

Chapter 6 GP-led home visits

Emergency and acute medical care in over 16s: service delivery and organisation

NICE guideline <number>

July 2017

Draft for consultation

*Developed by the National Guideline Centre,
hosted by the Royal College of Physicians*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, their guardian or carer.

Copyright

© National Institute for Health and Care Excellence, 2017. All rights reserved.
Chapter 6 GP led-home visits

Contents

6	GP led home visits	5
6.1	Introduction	5
6.2	Review question: Do primary care led home visits reduce unplanned hospital admissions?	5
6.3	Clinical evidence.....	5
6.4	Economic evidence	6
6.5	Evidence statements	6
6.6	Recommendations and link to evidence.....	6
	Appendices.....	17
	Appendix A: Review protocol	17
	Appendix B: Clinical article selection	19
	Appendix C: Forest plots	19
	Appendix D: Clinical evidence tables.....	20
	Appendix E: Economic evidence tables	20
	Appendix F: GRADE tables	20
	Appendix G: Excluded clinical studies	21
	Appendix H: Excluded economic studies.....	27

1 6 GP led home visits

2 6.1 Introduction

3 Primary care home visits are well established in current UK practice. Home visits could help avoid
 4 unplanned hospital admission when supported with appropriate diagnostic back up. In addition
 5 when a patients' own GP is attending they may have access to patient records and history. It should
 6 enable a discussion of options and shared decision making. Primary care visits are particularly useful
 7 with people who have complex care needs.

8 This review question examined whether primary care led home visits reduced unplanned hospital
 9 admission for adults and young people with a suspected or confirmed AME or at risk of an AME.

10 6.2 Review question: Do primary care led home visits reduce unplanned 11 hospital admissions?

12 For full details see review protocol in Appendix A.

13 **Table 1: PICO characteristics of review question**

Population	Adults and young people (16 years and over) with a suspected or confirmed AME or at risk of an AME.
Interventions	Primary care led home visits which are directed by, or originate from, GPs <ul style="list-style-type: none"> • Home visits provided within practice hours • Home visits provided out of practice hours • Home visits provided both within practice hours and out of practice hours • No home visits
Comparison	All interventions compared with one another.
Outcomes	Patient outcomes; <ul style="list-style-type: none"> • Mortality (CRITICAL) • Avoidable adverse events (for example, incorrect diagnosis, delay in diagnosis, delay in treatment or investigations) (CRITICAL) • Quality of life (CRITICAL) • ED attendance (consider admissions as a proxy in absence of ED attendance) (CRITICAL) • Patient and/or carer satisfaction (CRITICAL) • Attendance at other health services (IMPORTANT) • Complaints and feedback (IMPORTANT)
Study design	Systematic reviews (SRs) of RCTs, RCTs, observational studies only to be included if no relevant SRs or RCTs are identified.

14 6.3 Clinical evidence

15 No relevant clinical studies were identified.

1 6.4 Economic evidence

2 Published literature

3 No relevant economic evaluations were identified.

4 The economic article selection protocol and flow chart for the whole guideline can found in the
5 guideline’s Appendix 41A and Appendix 41B.

6 In the absence of health economic evidence, unit costs were presented to the guideline committee –
7 see Chapter 41 Appendix I.

