NHS
Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
HOME VISITING IN PRIMARY CARE

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VALIDITY – All local SOPS should be accessed via the Trust intranet.

CHANGE RECORD

Version	Date	Change details
1.0	*03.03.2020*	*SOP approved at the GP Clinical Forum subject to final amendments.*
1.1	*11.08.2021*	*Word changed in Social Services option on pg 9*
2.0	*14.09.2021*	*Reviewed. Changes made to Appendix 1 Letter to Care Homes. Appendix 2 changed to 'Information for Patients'.*
3.0	*22/11/2022*	*Reviewed. Scope amended; video consultation option added and addition of Appendix 'When to call 999 (RED)' triage tool. Approved at* Primary Care CNG (29 December 2022).

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1. INTRODUCTION

This Standard Operating Procedure (SOP) has been developed to guide GP practice staff working in Humber Teaching NHS Foundation Trust primary care services to ensure a robust standardised home visiting process which is consistent safe and effective.

Home visiting plays a traditional role within primary care services. HTFT primary care services provide a home visiting service to a registered population that they serve. This complies with both APMS, PMS and GMS contractual obligations and recognises the ever-increasing workload within general practice which is now managing more medical complexity within the community today.

As GP practices need to review their daily workload, the ability to safely assess and treat a patient within their own home, is often impaired by the non-clinical environment. Therefore, it is important that patients are appropriately triaged to ensure they are safely assessed in the most efficient and appropriate way.

We plan to involve staff, members of the wider primary care health team, patients and carers at an early stage to engage and consider their views.

We will implement this new approach by:

- Developing flow charts and scripts to aid staff to give patients the right advice and help them see the most appropriate person on the first appointment.
- Training staff in practices to triage and respond to requests for home visits and appointments with clinicians. Training will be a priority and will be delivered to administrative and clinical staff.
- Using websites and text /phone messages at practices to signpost and educate patients and carers about alternatives to a GP appointment, i.e. how to self-care or get advice from other sources e.g. pharmacists. Other educational opportunities such as new patient registrations, posters in waiting rooms, practice websites and phones messages etc. should not be missed.
- Liaising with care and nursing homes will aim to forge a partnership to obtain the most appropriate care for their patients.
- Encouraging telephone advice and working together to improve end of life care and liaising with homes to facilitate this.
- Working closely with our colleagues in the community e.g. district nurses, community matrons, physiotherapists etc. may prevent the need for a GP visit and allow a streamlined and more timely approach to patient care.

2. SCOPE

This SOP will be used across all primary care services within HTFT. It applies to all permanent, temporary, bank, locum or agency, medical, non-medical, Allied Health Professionals and Primary Care Network (PCN) staff working within HTFT GP practices, providing services for our patients and undertaking home visiting.

3. DUTIES AND RESPONSIBILITIES

The GP Clinical Forum
The GP Clinical Forum will develop, approve and implement and review the effectiveness of this SOP.

Service Managers/Practice Managers and Clinical leads
Review and update the SOP. Ensure dissemination and implementation of SOP. Escalate any concerns to GP Lead for Primary Care /GP Clinical Forum.

4. PROCEDURES

A home visit will be provided if the patient meets the following criteria:

- The patient is bedbound
- The patient is terminally ill

A good benchmark would be "*would the patient reasonably be expected to attend a hospital outpatient appointment with or without transport."*

If the patient **does not meet above criteria** the patient will need to arrange an appointment to visit the surgery. If, however, this is not possible then the administration staff will pass the patient's details on to the clinician that will be triaging the home visit requests.

If the patient **does meet the above criteria** the administration staff at the GP practice will take the patient's name, date of birth and address with a brief description of the patient's current symptoms.

The administration staff will advise the patient/carer that a clinician will be triaging their request and may contact them. The patient will then be placed on a visiting ledger

Once clinically triaged, the Advanced Clinical Practitioner (ACP) or Duty GP will make a clinical decision. This will include one of the following:

- Telephone/Video consultation and raising a prescription (no visit required)
- Arrange a visit by the Rapid Response Team or equivalent service (if available)
- A visit by an ACP or advanced relevant clinician
- A visit by a GP
- Arranging for transfer to an acute hospital

It is the GP/ACP who will determine where it is most appropriate to assess the patient.

For patients who reside in care homes (residential/nursing), it is the provider's responsibility to address capacity/transport issues in order for the patient to be brought to their GP surgery for an appointment.

