Home Visit Policy

(including administration and clinical protocols)

August 2020

Version Control

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B Document Details

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1. Introduction

In response to the COVID-19 pandemic, Primary Care Knowsley (PCK) had to develop new ways of working to not only comply with national guidance/legislation but to more importantly meet the needs of the practice population(s). Since 23rd March 2020 COVID-19 has forced general practice to change the way that care is provided to patients with the main emphasis on remote working via total triage, thus reducing footfall and helping to keep patients safe from contracting the virus.

Ensuring that all patients can access primary medical care at a time and location convenient to them is a growing challenge for the NHS and more so in recent months, and therefore it is imperative that each practice within PCK utilises its capacity and resources efficiently to ensure equity of access to the patient population(s).

One effective means of ensuring that hard to reach and/or vulnerable patients are able to access the Practice services are to undertake home visits. Home visits have long been used by the Practice for this purpose, but are becoming increasingly difficult to fit in alongside other demands on the Practices' time.

This document sets out how PCK is to meet the needs of the patient population(s) in delivering safe, effective and responsive care to those patients with and without COVID-19 symptoms.

It is essential to limit the number of healthcare professionals visiting the patient's home. Where possible, the practices will liaise with the wider community care team looking after the patient to ensure that the visit is carried out by the most appropriate professional.

Any healthcare professional who visits the patient should consider whether they can perform duties of other team members to avoid multiple visits.

Through implementation of the Home Visiting Policy, PCK member practices will aim to ensure that all appropriate registered patients will receive access to a home visiting service in a timely manner.

2. Housebound Patients

The Practice has developed a definition of housebound; the aim of this definition is to encourage people who are able, to attend clinics for their appointments, and to limit the use of home visits.

Services will be delivered in a patient's own home if they meet the agreed definition of housebound which aims to ensure that the Practice team are providing routine clinical appointments in the home setting only when it is appropriate.

It is acknowledged that an individual's needs may change, impacting upon their eligibility for a home visit and therefore this needs to be reassessed on a regular basis.

2.1 Definition of Housebound

A patient will be deemed to be housebound when they are unable to leave their home environment through physical and/or psychological illness.

A patient 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).

The above definition includes those patients who reside in residential and nursing homes.

2.2 Key Principles

The key principles for housebound patients are as follows:

- Ultimate responsibility to determine whether a patient requires a home visit rests with the assessing clinician.
- Age is not a criterion for a home visit, the criteria applies to all ages.
- 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 the Practice.
- The assessment for housebound will ensure a holistic approach including assessment of the patients' physical, social and psychological needs.
- Home visits will not be undertaken for social / transport reasons.
- Individual circumstances will be monitored and where a clinician 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.

2.3 Benefits

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

- The Practice will ensure equity of access to the practice population, seeing only appropriate patients within a home setting.
- Patients who are not able to be seen in Practice and need to have their care delivered at home are seen in a more timely and efficient way.
- Clinical care is delivered in the best setting for delivering safe care.
- The Practice resource and capacity is utilised in the most cost effective and efficient way.

3. Requesting and Booking a Home Visit

Patients are encouraged to request a home visit before 10:30am, this is to ensure that the practice can plan and allocate the required capacity. However, each practice will be responsible for patient need between 8:00am and 6.30pm.

Home visit requested prior to 12pm will be allocated to clinicians for clinical triage, as per the home visit schedule on EMIS.

Home visit requests received after 12pm will be allocated to the on-call clinician for clinical triage, as per the clinical rota on EMIS.

Decisions as to whether or not a home visit is warranted rest with the assessing clinician.

The administration team should not give any guarantees to the patient that a clinician will undertake a home visit or which clinician may attend.

Patients should be advised that a clinician will review their home visit request and will telephone them to either (a) triage the patient and/or (b) confirm an approximate time of arrival.

Where a patient is complaining of chest pains then the Practice will ask the patient to put the telephone down and to call for an ambulance immediately (the responsibility to call an ambulance will be the patients), as per practice policy.

If all home visit appointments have been taken then any further home visit requests should be allocated from clinician number one, as per the home visit schedule on EMIS.

If a clinician has availability in their clinical schedule to undertake a home visit then they will undertake the visit, if deemed appropriate following triage.

