Home is where the care is?

Experiences of people receiving care in their home

September 2025

> “My daughter's agoraphobia started in 2020, and she was 19 at the time - although the GP surgery knew that she was autistic and had mental health problems, it felt quite hard initially to get the information across as it was 'new'. For example, I explained she could not leave the house so could not get out for a covid vaccine - the first response was 'can't you get her to the carpark - we can send a district nurse out to do it there'. She was unable to leave the house at all! But after a couple of emails, it was sorted out, and the surgery have been very understanding over the years once she was correctly registered as housebound. “

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Executive summary

People who are unable to leave their home to attend appointments outside of their home without substantial help are often categorised as being house bound. Housebound is a term which is generally understood and used in health and care settings but not supported by people themselves. Therefore, people who are described as being housebound or unable to leave their home are restricted in how they access health care and mostly rely on home visits from community providers. Research in other countries has shown that housebound people have more mental and physical health problems than other people and are less likely to have their healthcare needs met. There is limited research for people who are housebound and over the age of 85 years and even less for the under 85's.[1]

We have used the term housebound in this report to describe people who due to a range of circumstances require health and social care services to visit them in their own home. We recognise that the term housebound may not be the preferred term for everyone and apologise for any offense it may cause.

This project explored whether community healthcare services (primarily) are accessible/available to people who are classified as being housebound, meeting their needs, and what improvements can be made to better meet these needs.

From speaking to people and gathering experiences it became evident that whilst the GP is considered the gatekeeper of services, people spoke about how mental health services, social care and hospitals also played an important role in referring and providing care in people's homes.

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[1] There is no consistent definition of what housebound means and NHS England has no definition available. People who are unable to leave their homes to receive care do not universally support the term housebound but for the purpose of this report we will use the term, with the qualifying statement of home-based care.
What does "housebound" mean? | SAPC

The findings have been grouped under six themes: registration process, the appointment, involvement in decisions about care, challenges, attitudes and smart technology.

Key recommendations include:

- Portable ECG machines and other equipment should be available in all GP practices so these procedures can be carried out in people's homes.
- The criteria for people who are housebound should be consistent to provide equity of access for ECGs, vaccinations, blood pressure checks etc.
- A clear system to flag that someone has specific needs and adjustments and adopted across all GP practices.

In conclusion, most people we spoke to meet various challenges to accessing a range of healthcare services at home and awareness of the barriers housebound people experience needs to be raised across not just primary care, but also community, social care and hospital-based services.

Introduction

The findings in this report relate to people who are described as 'housebound' and their experiences of accessing health care. The research highlights several reasons why people are unable to leave their homes including, but not exclusively, mental health and neurodivergent conditions, physical disability, frailty and cancer. People living with these conditions are recognised as priority populations within the Surrey Health and Wellbeing Strategy as they are more likely to experience some of the poorest health outcomes.

Primary care, social care and mental health services are all important points of contact for people to ask for help when needing home-based health and social care.

Aims

The aim of this project was to understand the experiences of housebound people to inform how health and social care professionals can improve the experience of people in their own homes. We obtained the views, insights and opinions of people who told us they were unable to leave their house to receive care.

Approach/ Methodology

Through face-to-face interviews and a survey, we sought to gain a deeper understanding of people's experience with general practice and community services.
This was a small-scale study, focussing on quantitative data. We heard the experiences of 11 people through detailed interviews and an online survey. Some of the questions invited further comments and this gave over 80 free text comments which we were able to categorise into themes.

Whilst this report accurately reflects what we hear from the individuals we speak to, we are aware that it may not be representative of everyone's views of a particular service.

Who we spoke to

There were 11 people who contributed to this research:

11 survey respondents

3 of the above people were interviewed face to face

9 people were unpaid carers and answered the questions on behalf of the cared for person.

8 people said they were registered as housebound with their GP.

10 had received health or social care in their own home in the last 2 years

See Appendix for full demographic information.

Summary of our findings

Every person's experience was unique but there were some similarities in what people shared with regards to accessibility, communication and frustrations about getting visits. Several cross-cutting themes emerged.

Theme 1 – Process for registering with GP

- The process of registering as housebound and needing home-based care is inconsistent.
- We heard that even if a person was registered with their GP as housebound, this information was not considered when people requested an appointment or a specific service.
- We also heard that there was a lack of understanding, especially for people with mental health or neurodiversity needs.

