

Thornton Medical Centre

GP Home Visit Policy

1. Purpose

The practice provides home visits for patients who are **clinically unable to leave their home** and for whom assessment at the practice is not appropriate.

Home visits are an important part of general practice but are a limited clinical resource. They should be used where there is a genuine clinical need to assess a patient in their home.

A home visit is not normally provided because it is more convenient for the patient, because transport is difficult, or simply because the patient is acutely unwell.

2. Who May Be Appropriate for a Home Visit?

A home visit may be appropriate for patients who:

- Are permanently housebound.
- Are significantly frail (Rockwood 7 and above) and unable to leave their home safely.
- Are receiving end-of-life or palliative care at home.

Exceptions to the above criteria may be considered on a case-by-case basis following a clinical review by an appropriate clinician.

The decision will be based primarily on the patient's **ability to safely leave their home**, rather than the nature of their symptoms alone.

Being acutely unwell does not, in itself, make a patient eligible for a home visit.

3. Patients Who Can Leave Their Home

Patients who are normally able to leave their home and attend the practice should generally do so, even when they have developed an acute illness.

Examples include patients who are:

- Feeling generally unwell.
- Experiencing an infection or fever.
- Experiencing new pain or other acute symptoms but are able to travel safely.

- Unable to arrange transport.
- Finding it difficult or inconvenient to attend the practice.

Where appropriate, the practice will offer a suitable alternative, such as a triaged appointment, telephone consultation or advice to contact another NHS service.

4. Acute Illness and Emergencies

A GP home visit should **not be used as an alternative to emergency services**.

If a patient who is normally able to leave their home becomes seriously unwell or is too unwell to travel safely, the appropriate urgent or emergency service should be contacted.

Patients should **call 999** where there is a potentially life-threatening emergency, such as:

- Severe difficulty breathing.
- Severe chest pain or suspected heart attack.
- Suspected stroke.
- Loss of consciousness or significantly reduced consciousness.
- Cardiac arrest.
- Severe uncontrolled bleeding.
- Severe allergic reaction with breathing difficulty or collapse.
- Any other situation where there is an immediate threat to life.

Patients should not wait for a GP home visit in these circumstances.

5. Why Attendance at the Practice Is Preferred

Where a patient can safely attend, assessment at the practice is generally preferable.

The practice has access to a wider range of clinical and diagnostic equipment than can reasonably be taken on a home visit. This can allow a more complete clinical assessment and, where appropriate, access to other members of the practice team.

Home visits also involve significant travel time for clinicians. A clinician can generally assess more patients within the same period when consultations take place at the practice rather than

travelling between patients' homes. This helps maintain timely access to appointments for the wider patient population.

Home visits should therefore be reserved for patients whose clinical circumstances genuinely require assessment at home.

This is not intended to disadvantage patients who are genuinely unable to attend. **Patient safety and clinical need will always take priority.**

6. Requesting a Home Visit

Patients or carers should request a home visit as early as possible (to be considered for a same day home visit, the request must be submitted prior to 11am. Any requests after that time may be reviewed the following working day) and provide:

- The patient's current symptoms and condition.
- Relevant medical history.
- How long the problem has been present.
- Any concerns about deterioration.
- Most importantly, **why the patient cannot safely attend the practice.**

Reception staff should obtain sufficient information to allow appropriate clinical triage but should not attempt to make a clinical diagnosis.

7. Clinical Triage

All home-visit requests will be clinically assessed where appropriate.

The clinician may:

- Arrange a routine home visit.
- Arrange an urgent home visit where clinically appropriate.
- Offer an appointment at the practice.
- Arrange a telephone consultation.
- Direct the patient to another appropriate service.
- Advise the patient to call 999 in an emergency.

The key distinction is:

A patient who is housebound may require a home visit. A patient who is acutely unwell but normally able to leave their home will generally require an alternative form of urgent assessment rather than a routine GP home visit.

8. Home Visit Safety

Clinicians undertaking home visits will follow the practice's lone-worker and staff-safety procedures.

Patients and carers are expected to:

- Ensure safe access to the property.
- Secure animals where necessary.
- Provide accurate information about the patient's condition.
- Treat practice staff respectfully.

The practice operates a zero-tolerance approach to violence, threats or abuse towards staff.

9. Documentation

The reason for requesting and arranging a home visit should be recorded in the patient's clinical record, together with the assessment, findings, management plan and any follow-up arrangements.

Where a home visit is not considered appropriate, the patient should be given an explanation and directed to an appropriate alternative service wherever possible.

10. Review

The practice will periodically review home-visit activity to ensure that visits are being provided consistently, safely and according to clinical need.

This policy will be reviewed at least every 12 months or sooner if there are significant changes to local services, clinical guidance or practice arrangements.