

Dealing with Requests for Home Visits

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs

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We have been made aware of a number of practices raising concerns regarding an increase in inappropriate home visit requests.

Although there is no automatic right to a home visit, practices should have systems in place to triage and prioritise home visits depending on clinical need.

NHS England (NHSE) issued a patient safety alert in 2016 to raise awareness, following a patient safety incident where a patient's death was related to the lack of prioritisation of a home visit:

<https://www.england.nhs.uk/wp-content/uploads/2016/03/psa-gp-home-visit.pdf>

The alert states:

When a request for a home visit is made, it is vital that general practices have a system in place to assess:

- *whether a home visit is clinically **necessary**; and*
- *the **urgency** of need for medical attention.*

When assessing clinical necessity all patients should be treated fairly and equally, ie each request should be assessed individually and consistently as to whether a GP should visit the patient at home or the patient should attend the practice.

The Care Quality Commission (CQC) *Nigel's surgery 71: Prioritising home visits* contains further detail on the NHSE alert, as well as information on what the CQC is looking for in relation to home visits during their inspections:

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-71-prioritising-home-visits>

Where a significant number of requests are being received which, following assessment, do not clinically necessitate a home visit, practices may wish to consider introducing a home visiting policy or making literature available outlining reasons why a home visit might not be in the patient's best interests, such as:

- A GP practice is a preferable environment for consultations and medical examinations due to the equipment available, lighting, infection control measures etc.
- Not all procedures, tests, examinations can take place outside of a practice, thus potentially necessitating attendance at the practice for follow-up.
- The resources needed to carry out a home visit are diverted from patients attending the practice.
- There may be limited access to medical records away from the practice.
- There is no option to see other, possibly more appropriate, clinical staff within the practice following an initial consultation.