

Identification and Management of Housebound Patients

Purpose:

To ensure consistent identification, appropriate care, and tailored support for patients classified as housebound under the practice's criteria.

Definition of Housebound:

A patient is considered **housebound** if they are **permanently unable to leave their home even with assistance** and would **experience detrimental impact on their health as a result of doing so**. Patient who are permanently housebound meet the following criteria:

- Permanently unable to attend hospital appointments, opticians/dental appointments and hairdresser appointments
 - Unable to leave their home even with assistance
 - Like to adversely impact their health if they do leave their home
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Policy Details:

1. Identification of Housebound Patients

- Patients should be assessed during consultations, routine reviews, or through referrals from healthcare professionals and carers.
- A designated member of staff will evaluate the patient's ability to leave their home, considering both physical and cognitive limitations.
- The impact of leaving the home on the patient's health must be carefully considered, including physical, mental, and emotional factors.
- Documentation must clearly state the patient's housebound status using the above definition.
- Some patients may not be housebound permanently but rather are housebound temporarily as a consequence of an episode of illness".

2. Care for Housebound Patients

- Housebound patients should be offered regular home visits for clinical assessment, treatment, and medication review.
- Where appropriate, remote consultations (phone or video) may supplement face-to-face visits but must not replace essential home visits when required.
- Care plans must be individualized, ensuring that any barriers to receiving care are identified and addressed.
- The practice should liaise with community services (e.g., district nurses, social care) to coordinate holistic care.

3. Communication and Coordination

- All relevant staff must be informed of a patient's housebound status to ensure consistent care delivery.
- Carers and family members should be involved in care planning, with patient consent.
- Emergency plans must account for the patient's inability to leave the home.

4. Review and Monitoring

- The housebound status should be reviewed periodically, especially if there is a change in the patient's health or circumstances.
- Any change in status must be documented.

5. Training and Awareness

- All clinical and administrative staff will receive training on the definition and implications of housebound status.
 - Staff should be encouraged to identify potential housebound patients and escalate appropriately.
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