

Home Visits: Our Policy for Patients

Home visiting is one of the most resource-intensive services we provide, and demand for it far exceeds what we can safely deliver. This policy is applied consistently, without exception, to every patient who contacts us.

TMC covers a wide area, and a single home visit can take as long as several surgery appointments. Visits are allocated strictly by clinical need — never by preference, convenience, or who asks first. Requests that do not meet the criteria below will not result in a home visit, regardless of circumstance.

What counts as “housebound”

Home visits are only arranged for patients who are genuinely housebound — a physical or mental health condition means you cannot leave home, or leaving would cause real harm or serious distress. Every request is assessed against this definition by a clinician, applied equally to every patient, with no exceptions made for circumstance or preference.

A home visit will only be arranged if:

- A physical or mental health condition means you genuinely cannot leave home, with or without help
- Leaving home would cause significant deterioration or serious, unreasonable distress
- You are terminally ill and cared for at home

You must attend the surgery if:

- You can leave home with assistance — family, a carer, a taxi, or a mobility vehicle
- You can use hospital or patient transport to attend an outpatient appointment
- The difficulty is about transport or logistics, not your medical condition itself

The rule we apply, without exception: if you can use hospital or patient transport to get to an outpatient appointment, you are not housebound under this policy, and you must attend the surgery. It's the same standard the NHS applies to hospital care. No home visit will be arranged on the basis of convenience, inconvenience, or a previous visit having been agreed.

What happens when you contact us

- Every request is triaged by a GP or ANP — never simply booked by reception — and assessed strictly against the criteria above.
- Many conditions can be safely assessed and managed by phone. Don't be surprised if that's our first response — it is not a downgrade of your request.
- Where a visit is genuinely needed, it's prioritised by clinical urgency and vulnerability, not by when the request came in.
- Requests that don't meet the criteria will not result in a home visit, however they are made or repeated. We'll suggest an appropriate alternative; persistent or pressuring requests that don't meet the criteria may be managed under our Unacceptable Behaviour Policy.

Why we manage visits this way

This isn't about saying no more often — it's about fairness applied without exception. Every visit that didn't need to happen in person takes time directly from a patient who is genuinely housebound, or from others waiting that day. The same rule, applied the same way to every patient, is the only way we can guarantee that outcome.

If you're struggling to get to us for another reason

If you're not housebound but travel is difficult, tell us — there may be options such as:

- NHS patient transport, where you're eligible
- Local community transport or volunteer car schemes
- Support from family, friends, or a carer
- A telephone or video consultation, where appropriate

Getting worse while you're waiting? Contact us again straight away, call NHS 111, or in an emergency call 999 — a decision made today is based on the information we have at the time.

This policy is applied fairly and consistently to every patient. Questions? Speak to reception or see our Complaints Policy.