

# SOUTH STAFFORDSHIRE LOCAL MEDICAL COMMITTEE

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## GUIDANCE FOR GP PRACTICES ABOUT HOME VISITS

### 1. Introduction

Under the GMS regulations, practices are required to provide services to their registered patients between 8 am and 6.30 pm in the manner determined by the practice in discussion with the patient. It is usually expected that the patient will attend the practice premises for these services, but where the GP considers that the patient needs to be seen and it is inappropriate for him or her to attend the practice premises then the GP is required to provide those services at another place which is usually and most likely to be the patient's home.

Patients sometimes think it is their right to have a home visit if they ask for one, but it is always the GP's decision whether to visit based on the clinical need of the patient. GPs also have a duty to use resources wisely, and GP time is one of the most expensive resources within a practice.

This guidance is aimed to help practices ensure they provide safe and responsive care for their patients while meeting their contractual obligations within the resources available to them.

### 2. GMS regulations relating to Home Visits

The regulations regarding GPs' obligations to visit patients at home are set out in Paragraph 5 (Attendance outside practice premises) of Part 1 of Schedule 3 of the NHS (GMS Contracts) Regulations 2015. These state:

#### 5. Attendance outside practice premises

1. Where the medical condition of a patient is such that, in the reasonable opinion of the contractor:
  - (a) attendance on the patient is required; and
  - (b) it would be inappropriate for the patient to attend the contractor's practice premises, the contractor must provide services to the patient at whichever of the places described in sub-paragraph (2) is, in the contractor's judgement, the most appropriate.
2. The places described in this sub-paragraph are:
  - (a) the place recorded in the patient's medical records as being the patient's last home address;
  - (b) such other place as the contractor has informed the patient and the Board is the place where the contractor has agreed to visit and treat the patient; or
  - (c) another place in the contractor's practice area.

3. Nothing in this paragraph prevents the contractor from:
  - (a) arranging for the referral of the patient without first seeing the patient in any case where the patient's medical condition makes that course of action appropriate; or
  - (b) visiting the patient in circumstances where this paragraph does not place the contractor under an obligation to do so.

It is important to note the wording of this regulation:

1. Where the medical condition of a patient is such that, in the reasonable opinion of the contractor:
  - (a) attendance on the patient is required; and
  - (b) it would be inappropriate for the patient to attend the contractor's practice premises.

This specifies that the deciding criteria are based on the medical condition of the patient such that the condition itself needs attendance but given that medical condition it would be inappropriate for the patient to attend surgery.

In order for the regulations to apply the medical condition involved (not social, transport, or availability of relatives) must require both medical attendance and preclude the patient attending surgery.

It is also important to note that the requirement is for the practice to provide services, and this may mean that it is more appropriate for a different member of the practice team to visit the patient rather than the GP, such as a practice nurse or a paramedic.

### 3. Good Practice Principles for Managing Requests for Home Visits

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.

This can be undertaken, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In some cases, the urgency of need will be so great that it will be inappropriate for the patient to wait for a GP home visit and alternative emergency care arrangements will be necessary.

A contact number for the person who has requested the home visit (the patient or the person who is directly caring for the patient) is taken at the time of the home visit request so the GP can contact them for more information if needed.

It is essential that the practice prioritises home visits on clinical need, and in some cases may legitimately decide not to visit the patient. If the GP decides that a visit is not required, he or she must be able to justify this on the grounds that an adequate assessment was made of the patient's clinical needs and that the patient's needs were appropriately managed. Remember that under Essential Services, GPs are required to provide services required for the management of patients who are, or believe themselves to be ill. If a decision is made not to visit, the patient must be told why and given advice about the management of their condition (for example about self-care) and follow up.

Patients should be encouraged to attend the surgery wherever possible. There are many advantages for the patient as well as the practice for patients to attend the surgery premises:

- Examination conditions are optimal at the surgery
- The GP or nurse will have access to the patient's records
- The GP or nurse will have access to more equipment or tests which may be necessary
- There are safety issues in visiting patients at home
- The GP or nurse can see many more patients in the surgery within the time it would take to make a home visit

Summary of principles:

- Patients should be encouraged to attend the surgery wherever possible in order to receive the best level of care and to ensure the best use of scarce NHS resources.
- Patients should be discouraged from thinking that a home visit is a right and a better level of service.
- The decision to visit a patient at home should be made on clinical need.
- The practice will determine the most appropriate member of the practice team to carry out the visit.
- GPs must ensure they have enough information in order to make an assessment of clinical need.
- Practices must have a system to enable them to prioritise home visits based on urgency.
- If the decision is made not to visit a patient, the practice should explain the reason and provide appropriate advice about self-management.
- Reception staff should be appropriately trained and have access to written protocols for dealing with requests for home visits, including taking a contact number for the person who has requested the visit.
- Publicity should be available for patients on the practice's criteria for dealing with requests for visits.

#### **4. Visits to patients in care homes**

The status of a GP's patient living in a registered home, either nursing or residential, is no different to any other patient living at their own home. The requirement to visit a patient exists only when there is a reasonable medical reason for the visit and a reason, on medical grounds, why the patient cannot attend the surgery. Registered homes often give many reasons for patients not being able to attend the practice premises. Many of a registered home's residents travel outside the home for social activities and, unless prevented from doing so by the condition requiring attention, these residents should be expected to attend surgery premises. The absence of staff to provide escorts, or lack of transport is not relevant and the judgement that a GP must make is whether or not the patient is fit to attend. (Cleveland LMC 2008).

Some CCGs commission an enhanced service from GP practices which may include a requirement for a regular "ward round". (Part of the Care Home "DES").

The practice must be able to contact the person directly caring for the patient in order to assess the need for a visit.

## **5. Acute Visiting Service (AVS)**

This service does not replace the practice's contractual requirement to visit patients at home when clinically appropriate, and practices will still have to provide home visits. The service provides additional capacity that the practice can use where, following triage by the practice, it is appropriate for the service to visit on their behalf. The service is designed to support routine visiting to enable local GPs to better support their patients.