DOMICILIARY CARE – 1

Home visiting in the Netherlands

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SUMMARY. I report the results of a survey on requests for home visits to 36 general practitioners attached to the Department of General Practice at the University of Leiden. A total of 108,300 patients were involved and the total ratio of surgery consultations, telephone consultations, and home visits was 5:2:1.

Of the 800 requests for home visits occurring in one week in November 1978, 93 per cent were accepted. Younger general practitioners did as many home visits as older doctors, but rural doctors visited more than their town colleagues. In only one per cent of such requests did the doctor's assistant decide that the patient for whom a home visit was requested would not be seen by the doctor at home.

Introduction

HOME visiting in Holland has fallen in recent years as in the United Kingdom (Marsh, 1968; Marsh *et al.*, 1972; Fry, 1978; Pereira Gray, 1978). Van Deen (1952) reported an average of 18.9 consultations and 20.3 home visits daily in his rural practice of 2,000 patients. Van der Wielen (1960), in his classic study of 268 practices, reported an average ratio of 1:1.

Dutch general practitioners have reduced home visits for several reasons, the main ones being the greater use of telephones by patients, the fact that most families in Holland have a car, and the introduction of appointment systems.

Aim

In association with an international symposium on home visiting held at the Boerhaave Institute at the University of Leiden, we sought to investigate the ways in which requests for home visits were made and how they were handled by the general practitioners and their staff.

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Method

In Holland medical students and general practitioner trainees are trained at eight universities (Figure 1). Each university has an institute of general practice (Dokter, 1978), which has strong connections with many local general practitioners including trainers. Most general practitioners are assisted by specially trained 'doctors's assistants' (ten Cate, 1979). These act as receptionists,

Figure 1. *Institutes of General Practice in the Netherlands and the region of the 'peripheral clinic' of the Leiden Institute.*

practice nurses, laboratory technicians, secretaries and general assistants. The study was carried out in the region of the Institute of General Practice at Leiden, where in 1978 there were 544 general practitioners in all, of whom 304 were associated with us. There were 50 trainers who were excluded from this study because we thought that their visiting policy might be biased since their trainees might make more home visits than usual.

Table 1. Length of time in general practice.

	Town	Rural	Total
6 years or less	11	8	19
10 years or more	6	11	17
Total	17	19	36

Table 3. Number of requests for home visits during one week.