4. Home Visit – Administration Protocol

4.1 Identity Check

On receiving a request for a home visit the administration team should confirm the following as an identity check:

- Name of patient
- DOB
- Current address including postcode
- Landline number
- Mobile number
- Email address

The administrator should then confirm the following:

- Address at which the visit will take place (if different to the patients home address)
- Contact number (if different to the patients recorded number, e.g. a family members number)

4.2 Confirming Housebound Status

The administrator should check if the patient is recorded as being housebound, if the patient is recorded as housebound then, when opening their medical record, they will have an alert that says "Housebound Patient". If there is no alert then the administrator should complete a search in the patients' consultation history in EMIS (by typing housebound in the search box to identify if there is a coded or non-coded entry of housebound).

The administrator should complete the Housebound template in EMIS for **all** patients requesting a home visit. The template is called Home Visit Triage (2020) and asks the following questions:

1. Is the patient currently recorded as Housebound?
2. Are you usually able to leave your home either on your own or with minimal assistance (e.g. to socialise, to do your shopping or visit family)?
3. Are you housebound as a result of a recent change in circumstances?
4. What is the main reason for requesting a home visit?
5. Do you wish to be seen at your home address? If no, what is the address and postcode of the address you wish to be visited at?
6. Do you have a carer (somebody that looks after you on a permanent or temporary basis)?

7. If you have a Carer, what is their relationship with you, their name and contact details?

The template will also contain the following COVID-19 screening questions to establish whether or not the patient has symptoms of COVID-19:

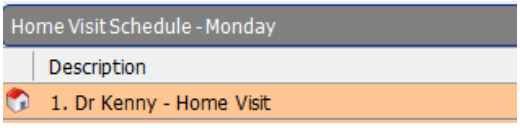
8. Do you have a high temperature (fever)?
9. Do you have a new continuous cough?
10. Have you had a new loss or change to your sense of smell or taste?
11. Does anyone in your household have a high temperature (fever), a new continuous cough or a change in their sense of smell or taste?

IMPORTANT NOTE: If the patient answers yes to any questions Q8 to Q12 then they will be required to follow the COVID-19 pathway for their respective practice.

4.3 Adding the Patient to an EMIS Schedule

The name of the patient requesting the visit should be entered into the 'home visit schedule' on EMIS web (as per Fig. 1). The home visit schedule contains the name of the clinician and the order in which home visits should be allocated. For example, the schedule in Fig. 1 is a Monday and contains 5 clinicians, each having two home visits allocated to their work schedule, meaning that there are 10 home visits available. The administrator should allocate a home visit request in the order as displayed in EMIS[1].

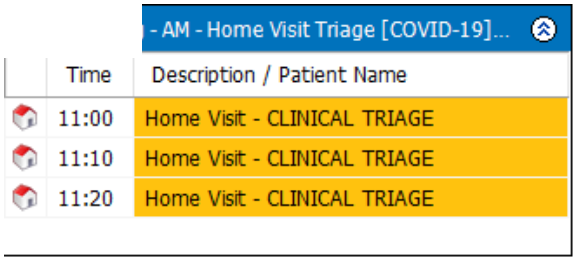
Fig. 1 – Example of a Home Visit Schedule in EMIS



[1] Each day of the week has a different order of Clinicians within the home visit schedule

The name of the patient requesting the visit should also be entered into the clinicians' Home Visit Triage slot in their schedule, as per the red circle in Fig. 2. This will ensure that the clinician will have time to triage the patient prior to making a decision on the subsequent action, i.e. if the patient requires a visit or not.

Fig. 2 – Example of a Home Visit Triage slot in EMIS



5. Informing the Clinician of a Home Visit Triage

The administrator should make the clinician aware that they have been allocated a home visit to triage and this should be by way of sending a screen message in EMIS. The screen message should read something similar to *"Dr Maassarani, you have been allocated a home visit which has been added to your home visit triage schedule. Please confirm receipt and contact the patient at your earliest convenience".* The administrator should continue to 'nudge' the clinician via screen message until they confirm receipt of the task.

6. Home Visit – Clinical Triage Protocol

6.1 Clinical Triage

On completing their morning surgery each clinician should review their personal clinical schedule to see if they have been allocated any home visits for triage (patient names will be present in their home visit triage slots, as per Fig. 2).

The clinician should review the patients' consultation notes which will contain information taken from the administration team during the home visit triage. In addition, the clinician should review the patients' notes in EMIS to assess their past and recent medical history.

6.2 Contacting the Patient

The clinician should contact the patient via telephone and discuss their home visit request ensuring that they update EMIS by adding the "Telephone call to patient" SNOWMED code (24671000000101) to indicate a call has been made. If the patient is not currently recorded as being housebound then it will be to the discretion of the clinician as to whether the patient is housebound and therefore is eligible (or not) for a home visit. This may or may not be determined until the home visit has taken place.

