**Pontypool Medical Centre**

**Home Visit Policy**

# Introduction

## Policy statement

The purpose of this document is to ensure all personnel within the organisation fully understand the organisation’s system for the triaging and prioritising of home visits thereby ensuring that patient safety is not compromised.

ion, such as agency workers, locums and contractors, are encouraged to use it.

# Policy

## Home visit requests

Requests for home visits are received via telephone (usually between 0800 and 1100). They are triaged by a clinical member of the team and recorded on the clinical system.

When discussing with the patient their condition, it is essential that the following are confirmed:

* Patient’s full name (if not the patient, full name of the person calling, relationship to patient and that consent has been provided)
* Date of birth
* Address
* Contact telephone number
* Named GP
* Known existing medical conditions
* Reason for calling/duration of symptoms
* The patient or carer is to be reminded that staff are not to be unduly exposed to risks.

Risks may include:

* + Moving throughout the premises
	+ Animals
	+ Second hand (or passive) smoking
	+ Any other obvious risks that may cause harm to the employee

In addition, the name, address and telephone number of the next of kin, a family member or nearest keyholder should also be considered in case of a failed visit.

## Home visit justification

Home visits are at the discretion of the GP who will determine if the visit is clinically necessary. Visits are reserved for patients who are genuinely housebound, including those in nursing and residential homes, and terminally ill patients.

A healthcare professional from the organisation may conduct a home visit if they believe the patient’s condition:

1. Prevents them from travelling to the organisation, or
2. The condition may deteriorate as a result of travelling to the organisation

Home visits will not be authorised because of:

1. A lack of transport
2. The patient’s financial situation
3. Childcare issues
4. Poor weather conditions
5. Any other situation deemed inappropriate by the clinician

This organisation will also consider whether alternative ways of assessing the patient are appropriate such as either a video call or a telephone call or, if in a care home, the use of a virtual ward.

Following confirmation that a home visit is required, the delegating GP will ensure that the attending clinician has the necessary skills, knowledge, competence and training to deliver the home visit. Furthermore, appropriate supervision and support will also be provided by the organisation and/or delegating GP.

***The process for justification of undertaking a home visits follows the guidance provided by GMS Wales, which states:***

In Wales, home visits by General Practitioners (GPs) under the General Medical Services (GMS) contract are primarily for patients who are housebound or too ill to attend the surgery. The decision to conduct a home visit rest with the GP based on the patient's clinical need and whether a physical examination at the patient's location is deemed necessary.

Transport issues are generally not considered a valid reason for a home visit.

* **Clinical Need:**

Home visits are reserved for patients whose medical condition requires a physical examination at their residence.

* **GP's Discretion:**

The GP ultimately decides whether a home visit is necessary and how urgently it is required.

* **Housebound/Ill Patients:**

The policy prioritizes home visits for patients who are housebound or too ill to attend the surgery.

* **Not for Convenience:**

Transport issues, lack of childcare, or other inconveniences are not valid reasons for requesting a home visit.

* **Early Requests:**

Practices often request that home visit requests be made before a certain time (e.g., 10 am) to allow for efficient scheduling.

* **Alternatives:**

When a home visit isn't appropriate, the GP practice will advise on alternative options like attending the surgery or seeking assistance from NHS 111.

* **Patient Responsibility:**

Patients are expected to attend appointments at the surgery when appropriate and to make every effort to arrange transportation.

* **Improved Care at Surgery:**

In many cases, the GP practice will prefer to see patients at the surgery as they have better facilities and equipment to provide optimal care.

* **Remote Consultations:**

Remote consultations (telephone or video) may be offered as an alternative to home visits.

Examples of situations where a home visit might be considered:

* Terminally ill patients.
* Housebound patients (those unable to leave their home due to illness or disability). Void if attending OP appointments
* Patients with severe, debilitating illnesses who cannot travel.