Theme 2 – Appointments

- Half of the people we spoke to were told when to expect a home visit and the time this was expected to happen.
- The other half received an unexpected visit or were not given the time of a home visit.
- For people who are neurodivergent it was important for them to know when a visit would be made, and people described unexpected visits as triggering.

Theme 3 – Involvement in decisions about care

Everyone we spoke to felt they had been involved in decisions about their care to some degree. 7 people described being involved a lot or quite a lot, however 4 people only felt a little involved.

4 people felt that there was the right amount of care in place, 3 people felt that there was partly the right amount and 4 people told us that they didn’t feel that there was the right amount of care available to them.

Theme 4 – Challenges

Challenges in getting care ranged from:

- Being system based e.g. even if a person was registered with their GP as housebound, the information was either not flagged and acknowledged by GP practice staff or not available to community providers.
- People were frustrated that they needed to repeat their story on numerous occasions.
- People told us about their frustrations about the process of getting controlled drugs, lack of respect and understanding, the use/availability of red flag notifications and what to do in the wait for care.

Theme 5 – Attitude

There was often a lack of understanding and respect shown, especially when a home visit was requested. This was especially evident for people unable to leave their home due to their mental health or neurodiversity.

Theme 6 – Smart Technology

- We heard that people have limited experience of using smart technology in the home. It was not clear whether this was related to older age, financial reasons, not being offered remote technology or personal preference and choice.
- Nobody had used web-based monitoring systems to manage their health to avoid the need to visit a healthcare facility or a healthcare professional to visit.
- We heard that for some people with autism or ADHD, speaking on the phone was impossible and alternative options such as email would be preferable. NB This would need to be assessed to ensure there is no clinical risk.

Recommendations

- Portable ECG machines and other equipment should be available in all GP practices so community staff can carry out procedures in people's homes.
- The criteria for people who are housebound should be consistent to provide equity of access for ECGs, vaccinations, and blood pressure checks.
- There is a clear system to flag that someone has specific needs and adjustments, and this is adopted across all GP practices.

- Consider if there are other options for people with accessibility needs to communicate with GP practices.
- Pharmacies to make people aware of the option to use a private consulting room to share sensitive information.
- Introduce training for staff to better understand the needs of housebound people.
- In line with the NHS 10 year plan, GP practices facilitated to develop a forward plan to increase the use and availability of digital health monitoring devices.
- As above training and support for patients to use digital health monitoring devices.

Any urgent or concerning experiences within this report have been escalated to the appropriate teams. All appropriate information and signposting have already been given.

Findings in detail

Theme 1 – Process for registering with the GP

From the sample, 8 people said they, or the people they care for, were registered as housebound with their GP. There were mixed experiences of registering. 5 people told us it was easy and 3 said it was difficult. We heard that even if a person was registered as housebound, this information was not considered when people requested an appointment or a specific service and there was a lack of understanding, especially with mental health or neurodiversity.

> "It was quite easy to register with my GP, but they still ask us to go to the surgery."
> **Runnymede resident**

> "The surgery is aware my wife is bedbound but repeatedly invited her to surgery appointments. They've repeatedly been asked to note this for their record."
> **Mole Valley resident**

> "They still ask us to get to the surgery."
> **Runnymede resident**

Theme 2 – Appointment

Most referrals for health care were made by the GP. Some people were unsure but thought that the referral was made by the hospital after discharge, by mental health services or social care. Once the visits had taken place most people were happy about the care they had received.

The table below shows the breadth of services that people received in their home. Some people saw several different health and social care professionals.

Health care practitioner	Response Total
Community Nurse	8
GP	6
Vaccination	6
Paramedic	6
Mental Health practitioner	4
Podiatry (footcare)	4
Physiotherapist	3
Optician	3
Occupational Therapist	3
Reablement practitioner (Social Care)	2
Audiologist	1
Specialist nurse such as COPD, Diabetes, Cancer	1

Were you told when to expect a visit?

Half of the people we spoke to were told when to expect a home visit and the time this was expected to happen. The other half were either not told the time of a home visit or they received an unexpected visit. People understood that exact appointment times cannot be given, however, this was difficult for carers who want to be present and for people with anxiety.

