North West London

NWL: In Hours Home Visiting Standard Operating Procedures

This SOP will be regularly updated based on latest guidance and service provision, to reflect the current situation and to make it more comprehensive. A change control process is in place.

Version Control - Summary

V #	Date	Key changes

NHS
North West London

1. Purpose

1.1 The purpose of the home visiting service is:

a) To provide all in hours GP home visiting where non face-to-face means of management have been exhausted;
b) As Covid-19 prevalence increases in the community it should be assumed that all home environments may contain Covid-19 and therefore be managed via this service regardless of whether the reported symptoms are Covid-19 related;
c) To ensure the maximum number of patients are cared for in the community.

1.2 Related documents

These SOPs should be read in conjunction with:

- NWL Covid-19 Hub SOP
- NWL COVID community management pathway
- NWL IPC Guidance COVID

2. Patient criteria

Included:

- Patients registered with a GP in [X] CCG, or residing within the CCG area and not registered to a practice;
- Patients triaged by the Covid Hub or general practice, as needing clinical assessment in their home environment either due to being non-ambulant or not having access to private transport to the hub (including those in residential care settings);

Exclusions:

- Patients who can be dealt with remotely;
- Patients who are too unwell for the service and require admission to hospital;
- Patients able to travel to a Covid-19 hub via their own means of transport;

3. Service provision by in hours home visiting service

a) The service will run 8am – 6.30pm Monday to Friday, outside of this current out of hours arrangements will apply
b) A shift will last 5.5 hours (including half an hour handover)
c) All clinical consultations – telephone or face to face - should be recorded in the relevant template (EMIS/SystmOne) which will be available via laptop

d) As this is an in hours service it will be staffed by GPs from local practices within their practice sessions. A practice may opt out however would need to undertake its own home visits or fund the cost of a session staffed by the host of the rota (LCW for West London, Central London and Ealing and CareUK for Brent, Harrow, Hillingdon and Hounslow)
e) Cars will be staffed with 1 GP and one other clinician per shift
f) Scrubs will be provided for all personnel, including the driver
g) The service will run out of the borough hot hubs where the clinician and driver may don and doff PPE and replenish medication, equipment and PPE supplies
h) The whole clinical team will need to have training before starting a shift for the first time
i) Cars and drivers will be provided by the respective out of hours provider for the area

3.1Before a shift

a) Check stock levels for PPE, equipment and medication
b) Ensure all mobile devices (telephones and laptops) are in working order and charged

3.2Triage and transfer

1. If following telephone triage by the hub or practice, it is determined that a home visit is warranted the clinician will use a cross-organisational slot to book the appointment slot and call the home visiting clinician via the allocated mobile phone to handover and confirm the following:
    - Brief history and presentation
    - What specific examination may be needed
    - The reasons for the home visit

2. If home visit is agreed the home visiting clinician will call the patient and confirm time of arrival.

3. The hub clinician will ensure the following information is recorded at the time of booking
    i. Name
    ii. DOB
    iii. NHS number
    iv. Contact number

3.2 Arrival

a) On arrival the home visiting clinician will call the patient and take as full a history as possible, to minimise face to face time.

b) The clinician will also request that windows are opened and inform the patient that masks will be left by the door for the patient to wear before the Drs enter the property.
c) If it is essential for another occupant to present during the visit they must also be provided with and wear a mask.
d) The Drs will don PPE on the doorstep prior to entry to the property, if the residence is multi-occupancy (high rise, hostel, shared accommodation) masks should be donned before entry to the building.

3.3 Clinical Assessment

a) Prior to entering the home the clinician will review the notes and be aware of:
    i. Reason for attendance
    ii. What they are likely to be examining
    iii. What equipment they will require for the assessment (e,g, thermometer, oxygen saturation monitor, PEFR if patient owns meter)
    iv. What medication they are likely to require
b) Once the patient has been contacted and is wearing the face mask the clinicians will enter the home
c) The Dr will undertake any further history and examine the patient as appropriate to make a clinical assessment with reference to the following principles:
    i. What specific examination is needed?
    ii. Are you sure this cannot be performed by another method (e.g. accuRx video consultation)?
    iii. Are the examination findings alone going to significantly affect the clinical management?
    iv. Is the management plan that will be derived from examination going to have a significant impact on morbidity or mortality of the patient?