8

9 6.5 Evidence statements

10 Clinical

11 No relevant clinical studies were identified.

12 Economic

13

14 No relevant economic evaluations were identified.

15

16 6.6 Recommendations and link to evidence

Recommendations	-
Research recommendations	RR4. What primary care-led models of assessment of people with a suspected medical emergency in the community, such as GP home visits, are most clinically and cost-effective?
Relative values of different outcomes	The committee considered mortality, avoidable adverse events (for example, incorrect diagnosis, delay in diagnosis, delay in treatment or investigations), quality of life and emergency department attendance to be critical outcomes. Patient and/or carer satisfaction, attendance at other health services, and complaints and feedback were considered to be important outcomes.
Trade-off between benefits and harms	<p>No evidence was identified which compared primary care led home visits for a suspected uncharacterised acute medical emergency, with no primary care led home visits.</p> <p>The committee felt that the long tradition of GP home visits in the UK had a number of benefits, which could include the avoidance of unplanned hospital admissions for a subgroup of suspected or confirmed acute medical emergencies, when supported with appropriate diagnostic back up. There may be additional benefits in the patient’s own GP attending in that they may have access to patient records and history and they may know the patient well. Visiting the patient also allows for a discussion of options and shared decision making regarding next steps. This may be particularly useful with people who have complex care needs. However, the committee also discussed the opportunity costs of a GP leaving the surgery to do a home visit.</p> <p>The committee acknowledged however, that the ability to detect or characterise an acute medical emergency may be limited by lack of access to diagnostic investigations, and that presentation directly to hospital might be more appropriate.</p>

Recommendations	-
Research recommendations	RR4. What primary care-led models of assessment of people with a suspected medical emergency in the community, such as GP home visits, are most clinically and cost-effective?
	<p>However, the alternative option of calling NHS 111 or the 999 services would involve remote decisions being made by call handlers unfamiliar with the patient, using an algorithm-based assessment over the phone which could result in unnecessary ED attendances.</p> <p>Given the lack of evidence, the committee did not feel that it was possible to develop a practice recommendation and instead chose to develop a research recommendation.</p> <p>The committee felt that the role of primary care within the community was increasing and therefore, any further research should focus upon different models for providing home visits: GP visits, a GP co-operative looking after a region, or a primary care-integrated service compared to usual local practice.</p>
Trade-off between net effects and costs	<p>No economic evidence was identified and therefore unit costs were presented to the committee.</p> <p>The committee noted that urgent home visits would normally be undertaken either by the GP or by a nurse practitioner and accompanied by a dedicated driver from a locally commissioned provider; co-operative of GPs, community NHS Trust or private company.</p> <p>Home visits will generally take about 40-60 minutes (including travel) whereas most surgery appointments are 10-15 minutes. Time allocated to travelling for home visits could have been used for patient assessments at the surgery or to increase capacity for short-notice appointments. In addition to this opportunity cost, there is the cost of the driver's time and fuel.</p> <p>The cost could be offset to some extent by potential savings from reducing the need for ambulance calls and ED attendances. However, no published evidence was available to support this. At a cost of £233 for an ambulance conveyance and £132 for an ED attendance (source: NHS Reference costs), a primary care-led home visit, if appropriate, is likely to be less costly.</p> <p>The committee concluded that there was no clear evidence to confirm or refute the cost-effectiveness of primary care visits.</p>
Quality of evidence	No evidence was identified. A research recommendation was developed.
Other considerations	<p>It was noted that primary care-led home visits are well established in current UK practice. However, different models of providing this service have not been evaluated, particularly for acutely ill patients. The expanding role of paramedic ambulance staff and of hospital-at-home services (primary or secondary care-led) potentially offers an alternative to GP home visits for patients with AMEs. With the development of mobile technologies and integrated IT systems, these acute care practitioners and teams could either deliver a 'stand-alone' service or access the expertise of a patient's GP without requiring their physical presence in the patient's home.</p> <p>The research question addresses the equality gaps of people who are home bound and have limited access to health care services in the community.</p>