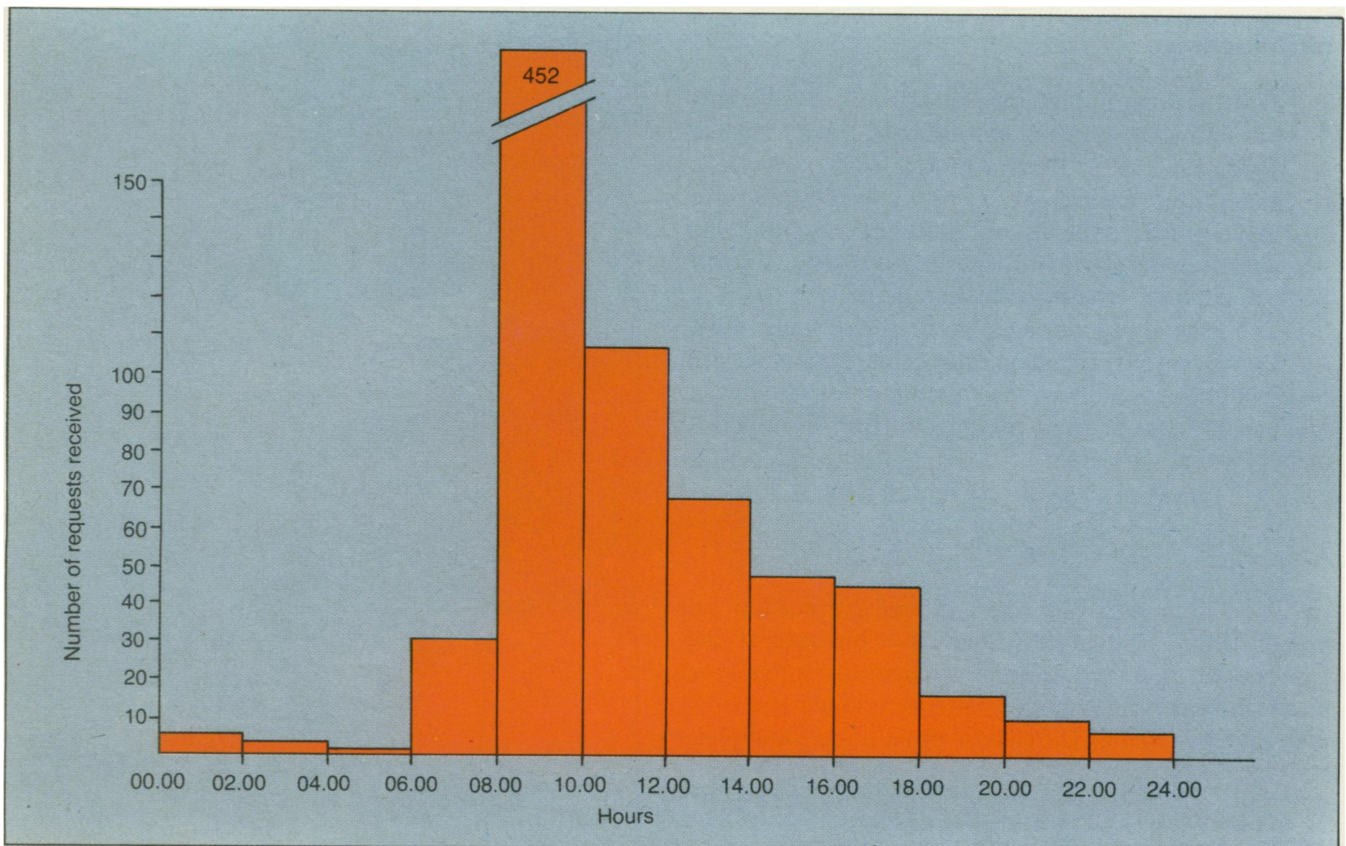
Day	Number	Percentage
Monday	234	*29*
Tuesday	140	*18*
Wednesday	135	*17*
Thursday	151	*19*
Friday	140	*18*

Table 2. Average number of daily consultations, telephone consultations and home visits per general practitioner.*

	All practices	Town practices			Rural practices		
		In practice for 6 years or less	In practice for 10 years or more	All town practices	In practice for 6 years or less	In practice for 10 years or more	All rural practices
Number of patients	3,000	2,900	2,800	2,900	3,200	3,100	3,100
Consultations	34	35	35.7	35.3	34.9	31.6	33
Telephone consultations	14.7	18.8	9.7	15.6	11.9	15.3	13.8
Visits requested and made	4.2	4	4.2	4.1	3.9	4.6	4.3
General practitioner initiated home visits	2.5	1.7	1.8	1.8	3.7	2.8	3.3
All visits made	6.8	5.7	6.0	5.8	7.6	7.4	7.6

*Three general practitioners did not practise on Fridays.

Figure 2. *Number of requests for home visits by time of day.*



The remaining 254 general practitioners were divided into four groups:

1. Doctors working in towns and cities (Den Haag and Leiden)
2. Doctors in rural areas.
3. Doctors practising for less than six years.
4. Doctors practising for 10 years or more.

We took a random sample from each group and obtained details of practice organization and administration. We asked the doctors how home visits were handled in their practices and if there were any rules for requesting a home visit.

We carried out the study during five working days in November 1978 and for each request for a home visit the doctor's assistant completed a form. During this week she recorded the number of consultations, telephone consultations, and home visits.

Results

The length of time the 36 participants have been in general practice is shown in Table 1.

Policy for accepting home visits

Five of the 36 general practitioners taking part reported that every request for a home visit was met. Another said he always agreed but "only if the request came in time". Eighteen replied that the doctor's assistant decided after discussion with the patient; three did not reply.

Rules

There were rules about requesting home visits in 33 practices. Patients were informed of the rules by letter in 19 of them; they were not clearly informed in nine; they could read the rules in the waiting room in two; and they were informed in other ways in three. There were no rules in three.

