

We have noticed that some patients are requesting home visits that are inappropriate or unnecessary. This is having a negative impact on 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.

- Patients do not have an automatic right to a home visit.
- Under their terms of working, doctors are required to consider home visits for medical reasons only, not because of transport or financial issues.
- All visit requests will be medically assessed to check if they are appropriate.

Home visits, whilst convenient for patients, actually offer a poorer standard of care compared to surgery consultations. This is because of:

- Inadequate facilities
- Inefficiency (the doctor could see 4 or 5 other equally needy patients in the time taken for a home visit)
- Lack of records (required for safe care)
- Lack of chaperones.

Home visits are only for patients who are:



- Bedbound
- Terminally Ill
- Would come to serious harm if moved

[If you think you may need a home visit](#)

We would kindly ask that any patient who is mobile see us in the surgery. If you are poorly and think you need an urgent same day visit, please call the surgery before 10:30am. 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. Please do not be offended, as we have a duty to use our scarce resources effectively for the benefit of all our patients.

Some Myths about Home Visits (all of these are not true!)

- “It’s my right to have a home visit” – under GP terms of service, 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 because of someone’s age.
- “I can’t bring my child out in this weather” – no-one will be harmed by wrapping up warmly and coming to the surgery.
- “I’m housebound” – being housebound doesn’t always prevent use of transport.
- “I live in a care home so I get a visit” – many such patients still go to hospital clinics and take trips out.
- “The GP can just pop out and see me” – we fill every available appointment, every day. We simply don’t have the luxury of interrupting clinics to do this.

Some examples of where Home Visits are NOT appropriate:

- Children, young people, or anyone who is mobile. Children are easy to move 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 and often neighbours, friends or relatives can help.
- Adverse weather – practice staff are also affected by bad weather.
- Timed visits between other appointments – patients looking for home visits between trips to the shops or hairdresser are clearly mobile and able to come to the surgery without diverting resources into unnecessary home visits.
- Feeling well, but want checked over to make sure everything is alright – our priority is seeing unwell patients.
- Where other help is more appropriate – if you have an emergency call 999. For non-emergencies consider whether another health professional can help you e.g. a pharmacist, optician or dentist.

Where home visits are worthwhile

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