The Corner Surgery
Southport

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Home Visiting Policy

Introduction

There are a number of reasons why The Corner Surgery must rationalise General Practitioner (GP) home visiting:

1. The Quality Of Medical Care:
    a. A doctor's ability to properly assess and treat a patient seen in their own home is often impaired by the non-ideal clinical situation of poor lighting, unhygienic conditions and difficulties as soft beds, making it impossible to palpate abdomens correctly.
    b. As technology moves on, sophisticated tests, treatments and equipment are being increasingly employed to improve care; much of this is not portable and thus not available on home visits.
    c. Speed of treatment is facilitated by restricting home visiting to those patients who really need it; others are to be encouraged to attend properly equipped medical facilities where triage can take place, ensuring patients are seen quickly and for those that need it, immediately.
    d. Local services/initiatives for referral of patients to avoid hospital admissions are now in use; these may not always require a GP home visit and can be accessed by others such as Community Matrons; patients have greater availability to consult a GP or nurse at walk in centres outside GPs' normal working hours, when carers or family can take them to such centres thereby avoiding the need for a GP home visit.
    e. Care homes are staffed in a minimal way by their providers, with limited capacity/transport to bring patients to GP surgeries in daytime or out of hours centres; these providers need to address their capacity/transport issues and make greater efforts to bring their patients to GP surgeries and out of hours centres.
2. Out Of Hours Arrangements And NHS 111: GP out of hours services only function properly if the majority of patients attend the centres, rather than being visited at home; triage by professionals who are not GPs occurs in many centres and they will base decisions on a policy

similar to this one; it is not the role of NHS 111 to decide whether a GP visit is required but to recommend the patient contacts their GP.

3. International Comparison: no other country has adopted the visiting habits of British general practice.

4. Issues For The Profession:
    a. The workload of British GPs has increased greatly over recent years; it seems that it is set to rise further and unless GPs are allowed to deliver care in the most efficient way possible, the system seems likely to break down; if patients are seen at designated GP surgeries, rather than their own homes, then more patients can be attended by a given number of clinicians.
    b. Doctors are particularly vulnerable to physical attack when home visiting, walking alone through the streets with a bag of equipment and medications is far from safe for GPs of either sex.
    c. Inappropriate demands for home visits are often quoted by GPs as a major source of dissatisfaction, increasing stress, reducing morale & making it harder to recruit/retain doctors.
    d. The current medico-legal climate is such that it is reasonable for a GP, with some justification, to have reservations about the prudence of making decisions based on an assessment made in the far from ideal setting of a patient's home

5. Financial Cost: paying highly trained and expensive GPs to spend their time driving themselves from house to house makes little sense.

Principals And Fundamentals

This policy has been based on the following:

1. Regulations: Schedule 6, Regulation 26, Part I of the General Medical Services Contracts (GMS) Regulations in 2004 clearly state that in the case of a patient whose 'condition is such', it is for the doctor to decide based on 'the doctors reasonable opinion' as to whether the patient should attend a doctors premises or be visited at home; it is also very important to emphasise it is specifically stated that there is nothing in the Regulations to prevent 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'; these paragraphs in the Regulations equally apply to Personal Medical Services (PMS) contracts.

2. General Practice Is Not An Emergency Service (along the lines of the ambulance service): there is neither the manpower for this, nor the infrastructure (e.g. communications) to work in this way; to try and work this way 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 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 offered by the paramedics; waiting for him/her to attend may well cause ultimate delay in hospital treatment and in addition to all of this, the major disruptions to many patients timetable caused by the doctor leaving his/her surgery patients.

3. In Hours Vs. Out Of Hours: the rules governing where treatment takes place apply equally well in and out of hours; it is for a doctor to decide based on 'reasonable opinion' as to whether a consultation needs to take place before the next time the patient could be seen within normal hours; GPs working in out of hours services will use these same guidelines when deciding whether a home visit is merited.

4. The Quality And Safety Of Medical Care: this has been of paramount importance throughout the development of this policy; the emphasis is that clinical effectiveness must, in some circumstances, take precedence over patient convenience.

