

## Home Visiting at Moore Street Surgery – an information leaflet for Patients

Home visits, whilst convenient, actually offer a poorer standard of care compared to surgery consultations.

This is because of:

- Poor facilities (e.g. soft beds, poor lighting, lack of hygiene)
- Inefficiency (the doctor could see 4 to 6 other equally needy patients in the time taken for a home visit)
- Lack of records and chaperones (required for safe care and examination)

We have noticed that many patients are requesting visits that are inappropriate or unnecessary. This is having a negative impact upon other aspects of our service. Calling the doctor out unnecessarily takes them away from patients who may be in more clinical need. Most of the consultations during home visits could easily and safely be carried out in the surgery. Because patients might not know this, we are letting you know our policy on home visits.

### Some MYTHS about Home Visits (all of these are not true)

- **“It’s my right to have a home visit”** - under GP terms of practice, it is actually up to the doctor to decide, in their reasonable opinion, *where* a consultation should take place.
- **“I should get a visit because I’m old”** – our clinical work should not discriminate simply based on age alone.
- **“I can’t bring little Freddie out in this weather”** – no-one will be harmed by being wrapped up and brought in.
- **“The doctor needs to check I’m ready to go into hospital/have a ward to go to”** – paramedics can provide initial lifesaving care and patients will be dealt with appropriately in A&E departments.
- **“I’m housebound”** – being housebound does not always prevent use of transport.
- **“I live in a care home so I get a visit”** – many such patients still go to hospital outpatients and take trips out.
- **“Can the GP just pop out and see me”** – we have fully booked surgeries and cannot simply drop everything to visit people urgently.

### Where Home Visits are NOT appropriate (some examples only)

- **Children, young people or anyone who is mobile** – children are portable and can be seen quickly in the surgery.
- **Lack of money or transport** – this is not a medical responsibility. It is up to patients to organise transport.
- **Lack of childcare or been drinking alcohol and not able to drive** – this is not a medical responsibility.
- **Can’t get out due to bad weather** – we are also affected by snow, ice or bad weather.
- **Timed visits between hairdressing and shopping appointments** – patients who are clearly mobile are taking doctors and nurses away from patients more at need.
- **Well but need a check over to make sure everything is all right** – our priority is seeing the unwell.
- **Other help more appropriate** – e.g. if you think you are having a heart attack or stroke, please ring 999.

## Where Home Visits are appropriate and worthwhile

- **Terminally ill patients** – we have no problems at all seeing those who are at most clinical need.
- **Truly bedbound patients** – we have no problem seeing those who are confined to bed.
- **So poorly would be harmed if moved** – we have no problems at all seeing those who are at most clinical need.

## If you think you may need a Home Visit

We would kindly ask that any patient who is mobile (own legs, using walking aids, wheelchair or scooter see us in surgery. If you are poorly and think you need an urgent same day visit, please ring your request through to reception on **0151 944 1066** before 10:30am on the day. The doctor will always consider your request.

## If we visit you and feel that your request was inappropriate

If we feel that your visit request was inappropriate, we may inform you so that you may use our services more appropriately in the future.

## Useful Information and Help

### DO I ACTUALLY NEED A HOME VISIT?

#### Attend a major A&E Department for the following:

- A feverish and lethargic (drowsy) child
- A feverish and floppy (unresponsive) infant
- Difficulty breathing
- Sudden, severe abdominal pain
- Accidental or intentional overdose of a medication
- Trauma (including falls) and broken bones

#### Ring 999 for these life-threatening conditions:

- Chest pain (suspected heart attack)
- Suspected stroke
- Suspected meningitis
- Anaphylactic shock (severe allergy)
- Heavy bleeding or deep laceration
- Fluctuating levels of consciousness or completely unconscious
- Difficulty breathing or stopped breathing with change in colour
- Seizure, fit or uncontrollable shaking

#### Other options for help:

- **Self-care** – for minor grazes, coughs and colds, sore throats, and hangovers.
- **Pharmacist** – for diarrhoea, runny nose and headaches.
- **Walk in Centre** – for sprains and strains, cuts, rashes, stings and bites, road traffic accidents.
- **Dentist** – toothache, abscesses, gum disease. Ring NHS 111 if you need to find a dentist.
- **NHS 111** – general advice, medical help or not sure who to call.

## Summary Information

### I AM FAR TOO POORLY – WHAT DO I DO?

- I need to ring 999 if my life is in immediate danger – e.g. suspected heart attack, stroke, heavy bleeding
- I am mobile at home, perhaps I can get to the surgery – even those with ill health may be able to take transport.
- I can't get out of bed or feel too ill, I will ring for advice on what to do – we will always consider your request.

### WHEN IS THE BEST TIME TO RING FOR A HOME VISIT?

- First thing, as soon as I feel I may need a home visit – this helps us to plan our day effectively
- It doesn't matter when I ring, the doctor can just pop out – doctors are not in a position to drop everything
- Last thing, just so I can see if I get any better – we can always give telephone advice if you are not sure.

### IN WHAT SITUATION SHOULD I REQUEST A HOME VISIT?

- I am completely bedbound and cannot leave the bed – we are happy to visit those in most clinical need
- I have a terminal illness or condition – we are happy to visit those in most clinical need
- I am so ill that I would be harmed if I was moved – we will assess each case individually
- All patients have an automatic right to a home visit – doctors must consider clinical need only
- As an older patient, I should always get a home visit – we should not discriminate for or against age
- I have a high temperature and should not leave the house – patients will not come to harm if wrapped up
- I am a child, young adult or am otherwise mobile – children are very portable and can be seen quickly
- I live in a residential home so I should get a home visit – if patients can get out they should come in to see us
- I feel alright but just need a Dr to check me over – we are very busy enough seeing those who are unwell
- I have no money for a taxi or any transport – this is not a medical responsibility
- I have no childcare for my other children – this is not a medical responsibility
- I've had a bit to drink and can't drive – this is not a medical responsibility
- Can you visit me when I get back from the hairdressers? – those who are clearly mobile can come to surgery
- The weather is really bad, I can't get out – we also suffer from the effects of bad weather
- I think I may be having a heart attack (or stroke)! – in this case, a 999 ambulance is more appropriate
- I am housebound – being housebound does not always prevent the use of transport
- But I've always had a home visit from the doctor – we must always prioritise clinical need
- I need a visit to check I'm ready for admission to hospital – paramedics can provide initial treatment
- I've got a really sore throat and bad cough – such conditions do not prevent a patient from travelling
- I need to use a stick because I don't walk very well – poor mobility is a condition best dealt with in surgery
- I just don't feel like coming out to surgery today – this is not an appropriate reason for a visit request.