> "I emailed for an appointment; reception rang back asking us to come for a 10.30am appointment and I told her he is housebound. We heard nothing more and the surgery paramedic arrived on the doorstep; we were not advised she was coming."
> **Runnymede resident**

> "Usually, a home visit is booked but we do not know when it will take place. As a carer it would be helpful if I had specific days/times for visits but understand that it is not always possible to know how long the previous visit may take."
> **Reigate and Banstead resident**

> "With the district nurses we were told the day they would visit but no time frame."
> **Waverley resident**

> "I phoned the GP to tell them my wife had severe stomach cramps. I was told she was already booked in for a home visit. We were not told when and this happened twice."
> **Guildford resident**

For people who are neurodivergent it was important for them to know when a visit would be made, and unexpected visits were described as triggering.

> "I was waiting for an autism assessment and a trainee doctor turned up to my house to do the assessment with another person. I went into a panic attack at them just appearing without an appointment. I turned them away. They came back a few weeks later as an appointment had been made."
> **Guildford resident**

We also heard that 4 people asked for care in their home and either did not receive it or it took considerable effort and chasing.

> "A referral was made by 2 GPs for my infected in-growing toenail, and I heard nothing. I then had an online appointment with a female GP, and she made an urgent referral. It took 6 weeks, but a podiatrist did visit.
> Originally received the Covid vaccination in our home. The last time my partner received an email to say the home visiting team would be in touch, but we never heard back."
> **Guildford resident**

> “We were told we would be seen by community physio but were not seen until 5 and a half weeks after his discharge from hospital. We were not given a rehab programme for him by the physio team on the ward, and we had to work out what and when he was able to do by ourselves. I called the team twice to chase the referral and then, when they made contact, they called on an old number.”
> **Waverley resident**

> “A physiotherapist visited regarding providing a knee brace but as my wife had lost weight they took it away to adjust. We never heard anything more.”
> **Epsom and Ewell resident**

Theme 3 – Involvement in decisions about care

Most people we spoke to felt they had been involved in decisions about their care to some degree. 4 people felt they have been involved a lot, 4 people had been involved a little and 3 people felt they had not been involved.

> “My daughter finds any communication quite overwhelming, so I advocate on her behalf. She is also very anxious around people. She has OCD and additional fears around people coming into the house around contamination. She is always aware of what the plan is around care, so knows what is happening, bit finds it hard to participate/be in the room.”
> **Guildford resident**

> “When we were seen it was collaborative e.g. allowing us to re-do dressings ourselves and assessment of the home by physio and tailoring exercises to his goals.”
> **Waverley resident**

> “My wife is always informed what is happening. She understands but is unable to respond. I am involved and drive decision making at all times.”
> **Mole Valley resident**

> "Variable picture. Sometimes involved but other times no involvement. We just are told what he will receive."
> **Guildford resident**

> "Initially the physio spoke to both of us and then asked my partner about his priorities and discussed exercises with just him."
> **Waverley resident**

> "Yes and no - I feel the system is that [paid] carers are not allowed to give me information."
> **Reigate and Banstead resident**

The right amount of care

From 7 people who answered, 4 people felt that there was the right amount of care in place, and 3 people felt that there was partly the right amount. When comparing peoples experience about their involvement in decisions and the right amount of care, we found there was no correlation. Of the 4 people who said they only felt a little involved in decisions, 2 felt they had received the right care, 1 person partly and 1 person did not feel they received the right care.

Of the 4 people who had been very involved in decisions, 2 felt they had received the right care, 1 person partly and 1 person did not feel they received the right care.

> "In some cases, I was just presented with it as 'fait accompli', in other instances I have been given options. My GP practice has got better about giving me options."
> **Guildford resident**

There were 4 people who told us they were happy with the level of care they received.

> "My wife has carers 4 times a day and regular visits from a podiatrist and a hairdresser. If I need medical assistance, I phone the surgery and the receptionist either books me for a

> phone call from our GP or arrangements are made for a paramedic to call on us at home. I can also telephone our Community Matron for advice who visits us herself or arranges for a colleague with the right expertise to visit us."
> **Epsom and Ewell resident**

> "Currently happy with the amount of care I receive.
> The GP generally visits if I need them to."
> **Mole Valley resident**

> "I think in general we have been quite lucky. People have been understanding and offered alternative ways to have appointments. This has included agencies like Specsavers and the audiology team from Royal Surrey County Hospital."
> **Guildford resident**

The people who felt they were getting partly the right amount of care were caring for someone who is housebound. Being unable to access respite care was cited as difficult.

> "It is very demanding being the only carer with no respite."
> **Runnymede resident**

One carer talked about his difficulty in accepting that his wife needed more care. He was being supported by a community palliative team.

