

Home Visits are discretionary and not an absolute requirement of GP terms and services. Lack of transport is not in itself an indication for a home visit. Home visits are a poor use of GP time, meaning less time for other patients. Visits are extremely time consuming for healthcare professionals, as only 2-3 patients can be seen per hour in a home setting (with fewer assessment and treatment options), compared with 6 or more at the surgery. While we will not decline visits to patients who are genuinely too ill to travel by themselves it would be best to keep these to a minimum to make best use of clinical time. It is difficult to provide high quality modern health care outside the surgery. By attending surgery patients can access timely and appropriate investigations. At the surgery, doctors have equipment to make thorough assessments for patients, we have ECG machines, nebulisers, pulse oximeter, nurses can do blood tests and dressings as required. A Doctor does not carry these with him/her. Consultations outside of the surgery carry a higher risk of medical errors.

Handling requests

Requests for home visits should reach the surgery by 10.30am to allow the practice to schedule in the visit around the doctor's clinical day.

The practice will often firstly ask the GP to call the patient to triage the situation and therefore the visit will be at that GPs discretion, rather than the receptionist.

Criteria

There are some situations in which GP home visits make clinical sense and provide the best way to give a medical opinion.

These include:

- i) the terminally ill
- ii) truly bedbound patients to whom travel to surgery by car would cause deterioration in medical condition or unacceptable discomfort
- iii) other situations to the doctor's discretion

Situations which would not normally require a home visit include common symptoms of illnesses in children, adults, or the elderly such as fevers, colds, coughs, diarrhoea/vomiting etc. These patients should either travel in to the surgery by car (and sit in isolation at the practice if deemed necessary) or the doctor should be able to provide advice over the phone.