



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Why I resist giving up home visits

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GPs no longer have time to visit patients in their own homes, so the requirement to do so should be removed from their contract. This was the outcome of a motion debated on 22 November by the Local Medical Committee conference (England): 54% voted for the motion to remove home visits from core contract work.¹

It's true that we're too busy. Many partners work 12 hour days routinely, with an unmanageable workload. Travel time makes home visits inefficient, as it may take 40 minutes to do a visit that would have been a 10 minute consultation in the surgery. However, although I already do fewer house calls than I used to, there are many reasons why I'll resist giving up altogether.

We all have our pride, and many older patients who are beginning to struggle with their memory or mobility will insist that they're managing just fine. It may be only when you visit that you discover how much you should be worrying. When you eventually find the right flat in a block or walk up a garden path, you may be uncertain about what's behind the door, but when it opens you learn more about your patient than you did from many surgery consultations. The neatly stacked pile of unopened medicine trays delivered by the pharmacy, the order or the clutter, the smells of cooking or incontinence.

When I was a junior doctor doing mostly ward based medicine, where patients were in bed and in pyjamas, it was often a revelation to meet them later in their own clothes, seeming more fully themselves. I'm aware of a similar shift in perspective when I visit patients in their homes—on their territory, not mine, and surrounded by their things.² I hear stories I'm not told in the surgery, and it's somehow a more equal relationship when I'm their guest.

Some home visits have been taken on by other staff. Locally, we have an excellent paramedic service that attends to emergencies in our housebound patients. The team can visit and assess without having to wait until the end of morning surgery, which is good for patients, and good for the hospital if admission is necessary.

But what about housebound patients with continuing complex health needs—who's going to provide them with a medical service if GPs no longer visit? District nurses provide nursing care, but we must still take overall medical responsibility, discussing treatment options and which tablets to start or stop. Nearing the end of life, patients and their families depend on the advice and support of their doctor, ideally one they know and trust.

So, perhaps we need to look at our priorities and ask, "Where does my value lie as a doctor?" There may be other tasks that I should jettison first. Having spent many hours this week on federation, clinical commissioning group, and primary care network business, I think I know where I'd like to start.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Patel A. GP leaders to call for removal of home visits from contract. *Pulse* 2019 Nov 11. <http://www.pulsetoday.co.uk/news/gp-leaders-to-call-for-removal-of-home-visits-from-contract/20039666.article>. (Login needed.)

2 Morgan M. Matt Morgan: Hospital doctors should step outside. *BMJ* 2019;366:l4914. 10.1136/bmj.l4914 31387853

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