Workload

During the five days the 36 doctors, with a total list size of 108,300 patients, had 6,025 consultations, 2,750 telephone consultations, and made 1,202 home visits. Of the visits, 744 were accepted as new requests and 458 were made because the general practitioner initiated the visit.

Thus, in the average practice of 3,000 patients, each day the doctor had 34 consultations, nearly 15 telephone consultations, and about seven home visits, about three in five being a response to a new request. The ratio of consultations, telephone consultations, and home visits was thus 5:2:1 (Table 2).

In other words, one in eight of all direct contacts between doctor and patient was a home visit. There

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were no differences found by age of the doctor, but rural doctors did more visits than their town colleagues, often because they wished to.

Requests for home visits were made at about the same rate in town and country, 800 requests being made during the period. For 444 requests (56 per cent) the doctor made the decision whether to go or not, for 212 requests (27 per cent) the decision to accept or refuse a request for a visit was made by the doctor's assistant, and in 128 requests (16 per cent) the decision was made by the doctor's wife. The number of requests made by day of the week are given in Table 3. Figure 2 shows the distribution for requests for home visits by hour of day, and Figure 3 the distribution of all 1,202 home visits by age of the patient.

We also obtained information about the person requesting the visit (Table 4), the reason for the request (Table 5), the proportion of requests accepted and alternatives for those not accepted (Table 6) and the reasons for accepting requests for home visits (Table 7). Thirty-four doctors gave as the reason for not accepting a request for a home visit the fact it was not an obvious medical urgency, 12 said that no medical urgency was likely, four that the patient had been referred to first aid, three that a transport problem had now been solved, and three gave a combination of these reasons, or another.

Thirteen of the 36 general practitioners said they attended all requests received during the study. Others varied in how often they accepted.

One doctor refused 12 requests for a visit, one refused seven, two refused five, two refused three, four refused two and 13 doctors refused one request for a visit.

Thus, two doctors did not accept a third of the requests (19 out of 56). Each was a rural practitioner and without a doctor's assistant. Five other requests were handled by the doctor himself; that is, 24 out of 56 refusals were decided by the doctor. In nine other instances the doctor made the decision after referral by the doctor's assistant, and in four more after referral by his wife who had taken the call. In 15 cases the doctor's assistant, and in four more cases the doctor's wife, decided the doctor need not visit. In a total 37 cases the doctor decided not to visit; for 19 others the decision for him not to visit was made by someone other than a doctor.

Subsequent action by the patient when the request for home visit was denied by the doctor was that 12 patients attended the practice premises, 14 remained content with the advice given, five patients received a prescription, and six patients attended another source of advice, such as a first aid service.

In the 15 cases where a decision for the doctor not to visit was made by the doctor's assistant, seven attended the practice premises, four accepted advice, and four received a prescription. Of the four whose requests were refused by the doctor's wife, three attended the practice premises and one received a prescription.

