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## The demand for home visiting services since the COVID-19 lock-down

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### Research Questions

1. How has demand for home visiting services changed since the COVID-19 lock-down was introduced and primary care (e.g. GP, community nursing team, rapid response team) switched to a mostly remote model?
  - **Population:** housebound patients in the UK who are unable to attend the GP surgery. This does not include patients with COVID symptoms who should be isolating, as these patients are still being seen face-to-face in GP surgeries (or in their cars outside the surgery).
  - **Outcomes:** demand for home visits (e.g. number of patients requesting a home visit and/or number of patients being visited at home has increased)
2. How have primary care services (e.g. GP, community nursing team, rapid response team) been reorganised for housebound patients during the COVID-19 pandemic?
  - **Population:** housebound patients in the UK who are unable to attend the GP surgery. This does not include patients with COVID symptoms who should be isolating, as these patients are still being seen face-to-face in GP surgeries (or in their cars outside the surgery).
  - **Outcomes:** new/innovative models of care (e.g. video consultations with housebound patients).

### Verdict

No publications about demand for primary care home visits during the COVID pandemic were found. Two articles described innovative models of delivering home visits during the pandemic: (i) a UK model of recruiting community health workers to deliver basic health and social care to housebound patients; and (ii) an Italian double triage system for housebound cancer patients.

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Work is planned to analyse data locally and in other regions, particularly areas with higher rates of COVID patients currently (e.g. London), to investigate UK trends in home visiting rates.

## What does the evidence say?

Number of included studies/reviews (number of participants)

We did not find any published studies addressing the research question; however, we did find two studies presenting innovative ideas to deliver care to housebound patients during the COVID-19 pandemic.

## Main findings

### **Haines et al., 2020. National UK programme of community health workers for COVID-19 response.<sup>1</sup>**

This article, written by Prof Andy Haines, Professor of Public Health, London School of Tropical Medicine, and colleagues, outlines an innovative model of care for providing social support to vulnerable housebound patients during the COVID-19 pandemic.

Community health workers (CHWs) will be recruited and trained to deliver health and social care to older housebound people. A similar model has been established in other countries, including Brazil, Pakistan, and Ethiopia, and has been found to be cost-effective.

CHWs will be young people, aged 18-30 years, chosen because: (i) they are unlikely to become severely unwell due to COVID-19; (ii) exposure amongst this group is high and so many are likely to be immune; (iii) unemployment is high in this group. CHWs could include the 30,000 medical and physician associate students in the UK, who have had some medical training.

CHWs will undertake training for 4-6 weeks. Role of CHWs include:

- Regular reviews of older housebound people (in person or virtual)
- Simple medical assessments when patients become unwell (e.g. temperature, oxygen saturations, blood pressure) > report findings back to primary care
- Addressing social needs (e.g. access to food, medicines)
- Assisting with community testing and vaccination trials once available

Potential problems with the scheme:

- CHWs feeling isolated and at increased risk of mental health problems (mitigated by providing support and mentoring)
- Older people reluctant to be visited at home (but not found to be the case in Brazil)

### **Porzio et al., 2020. Home care for cancer patients during COVID-19 pandemic: the “double triage” protocol.<sup>2</sup>**

This article describes an innovative model of care for cancer patients in Italy requiring a home visit during the COVID pandemic. Cancer patients are at particular risk of becoming severely unwell from COVID and health care professionals are at risk of becoming infected with COVID. The authors site previous experience in delivering home visits to cancer patients during an earthquake in 2009. They refer to 2 key principles: (i) maintaining continuity of care; (ii) adapting existing procedures according to the circumstances

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A double triage model is described:

*First triage:*

Phone interview by a nurse day before the home visit to find out if the patient or their relatives/cohabitants have had any symptoms of COVID in the last 48 hours. "The nurse ask to each patient if within the previous 48 hours: 1) he/she have experienced fever, breathlessness or cough; 2) he/she (or his/her relatives) have recently been to known outbreak areas; 3) he/she have had direct contact with people known to have COVID-19; 4) he/she have had direct contact with people currently in quarantine. The same questionnaire is addressed to the patient relatives and/or cohabiters."

*Second triage:*

Patients (and relatives/cohabitants) who have had any COVID symptoms are referred to their GP, who follows national health service procedures

Patients with no symptoms have a second phone interview, focused on the severity of their symptoms, measured using the PERSONS score<sup>3,4</sup> and Palliative Prognostic score (PaP score).<sup>5</sup> Patients are classified into three colour-based priority categories:

- Red (daily visits): severe symptoms which are not controlled with the ongoing therapy (numeric rating scale [NRS]  $\geq 7$  for at least one PERSONS item and/or a total PERSONS score  $\geq 20$ ) and/or a PaP score C;
- Yellow (visits twice a week): moderate symptoms (NRS 4-6 for at least one PERSONS item and/or a total PERSONS score between 15 and 20) and/or a PaP score A-B;
- Green (visits once a week): mild symptoms (NRS  $\leq 3$  for PERSONS items and/or a total PERSONS score  $\leq 14$ ) and/or PaP score A-B."