6.3 Total Triage

As with the reduction in face to face contacts for patients attending the practice, the need for a home visit should be carefully assessed and should only be done if:

- telephone or video consulting cannot be done, or
- a physical examination is considered essential and the patient is unable to attend the practice/COVID hub[2].

All home visit requests should be triaged in the same way as requests for ambulatory patients – with remote assessment in the first instance.

6.4 COVID-19 Screening

The clinician should check the patient COVID-19 responses that were asked by the administrator and saved in the consultation notes (via the template).

7. Eligibility

7.1 PCK Practices in West PCN and East and South PCN

7.1.1 Patients not eligible for a home visit

If the patient is deemed to be ineligible for a home visit, i.e. they are not temporarily housebound or housebound, the clinician should follow the appropriate pathway in the General Practice COVID-19 SOP in booking an appointment, i.e. at the practice (non-COVID symptomatic) or the COVID hub.

If the Clinician deems the patient to not be housebound and they have the housebound code recorded in their medical record then the clinician should add the No longer housebound SNOWMED code in their record (760661000000106).

[2] Patients from all practices excluding Dr Maassarani and Partners are eligible for the COVID Hub based in Nutgrove Villa if they are able to attend an appointment.

If the patient is not deemed eligible for a home visit OR the clinician has deemed a home visit to not be appropriate (even if the patient is eligible) then the clinician should document the reasons for their decision in the patient record. In addition, the clinician should indicate that the patient has been triaged but not visited by clicking on the patient name and then clicking 'N'. This will put a strike through the patients name and turn the home icon red (see Fig. 3).

Fig. 3 – Confirming that a patient has NOT been visited in EMIS

7.1.2 Patients eligible for a home visit: COVID-19 Symptomatic patients

If the patient has symptoms of COVID-19 then the clinician should book the patient into the COVID Home Visit schedule that is covered by the on-call duty clinician.

The clinician will send the patient a SMS to inform them that they will be wearing PPE and to provide advice regarding the provision of a safe environment, e.g. open windows, no unnecessary family members in the house/room during the visit etc.

The clinician should communicate the visit to the on-call clinician AND the Practice Operations Manager (POM) by way of EMIS screen message and bring their attention to the visit. This will provide the on-call clinician the opportunity to secondary triage the patient if required and the POM the opportunity to make ready the PPE for the visiting clinician.

The clinician should add a **Home visit planned by healthcare professional** SNOWMED code (408382000) to the patient record and confirm an approximate time of arrival with the patient.

If the Clinician deems the patient to be housebound, and if the patient does not have a housebound code already recorded within their medical record, then they should add the **housebound** SNOWMED code (160689007).

If the Clinician deems the patient to be temporarily housebound (e.g. they may be recovering from a cardiac event), and if the patient does not have a housebound code already recorded within their medical record, then they should add the **temporary housebound** SNOWMED code (428415003).

7.1.3 Patients eligible for a home visit Non COVID-19 Symptomatic patients

If the patient does not have symptoms of COVID-19 then they should book the patient into their own Home Visit schedule.

The clinician will send the patient a SMS to inform them that they will be wearing PPE and to provide advice regarding the provision of a safe environment, e.g. open windows, no unnecessary family members in the house/room during the visit etc.

If the clinician is deemed to be high risk and therefore not seeing patients for face to face assessments then the triaging clinician should book the patient into their colleagues home visit slot. The clinician should communicate with their colleague via EMIS screen message and/or telephone and ensure all required information is available.

The clinician should add a **Home visit planned by healthcare professional** SNOWMED code (408382000) to the patient record and confirm an approximate time of arrival with the patient.

If the Clinician deems the patient to be housebound, and if the patient does not have a housebound code already recorded within their medical record, then they should add the **housebound** SNOWMED code (160689007).

If the Clinician deems the patient to be temporarily housebound (e.g. they may be recovering from a cardiac event), and if the patient does not have a housebound code already recorded within their medical record, then they should add the **temporary housebound** SNOWMED code (428415003).

7.2 PCK Practices in Kirkby PCN

7.2.1 Patients not eligible for a home visit

Only patients with no symptoms of COVID-19 who are deemed not to be housebound will be ineligible for a home visit. If the patient requires an appointment then the clinician should follow the procedure for booking the patient into a practice appointment (refer to General Practice, COVID-19 SOP).