Red Flags (whereby Administration staff will advise the caller to dial 999)
- Chest pain sudden onset and or associated symptoms nausea and breathlessness
- Stroke (FAST)
- Sudden shortness of breath
- Collapse/blackout
- Severe blood loss
- Life threatening choking

- Severe injury/large deep cuts with blood loss
- Severe burns
- Stab wound
- Ill baby or child
  (Please refer to Appendix 1 ‘When to call 999 (RED)’ triage tool)

If standards of this Home Visiting SOP are not being satisfactorily achieved and barriers have been identified, an action plan will be formulated to identify individual training development needs /clinical skills/ competencies and any clinical supervision and support required to enable staff member to undertake achieve home visiting outcomes. A review date will be set for 1 month to review.

Evidence of Clinical Skills and Competencies from Home visits

- Verbal feedback from patient/carers/individual and managers or others
- Defensible documentation audits
- Electronic consultation produced by staff member
- Clinical and live supervision
- Reflective practice
- Supervision

5. REFERENCES

Induction Policy and Procedure
Supervision Policy
Appraisal Policy
Supervision Policy

Appendix 1 – When to call 999 (RED)

Humber Teaching NHS Foundation Trust

WHEN TO CALL 999/ATTEND A&E

Child (< 16 years)

Symptoms	Category
• High pitched/continuous/weak cry • Not responding/floppy • Non-stop vomiting • Severe pain • Very unwell	Serious signs of illness
• Has had a first fit/seizure • Fits that are not stopping • Loss of consciousness • Acutely confused	Neurological
• Appears pale/blue/mottled • Non-blanching rash (tumbler test)	Skin
• Breathing fast/grunting • Short of breath & unable to speak • Short of breath & not alert	Breathing
• Ingested medicine, toxic substance, or foreign body • Serious head injury (loss of consciousness, vomiting, or visual problems) • Severe allergic reaction (sudden and rapid onset of swelling of the eyes, lips, mouth, throat, or tongue) • Severe burns or scalds • Major trauma/severe injuries • Severe bleeding that cannot be stopped • Suspected or confirmed overdose	Other

If in doubt- speak immediately to your duty doctor/team

WHEN TO CALL 999/ATTEND A&E

Adult (>16 years)

<table>
<tr><td>• Chest pain PLUS any of the following:
➢ Chest feels tight or heavy
➢ Cold/clammy skin, colour change
➢ Difficult/unable to respond
➢ Lasts more than 15 minutes
➢ Not improving with GTN spray
➢ Radiating into arm, neck or jaw
➢ Difficulty breathing
➢ Feels unwell</td><td>Chest Pain</td></tr>
<tr><td>• Ongoing facial/arm weakness, speech problems</td><td>Stroke</td></tr>
<tr><td>• Short of breath & unable to speak
• Short of breath & not alert</td><td>Breathing</td></tr>
<tr><td>• Serious head injury (loss of consciousness, vomiting, or visual problems)
• Loss of consciousness
• Acutely confused
• Has had a first fit/seizure
• Fits that are not stopping
• Severe allergic reaction (sudden and rapid onset of swelling of the eyes, lips, mouth, throat, or tongue)
• Severe burns or scalds
• Major trauma/severe injuries
• Severe bleeding that cannot be stopped
• Very unwell
• Overdose and being unwell with it</td><td>Other</td></tr>
</table>

If in doubt- speak immediately to your duty doctor/team

Appendix 2 - Letter to Care Homes

Date

Dear Care Home

I am writing on behalf of [insert GP practice]. We would like to ask for your help in working with us to deliver the best care possible for our nursing and care home patients.

By working together, we hope to achieve a better experience for the carers, practice staff and most importantly our patients and their relatives.

1. HOME VISITS

We know your concerns about patients' health are at the heart of requests for home visits and we accept that sometimes patients are too poorly or immobile to be brought to surgery. We would only consider visiting bedbound patients or those who are terminally ill. In situations where this is not the case, we ask you to help us by arranging for the patient to be brought to the surgery by yourselves or relatives / friends. This allows the practice to provide care for three or four patients in the time it would have taken to carry out a home visit. In addition, it ensures patients are assessed and treated in the most appropriate environment with access to medical equipment, full medical records and advice from other health professionals as required.

For patients with dementia or learning difficulties, every effort will be made by the practice to offer an appointment at the start or end of the day when the practice is least busy. This will assist in reducing associated anxiety and upset for the visiting patient.

Telephone/Video consultations are often used now to determine whether a patient needs to be seen face to face and may be completed by a doctor or nurse. Telephone/Video consultations should be considered in the first instance as many clinical issues can be resolved without the need for a face to face consultation.