The authors have conducted a small-scale feasibility study and found the first triage phone call takes a few minutes and is acceptable to patients and nurses. They also mention PPE and a 'burn-out' prevention scheme run by psychologists. Many clinicians who were involved in the earthquake in 2009 suffered post-traumatic stress disorder symptoms.

### Summary of searches

We searched databases with systematic reviews (such as KSR Evidence and Cochrane library) and primary studies (such as Medline and the Rayyan "COVID-19 Open Research Dataset") using search terms for *primary care* and *home visits* (see Table 2). We also searched two specific journals, BJGP and BMJ, that publish UK primary care studies. We searched for studies on home visiting services in the UK during the COVID-19 lockdown. We restricted all searches to studies published in 2020, since the lockdown only started this year. Studies focussing on remote care for COVID-19 patients were excluded (see Tables 1 and 2 for search details).

**Date question received: 16/04/2020**

**Date searches conducted: 16/04/2020**

**Date answer completed: 17/04/2020**

## References

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2. Porzio G, Cortellini A, Bruera E, et al. Home care for cancer patients during COVID-19 pandemic: the “double triage” protocol. *Journal of Pain and Symptom Management* 2020 doi: <https://doi.org/10.1016/j.jpainsymman.2020.03.021>
3. Cortellini A, Porzio G, Masel EK, et al. The PERSONS score for symptoms assessment in simultaneous care setting: A pilot study. *Palliative and Supportive Care* 2019;17(1):82-86. doi: 10.1017/S1478951518000238 [published Online First: 2018/05/24]
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5. Maltoni M, Nanni O, Pirovano M, et al. Successful Validation of the Palliative Prognostic Score in Terminally Ill Cancer Patients. *Journal of Pain and Symptom Management* 1999;17(4):240-47. doi: [https://doi.org/10.1016/S0885-3924\(98\)00146-8](https://doi.org/10.1016/S0885-3924(98)00146-8)

## Disclaimer

This report has not been peer-reviewed; it should not replace individual clinical judgement and the sources cited should be checked. The views expressed in this report represent the views of the authors and not necessarily those of the University of Bristol, the NHS, the NIHR, or the Department of Health and Social Care. The views are not a substitute for professional medical advice.

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## Search details

Table 1: Initial project screen

Source	Link	Relevant Evidence Identified
CEBM, University of Oxford	<a href="https://www.cebm.net/covid-19/">https://www.cebm.net/covid-19/</a>	None
Evidence aid	<a href="https://www.evidenceaid.org/coronavirus-resources/">https://www.evidenceaid.org/coronavirus-resources/</a>	None
Cochrane Methodology Review Group	Infection control and prevention: <a href="https://www.cochranelibrary.com/collections/doi/SC000040/full">https://www.cochranelibrary.com/collections/doi/SC000040/full</a>  Evidence relative to critical care: <a href="https://www.cochranelibrary.com/collections/doi/SC000039/full">https://www.cochranelibrary.com/collections/doi/SC000039/full</a>	None
Department of Health and Social Care Reviews Facility	<a href="http://eppi.ioe.ac.uk/COVID19_MAP/covid_map_v3.html">http://eppi.ioe.ac.uk/COVID19_MAP/covid_map_v3.html</a>	None
UCSF COVID19 papers	<a href="https://ucsf.app.box.com/s/2laxq0v00zg2ope9jppsqtntv1mtxd52z">https://ucsf.app.box.com/s/2laxq0v00zg2ope9jppsqtntv1mtxd52z</a>	None
PHE Knowledge and Library Services	<a href="https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/">https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/</a>	None
WHO Global Research COVID19 database	<a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov</a>	None

Table 2: Search for SRs and Primary studies

Source	Search strategy	Number of Hits	Relevant evidence identified
KSR Evidence	("primary care" OR nurs* OR gp OR "general practice" OR community) AND (remote OR housebound OR homebound OR "home visits") Published in 2020	12	None
Medline	("primary care" OR nurs* OR gp OR "general practice" OR community) AND (remote OR housebound OR homebound OR "home visits") AND (covid OR corona) Published in 2020	7	None
Rayyan "COVID-19 Open Research Dataset"	(UK OR England) AND (community OR "primary care" OR "home visit" OR remote OR GP) Published in 2020  community OR "primary care" OR "home visit" OR remote OR GP Published in 2020	9  324	National UK programme of community health workers for COVID-19 response. ( <a href="https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30735-2.pdf">https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30735-2.pdf</a> )  Italy: Home care for cancer patients during COVID-19 pandemic: the "double triage" protocol. (not about demand) ( <a href="https://www.sciencedirect.com/science/article/pii/S088539242030172X">https://www.sciencedirect.com/science/article/pii/S088539242030172X</a> )
BJGP journal	"home visits" OR "demand" OR "housebound" OR "homebound" Published in 2020	37	None
BMJ	"home visits" OR "demand" OR "housebound" OR "homebound" Published in 2020	76	None