Derby and Derbyshire Local Medical Committee

General Practice Home Visiting Guideline

June 2016

In association with:

Derbyshire General Practice Task Force

General Practice Task Force

Facilitating Change

Introduction

UK General Practice is in crisis: demand is rapidly outstripping supply.

GPs are seeing a huge increase in workload, whilst funding and staffing levels are unable to keep up. Consultation rates are increasing dramatically. At the same time as patient numbers are rising, GPs are facing an aging population and managing more medical complexity in the community.

In short there are too few practitioners seeing too many patients.

The increase in workload and the effect on GP morale have been well documented by both the BMA and The King's Fund recently. Despite these mounting pressures, general practice continues to engage in some activities that take a disproportionate amount of the dwindling manpower. One of these practices is that of the Home Visit.

Although often an enjoyable part of a day within primary care, home visits can be time-consuming and take practitioners away from surgeries where they are most needed. In the time it takes one practitioner to perform a home visit, many more patients could be seen face-to-face in surgery. With pressures mounting, surgeries need to look at their workload and make tough decisions in the interests of their entire practice population. Addressing home visiting rates may help release valuable resources for surgeries.

This guideline is not to replace clinical acumen, nor provide a diktat for practices. We believe many practices would like to address visits, but are unclear of their contractual obligations, and fear criticism and / or complaints. In addition changing the culture of patients in requesting home visits is a perceived challenge.

Derby and Derbyshire LMC would like to support practices in rethinking home visits. We will support you to rationalise the provision of healthcare, whilst continuing to provide excellent, safe, evidenced-based care to your patients.

Dr Susie Bayley
Head of Communications
Derby and Derbyshire LMC and GP Task Force

Why Home Visit?

Home visits play a traditional role in UK primary care. The image of a rural GP on a pleasant drive to see patients between quiet morning and afternoon surgeries is archetypical of English general practice.

As this ideal no longer exists, nor probably ever did, we have to make changes to ensure that precious resources are utilised to serve the needs of many rather than the convenience of a few.

Home vs Surgery

It is fundamental for a clinician to be able to assess a patient in the most appropriate environment.

This is rarely in a patient's home. A number of factors render assessment suboptimal, including: poor lighting, potentially unhygienic conditions, obstacles and inappropriate examination beds.

With the increase in medico-legal cases, it is difficult to justify making clinical decisions after assessing a patient in surroundings, which are less than ideal.

As technology improves we are capable of performing more investigations, and initiating more complex treatments within the surgery than we can at home. Sometimes because it would not be safe to do so in a patient's home, sometimes because the equipment is not readily portable. A home visit could potentially delay important diagnostics and definitive treatment.

Personal Risks

GP home visits are not without risk. Lack of staffing within primary care, means that realistically GPs perform lone visits. Consequently these clinicians are particularly vulnerable.

We would encourage all staff to assess their safety on each visit and take steps to inform other members of the surgery when, and where, a visit is taking place and when it is over.

Contractual Obligations

The GMS regulations 2004 states that in the case of a patient 'it is for the doctor to decide, based on reasonable opinion as to where the patient should attend a doctor's premises or be visited at home'. These regulations equally apply to PMS contracts.

Importantly, there is nothing within the Regulations that prevents 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".

Out of Hours arrangements

This set of guidelines also applies to patients being seen by the Out of Hours (OOH) service.

