



# Patient Safety Alert

## Stage One: Warning

*Risk of death from failure to prioritise home visits in general practice*

30 March 2016

Alert reference number: NHS/PSA/W/2016/002

Alert stage: One - Warning

NHS England has been made aware of a patient safety incident relating to the lack of prioritisation of general practitioner (GP) home visits.

The incident occurred when a relative of the patient contacted the general practice to request a home visit as the patient's condition had deteriorated. The home visit doctor was unaware of the patient's recent discharge from hospital and the severity of their condition. At the time the practice did not have a system in place to prioritise home visits. The GP visited other patients that afternoon and did not have time to see this patient until the evening. However, before the GP arrived the patient had collapsed and had to be taken to hospital by ambulance and subsequently died.

A search of the National Reporting and Learning System identified 11 incidents relating to GP home visits reported with a degree of harm equivalent to death or severe harm in a recent two year period. Some of the incidents suggested that there were gaps in the process for deciding if a more urgent response was needed.

When a request for a home visit is made, it is vital that general practices have a system in place to assess:

- whether a home visit is clinically **necessary**; and
- the **urgency** of need for medical attention.

This can be undertaken, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In some cases the urgency of need will be so great that it will be inappropriate for the patient to wait for a GP home visit and alternative emergency care arrangements will be necessary.

The NHS England Primary Care Patient Safety Expert Group recognises that it is good practice to have systems in place to triage and prioritise home visits. The aim of this alert is to raise awareness of this good practice.

Many practices will already have systems in place to manage home visits. Where this is the case, consideration should be given to whether a review is required in light of this alert. The review should also consider whether all clinical and non-clinical staff involved in the process are aware of their responsibilities when managing requests for home visits, and if any outstanding training needs exist.

General practice staff should report all patient safety incidents, including those relating to GP home visits, to the NRLS via the GP eForm (or locally established system that uploads to the NRLS):

[https://report.nrls.nhs.uk/GP\\_eForm](https://report.nrls.nhs.uk/GP_eForm)

## Actions

### Who:

General practices providing NHS funded care where home visits are undertaken

### When:

As soon as possible but no later than 4 May 2016

- 1 Establish if incidents involving a lack of prioritisation of GP home visits have occurred or have the potential to occur within your practice.
- 2 Consider if immediate action needs to be taken and ensure that an action plan is underway, if required, to reduce the risk of further incidents occurring.
- 3 Disseminate this alert or locally agreed guidance for managing prioritisation of home visits to all general practice staff.
- 4 Share any learning or locally developed good practice resources by emailing [patientsafety.enquiries@nhs.net](mailto:patientsafety.enquiries@nhs.net)

See page 2 for technical notes and references.

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## Technical notes

### **NRLS search dates and terms**

A NRLS search was undertaken on 17 June for incidents reported as occurring on or before 1 April 2013 and 30 April 2015 reported with a degree of harm equivalent to death, severe or moderate.

### **First text search strategy:**

Terms searched included "GP", "home", "visit".

All incidents where incident type equals "infrastructure" were extracted at this point. The remaining incidents had the following exclusions applied: GP referral, GP admission, referral received, (referral or referred) by GP, discharge.

### **Second search strategy:**

Terms searched included: "No GP", "(no or not) attended", "(no or not) visit", "delay", "urgent", "lack of staff", "GP shortage", "staff shortage", "inadequate", "not seen", "EWS or MEWS", "present". Final exclusions applied include: pressure (sore or ulcer or damage), grade (2,3,4)

### **Results:**

Death and severe harm – this yielded a total of 188 reports; on review 11 included information relating to a request for a GP home visit.

Moderate harm - A random sample of 100 reports was provided on request; on review 6 included information relating to a request for a GP home visit.

Infrastructure - this yielded a total of 36 reports; on review 1 included information relating to a request for a GP home visit.

### **Stakeholder engagement**

Advice was sought from the Primary Care Patient Safety Expert Group and the Patient Safety Steering Group, which include representatives of a range of professional and patient organisations.

For details of the membership of the NHS England patient safety expert groups and steering group see <http://www.england.nhs.uk/ourwork/patientsafety/patient-safety-groups/>