

The Central Surgery

Home Visit Policy

1. Policy Purpose

This policy outlines the circumstances under which The Central Surgery will provide home visits for patients who are receiving end-of-life care, or where visits are requested for reassurance or due to social or safeguarding concerns. The aim is to ensure patients receive appropriate, compassionate, and clinically justified care in their home environment where necessary.



Housebound
Patient Policy v1 202

This policy should be read in conjunction with the housebound policy

2. Policy Scope

This policy applies to:

- Palliative or patients approaching end of life
- Requests for home visits based on patient or relative reassurance
- Patients experiencing social issues that may impact clinical wellbeing or safety

3. Home Visits for palliative care or patients approaching end of life

The Central Surgery is committed to providing compassionate, patient-centred care to those identified as being in the last phase of life. The care pathway for palliative patients has changed over time to ensure that patients are being cared for by the most appropriate team. This means that you may not be seen by a clinician from The Central Surgery but by other services that the NHS has set up to provide care for palliative patients, for example the specialist palliative care nurses.

- Patients receiving palliative or end-of-life care will be prioritised for home visits, where clinically appropriate.
- Visits may be proactive, as part of an agreed care plan, or reactive in response to symptom escalation or caregiver concerns.
- Frequency and timing will be based on clinical need and multidisciplinary input.
- Telephone or video consultations may supplement face-to-face visits.

V1 Last reviewed 24.10.2025 SK/AS

Next review Due 24.10. 2026

4. Home visits to verify a death

Who Can Verify Death?

Under current law, any competent adult can verify death. The surgery should assure themselves that the person who has verified death has been able to correctly identify the person and the fact of death.

Historically, GP surgeries would visit the home and verify a patient's death. Due to changes to the work of GP surgeries over the years, current guidance advises that surgeries can use what is called Remote Verification of Death Process which enables a GP to verify a death by video or phone if there is an adult present.

Where possible we try to respect the views of relatives or carers if they do not wish to be part of the process but they may be asked to do so if appropriate.

If a GP decides they need to go out and verify the death of a patient, this will be arranged at a time when the GP is able to leave the practice and so it may not be immediate - this may be in between clinics or after clinic.

5.Reassurance-Based Home Visits

Requests for home visits based solely on anxiety, uncertainty, or familial concern will be assessed case-by-case by a clinician.

- Where clinically justified (e.g., deteriorating mental health or complex emotional distress), a referral may be made to the CRISIS team.
- Alternative support options (welfare calls, mental health referrals, community services) will be considered.

5. Social or Safeguarding Concerns

- Clinicians will triage social or safeguarding concerns and decide if a home visit is required.
- Visits may be coordinated with or conducted by a social care team, nursing, or mental health services.
- Formal safeguarding alerts will be raised when appropriate.

- Non-clinical support will be managed by statutory or voluntary agencies, not solely by the Practice.

6. Limitations and Boundaries

- Home visits are not guaranteed and will be based on clinical need, risk assessment, and resources.
- Patients who are already under the care of the palliative team, LOROS or other specific service may be directed back to that service as the most appropriate service for support.
- Requests that are primarily for social or comfort reasons, without clinical risk, will usually be redirected to appropriate services.

7. Documentation and Communication

- All visit requests and outcomes will be documented clearly.
- Patients and families will be informed of the decision and advised of alternative support options where appropriate.

8. Review

This policy will be reviewed annually or sooner if NHS guidance or best practices change.