When a home visit is necessary, it will help us greatly if the person who knows the patient best can be present during the visit.

2. PRESCRIBING

When a patient requires repeat medication, it may be that a telephone/Video consultation with the practice pharmacist may suffice, and a home visit is not needed. When you register a patient with our practice, a list of medication should be given to us and our staff may arrange a telephone/Video consultation with you to discuss this.

We have a pharmacy team who is trained to deal with medication queries. If you feel a doctor's advice is needed, telephoning and requesting a telephone consultation is the best way to proceed.

3. TELEPHONE/VIDEO CONSULTATION

As indicated, we encourage telephone/Video consultations to help deal with problems that do not require a face-to-face consultation. For example, Conjunctivitis; urine infections; minor skin complaints. Please feel free to request a telephone/Video consultation or it may be that one is suggested to you.

4. ENGAGE CONSULT

An online consultation is another option you can use to inform a clinician about a non-emergency medical problem.

Engage Consult is an electronic form used to gather information for the clinician to use, just like the clinician would when they see a patient and allows you to get help or advice from the clinician online. It is available 24 hours a day, 365 days a year and messages are reviewed every working day. Engage Consult can be accessed via the practice website on your computer, mobile or tablet device.

5. NHS 111

111 is a non-emergency number available 24/7 for when you need immediate medical advice and guidance, however it is NOT a life-threatening situation.

ALWAYS CALL 999 IN A MEDICAL EMERGENCY.

On occasion we may send staff to monitor your residents, for example if they have sores, cellulitis and other dermatological concerns. It may be appropriate to photograph these in the patient's best interest and with consent to attach the photos to their medical record. They will be used to present to the most appropriate clinician for an effective diagnosis and treatment. For General Data Protection Regulation (GDPR) purposes, the photos will be emailed securely to an NHS.net account, attached to the patient record and deleted from the mobile device.

Thank you for taking the time to read this letter. Following these simple guidelines will maximise our care to all our patients together.

Please do not hesitate to contact me in the future if there is anything we can assist you with or need to discuss.

Regards

Practice Manager

Appendix 3 - Information for Patients

Home visits, whilst convenient, actually offer a poorer standard of care compared to surgery consultations. This is due to:

- **Poor facilities** (e.g. soft beds, poor lighting, lack of hygiene)
- **Inefficiency** (the doctor could see 3 to 4 other equally needy patients in the time taken for a home visit)
- **Lack of records and chaperones** (required for safe care and examinations)

We have noticed that many patients are requesting visits that are inappropriate or unnecessary and this is having a negative impact on other aspects of our service. Calling the doctor out unnecessarily takes them away from patients who may be in more clinical need. Most of the consultations during home visits could easily and safely be carried out in the surgery; often you would be seen sooner rather than waiting for a home visit. Because patients might not know this, we are letting you know our policy on home visits.

Some Myths about Home Visits

- **"It's my right to have a home visit"** – under GP terms of service, it is actually up to the doctor to decide, in their reasonable opinion, where a consultation should take place.
- **"I should get a visit because I'm old"** – our clinical work should not discriminate simply based on age alone.
- **"I can't bring little Freddie out in the weather"** – it is unlikely anyone will be harmed by being brought into the surgery.
- **"The doctor needs to check I'm ready to go into hospital / have a ward to go to"** – paramedics can provide initial lifesaving care and patients will be dealt with appropriately in A&E departments.
- **"I'm housebound"** – being housebound does not always prevent use of transport.
- **"I live in a care home so I can get a visit"** – many such patients still go to hospital outpatients and take trips out.
- **"Can the GP just pop out and see me"** – we have fully booked surgeries and cannot simply drop everything to visit people urgently.

Where Home Visits are NOT appropriate

- **Children, young people or anyone who is mobile** – children are portable and can be seen quickly in the surgery.
- **Lack of money or transport** – this is not a medical responsibility. It is up to patients to organise transport.
- **Lack of childcare or unable to drive** – this is not a medical responsibility.
- **Can't get out due to bad weather** – we are also affected by snow, ice or bad weather.
- **Timed visits between hairdressing and shopping appointments** – patients who are clearly mobile are taking doctors and nurses away from patients more at need.
- **Well, but need a check-over to make sure everything is alright** – our priority is seeing the unwell.
- **Other help more appropriate –** e.g. if you think you are having a heart attack or stroke, please ring 999.

Where Home Visits are appropriate and worthwhile

- **Terminally ill patients** – we have no problems at all seeing those who are at most clinical need.
- **Truly bedbound patients** – we have no problems seeing those who are confined to bed.

