



EVIDENCE SYNTHESIS

WORKING GROUP



# 'Is there a doctor in the house?'

## ISSUE

There have been a number of recent policy developments and service-design innovations, 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. One innovation has been the introduction of 'early visiting services'- the delegation of traditional GP led home visits, to other qualified professionals such as advanced nurse practitioners, paramedics, emergency care practitioners or locum GPs. However, it remains unclear how, when, why and for whom these innovations are helpful.



## PUBLICATIONS

Abrams R, Wong G, Mahtani KR, et al. Understanding the impact of delegated home visiting services accessed via general practice by community-dwelling patients: a realist review protocol *BMJ Open* 2018;8:e024876. doi: 10.1136/bmjopen-2018-024876

Park S, Abrams R, Wong G, Feder G, Mahtani K.M, Barber J and Salisbury, C. Reorganisation of general practice: be careful what you wish for *British Journal of General Practice* 2019; 69 (687): 517-518. DOI: <https://doi.org/10.3399/bjgp19X705941>

A full publication of findings will be forthcoming in 2020.

[www.spcr.nihr.ac.uk/eswg](http://www.spcr.nihr.ac.uk/eswg)

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## 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 to support primary health care delivery for patients and the wider workforce.

## WHAT WE FOUND

From our analysis of a total of 70 studies, we have identified three important issues within this complex process: nature of employment; patient conditions; and professional perspectives. 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 a risky option unless they have high 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. Tensions exist between the sustainability of this intervention and what is best for patients.

## RELEVANCE

The organisation of care has implications for patient experience. For example, delegation of home visits within primary care may mean patients are seen by alternative professionals to their GPs. This may require a shift in expectation about the nature of care being delivered.

The organisation of care also has implications for professionals and the organisations in which they work. This includes the nature, pace and variety of work experienced by staff doing delegated home visits. The integration (or not) of staff into practice organisations also limits possibilities for development of trusting relationships, feedback and work satisfaction. More long-term, these changes may have implications for balance of staffing between secondary and primary care (e.g. paramedics), alongside implications for the training of both GPs and allied healthcare professionals.