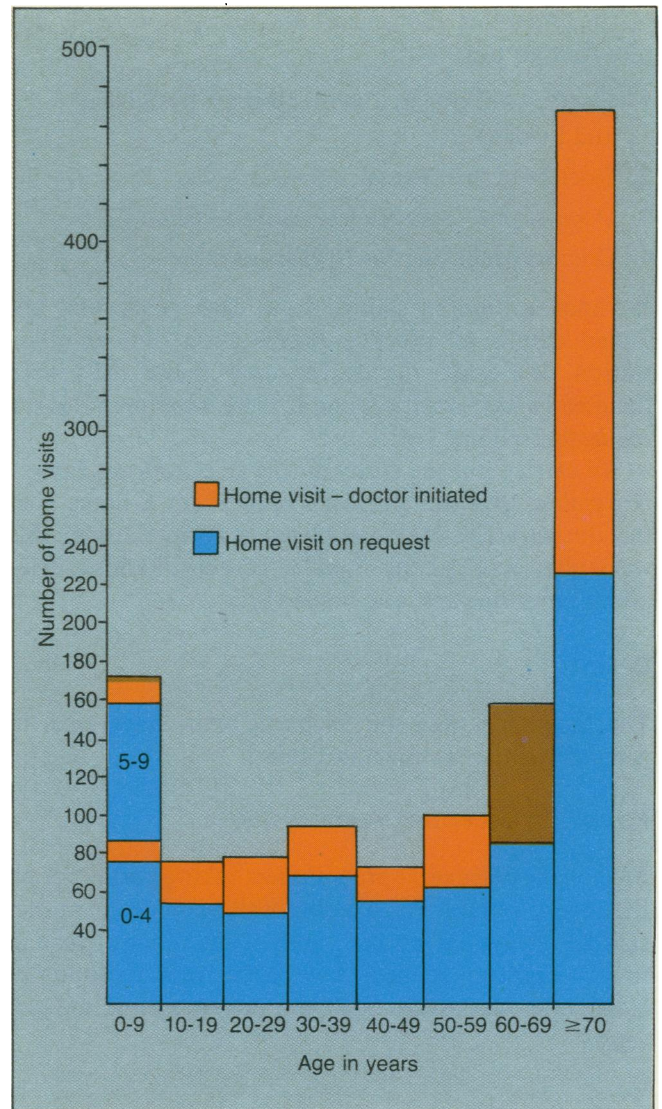

Figure 3. *Distribution of home visits by age of patient.*

Table 4. Number of people requesting visits.

Person requesting visit	Number	Percentage
Someone in the household	287	36
Patient himself/herself	197	25
Parent for child	201	25
Neighbour or others	115	14

Table 5. Reason for request.

	Number	Percentage
Too ill to come to practice premises	427	53
Acute or panic	132	17
Problems with transport	106	13
Repeat visit (on request)	49	6
Other reason or combination	85	11
Unknown	1	—

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Thus, in all 800 requests only nine (one per cent) were not accepted on the decision of someone other than a general practitioner.

In the nine practices without a doctor's assistant, a total of 26 requests were refused. In the 27 practices with a doctor's assistant, 30 requests were refused.

In three instances the decision was taken directly by a doctor, in nine cases the decision was taken by the doctor via the assistant, in 15 the decisions were taken by the doctor's assistant, and in three the decision was taken by the doctor's wife.

In half the cases where a request for a home visit was not complied with, this decision was made by the doctor's assistant—an evaluation she had been trained to make—but this happened in only one per cent of all such requests received.

Discussion

The size of our sample corresponds well with the numbers of doctors working in partnerships in Holland as a whole. About three-quarters of general practitioners now have a doctor's assistant in their practice. However, there are four reasons why these results may not be representative of general practice in the Netherlands as a whole:

1. The study took place in one industrial area.

Table 6. Proportion of requests accepted: alternatives for those not accepted.

	Number	Percentage
Requests met	744	93
Requests not accepted, asked to attend practice	20	3
Requests not accepted, advice given	18	2
Requests not accepted, prescription with advice	11	1
Requests not accepted, other or combined	7	1
All requests not complied with	56	7

Table 7. Reasons for accepting requests for home visit.

	Number	Percentage
Too ill	350	47
"I always comply with a request"	84	11
Problems with transport	77	10
Too old to come to the practice premises	65	9
Acute	59	8
Other reason or combination	52	7
Repeat visit (on request)	35	5
Friendly visit	22	3

2. The general practitioners who took part were a selected group connected with medical education.

3. Vocational trainers themselves were excluded.

4. The investigation took place during only one week of the year.

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Adverse drug reactions

Of 817 patients in a general practice survey of adverse reactions to drugs, 41 per cent were thought to have "certainly" or "probably" had a reaction to the drug prescribed. Adverse effects on the gastrointestinal and central nervous systems were the most frequently reported, and 90 per cent of reactions had occurred by the fourth day of treatment. More patients given drugs acting on the central nervous system and antihistamines reported reactions than those in other categories.

A higher incidence of adverse drug effects is shown in this general practice survey than in other, mainly hospital-based surveys. Further intensive surveillance for adverse effects of drugs is recommended to provide additional information on the burden of drug-induced disease in the community.

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