If you think you may need a Home Visit
We kindly ask that any patient who is mobile (using walking aids, wheelchair or scooter) see us in surgery. If you are poorly and think you need a same day visit, please ring your request through to reception on [insert practice phone number] ideally *before 10.30am* on the day. The doctor will always consider your request and may call you back.

If we visit you and feel that your request was inappropriate
If we feel that your visit was inappropriate, we will inform you so that you may use our services more appropriately in the future. Please do not be offended, as we have a duty to use our resources effectively for the safety and benefit of all patients.

Useful Information and Help

- **DO I ACTUALLY NEED A HOME VISIT?**

Attend a major A&E department or ring 999 for the following:
- A feverish and floppy (unresponsive) infant
- Difficulty breathing
- Chest pain (suspected heart attack)
- Suspected stroke
- Suspected meningitis
- Anaphylactic shock (severe allergy)
- Heavy bleeding or deep lacerations
- Accidental or intentional overdose of medication
- Trauma (including falls) and broken bones
- Fluctuating levels of consciousness or completely unconscious
- Difficulty breathing or stopped breathing with change in colour
- Seizure, fit or uncontrollable shaking
  (Please refer to Appendix 1 'When to call 999 (RED)' triage tool)

Other options for help:
- **Self-care** – for minor grazes, coughs and colds, sore throats, hangovers, sprains and strains
- **Community link workers** – social prescribing
- **Pharmacist** – for diarrhoea, runny nose and headaches, cuts, rashes, stings and bites
- **Dentist** – toothache, abscesses, gum disease. Ring NHS 111 if you need to find a dentist
- **NHS 111** – general advice, medical help or not sure who to call
- **Social Services** – for advice and help on social matters, including respite care, additional help at home and aids and adaptations.
- **Podiatry** – patients can refer themselves to the Podiatry Service for foot and nail care.
- **Counselling** – patients can refer themselves to a counsellor for mild to moderate anxiety and depression
- **Citizens Advice**

Summary Information

- **I AM FAR TOO POORLY – WHAT DO I DO?**

☑ **I need to ring 999 if my life is in immediate danger –** e.g. suspected heart attack, stroke, heavy bleeding
☑ **I am mobile at home, perhaps I can get to surgery –** even those with ill health may be able to take transport
☑ **I can't get out of bed or feel too ill, I will ring for advice on what to do** – we will always consider your request

- **WHEN IS THE BEST TIME TO RING FOR A HOME VISIT?**

☑ **Ideally before 10.30am or as soon as I feel I may need a home visit** – this helps us to plan our day effectively
☒ **It doesn't matter when I ring, the doctor can just pop out** – doctors are not in a position to drop everything

- **IN WHAT SITUATIONS SHOULD I REQUEST A HOME VISIT?**
-

☑ **I am completely bedbound and cannot leave the bed** – we are happy to visit those in most clinical need
☑ **I have a terminal illness or condition** – we are happy to visit those in most clinical need
☒ **All patients have an automatic right to a home visit** – doctors must consider clinical need only
☒ **As an older patient, I should always get a home visit** – we should not discriminate for or against age
☒ **I have a high temperature, I should not leave the house** – patients will not come to harm leaving the house
☒ **I am a child, young adult or am otherwise mobile** – children are very portable and can be seen quickly
☒ **I live in a residential home so I should get a home visit** – if patients can get out they can come to see us
☒ **I have no money for a taxi or any transport** – this is not a medical responsibility
☒ **I have no childcare for my other children** - this is not a medical responsibility
☒ **I've had a bit to drink and can't drive** - this is not a medical responsibility
☒ **Can you visit me when I get back from the hairdressers?** – those who are mobile can come to surgery
☒ **The weather is really bad, I can't get out** – we also suffer from the effects of bad weather
☒ **I think I may be having a heart attack or stroke** – in this case, a 999 ambulance is more appropriate
☒ **I am housebound** – being housebound does not always prevent the use of transport
☒ **But I've always had a visit from the doctor** – we must always prioritise clinical need
☒ **I've got a really sore throat and a bad cough** – such conditions do not prevent a patient from travelling

Appendix 4 - Visiting Guidelines at a Glance

We expect the care home to provide the transport and escort support as relevant to the needs of the individual resident. The Standard Terms of Business between Care Homes and the East Riding of Yorkshire clarifies at S1.18.2 that 'the usual sum' *(the standard fee)* includes the cost of such transport / escort needs for local health services. The word 'expects' is used as opposed to 'must' as there will be times when it is not relevant for the resident to be taken to the GP Surgery