

Home Visits Policy

Document Control:

A. Confidentiality Notice:

This document and the information contained therein is the property of Wootton Medical Centre.

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Wootton Medical Centre.

B. Document Details:

Policy & Caldicott Guardian	Home Visit Policy		
Author & Role:	Sharon Bailey, Practice Manager		
Organisation:	Wootton Medical Centre		
Document Reference: HVP/SB/2			
Current Version Number:	2		
Current Document Approved	Dr Sarah Moore		
By:			
Date Approved:	01.02.19		

C. Document Revision & Approval History

Version	Date	Version Created	Version Approved	Comments
		By:	By:	
1	04.16	S Connolly	Dr C Moore	
2	01.02.19	S Bailey	Dr S Moore	Revise Feb 2021
3	26.01.24	Lisa Marotta	Dr A Burada	Minor changes made



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This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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 & support:

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy.

2. Scope:

2.1 Who it applies to:

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

2.2 Why & how it applies to them:

Following a patient safety alert issued by NHS England in 2016 (<u>click here</u>), 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 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.

3. Policy:

3.1 Home Visit Requests:

Requests for home visits are encouraged to be received before 10.00 hrs. All home visit requests are booked into the home visiting appointment slot on SystmOne, with a description for the visit and a contact number for the patient, to the usual GP of the patient, or another GP on duty if they are not working on that day.

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:

The GP will assess whether a visit is needed by telephone triaging the patient in the first instance and may make further contact with the patient before agreeing to a home visit. Following the telephone triage clinical assessment, where it is deemed the patient needs to be seen, who is not able to come into the surgery, a home visit must be undertaken by the GP. A visit summary, containing records of recent consultations and correspondence, current



medication, significant active problems, past problems and a list of any allergies, is printed for the GP.

3.4 Recording Information:

All clinical information is input into the system following the home visit by the relevant GP.

4. Summary:

Home visits are a fundamental element of general practice and they enable the practice to meet the needs of the patient to ensure they will receive the necessary level of care in an appropriate time frame.