> "It is partly about me accepting I cannot provide the care my wife needs. Her mobility and pain have changed in the last 2 weeks, and it is difficult to accept I am not coping."
> **Guildford resident**

> "After 1 year I am beginning to feel the pressure of being the carer; my wife's condition is slowly deteriorating. I have carer and sitter support. Carers 4 x daily, sitter 3 x weekly 3 hour sessions."
> **Mole Valley resident**

Several people, 4 in total, told us that they didn't feel that there was the right amount of care available to them.

> "I needed an ECG before I was allowed to get ADHD medication. I requested this at my GP practice but was told that this was not possible as 'we don't do at home ECGs'. I have still not had an ECG via the GP practice. My partner needed to chase and eventually the Redwood Centre in Guildford said a clinician could visit with their ECG and do this in my home, which they did."
> **Guildford resident**

> "I don't feel we received the right amount of care upon discharge from an extended time in hospital. Delays in getting a rehab programme could have led to further deconditioning. I called the team twice to chase the referral and then, when they made contact, they called on an old number. Quality is good when we have had it."
> **Waverley resident**

Theme 4 – Challenges in getting care

The challenges in getting care seemed to be related to health systems not flagging people as housebound and referrals not happening unless they were chased up.

We heard that even if a person was registered as housebound, this information was either not available to GPs or community providers, was disregarded or didn't flag on the system. People were frustrated that they needed to repeat their story on numerous occasions.

> "There is always a barrier. People (practitioners, clinicians and admin officers) never read the notes, and I must repeat my story each time, and this is triggering for me. Why can't they read my notes?"
> **Guildford resident**

We also heard that some people found the process of getting care difficult. They needed to chase and follow up referrals.

> "Everything is a struggle and needs chasing up."
> **Guildford resident**

> "When the district nurse or paramedic have visited – excellent results but it can be a struggle to get them to visit."
> **Runnymede resident**

Theme 5 – Understanding and respect

There was often a lack of understanding and respect, especially when requesting a home visit. This was especially evident for people unable to leave their home due to their mental health or neurodiversity.

> "It seems to be harder to get help [from the mental health team] but that is probably due to level of demand and staffing challenges. When we first tried to get help from them for the agoraphobia, they wrote offering her an appointment [at a community mental health clinic]. I was flabbergasted; there was no way she could leave the house and go there. To be fair, when I pointed this out to them, they did find alternatives, but I felt that I shouldn't have had to make a fuss given her diagnosis - they should have offered her an accessible appointment in the first place."
> **Guildford resident**

> "The manager from the agency comes. I feel there is a lack of respect from her. When I wasn't happy about the agency I spoke to Social Services and assumed it would be confidential and they would be on my side, but they emailed the agency and I was told I could change the agency. I didn't want to do that as I was happy with the carers but had lack of respect from the senior people."
> **Reigate and Banstead resident**

Theme 6 – Technology enabled care in the home

Our study was on a small scale and those who responded to our survey had limited experience of using smart technology. 3 people use a care alarm system, 3 people use a smart speaker device e.g. Alexa, Google assistant and 2 people use smart plugs.

1 person relied on a landline phone to communicate with their GP and community providers and others did not own a smartphone. Nobody used motion sensors, smart watches with falls detection, temperature sensors or web-based health monitoring systems.

> "None, but I have previously used motion sensors for my mum who has dementia."
> **Waverley resident**

> "Did use a GPS tracker watch when my wife was mobile. No longer needed. I use a camera and voice detector also to monitor sleep."
> **Mole Valley resident**

> "I don't have online access or smart phone, so have to speak on the landline phone."
> **Reigate and Banstead resident**

We heard that nobody had used web-based monitoring systems to manage their health. Digital devices which collect and transmit health data from patients to healthcare providers such as monitoring vital signs, medication adherence, and chronic disease management are among the government ambitions to capitalise on digital technology in the 10 Year NHS Plan.[2]

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[2]

The government's 10-year health plan for the NHS includes new tools for the NHS App, such as My Health, which will include real-time data from wearables, biometric sensors or smart devices and connect to relevant NHS data. By 2028 the NHS App is planned to be "a full front door to the entire NHS" where patients will have "a doctor in their pocket".

> "A digital single patient record will spare you repeating yourself and allow clinicians to design care around you.

How could things be improved?

We asked people what they would like to see improved. People told us about their frustrations about the process of getting controlled drugs, lack of respect and understanding, the use/availability of red flag notifications and what to do in the wait for care.

