Home visits on a downward trend: Implications for older people

Decline in home visits

NL (1): 1987 / 2001 (103 / 80 practices)  
(125000 / 58000 reg. patients),

(85900 / 4 mill reg. patients)

Ger (3): 1997 / 2001 (15 practices)  
(29.745 / 31.785 patients seen)

Noteworthy: Variation of „visit workload”

Home visits (per GP and week): NL 21 - 12  
1993 and 2012 UK 19 - 6  
Bel 44 - 23  
Nor 6 - 1 (4)

Proportion of home visits in relation to consultations

Decline in overall (nursing) home visits:

What are the solutions in your country?

Decline in visits from different starting levels in Europe:

What is an adequate provision?

Measuring adequate provision of home visits:

Does quantity matter?

How do we measure and define quality?

Older patients are affected by the decline

80% of home visits are for patients 65 years+

Visits/year for age groups 65-79 and 80+: av. 6 and 9

GPs consider 80% of their visited patients as having multimorbidity

GPs’ reasons for home visits:

75% of patients no adequate transport

68% of patients too sick to visit practice

Type of visit: 42% routine (monitoring) visits, 58 % specific (acute) complaints

Decline in overall (nursing) home visits:

Reasons for the decline: visits are no favourites

• poor GP recruitment with practices having no successors

• visits are time consuming

• visits are badly paid

• visits are interfering with daily work schedule

• more diagnostic uncertainty in home visits

• visits to respite homes are depressing

EVA, VERAH and Co: The „German” solution

1. Delegation to practice nurses

3 year training (accountant, receptionist, nurse) + 250 hours

2. Delegation to a visiting GP employed by the regional practices


(4) Data were collected in the context of the 1993 European Task Profile Study and the 2012 QUALICOPC study, both coordinated by NIVEL (the Netherlands Institute for Health Services Research). With thanks to W. Boerma for kindly providing current data.
