MORTHEN ROAD GROUP PRACTICE

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Procedure for Home Visits

Purpose

This procedure describes the process which the practice will adopt when a patient requests to be visited at home by a doctor.

Objective

To provide a system whereby patients who are too ill to be seen in the surgery can still have access to a clinician, subject to an appropriate assessment of the clinical need by the GP.

Responsibility

The requirements of this procedure shall be carried out by reception staff at all surgeries.

Procedure

- 1. Patients who require a home visit are advised to contact the practice before 10.30am.
- 2. When a patient requests a home visit, the receptionist shall take the following information and records it in the Visits Book and add the patient to the Emis Home visit clinic.
 - Name, date of birth, address, contact telephone number
 - Symptoms / nature of problem

The receptionist should inform the caller that visits are carried out after morning surgery / early afternoon and if the patient's condition deteriorates before then the patient or carer are to call the surgery. The visit will be allocated to an available clinician either an Advanced Nurse Practitioner or a GP, not necessarily clinician of choice.

If the patient is in urgent need of attention then they should call 999 for an ambulance. A receptionist may do this on their behalf if they believe that the patient is on their own.

- 3. The branch surgeries shall phone/fax any visit requests through to Wickersley so that visits can be centrally co-ordinated.
- 4. A GP (usually the on call GP) shall prioritise the visits and allocate them amongst the clinicians in surgery on that day. The Emis Home Visit clinic will be updated with the clinicians allocated to each visit. If there is not enough information on the visit list for the on call GP to be able to prioritise effectively then they shall call the patient or carer for more information.
- 5. The receptionists print a summary sheet which shall include details of the last two consultations and a list of medications taken by the patient.
- 7. The clinician takes the printed information on the visit together with their laptop in case no wireless signal can be obtained.
- 8. On return to the surgery (or at the time of the visit) the clinician will complete a patient task which includes details of any re-visits required. The head receptionist shall organise any re-visits with the District Nursing team if necessary and/or note the visit in the home visit diary (one held at each branch)
- 9. Details of the home visit consultation shall be entered on to the computer system by the clinician making the visit.
- 10. Any requests for home visits which are received after 12.00 noon are automatically passed on to the doctor on call for action.

Procedure reviewed by:	Lynda Blakesley
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