

Control Procedure

Home Visiting Service

Contents

1.	Scope	1
2.	Purpose	1
3.	Responsibilities	1
4.	Definitions.....	2
5.	Associated Documents.....	2
6.	Referrals	2
7.	Home Visits	4
8.	Consultations	4
9.	Post Visit Actions	5

1. Scope

- 1.1 This control procedure applies to activities concerned with the delivery of the Home Visiting Service (HVS).

2. Purpose

- 2.1 The purpose of this procedure is to detail the current best practice for delivery of the Home Visiting Service against the requirements of the contract, and against customer and patient expectations.

3. Responsibilities

- 3.1 The Home Visiting Team lead is responsible for ensuring all team members are aware of, and comply with, this procedure.
- 3.2 The Home Visiting Team lead is responsible for ensuring all rotas are filled.
- 3.3 The Home Visiting Team is responsible for the communication, operation and maintenance of this procedure.
- 3.4 The Home Visiting Team are responsible for the effective implementation of this procedure.
- 3.5 Any individual Home Visiting Team member can take responsibility for suggesting additions and / or improvements to this procedure.

4. Definitions

- 4.1 **HVS:** Home Visiting Service. A contracted service where housebound patients requiring a clinical home visit are referred to THCIC by the patient's registered GP Practice.
- 4.2 **EMIS:** An electronic patient record system used widely in Primary Care, Acute Care and Community Pharmacies.
- 4.3 **Inclusion Criteria:** Conditions that are covered by the scope of the HVS. Criteria are derived from the contract.
- 4.4 **Exclusion Criteria:** Conditions that are not covered by the scope of the HVS. Criteria are derived from the contract.
- 4.5 **PCN:** Primary Care Network. Groups of general practices working together with a range of local providers, including across Primary Care, Community Services, Social Care and the Voluntary Sector, to offer more personalised, coordinated health and social care to their local populations.
- 4.6 **EDN Code:** Electronic Discharge Notification. A code specific to each practice that links to the practice Docman system for processing all incoming documents.

5. Associated documents

- 5.1 All associated documents referred to in this procedure are highlighted in bold and underlined.

6. Referrals

- 6.1 The service is contracted to operate between the hours of 08:00 and 18:00 Monday to Friday with clinicians being available to respond to referrals from 09:30.
- 6.2 When a Thanet based GP surgery wishes to make a referral, they contact the Home Visiting Service team via the telephone number distributed to all surgeries and also available on the company website.
- 6.3 Calls are taken by an HVS administrator who records patient details on an **HVS Referral Sheet**. The details recorded include:

- Surgery
- NHS Number
- Name
- Postcode
- Access Instructions

- Covid 19 signs
- Housebound
- Referring Clinician
- Symptoms

- 6.4 The administrator will confirm with the referring surgery that the patient has been spoken to by their GP and that a consultation has been documented detailing the reason for the referral.
- 6.5 If the GP has not spoken with the patient, the administrator will ask the referring surgery to do so and then request another referral.
- 6.6 The administrator will confirm the referral meets the **Inclusion Criteria** for the service.
- 6.7 If the referral does not meet the **Inclusion Criteria**, the administrator will communicate this to the referring surgery and advise that the referral has been declined along with the reasoning, making reference where necessary to the criteria.
- 6.8 Thanet Health CIC has data sharing agreements in place with all Thanet based GP surgeries. Therefore, the referred patient's medical history can be checked to provide a full background before the patient is visited. If patient records are not shared, administrator will contact the GP surgery and ask them to speak with the patient to request permission to share records.
- 6.9 The patient's medical history is reviewed via EMIS and a HVS summary printed.
- 6.10 If the administrator notices that the patient has been referred on multiple occasions for the same complaint, they will need to decide if this is a follow up appointment. HVS do not offer follow up appointments and the referring surgery will be reminded of this.
- 6.11 A check is carried out on any pertinent warning notes against the patient record. These notes are used by the administrator to undertake a basic pre-visit risk assessment which may determine the most appropriate clinician for the visit or that a two-person visit is required.
- 6.12 If the referral meets all HVS criteria, the administrator will book a patient appointment in the correct PCN appointment list, change the appointment slot to the correct GP surgery colour, and include a comment detailing which clinician is scheduled to make the visit.
- 6.13 The scheduled clinician will be handed the HVS summary for each patient they are scheduled to visit.
- 6.14 If multiple referrals have been made and accepted, the administrator will schedule them in the most logical way possible based on urgency and geographical location.

