# NIHR | School for Primary Care Research

## STUDY SUMMARY

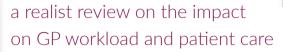
#### **Publication:**

Delegating home visits in general practice: a realist review on the impact on GP workload and patient care

Ruth Abrams, Geoff Wong, Kamal R Mahtani, Stephanie Tierney, Anne-Marie Boylan, Nia Roberts and Sophie Park. BJGP 2020.

DOI: https://doi.org/10.3399/bjgp20X710153

# Delegating home visits in general practice:





Ruth Abrams, Geoff Wong, Kamal R Mahtani, Stephanie Tierney, Anne-Marie Boylan, Nia Roberts and Sophie Park.

### Addressing workforce issues through delegation

UK general practice is being shaped by new ways of working. A number of recent policy developments and service design innovations have been made, impacting how and by whom work is done in NHS primary care. New models of care are intended to address both a 'crisis' in GP workforce and patient access to primary healthcare.

Traditional GP tasks are being delegated to other staff with the intention of addressing these issues. One such task is patient requested home visits. However, it is unclear what impact delegating these home visits may have, who might benefit, and under what circumstances. The aim of this study was to explore how the process of delegating home visits works, for whom, and in what contexts.

#### What we did

We undertook a review of published evidence, bringing together a variety of information about delegated home visits including policy documents; research texts (both UK



and international); and debate articles. We wanted to understand the conditions and processes that facilitate particular outcomes, in order to examine when (and when not) delegated home visits might be useful in primary care.

#### What we found

From our analysis of a total of 70 studies, data suggests that patients report short-term satisfaction when visited by an alternative health professional, but the impact this has on their health (and long-term outcomes) is less clear. A GP may feel home visit delegation is high-risk unless they have pre-established levels of trust and experience with the wider multidisciplinary team. The healthcare professional receiving the delegated home visit

may benefit from being integrated into general practice. In the longer-term however, these posts may not be sustainable if staff feel their clinical autonomy is limited by the delegation process.

## Implications for practice

Implementa- tion level	Principles to encourage	Watch points
Organisational level	Information sharing of staff availability, staff skill set and patient medical histories amongst healthcare professional staff	Unnecessary limits/restric- tions placed upon staff with clinical skills and the ability to make clinical judgements
	Appropriate communication of staff roles to patients to encourage patient receptiveness	Continuity of care for complex patients
	Integration of all staff members into practice	Organisational cultures that do not foster environments for interprofessional trust and collaboration
Professional level	Interprofessional dialogue and communication	Ineffective feedback loops and deferred workloads
	Preparedness, autonomy and respectful relationships	Staff frustration, despond- ency and professional isolation
	Establishment and management of patient expectation	Patient reluctance to see an alternative healthcare professional
Policy level	Sustainable, long-term management of delegation processes	Evaluation of long-term patient health outcomes and cost implications
	Enhancement of opportunities for clinical supervision, training and preparation	Balance of staff between primary and secondary care/ staff retention

For more information contact Dr Ruth Abrams: r.abrams@surrey.ac.uk