

## Covid-19

## ----- Guidance for practices



**Date: 26.10.2020**

**Please be aware that this is a rapidly evolving situation.**

### Home visiting during Covid-19 pandemic

#### Principles

- During the current crisis, and in-line with the operating model, the health and care needs of patients should be delivered, as far as clinically possible, remotely.
- A home visit may be required in situations where patients are, for example, extremely vulnerable or still require shielding, frailty, palliative care or assessment of a recent discharge from hospital not able to be performed remotely, and which could be for non-Covid-19 or Covid-19 related problems. A practice may also choose to offer a patient a home visit instead of calling them in for a face-to-face appointment if the practice deems it inappropriate for them to attend the surgery.
- Visiting HCPs must have undertaken infection prevention and control (IPC) training and PPE must be worn. Donning and doffing PPE must be carried out before and after every patient contact, with any items placed on the patient being bagged for cleaning after use.
- The duration of the visit should be minimised.
- The number of different individual health care professionals visiting the patient should be minimised, wherever clinically appropriate and logistically possible.

#### Considerations prior to undertaking a home visit

- We recommend conducting remote triage/consultation prior to any face to face encounter, including visits. This is to:
  - Ensure that the visit is still required.
  - Determine whether the patient or any household member has confirmed or suspected Covid-19, or is self-isolating/in quarantine
  - Ensure as much information is gleaned remotely as possible to limit the duration of the face to face clinical encounter, and to ask for anything that you are likely to need to be available at the time of the visit, such as an MSU/self-monitoring results
- It is important to ensure that the home visit bag is fully stocked, including adequate supplies of PPE and clinical waste bags

#### Self-monitoring

- The pandemic has increased the use of home medical equipment and self-monitoring, eg blood pressure and oxygen saturation. Instituting home monitoring may enable the provision of safer care and increased remote monitoring.

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### **Models of delivery of home visiting services**

- There are different evolving models for the delivery across London for core in-hours home visiting services in response to the pandemic, to help practices ensure sustainability of services. For example, there may be an STP level service, a borough level service delivered by the federation, or PCN level services. Practices who wish to work at scale in this way may be required to release staff to resource the visiting rota and wider staffing arrangements.

### **Other providers delivering home visiting**

- During the first wave, many practices reported that home visiting services contracted to other providers were discontinued or scaled back with a resultant impact on patients, and hence general practice in delivering safe care. Please note that general practice is not required to deliver services contracted to other providers. We hope that this issue will not recur, but please do notify your LMC of any further concerns so that possible service gaps can be raised with providers and commissioners.
- It is important to be aware of other healthcare professionals who are visiting your patients, and to collaborate appropriately to minimise the number and duration of visits