7. Home Visits

- 7.1 Each clinician will be assigned a controlled kit bag that they will take with them on their visits throughout the day.
- 7.2 Each clinician is assigned a laptop that they will take with them on their visits throughout the day.
- 7.3 On arriving at the patient's property, the clinician will use the laptop to update the appointment status on EMIS. The status at this point will be updated to 'A' which denotes that the clinician has arrived. If the clinician is unable to connect to EMIS due to loss of the Virtual Private Network (VPN) connection they will write a message on the group chat via the encrypted WhatsApp service.
- 7.4 The clinician will attempt to enter the property in order to see the patient and carry out a consultation.
- 7.5 If the clinician is unable to gain entry to the property, they will assess the best course of action to take. This may include:
- Looking through ground floor windows.
 - Continuing to telephone the patient.
 - Calling through the letterbox.
 - Attempting to contact next door neighbours.
 - Contacting any detailed relatives.
 - Contacting the referring surgery.
 - Contacting emergency services.
- 7.6 If the clinician is still unable to gain access to the property but is satisfied that there is no need to call emergency services, they will contact the referring surgery to inform them of the situation.
- 7.7 Once the clinician has gained access to the property, they will carry out a dynamic risk assessment to assess their safety.
- 7.8 If the clinician has any concerns, they will leave the property immediately and call the HVS administrators. If they are unable to vacate the premises, they will attempt to get a message to the HVS administrators.
- 7.9 If, for any reason, the clinician is unable to attend a scheduled visit, they will call the HVS administrator as soon as possible to inform them. The HVS administrator will then take the appropriate action.

8. Consultations

- 8.1 The clinician will use the laptop to update the appointment status on EMIS. The status at this point will be updated to 'S' which denotes that the patient is being seen.

- 8.2 The clinician will conduct their consultation and type their notes on EMIS under the THCIC EMIS CDB Code.
- 8.3 Once the clinician is happy the consultation is complete and they have taken the appropriate clinical actions, they will leave the premises.
- 8.4 The clinician will use the laptop to update the appointment status on EMIS. The status at this point will be updated to 'L' which denotes that they have left the premises.
- 8.5 If the clinician feels it is necessary, they may request that an HVS administrator communicates immediately with the referring practice so the GP is made aware of required follow up actions such as blood tests.

9. Post Visit Actions

- 9.1 Upon completion of the visit, an HVS administrator will send the consultation to the referring GP Practice.
- 9.2 The consultation must be sent as a .pdf attachment via email to the Practice's individual EDN Code. If there is a GP action required, the consultation should also be sent to the GP surgery email address , with all relevant information.
- 9.3 As this is a transfer of confidential patient information, the consultation must only be sent to an nhs.net email address. No other email address is acceptable as it may not be secure. Refer to the **Transfer of Data Procedure** for more details.
- 9.4 HVS administrators will complete an HVS Audit to include:
 - Date
 - Referring surgery
 - PCN
 - Care Home name
 - Time of referral
 - Time visit was completed
 - Time between receiving referral and seeing patient
 - Type of visit
 - Clinical type
 - Rejections
 - Rejection reason
 - Appropriateness
 - Outcome
 - Actions

- 9.5 The details of this audit will be recorded in the **HVS Audit Log**.
- 9.6 At the end of each month, a Pivot Table will be populated with all the data from that month and, when completed, sent to the ICB.