If the Clinician deems the patient to not be housebound and they have the housebound code recorded in their medical record then the clinician should add the No longer housebound SNOWMED code in their record (760661000000106).

If the patient is not deemed eligible for a home visit OR the clinician has deemed a home visit to not be appropriate (even if the patient is eligible) then the clinician should document the reasons for their decision in the patient record. In addition, the clinician should indicate that the patient has been triaged but not visited by clicking on the patient name and then clicking 'N'. This will put a strike through the patients name and turn the home icon red (see Fig. 4).

7.2.2 Patients eligible for a home visit: COVID-19 Symptomatic patients

If the patient has symptoms of COVID-19 and requires a face to face assessment then they will by default be deemed to be housebound[3] and will be eligible for a home visit from the on-call clinician.

The clinician should book the patient into a slot in the on-call schedule (that is covered by the on-call duty clinician) and change the properties to Home Visit.

The clinician will send the patient a SMS to inform them that they will be wearing PPE and to provide advice regarding the provision of a safe environment, e.g. open windows, no unnecessary family members in the house/room during the visit etc.

The clinician should communicate the visit to the on-call clinician AND the Practice Operations Manager (POM) by way of EMIS screen message and bring their attention to the visit. This will provide the on-call clinician the opportunity to secondary triage the patient if required and the POM the opportunity to make ready the PPE for the visiting clinician.

The clinician should add a **Home visit planned by healthcare professional** SNOWMED code (408382000) to the patient record and confirm an approximate time of arrival with the patient.

If the Clinician deems the patient to be housebound, and if the patient does not have a housebound code already recorded within their medical record, then they should add the **housebound** SNOWMED code (160689007).

If the Clinician deems the patient to be temporarily housebound (e.g. they may be recovering from a cardiac event), and if the patient does not have a housebound code already recorded within their medical record, then they should add the **temporary housebound** SNOWMED code (428415003).

[3] This is due to Dr Maassarani and Partners not partaking in the Kirkby PCN COVID Hub model.

8. Undertaking a Home Visit - COVID-19 symptomatic patients

8.1 On-call Clinician

In order to limit the number of clinicians undertaking home visits for COVID-19 symptomatic patients, the practice will identify one clinician within the rota who will be responsible for on-call activity and any COVID home visits on that day.

The clinician responsible for undertaking the home visits will be the on-call duty clinician. The home visits will be scheduled at the end of the on-call session so that clinicians can visit the patients prior to 'close of business' and therefore minimise the contact with colleagues in practice.

8.2 PPE

The on-call clinician should follow infection prevention and control guidance and be aware of any additional precautions required (e.g. if patient is on home non-invasive ventilation).

For all face to face encounters with patients, clinicians will use full PPE provided by the practice to ensure appropriate levels of protection for the home visit. The PPE required for each home visit is as follows:

- Hazmat suit
- Gloves
- Plastic apron
- Face visor
- Surgical mask/FP2 mask

Clinical waste and PPE should be disposed of as set out by the Environment Agency (England) and PHE.

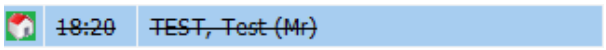
The clinician should ensure that 'home visit' bags contain necessary additional PPE and clinical waste bags.

8.3 Updating the clinical system

On completing the home visit the clinician should ensure that the patients' notes in EMIS are updated in terms of the outcome of the visit. The clinician should ensure that the **home visit** SNOWMED code (439708006) is added in the consultation note. In addition, the clinician should indicate that the patient has been visited by ensuring the patient name has a strike through which turns the home icon green (see Fig. 5).

IMPORTANT NOTE: the clinician will not be expected to come back in to practice to complete the above administration task. If the clinician does not have direct access to EMIS via a mobile/tablet device then they should contact the administration lead in practice to update the patients' record. The administration lead will support the clinician in completing the patient consultation on their behalf.

Fig. 5 – Confirming that a patient has been visited in EMIS



9. Undertaking a Home Visit – Non COVID-19 symptomatic patients

9.1 PPE

The clinician should follow infection prevention and control guidance and be aware of any additional precautions required (e.g. if patient is on home non-invasive ventilation).

