

Home Visiting In General Practice.



A GP working in the 1950's would have spent the major proportion of (usually) his time seeing patients in their own homes. This highly visible part of UK practice however has declined gradually over the years to its current position.

It is a common misconception that home visiting is a unique component of practice in the UK. Whilst it has certainly become far less common in North America, in Western Europe and the former socialist countries of central and Eastern Europe it remains a core part of primary care practice. In 1994 for example whilst they were <1% of all consultations in Finland, they were 9% in Germany and an astounding 19% in France. In the same year in the UK the figures were 7%, putting us roughly in the middle.

In Italy there is a strict “right” to a home visit under the Italian health service. Visits requested before 9.00am must be completed that day...

Certainly they remain popular with patients (if not their doctors), and most patients regard a home visit by “their” doctor to be a highly valued part of the care provided by the NHS.

Task: What are the advantages and disadvantages to home visiting for 1. the patient and 2. the doctor? Scribble down a short list for each.

Demographics



There are many anecdotal accounts of GP visiting rates, but there is little doubt that they have declined hugely.

Cartwright and Anderson (1981) reported a home-visiting rate in the region of 0.3-0.5 per patient, per year. Fry notes a steady decline in home visiting over the last 40 years dropping from 20% of all his consultations in the 1950's to about 5% in the 1990's. The current rate of 5.5% in my rural practice similar to his, but does include visits to our patients in the local cottage hospital (about 1 in 6 of the "home visits").

One large population based survey also demonstrated a 27% reduction between 1981 and 1991. In the study however some 10% of patient contacts were still on home visits in the early 1990s.

Home visiting seems to show a classic "J-shaped curve" with age. There is an almost 30x variation between age cohorts. Nursing homes are a particular problem causing high visit rates, and prolonged consultation times because of the complex nature of the medical problems encountered. Visits are also more common in women, and amongst those in lower socio-economic groups (class 5, 2x higher than class 1). There are huge variations in visit rate amongst practices, with one study of 60 general practices showing a 8-fold variation between the highest and lowest.

Task: Calculate your practice visiting rate for the week beginning 10/11/03, by counting the number in the visit book, and dividing it by the total list for your practice. Bring the figures to the groupwork session.

Perhaps unsurprisingly a few patients account for a lot of an individual GP's visiting load. In 1 study 1% of patients accounted for nearly 40% of all home

visits. The commonest reasons for visiting are diseases of the respiratory tract, followed closely by cardiovascular problems.

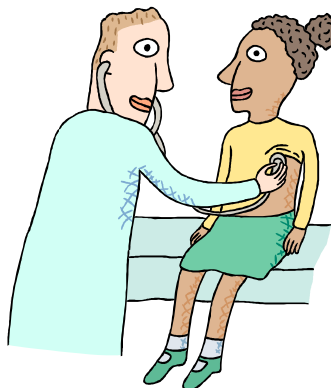
Controlling visit loads.



Whatever their advantages, there is no doubt that seeing patients who could be equally well seen in a surgery appointment, is time consuming and inefficient. Most doctors have developed strategies for avoiding visiting children, younger patients and the ambulant elderly. Options include some form of triage; either by a doctor or nurse at the practice. Unofficially the receptionists of course also “encourage” patients to attend the surgery. Palliative care patients and the very elderly are general exceptions.

Task: *How do you cope with a request for a visit on a wheezy 3-year-old? What are the pitfalls? How might you improve the triaging system for visits in your own practice?*

Chronic visiting.



I guess you don't really know what I am talking about here, but chronic visiting was a major feature of most GP's work prior to the mid 1980's and was widely discussed as a “hot issue” when Mark and I were on the DRC 13 years ago. Basically it referred to the regular visiting of housebound patients for social

support, health promotion and the occasional medical intervention. Often it involved home made cakes and sherry....

Just when we thought this was well and truly buried, a paper in the BMJ (Elkan et al 2001) produced data to suggest that such visiting of the elderly reduces both admissions to residential/nursing care and mortality.

Task: *Ask your senior partner about his/her experiences of chronic visiting. Why was it so popular? Why did it end? In view of current research is there a place for re-introducing it in 21st century practice?*

Interestingly many practices with significant numbers of nursing home patients have chosen to cope with a regular chronic visiting system...

Task: *How does your practice cope with nursing home visits? What are the special problems encountered in caring for nursing home patients? A large 100 bed nursing home opens 25 yards from your practice. What issues arise?*

Further Reading:

Aylin, Majeed and Cook. Home visiting by general practitioners in England and Wales. BMJ 1996; 313:207-210

Elkan et al. Effectiveness of home based support for older people: systematic review and meta-analysis. BMJ 2001;323:1-9

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