

Sir

Thank you to Gupta for his critique of our paper with points that that are well made. In the online full text version we were able to discuss the strengths and weaknesses of our methods and analysis in greater detail. (1) Delegated home visiting services are indeed still relatively unusual and we agree that the bulk of the home visits are made by GPs in GMS / PMS models of service with all the competing pressures that Gupta describes. What the Herts Urgent Care (HUC) model did was to give us a reliable method to link a specific visit request to a geographical location and date, so we could make a reliable link to weather data, which is both time and geographically dependent and highly variable, as every GP with wet shoes knows. With the plethora of GP IT systems and GDPR regulations, linking these data this would have been very difficult to do for specific practices, CCGs or indeed regionally. The temporal link between season of the year and reduced visiting in the summer was found in our study (see table 1) but we were able to drill down further and show that there was no clinically important differences on cold & wet days. The study was originally called "GPs get there whatever the weather" which could possibly be justified from our data. A better understanding of the vital role home visiting in primary care plays is essential as it the clinical "glue" holding together community services that enables frail and older people to receive care in their home, that if it were not provided would rapidly overwhelm NHS services.

- (1) Olaoluwa Oyawoye, Louise Marston and Melvyn Jones. Effect of weather on GP home visits: a cross-sectional study. *British Journal of General Practice* 2019; 69 (683): e430-e436. DOI: <https://doi.org/10.3399/bjgp19X702257>