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# Delegating home visits in general practice:

## a realist review on the impact on GP workload and patient care

EVIDENCE SYNTHESIS WORKING GROUP

STUDY SUMMARY

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

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## 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

| Implementation 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/restrictions 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, despondency 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 |

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