

# **GP Support Unit**

# Standard Operating Procedure Home Visits

Version 1.0



Version	1.0
Approved By (sponsor group)	Dr Delroze Miah - GPSU
Ratified By	Quality Assurance Group (QAG)
Date Ratified	16/11/2022
Name and Job Title of Author	Kirsty West & Janice Brazier – GPSU Patient
	Records Team Leads
Executive Director Lead	Dr Vaishali Ashar
Implementation Date	November 2022
Last Review Date	N/A
Next Review Date	October 2025
SOP Owner	GPSU Patient Co-Ordinator Team Leads
Accountability	GPSU Manager & GPSU Clinical Director

## Version Control Summary

Version	Date	Author	Comment
		Deborah Boddington	
1.0	October 2022	& Jade Murray-	Original
		Dustan	



### **Contents**

1. Background	3
2. Purpose	3
3. Scope	3
4. Home Visit - Patient Eligibility	3
4.1 Patient Request for a home visit	3
4.1.2 Identity Check	4
4.2 Booking the Home visit	5
4.3 Informing the clinician of the Home visit request	5
5. Patients not eligible for a home visit	5
7 Review	5



#### 1. Background

Visiting patients at home is an essential part of General Practice. We encourage patients to come to the surgery wherever possible, however, if a patient is too ill to attend surgery the doctor or paramedic will assess if a Home Visit is appropriate. This will be based on a review of eligibility or if not eligible, a case-by-case review of the request.

The clinician should determine as to whether a visit is required and determine where it is most appropriate to see a patient. This should consider patient safety, clinician safety, access to equipment and facilities to best assess a patient, which is usually at the practice. This does not prevent a doctor from referring a patient directly to the hospital without first seeing them providing this is the most appropriate course of action for the management of the patient in the opinion of the doctor.

#### 2. Purpose

The Standard Operating Procedure (SOP) has been written to:

- Ensure clarity on the booking process for Home Visits
- Ensure knowledge of clinical triage process
- Provide standardisation for clinical coding and recording

#### 3. Scope

This Standard Operating Procedure (SOP) relates to the following General Practice Support Unit (GPSU) staff groups who may be involved in the taking the initial request for a home visit:

Patient Coordinator Team

This SOP does not include clinical actions or processes associated with the Home Visits. Refer to your local SOP for the associated clinical process.

#### 4. Home Visit - Patient Eligibility

The practice follows national guidance around eligibility for home visits. The guidance advises that to be eligible for the Home Visit patients must be either:

- Terminally ill, or
- House bound a patient who is defined as being an individual who is unable to leave their home environment due to a physical or psychological illness, or
- Patients who are severely ill in bed.

It is acknowledged that an individual's needs may change, impacting upon their eligibility for a Home Visit and therefore this needs to be reassessed on a regular basis. It is also responsibility of the clinical staff who manage the Home Visit request (GP or paramedic) to assess the urgency of need for medical attention which should be reviewed through the clinical triage process referenced below.

#### 4.1 Patient Request for a Home Visit

Patients are encouraged to request a home visit before 11:00hrs, this is to ensure that the practice can plan and allocate the required capacity



#### Leighton Road Surgery (LRS)

Home visits requested prior to 11:00hrs will be allocated to the first available clinician for clinical triage, on the available Home Visit appointments list (within SystmOne) by the patient coordinator team.

#### Caudwell Medical Centre (CMC)

Home visit requested prior to 11:00hrs will be allocated to the first available paramedic for clinical triage, as per the home visit schedule on the remote booking access to the East Bedford PCN Clinical Hub.

#### Patient Request for a Home Visit

Home visit requests received after 17:00 will be allocated to the on-call clinician for clinical triage, as per the clinical rota. A Home Visit request after 17:00hrs will be assessed by the clinician and the urgency of medical attention with the assessing clinician.

The Patient Coordinator Team should not give any guarantees to the patient that a clinician will undertake a Home Visit or which clinician may attend. Patients should be advised that a clinician will review their Home Visit request and will telephone them to either (a) triage the patient and / or (b) confirm an approximate time of arrival.

#### 4.1.2 Identity Check

On receiving a request for a home visit the Patient Coordinator Team should confirm the following as an identity check:

- Name of patient
- DOB
- Current address including postcode
- Landline number and / or Mobile number

The administrator should then confirm the following:

- Address at which the visit will take place (if different to the patient's home address)
- Contact number (if different to the patient's recorded number, e.g. a family member's number).

#### 4.1.3 Confirming Eligibility

The administrator should check on the system if the patient is eligible for a Home Visit using the eligible criteria listed in section 4. If a patient is eligible there will be an icon on the patient record indicating that they are a housebound patient.

If the patient is eligible, book the next appointment available within the system and code as "Home Visit". Refer to your local practice guidance on allocation of appointments.

#### 4.1.4 Patients not eligible for a Home Visit

For those patients who do not fall into the eligibility criteria within section 4 the same process as above should be followed. The patient should be triaged for a call back from the clinician to review the request:

 The clinician call should be booked on Systmone, following the local practice appointment allocation process and an entry should be made on the patient notes



- stating that a home visit has been requested but that they do not meet eligibility criteria.
- The clinician either the Paramedic or GP should call the patient to assess if a home visit is required and the urgency of medical attention required.

#### 4.2 Booking the Home Visit

#### Leighton Road Surgery (LRS)

The name of the patient requesting the visit should be entered on to the Home Visit page (within Systmone).

Select the appointment list for the patient's local practice and select the relevant appointment by following your practices local appointment allocation process and complete with the following;

- Patient details (Name, address, and contact number of where the Home Visit is required)
- Within the notes section include a description of the Home Visit request
- Select the clinician who is available for a home visit that day

#### **Caudwell Medical Centre (CMC)**

The name of the patient requesting the visit should be entered on to the East Bedford PCN Clinical Hub (within SystmOne).

There is no need to log out of your practice log in to access the East Bedford PCN Clinical hub, it will open as a separate window.

Select the Paramedic HV schedule which will show all available appointments which can be assigned to home visits and complete with the following:

- Patient details (Name, address, contact number)
- Within the notes section include a description of the Home Visit request
- Select the paramedic who is available for a home visit that day

#### 4.3 Informing the clinician of the Home Visit request

Once the information is entered on to home visit request in Systmone / East Bedford PCN Clinical Hub the request is sent to the clinician as a task for review and action – this could either be the paramedic or GP.

If there are any actions required from the home visit an action will be assigned via Systmone.

#### 5. Review

This SOP will be subject to review every three years, or earlier if any changes to National Guidance or Trust Policy.