Guidelines

Upon telephoning the surgery, when a patient or their representative selects the option for requesting a home visit, they are played the following recorded message before their call is answered, which summarises our policy:

"Home visits are reserved for patients who are permanently housebound, severely disabled or reaching the end of their life. This allows us to see as many patients as possible each day, so a GP may ring you back to confirm that a visit is required. Home visit requests should be made as early as possible in the morning, because they are usually completed between 12pm and 3pm. If you feel your problem requires more urgent attention than that, please end this call & ring 999."

When the telephone call is answered, one of our reception staff will add the patient's name to the home visit list for that day. Occasionally, a patient may request a less urgent home visit for a future day, which we will endeavour to honour if it is logistically possible and clinically appropriate. The receptionist will ask for a brief description of the reason for the home visit, which they will add to the booking notes.

Our reception staff have been trained in Active Signposting, meaning they may be able to identify that a patient's problem can be dealt with in an alternative way. The patient will still be added to the home visit with an appropriate comment in the booking notes, so the GPs know that the original request was for a home visit.

Our reception staff are not clinically trained but we recognise that their work at the surgery gives them experience of identifying medical urgencies. We ask them to advise patients or their representatives that home visits are usually performed between 12pm and 3pm. We also ask our receptionists to inform the duty doctor as soon as possible if they, the patient or their representative are concerned that this timescale may be too long for the clinical situation.

It is vital that medical emergencies are identified as soon as possible and the emergency services be contacted promptly. Therefore, if a patient calls with one of the following problems, our reception staff will request advice from the duty doctor immediately:

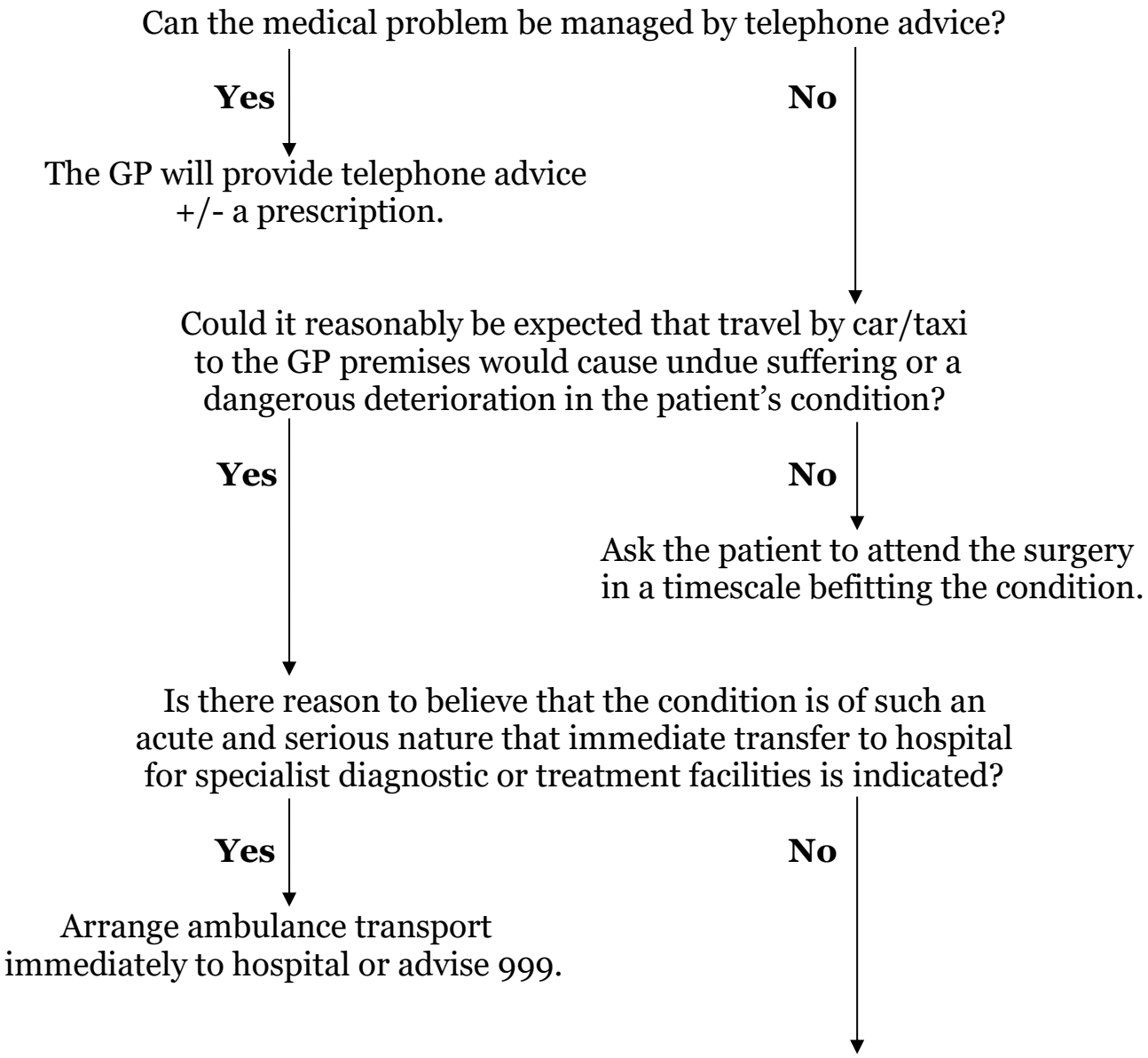
- Chest pain;
- Severe shortness of breath;
- Severe infection;
- Heavy bleeding;
- Non-blanching rash (one that does not disappear with 'the glass test');
- Sudden onset of any of the following: weakness, numbness, loss of vision, loss of hearing, loss of balance or speech disturbance;
- Seizure or fit;
- Overdose, self-harm or intent to commit suicide.

