

Appendix 2 Housebound Status

For Children's Community Health Services, young people are brought to clinics, where this is in line with the current offer. There are some children who services want to see at home. Work has already been undertaken in Manchester and learning has been shared and implemented for Trafford. For the benefit of this email, the work below relates to adult services only.

There was a request in 2022/23 to update a 'housebound criterion' for those community services within Manchester Local Care Organisation and Trafford Local Care Organisation that are able to see patients either at home or in a clinic setting. This was requested through the District Nursing Stabilisation Work. Discussions with services highlighted that a range of criteria were in place across both organisations to support decision making about the most appropriate location to see people in. Several services highlighted that they would benefit from developing and applying a consistent approach. They suggested this would minimise confusion for patients, families, and partners. It would also support more effective use of resources. It is also worth noting that they also proposed that they would benefit from having some flexibility in the application of any agreed criteria to support either complex domestic situations or the most effective place to conduct assessments and treatments.

The criteria are set out below. The content is the same as the version that was being used in Trafford (2022) and is in the service specification for district nursing in Manchester (2022). The language has been improved so that it is easier to read and less pejorative:

When care or assessment is needed at home

*Although most of our care is carried out in **Community Settings** where possible, for some patients it is more appropriate to have care carried out in their own home. This is where our teams feel it is the most appropriate place for the assessment needed. Examples of this would be if a home stair assessment, or an assessment for equipment required for daily living is needed. In these cases we will arrange a home visit.*

*Home visits are also provided if someone is permanently or temporarily unable to leave their home. This can be due to illness, disability or mobility issues when someone is unable to use any form of transport to get to a **Community Setting**.*

If they are able to leave the house with minimal assistance or support then this would not be the case - for example if they can usually visit the GP, dentist, hairdresser, supermarket, social events, or hospital outpatient appointments.

Minimal assistance would be described as someone who:

- *Can leave their own home and travel to a clinical appointment.*
- *And/or owns and uses a personal vehicle, has access to means of transport or can use public transport.*
- *And/or can leave their home by themselves or with an escort, with or without the use of a wheelchair.*

*If a patient meets this criteria, then their care will be provided at a **Community Setting** in the first instance rather than at home.*

*Using the **Community Setting** is good for patients and makes the best use of our staff by allowing us to see more patients. That reduces waiting times for the care our patients need. It also supports people to be as independent as possible.*

*If patients are referred to a **Community Setting** but their circumstances have changed for any reason and they cannot get to a venue with minimal assistance anymore, we ask them to contact us as soon as possible when they receive their appointment. We will then review their circumstances and arrange for a home visit if required.*