

### The elderly at home

THE projected increase in the number and proportion of elderly people must form one of the principal factors which will govern planning of health and many social services for the rest of this century. However, relatively little is known about the characteristics of the elderly at home and it is encouraging that the Office of Population Censuses and Surveys (Social Survey Division) has already undertaken and now published the results of a detailed and thorough survey based on over 11,000 addresses in England, obtaining a response rate of 83 per cent (Hunt, 1978).

The 142 pages of this report, with the additional appendices, provide an up-to-date and useful reference source for all the common questions likely to be asked by general practitioners and trainees about the social characteristics of their elderly patients. Some of the results are already well known, such as the fact that the majority (55.6 per cent) of all elderly patients do not have a telephone, but others are greatly disturbing. One in 14 of all elderly persons reported that they were not warm enough in bed and one in 12 not warm enough in their own living room.

One criticism of this work is that it has been planned with predominantly social rather than health factors in mind, despite the finding that "ill health is the principal thing disliked, followed by loneliness". Information about doctors and health visitors does not appear in chapter 10, which describes health and ability of the elderly to look after themselves, but can be tracked down under "Visits from social services and similar bodies". The report makes the reasonable comment that "by no means all our informants are in need of

[home] visits but some vulnerable groups do not appear to receive as many visits or visitors as seem to be desirable". For example, among the bedfast and housebound under one third have seen a doctor as often as once a month, just over one fifth have seen a health visitor during the past six months, and just over one third have seen a district nurse.

Nevertheless, judged by this unusual form of audit and despite the consistent trend of a fall in home visits, general practitioners do not emerge too badly. It was reported, for example, that within the past six months about a third of all the elderly had been visited at home by a doctor. This can be compared with 16 per cent who had been visited by a minister of religion, eight per cent who had received a visit from a district nurse, and four per cent who had received a visit by a health visitor within the last six months. Other comparisons can be made with branches of the social services where, for example, nine per cent had been visited by a home help, six per cent by a social security supplementary benefits visiting officer, four per cent by a council welfare officer, and three per cent had received meals-on-wheels during the past six months. Fewer than three per cent had received visits from a mobile library or from voluntary organizations.

It thus appears that among the health and social services the general practitioner remains the principal professional visitor to the home.

#### Reference

Hunt, A. (1978). *The Elderly at Home*. London: HMSO.

### Journal subscriptions

IN 1978 the number of private subscribers to the *Journal* increased by more than 100. The Editor and the Editorial Board welcome this considerable further increase and thank the many individuals and organizations who have shown their interest and support.

During the year many vocational trainees have writ-

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ten asking about subscription rates for the *Journal* and we take this opportunity of reminding them that they can become associates of the College at a rate of £11 per year, which entitles them to a personal copy of the *Journal* each month as one of the services offered. Thus, by becoming associates of the College vocational trainees will be able to obtain the *Journal* at under half price next year.