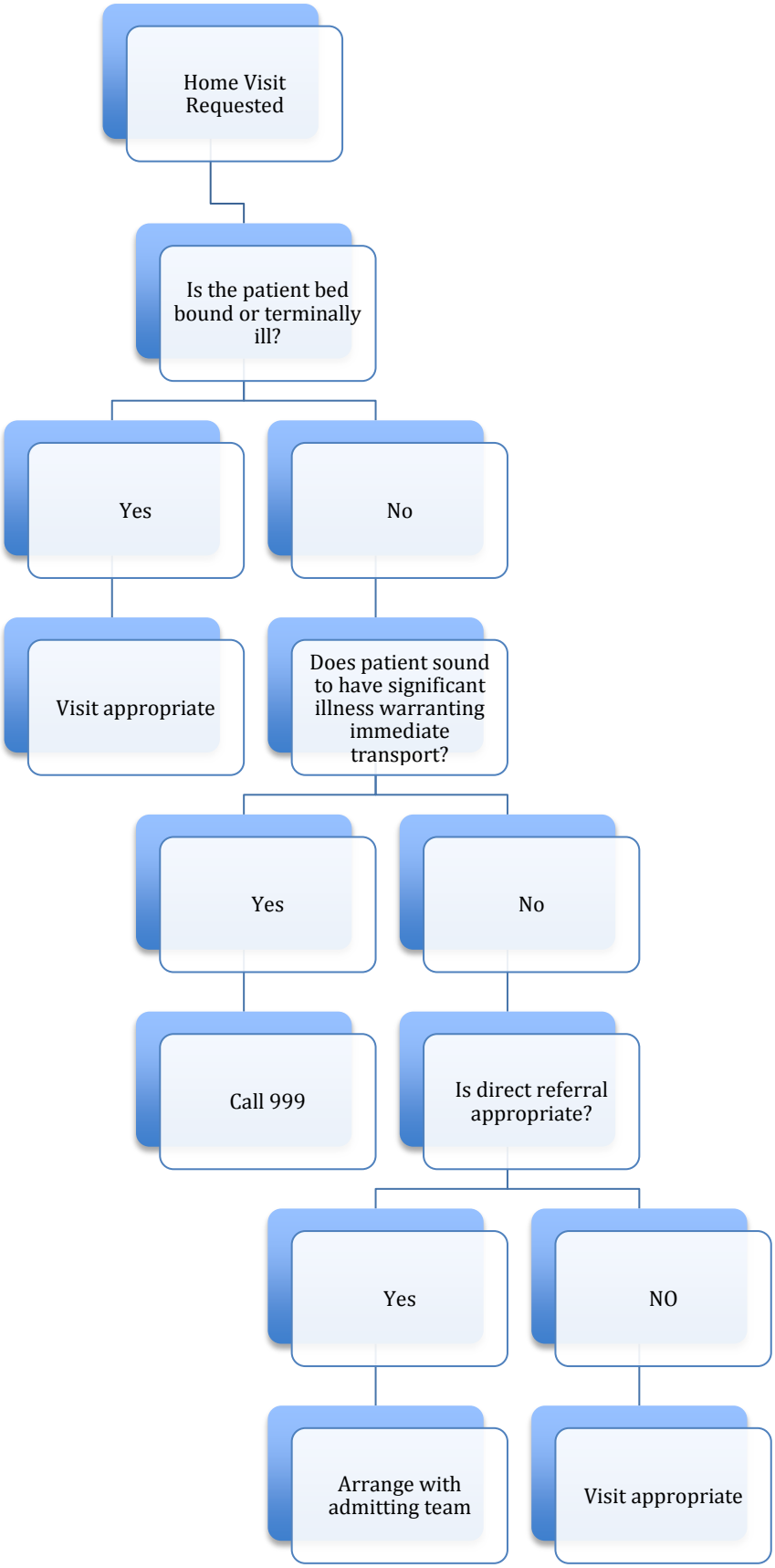
We hope that uniform uptake of this guideline across Derbyshire practices, will act as patient education, and lead to a culture change of appropriate use of home visits. This will lead to easier management of expectations by colleagues working in the OOH environment.

Frequently telephone calls requesting a home visit may have been received and processed by a non-medically trained call-handler who believes a visit may be necessary. Irrespective of this, it still remains at the discretion of the trained clinician as to whether a visit is deemed necessary.

Care Homes

This guideline also applies to those patients in care homes. Nursing, Residential and EMI homes are primarily run by private providers and often understaffed. This may result in insufficient carers being able to accompany residents to appointments. However, often patients are neither terminally ill, nor bed bound. In these cases they should attend surgery as would other registered patients. The onus is on the private provider to properly address staffing and capacity, and not for general practice to fill the gap.

Home Visit Flow Chart



Details

1) Situations where a Home Visit is most appropriate

There are cases where a Home Visit is obviously the most appropriate way to assess a patient. These include:

- Terminally ill patients
- Bed bound patients

2) Situations where a visit may be appropriate

In other cases it may be appropriate to visit patients and should be at the clinician's discretion. This may include acute worsening of a known condition (eg IECOPD where patient has a care plan including home treatment).

3) Situations where a visit is not usually required

In the vast majority of cases where a patient is usually mobile, with an illness not severe enough to require hospitalization, they should be expected to attend surgery.

4) Visiting Children

Children are generally portable, they can be most accurately assessed in surgery and given emergency treatment if required.

5) Transport issues

It may sound unkind, but it is not the responsibility of the NHS to arrange transport. Lack of transport, or funds for the use of transport are not an indication for a home visit.

Until such time as there is a different and separately commissioned service, home visits should be reserved for those patients who are terminally ill and / or bed bound.

A good benchmark is *'would the patient reasonably be expected to attend a hospital outpatient appointment, with or without transport?'* If the answer is yes attendance at a GP surgery is most appropriate. Please note this includes those patients in Residential Care.

Summary of recommendations

Home visits remain a valuable part of primary care, and in some circumstances are the most appropriate way of assessing and managing patients.

This guideline shows you that, for the majority of patients, thorough assessment and triage will demonstrate that attendance at surgery is the most appropriate option.

Implementation of the guideline should help ensure home visits are used appropriately, by the practice, and patients alike.