**Drs Shah & Talpur Surgery**

**HOME VISITING 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 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 Doctor’s have equipment to make thorough assessments for patients, we have ECG machines, oxygen, nebulisers, computer records, 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.

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 as the problem may not warrant a visit or may need an alternative course of action.

Where a patient is complaining of chest pains, shortness of breath or loss of consciousness 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.

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 (a patient confined to one room of the home) and 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, acute shortness of breath, Suspected Stroke - The best approach is to call an emergency ambulance on 999.
  + 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 carer’s. Please ask family, friends or arrange a taxi yourself to get to the surgery.
  + Elderly patients, or their carer’s, 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 Book**
* All requests for home visits are entered into the ‘home visit book’ on the front reception desk
* It is **essential** that receptionists capture all relevant details in this book i.e.

1. **Date and Time of Call**
2. **Staff Members Initials**
3. **Patient name**
4. **Patient Address**
5. **Patient Telephone Number and Keysafe if appropriate**
6. **Details of illness**
7. **Print patient summary**

* **Home Visit Requests Received Up to Mid Morning**
* GPs will check the home visit book each day during late morning and take responsibility for visits. The relevant GP will put a line through and initial each visit for which they take responsibility. If the GP checks and they have no visits they will still initial the book
* One GP (duty Dr) will take overall responsibility for the allocation of the visits
* **Home Visit Requests Received After the GP has Initialled the Book**

**After 12 – if there is a new visit request and the other visits have been allocated**

* + 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 (not a PN or an email)

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.

[](http://www.nhs.uk/nhsengland/aboutnhsservices/emergencyandurgentcareservices/pages/nhs-111.aspx)