For all face to face encounters with patients, clinicians will use full PPE provided by the practice to ensure appropriate levels of protection for the home visit. The PPE required for each home visit is as follows:

- Gloves
- Plastic apron
- Face visor
- Surgical mask/FP2 mask

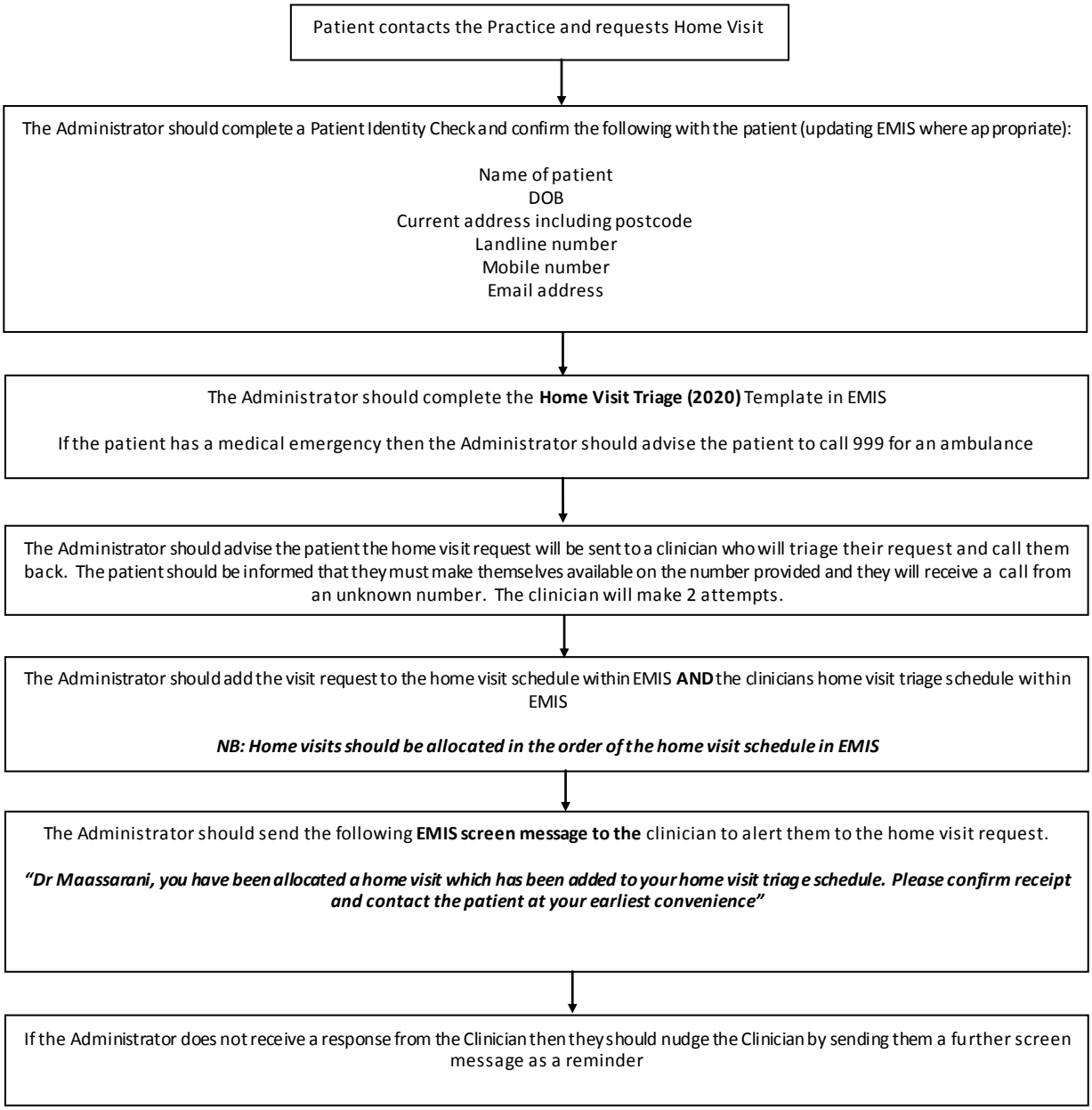
Clinical waste and PPE should be disposed of as set out by the Environment Agency (England) and PHE.

The clinician should ensure that 'home visit' bags contain necessary additional PPE and clinical waste bags.

9.2 Updating the clinical system

On completing the home visit the clinician should ensure that the patients' notes in EMIS are updated in terms of the outcome of the visit. The clinician should ensure that the **home visit** SNOWMED code (439708006) is added in the consultation note. In addition, the clinician should indicate that the patient has been visited by ensuring the patient name has a strike through which turns the home icon green (see Fig. 5).

Appendix 1 – Administration Home Visit Request Protocol



Appendix 2 – Clinician Home Visit Protocol