

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Home Visit Guidelines		Doc. No.	CL027
Scope	Clinical Directorate			
Purpose	To ensure patients requiring a home visit are all seen in a timely and appropriate way based on clinical need.			
GUIDELINES	<p>This procedure offers support and guidance to visiting clinicians to enable them to ensure that patients are visited by their clinical priority first and geographical location second.</p> <p><u>Clinical Prioritisation</u></p> <ul style="list-style-type: none">• 1 Hour – Emergency visits and palliative care patients• 2 Hour – Urgent• 6 Hour – Non-urgent			
PROCEDURE				
1	<p>In most of the cases documented below, a visit would not be an appropriate use of the clinician’s time or in the medical interest of the patient:</p> <ul style="list-style-type: none">▪ Common symptoms of childhood fevers, colds, cough, sore throat, earache, diarrhoea, vomiting and most cases of abdominal pain. In these instances, patients are usually well enough to travel. More accurate diagnosis can also be made with all the examination facilities and equipment available to the clinician at the Urgent Care Centre▪ The clinician can use the equipment that is unable to be transported in the mobile vehicle▪ Adults with common problems such as cough, sore throat, influenza, general malaise, back pain and abdominal pain are also readily transportable to the Urgent Care Centres.▪ If patients do not personally have cars, there are usually family, friends, or a taxi service available. It is useful to consider these possibilities in advance, in case the patient requires travelling to an Urgent Care Centre. Patient transport is available – the guidelines for the transportation of patients to be followed			
2	There will be occasions where the patient or relative will be unsure or have doubts. On these occasions, patients should have a conversation with a clinician. Following that			

	conversation, it may be agreed that a seriously ill patient would be helped by a visit from a clinician.
3	<p>A home visit is recommended in the following circumstances:</p> <ul style="list-style-type: none"> ▪ Makes clinical sense and is recognised as the best way of giving medical opinion ▪ Terminally ill patients ▪ The truly housebound patient for whom travel to an Urgent Care Centre by car / bus would cause deterioration in their medical condition ▪ Disabled patients
4	<p><u>Negotiation</u></p> <p>Where a clinician considers, that for clinical reasons, a face-to-face meeting with a clinician is needed and there is no need for a home visit, but the patient or carer is insisting that a visit takes place, then the medical lead and Urgent Care 24 will support clinicians in taking a firm but fair negotiating position. Clinicians are reminded that inappropriate home visits take care away from those who need them and lengthen the time before they are seen. Clinicians are strongly urged to provide home visits only to those who need them for clinical reasons.</p>
5	<p><u>Prioritisation</u></p> <p>When selecting which priority to use for home visits during triage, clinicians should always use clinical reasons and not reasons of anxiety. When selecting those for emergency or urgent priority, clinicians should consider using the following scenario to assist in their decision making; would they leave a daytime surgery that is due to run for the next three hours before undertaking this visit in daytime hours.</p>

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Title	Home Visit Guidelines		Doc. No.	CL027
Version	V6			
Supersedes	All previous versions			
Approving Managers/Committee	Medical Lead for Out-of-Hours			
Date Ratified	2006 (original)			
Department of Originator	Medical Directorate			
Responsible Executive Director	Medical Lead			
Responsible Manager/Support	Service Manager, Out-of-Hours SDU			
Date Issued	2006 (original)			
Review Date	August 2022			
Target Audience	All Operational and Clinical Staff			
Version	Date	Control Reason	Accountable Person for this Version	
V1 – V4	2006 – 2012	Updated (see previous SOP)	Various	
V5	October 2015	Reviewed and updated	Medical Lead	
V6	August 2019	Updated organisation name	Service Manager	
Reference documents		Electronic Locations	Locations for Hard Copies	
		Primary Care 24 Intranet	Standard Operating Procedures File in the Call Centre	
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