

# Housebound Patient Policy

| Version: | Review date: | Created by: | Approved by: | Comments: |
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## 1.1 Objective

To provide comprehensive and compassionate medical care to patients who are housebound.

## 2.1 Definition of a housebound patient

A housebound patient is someone who, due to physical or psychological illness or restriction, is unable to leave their place of residence without considerable effort or assistance. If a patient is able to leave their place of residence with assistance from a family member, carer or friend, this is a reasonable expectation that you are able to attend the Practice.

Our agreed **definition of housebound patients** aims to ensure that our clinical team are providing clinical care in the home setting only when it is appropriate. It is acknowledged that an individual's needs may change and therefore eligibility for a home visit should be reassessed on a regular basis.

An individual will not be eligible for a home visit if they are able to leave their home environment on their own or with minimal assistance to visit public or social recreational public services (including shopping, hairdressers, cafes etc).

The implementation of the definition of housebound will bring the following benefits:

- Patients who are not able to travel to a clinic or surgery and need to have their care delivered at home are seen in a more timely and efficient way
- More clinical care is delivered in the best setting for delivering safe care
- Time of clinical teams is most efficiently and cost-effectively utilised
- The Surgery is the safest and best equipped place to deliver care and carry out safe and effective examinations.

Each patient's eligibility for home visits will be individually determined by the clinician, based on the above definition and patients assessed as not meeting the criteria for housebound will be expected to attend a clinic or surgery setting. Individual circumstances will be monitored and where an individual and/or health care professional assesses that the patient's needs have changed, the patient's housebound status will be reviewed.

### **3.1 Identification of Housebound Patients**

Clinicians at Foxhill Medical Centre will identify housebound patients during routine assessments or when patients self-report their condition.

Housebound status may result from chronic illness and disability.

### **4.1 Principles for housebound visits**

- Ultimate responsibility to determine whether a patient requires a home visit rests with the assessing clinician.
- Each patient's eligibility for home visits will be individually determined.
- Patients assessed as not meeting the criteria for housebound will be expected to attend a clinic or surgery setting (this may include the Walk in Centre or a local Hub).
- The assessment for housebound will ensure a holistic approach including assessment of the patients' physical, social and psychological needs.

- Individual circumstances will be monitored and where an individual and/or Health care Professional assesses that the patient's needs have changed due to either an acute onset of illness or gradual deterioration in their conditions, the patient's housebound status will be reviewed."

## **5.1 Requests for home visits**

Our clinicians here at Foxhill Medical Centre will assess and consider how they respond to visit requests in a timely manner, this is likely to involve telephone triage in advance to get further information to make an informed decision about whether a visit is appropriate and whether any emergency care is required. E.g. Patient with chest pain should be redirected to 999 emergency response, and would not be appropriate to wait for a home visit at the end of a routine surgery.

## **6.1 Governance**

There are some services commissioned by the Integrated Care Board (ICB) to support review of acutely unwell patients who might otherwise present to the emergency portals. These include services such as the paramedic home visiting service used locally or other initiatives. These services may require GP Practice referral and agreement at the outset. If they have capacity and are available, then these offer an option for same day assessment of a clinically unwell patient but please be aware that these services can be transient in funding and capacity can fluctuate.

## **7.1 NHS 111**

NHS 111 is run by non-clinical advisors who match a patient's symptoms to algorithms within clinical pathways software to arrive at an appropriate disposition for care. There are several Primary Care dispositions. It is not the remit of 111 to dictate a GP visits a patient at home nor for the GP to be expected to see patients who need emergency care which is not part of the GMS contract.

## **8.1 Transport**

One of the most common reasons for a home visit request is due to lack of transport rather than due to a patient's medical condition. NHSE is clear that it is not Foxhill

Medical Centre's responsibility to arrange transport or to visit a patient at home because the patient has difficulty arranging transport.

Patients will be encouraged to seek help with transport from relatives, neighbours, friends or taxi firms.

### **9.1 Children**

Children should be brought to the surgery by a parent or responsible adult. If a home visit is requested then more information will be sought via telephone as to the nature of the problem.

Difficulty sorting out childcare is sometimes cited as a reason to request a home visit. This is not clinically appropriate; the patient may bring their children to the practice rather than miss their appointment or request a visit for this reason.

### **10.1 Technology**

Telephone triage, video calling and electronic consulting are all available and their increased uptake is encouraged. We do not consider the use of an on-line bookable appointment to be an appropriate route to request a home visit.

### **11.1 New Ways of Working**

New models of care, Clusters, Federations, Alliances and PCNs exist to provide services on behalf of Primary Care at larger scales of economy. Some of the services and allied health professionals recruited to projects or services within these models could be deployed to see acutely unwell patients and along with Access Hubs and Walk in Centres could offer a potential alternative location and pathway for patients requesting home visits to be seen.

### **12.1 Out of area registrations**

Practices are not obliged to accept registration for out of area patients. Where a practice has an agreement with an individual patient to continue giving care when they have moved out of our catchment area we can agree to continued registration without the obligation of providing home visits.