> "Easier way/process for collection of controlled drugs."
> **Guildford resident**
>
> "More understanding from people giving care and a red flag/alert on medical and social care notes ensuring that practitioners read the notes and follow instructions."
> **Guildford resident**
>
> "Not unless you can change people's personalities! The level of respect is sometimes not there. Everything is a battle, and this is very stressful."
> **Epsom and Ewell resident**
>
> "If we were given clear ideas about how long the delay would be, and a plan for what to do in the interim."
> **Waverley resident**

AI-assisted doctors and self-referrals at your fingerprints through the NHS App, self-referral for talking therapies, and digitised therapies."
What the 10 Year Health Plan means for you – Department of Health and Social Care Media Centre

Recommendations and next steps

	Theme	Recommendation
1	Registering with GP as 'housebound'	
	Varied experience of the ease to register.	Review of the criteria and process for registering to ensure consistent approach across Surrey. Clear visible flag on people's notes.
2	Referral and appointment	
	People having to repeat their story multiple times.	Ensure practitioners and clinicians read notes and flags.
3	Involvement in decisions about care	
	People not feeling involved in decisions about them.	Ensure that care plans are shared.
4	Understanding and respect	
	Respect and understanding when requesting home visits.	Introduce training to staff to better understand the needs of housebound people.
5	Assistive digital technology and web based health monitoring	
	Increase use of digital assistive monitoring technology devices in line with the NHS 10 Year plan.	Introduce training and support for patients to use digital health monitoring devices.

Principles for action

This report, including the recommendations, will be shared with providers and commissioners.

Thank you

We would like to thank all our survey responders and interviewees for sharing their experiences with us.

Appendices

Demographic information:

People who responded to the survey live in areas across Surrey. The boroughs not represented were Elmbridge, Spelthorne, Surrey Heath and Woking.

Which area of Surrey do you live in?		
Answer Choice		**Response Total**
1	Elmbridge	0
2	Epsom & Ewell	2
3	Guildford	5
4	Mole Valley	1
5	Reigate and Banstead	1
6	Runnymede	1
7	Spelthorne	0
8	Surrey Heath	0
9	Tandridge	0
10	Waverley	1
11	Woking	0

GP Practice

The table below shows which GP practices respondents were registered with. It is a small proportion of the GP practices in Surrey and is therefore not representative of all practices in Surrey.

Bourne Hall, Ewell, Surrey
Fairlands Medical Centre
Farnham Park
Chertsey Health Centre
Dorking medical practice, South Street, Dorking, Surrey
Cranleigh Medical Practice
Merrow Park
ICP Fitznells Manor, Ewell
Guildowns Practice
Riverbank surgery in Westcott. Aligned to South Street

Age of respondents

The age range of respondents was 50-90+, however there was one carer who responded on behalf of their 18 year old child.

Age	Response Total
50 - 64 years	4
65 - 79 years	4
80 - 89 years	1
90+ years	2

Ethnicity of respondents

100% of respondents were White British.

Gender of respondents

There were 6 women and 5 men who responded to our survey. Everyone who responded to the survey said their gender identity was the same as their sex recorded at birth.

Sexual orientation of respondents

Most people stated their sexual orientation as heterosexual/straight (9), with 1 person stating they are bisexual. 1 respondent chose not to provide this information.

Disability/impairment and/or carer

The table below provides the number of respondents who selected that they had a disability or impairment. Respondents were able to select more than one answer. 1 person stated they had a disability or impairment. 4 people stated they have a physical or mobility impairment. 2 people stated they were neurodiverse, and 1 person stated they had a mental health condition. 4 people stated they had a long-term health condition.

	Response Total
I have a disability/ impairment	1
Physical or mobility impairment	4
Sensory impairment	0
Learning disability	0

Neuro divergent	2
Mental health condition	1
I have a long-term condition	4
I am a carer	9
I prefer not to say	0
None of the above	0

Religion or beliefs of respondents

The table below shows the religion or belief of survey respondents. 6 people said they had no religion or belief. 2 were Christian, and 3 preferred not to say.

What is your religion or belief?		
Answer Choice		**Response Total**
1	No religion or belief	6
2	Spiritualist	0
3	Buddhist	0
4	Christian	2
5	Hindu	0
6	Jewish	0
7	Muslim	0
8	Sikh	0
9	Prefer not to say	3

About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

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We are committed to the quality of our information.
Every 3 years we perform an audit so that we can be certain of this.

Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.
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