d) The second clinician will take the notes at a distance of at least 2m or as far as is practicable
e) At the end of the consultation the clinicians will leave the patient's home, doff PPE at the threshold and place in a yellow plastic contamination bag to be stored in a rigid box in the boot of the car and disposed of at the hub
f) The clinicians will clean hands and other exposed parts with sanitiser and will return to the car
g) The clinicians will ensure a notification is sent back to the usual practice advising of the outcome of the consultation
h) Where the clinician is concerned about a patient they will provide a decision for further follow up, by phone / home visit / further F2F consultation or informing the HMS bypass number
i) Where a patient requires attendance at the hospital as an emergency pathway the infectious nature of the disease will be highlighted
j) Equipment should be wiped thoroughly with antiseptic wipes between visits

4. Facilities

4.1 Equipment

a) Equipment will come from the hub stock
b) A suggested equipment list is provided in Appendix 5.2
c) Equipment should be disposable where possible
d) If re-usable equipment is used, it should be decontaminated after each use
e) A car should contain sufficient equipment for the full shift and not have to return to the hub to restock unless critical

4.2 PPE

a) The required PPE is outlined in the NWL IPC Guidance provided with the SOP
b) The PPE guidance follows the PHE recommendations
c) Scrubs will be provided for clinicians and driver
d) Examination gloves, fluid repellent aprons and fluid repellent surgical masks must be used for each patient following the donning and doffing procedure included within the NWL IPC Guidance
e) The clinician should risk assesses the need for goggles if there is a chance of splash/contamination to the face
f) Goggles should be removed at the end of each consultation and cleaned with the rest of the contaminated equipment
g) A car should contain sufficient PPE for the full shift and not have to return to the hub to restock unless critical

4.3 Cleaning and waste

a) Procedures for cleaning and waste are outlined within the NWL IPC Guidance
b) Cars should be deep cleaned at the end of each shift
c) All waste should be disposed of as clinical waste

5 APPENDICES

5.1 Proposed medication stock

Medication should be held in a dispensable format.

a) Amoxicillin 500mg Capsules 21
b) Amoxicillin 125mg/5ml Oral Suspension 100ml
c) Amoxicillin 250mg/5ml Oral Suspension 100ml
d) Clarithromycin 500mg Tablets 14
e) Clarithromycin 125mg/5ml Oral suspension 70 or 100ml
f) Clarithromycin 250mg/5ml Oral Suspension 70 or 100ml
g) Co-Amoxiclav 500+125mg Tablets 21
h) Doxycycline 100mg Capsules 9
i) Levofloxacin 500mg tablets 10
j) Nitrofurantoin 100mg Tablets 14
k) Soluble Prednisolone 5mg Tablets 30
l) Salbutamol Inhalers
m) Paracetamol 500mg tablets 32- add

Safe use of oxygen cylinders especially if air driven for COPD patients, clearly marked to avoid errors.

5.2 Proposed clinical equipment list

Equipment	Example type	Example Quantity
BP machine with small and large cuff + spare batteries + electric charger/cable	BP machine Welch Allyn Pro BP 2400 electronic blood pressure device	6
Disposable cuffs - adult	Single-Use Protective BP Cuff Barrier, Adult, Pack of 50	3
Disposable cuffs - large adult	Single-Use Protective BP Cuff Barrier, Large Adult, Pack of 50	3
Disposable cuffs - paed	Single-Use Protective BP Cuff Barrier, Paediatric, Pack of 50	3
Otoscope with disposable earpieces	Orion Standard Xenon Combi-Diagnostic Set	6
Pulse oximeter: adult and paediatric	Nonin Onyx Vantage 9590 Finger Pulse Oximeter	6

Stethoscope		6
Infrared thermometer or digital thermometer with disposable earpieces		6
Oxygen masks - paediatric and adult masks		
Urine dipsticks		
Urine bottles (white top)		
Glucometer		
Volumatic spacers, or disposable alternatives (paper/plastic cups) and salbutamol inhalers		
Sharps bin		
Antiseptic wipes		
Vomit bowls		