If advice from the duty doctor is not immediately available, or the patient is not awake or not breathing, the receptionist will facilitate an immediate 999 call to the ambulance service without waiting for a doctor's advice.

Home visit requests are triaged by the duty doctor +/- one or more of the other GP partners working that day. They may choose to visit the patient based on the information in the booking notes; they may choose to triage the visit request by making a telephone call to the patient or their representative. If a home visit is not deemed to be the appropriate course of action, the GP will facilitate an alternative course of action; either with the patient's consent or if the patient is deemed to lack mental capacity, in their best interests.

Occasionally, a patient or their representative may request a home visit after the GPs have already commenced or completed their home visits for that day. This is classed as a 'late visit' and the receptionist taking the request will inform the duty doctor as soon as possible, so that the request can be triaged.

Triage Process



Examples

1. Situations where GP home visiting makes clinical sense, and provides the best way to give a medical opinion and initiate treatment:
    a. The Terminally Ill Patient
    b. The Truly Bedbound Patient in whom travel to premises by car or taxi would cause a deterioration in their medical condition or unacceptable discomfort

2. Situations where on occasions, visiting may be useful:

a. Where, after initial assessment over the telephone, a seriously ill patient may be helped by a GP's attendance to Prepare The Patient For Travel To Hospital; that is where a GP's other commitments do not prevent him/her from arriving prior to the ambulance; it must be understood that if a GP is about to embark on a booked surgery of patients and is informed that one of his/her patients is suffering from symptoms suggestive of a serious condition, the sensible approach may well be to request an emergency ambulance rather than attending personally.

b. Dependent Travellers: patients who when well are able to be transported by relatives but are less able when ill.

c. Routine reviews of patients in Nursing Homes.

3. Situations where visiting is not usually required:
    a. Common Symptoms Of Childhood: fevers, cold, cough, earache, headache, diarrhoea/vomiting and most cases of abdominal pain; these patients are almost always well enough to travel by car or taxi (the old wives' tale that it is unwise to take a child out with a fever is untrue); it may well be that these children are not fit to travel by bus, or walk, but car transport is sensible and always available from friends, relatives or taxi firms; it is not a doctor's job to arrange such transport.
    b. Adults With Common Problems of cough, sore throat, "flu", back pain, abdominal pain are also readily transportable by car or taxi to a GP surgery.
    c. Common Problems In The Elderly, such as poor mobility, joint pain and general malaise would also be best treated by a consultation at a GP surgery; the exception to this would be in the truly bedbound patient.

4. Visits To Children in situations where the parent refuses to attend the GP surgery: the safety of the child is paramount; in these situations, where the parent is not fulfilling their responsibility in making arrangements for travel, many GPs will visit the ill child first and discuss with the parent later.

Dr David Smith
Reviewed June 2022

Adapted from the South Staffordshire LMC GP Visiting Guidelines