

Ivy Grove Surgery Home Visiting Policy

Reasons behind the need to rationalise home visiting

1. Quality of Medical Care

- a. A doctor's ability to properly assess and to treat a patient seen in their own home is often impaired by the non ideal clinical situation of poor lighting, absence of chaperones, unhygienic conditions and such simple difficulties as soft beds, making it impossible to examine the patient thoroughly.
- b. As technology moves on, sophisticated tests, treatments and equipment are being increasingly employed to improve care; much of this is not portable and thus not available on home visits.
- c. Speed of treatment is facilitated by restricting home visits to those who really need it. Others are to be encouraged to attend properly equipped medical facilities where patients are seen quickly and those that need it, immediately.

2. International comparison

No other country has adopted the visiting habits of British general practice.

3. Issues for the profession

- a. **Workload.** The workload of British GPs has increased greatly over recent years. It seems that it is set to rise further and unless GPs are allowed to deliver care in the most efficient way possible the system seem likely to break down. If patients are seen at the surgery, rather than their own homes, then quite simply more patients can be attended to by a given number of clinicians.
- b. **Safety.** Doctors and nurses are particularly vulnerable to attack when home visiting.
- c. **Stress/Low Morale/Poor Recruitment.** Inappropriate requests for home visits are often quoted by GPs and Nurses as a major source of dissatisfaction.
- d. The current **medico-legal** climate is such that a GP, may have reservations about the prudence of making decisions based on an assessment made in the far from ideal clinical setting of a patient's home.

4. Financial

Cost. Paying highly trained and expensive GPs to spend much of their time driving themselves from house to house makes little sense.

5. Existing guidance

This policy has been developed in conjunction with existing guidance from Local Medical Committees.

Principle and Fundamentals upon which Ivy Grove Surgery Visiting Policy is based

1. **Terms of Service.** The introduction of the new GP Contract in 2004 re-affirmed that it is the doctor's decision whether or not the patient can be reasonably expected to attend the surgery. The GP is only under obligation to visit the patient at any place other than the surgery if it is the doctor's reasonable opinion that it would be inappropriate for the patient to attend the surgery.

It is also very important to emphasise that there is nothing in the Contract that prevents a doctor referring a patient directly to hospital without first seeing them, providing "the medical condition of the patient makes that course of action appropriate".

2. **General practice has never been, and can never be an emergency service along the lines of the police or ambulance.** There is neither the manpower for this, nor the infrastructure to work this way and it would inevitably harm other aspects of our work. It is not appropriate for a doctor to feel compelled to leave a busy pre-booked surgery to attend to a patient at home, who it would seem may be suffering from a serious medical emergency. It is highly likely that the doctor will contribute little to the patient's care above and beyond that offered by the paramedics. Waiting for the doctor to attend may well cause ultimate delay in hospital treatment and in addition to all of this, major disruption to many patients' timetables caused by the doctor leaving his/her surgery patients.
3. **Throughout the development of this policy, the quality of medical care offered by the GPs and Nurses to our patients has been of paramount importance.** The emphasis is that clinical effectiveness must take precedence over patient convenience.

Examples of Visiting Guidelines

1. **Situations where GP home visiting makes clinical sense and provides the best way to give a medical opinion:**
 - a. The **terminally ill**.
 - b. The **truly bedbound** patient in whom travel to surgery by car would cause a deterioration in medical condition or unacceptable discomfort.
2. **Situations where visiting is not usually required:**
 - a. Common symptoms of childhood, fevers, cold, cough, earache, headache, diarrhoea/vomiting and most cases of abdominal pain. These patients are almost always well enough to travel by car. The old wives' tale that it is unwise to take a child out with a fever is blatantly untrue. It may well be that these children are not indeed fit to travel by bus, or walk, but car transport is sensible and always available from friends, relatives or taxi firms.
It is not a doctors' job to arrange such transport
 - b. Adults with common problems of cough, sore throat, "flu", back pain, abdominal pain are also readily transportable by car to the surgery.
 - c. Common problems in the elderly, such as poor mobility, joint pain, general malaise would also be best treated by consultation at the surgery. The exception to this would be in the truly bedbound patient.

VISITING GUIDE AT A GLANCE

Request for medical care made by patient (usually by telephone) to GP or other clinician and backed by appropriate protocols

