How to guide – General Practice Nurses undertaking House Calls

This 'How to Guide' has been written for the nurse working in a general practice setting providing services to a patient in their own home.

Whilst PNs are employees of an independent contractor, who is therefore not bound by all Board policies, it might be helpful for practices, as employers, to consider the issues covered in this guidance and the Board policies.

While home visiting can have significant benefits to patients, there are risks associated with nurse home visits for the nurse, patient and employer that require policies and procedures to be established by Practices. These systems should address occupational health and safety requirements and highlight potential risks to ensure the House Call role is maximised.

Planning

Practice team is aware of risks, benefits, processes and roles

To ensure a successful framework for PNs undertaking House Calls there needs to be a whole practice approach.

- All staff must be aware of the role they will play.
- Consideration of the benefits to the patient as they may already have good rapport with GPN. The nurse's knowledge of patient, family and social circumstances and they may be well placed to support family at home.
- Consideration of impact of the changes of the role to the individual nurse.

Consideration of the following will allow the creation of a robust policy for use within your Practice.

PN role	Provide clear guidance as to activities that the PN will carry out whilst on house calls
	 PN Job Description/Contract, how will this be amended to include change of duties
Safety	NHS GGC Lone Working information
	 <u>NHS GGC Lone Working Policy</u>
	 NHS GGC Partnerships Lone Working page
	 Practice Policy Level (above NHSGG&C guidance can support development of below)
	 Management of Lone Working
	Consider producing policy
	Risk assessment
	Personal safety
	Communication
Equipment	What equipment is required
	How will this be carried
	Transport of samples
	Transport of vaccines/cold chain
	Waste disposal
Practice	How are House Calls allocated
Arrangements	Frequency of House Calls
	Time allocation per visit
	Travel time in between visits
	Who makes appointments
	IT/notes availability during visit
	Consider integrating into current processes
Future Opportunities	Consider training for GPN to include verification of death
	 Increased collaboration with community nursing team
Travel	Method of travel
	If using car, Drivers licence, insurance cover.

	 Agree policy if accident occurs during House Calls Mileage costs Consider using template for logging miles Payment Agree payment mechanism Agree mileage costs <u>https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax</u> <u>http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook/mileage-allowances</u>
Insurance	 Practice: Are the Practice's indemnity arrangements robust? PN: some Unions provide indemnity for House Calls: check with the General Practice Nurse Car: GPN's car insurance policy will need to include work within car usage section. This often costs extra, consider implications/reimbursement of cost

Implementation

Support the practice staff in their roles

- Consider supporting process with check list
- Practice Nurse must inform staff that they are about to leave and ensure there is robust understanding as to where they are going and expected times at each patient and expected time of return to Practice.
- Consider creating a process for escalation should an issue occur during visiting

Review

After the first few visits reflect on the process, issues that arose and what improvements can be made.