



COVID-19 CLINICAL SOLUTIONS

What did you do?

We created a home visits team, led by a supervising GP and made up of ACPs alongside this, who complete home visits throughout the day as soon as the request has been submitted and triaged by a GP.

Who are you?

Dr Drew Bradman & Dr Rebecca Marshall, Haxby Group Practice; Haxby and Wigginton Health Centre, The Village, Wigginton, York, UK.

What was the problem?

Prior to COVID-19, home visits occurred over lunchtime. Requests were allocated by reception. If a home visit request came in after lunchtime, unless urgent, it would often be deferred until the next day. COVID-19 means GPs are needed elsewhere for telephone-triage and face-to-face contact with more acutely ill or complex patients.

What was the solution?

A home visits team has been created composed of ACPs and a supervising GP deemed Visits Lead. Home visit requests submitted by patients using Klinik software are triaged by the Visit Lead. The majority of home visits are completed by the ACP team at the time of submission who debrief post-visit with the supervising GP. If necessary (for example, a palliative patient or complex case), the Visits Lead will complete the request. This new system has meant home visits are completed more promptly, as the visiting team are solely dedicated to this with no clinics. Subsequently, if admission is necessary, this is also faster. Furthermore, it has meant home visit requests can be submitted and completed at any time of day compared to a 2-hour window over lunchtime. Additionally, all home visit requests are now triaged and allocated by a GP. This clinical oversight ensures that clinical resource is most effectively utilised and deployed at a time where efficient use of workforce and skills are of paramount importance.

Reflecting on data for home visits has enabled us to appreciate the impact these changes have had. In May 2019, 630 home visits were completed by GPs and 137 by ACPs. In May 2020, 34 visits were completed by GPs and 119 by ACPs. The overall number of visits has drastically reduced but the shift in type of clinician completing the visit has meant that GPs have been able to be reallocated to other areas of clinical need as they are completing 22% rather than 82% of home visits.

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