1
2

References

- 1 Home visits keep CABG patients out of the hospital. *Hospital Case Management*. 2014; 22(11):156-157
- 2 Preventive home visits for community-dwelling frail elderly people based on minimum data set-home care: randomized controlled trial. *Geriatrics and Gerontology International*. 2015; 3(236):242
- 3 Balaban DJ, Goldfarb NI, Perkel RL, Carlson BL. Follow-up study of an urban family medicine home visit program. *Journal of Family Practice*. 1988; 26(3):307-312
- 4 Bandurchin A, McNally MJ, Ferguson-Pare M. Bringing back the house call: how an emergency mobile nursing service is reducing avoidable emergency department visits for residents in long-term care homes. *Nursing Leadership*. 2011; 24(1):59-71
- 5 Beales JL, Edes T. Veteran's Affairs home based primary care. *Clinics in Geriatric Medicine*. 2009; 25(1):149-1ix
- 6 Beck RA, Arizmendi A, Purnell C, Fultz BA, Callahan CM. House calls for seniors: building and sustaining a model of care for homebound seniors. *Journal of the American Geriatrics Society*. 2009; 57(6):1103-1109
- 7 Bishop T. A home visit. *Annals of Internal Medicine*. 2005; 142(2):151-152
- 8 Blohm A. House calls. *Hastings Center Report*. 2008; 38(4):12-13
- 9 Bouman A, Rossum E, Ambergen T, Kempen G, Knipschild P. Effects of a home visiting program for older people with poor health status: a randomized, clinical trial in The Netherlands. *Journal of the American Geriatrics Society*. 2008; 56(3):397-404
- 10 Bouman A, van Rossum E, Nelemans P, Kempen GIJM, Knipschild P. Effects of intensive home visiting programs for older people with poor health status: a systematic review. *BMC Health Services Research*. 2008; 8:74
- 11 Bouman A, van Rossum E, Evers S, Ambergen T, Kempen G, Knipschild P. Effects on health care use and associated cost of a home visiting program for older people with poor health status: a randomized clinical trial in the Netherlands. *Journals of Gerontology Series A, Biological Sciences and Medical Sciences*. 2008; 63(3):291-297
- 12 Burton LC, German PS, Shapiro S. A preventive services demonstration. Health status, health behaviors, and cost outcomes 2 years after intervention. The Johns Hopkins Medicare Preventive Services Demonstration Team. *Medical Care*. 1997; 35(11):1149-1157
- 13 Burton LC, Steinwachs DM, German PS, Shapiro S, Brant LJ, Richards TM et al. Preventive services for the elderly: would coverage affect utilization and costs under Medicare? *American Journal of Public Health*. 1995; 85(3):387-391
- 14 Buurman BM, Parlevliet JL, Deelen BA, Haan RJ, Rooij SE. A randomised clinical trial on a comprehensive geriatric assessment and intensive home follow-up after hospital discharge: the Transitional Care Bridge. *BMC Health Services Research*. 2010; 10:296

- 1 15 Byles JE, Francis L, McKernon M. The experiences of non-medical health professionals
2 undertaking community-based health assessments for people aged 75 years and over. *Health*
3 *and Social Care in the Community*. 2002; 10(2):67-73
- 4 16 Byles JE, Tavener M, O'Connell RL, Nair BR, Higginbotham NH, Jackson CL et al. Randomised
5 controlled trial of health assessments for older Australian veterans and war widows. *Medical*
6 *Journal of Australia*. 2004; 181(4):186-190
- 7 17 Campbell J, Roland M, Richards S, Dickens A, Greco M, Bower P. Users' reports and evaluations of
8 out-of-hours health care and the UK national quality requirements: a cross-sectional study.
9 *British Journal of General Practice*. 2009; 59(558):18-23
- 10 18 Carpenter GI, Demopoulos GR. Screening the elderly in the community: controlled trial of
11 dependency surveillance using a questionnaire administered by volunteers. *BMJ*. 1990;
12 300(6734):1253-1256
- 13 19 Carr-Bains S, Nightingale AL, Ballard KD. Patients' experiences and satisfaction with out-of-hours
14 GP home visiting provided by a GP cooperative. *Family Practice*. 2011; 28(1):88-92
- 15 20 Chang C, Jackson SS, Bullman TA, Cobbs EL. Impact of a home-based primary care program in an
16 urban Veterans Affairs medical center. *Journal of the American Medical Directors Association*.
17 2009; 10(2):133-137
- 18 21 Chime F, Fieldsmith R, van Sell S, Kindred C, Carter S. House calls. *RN*. 2009; 72(3):22-29
- 19 22 Clarke M, Clarke SJ, Jagger C. Social intervention and the elderly: a randomized controlled trial.
20 *American Journal of Epidemiology*. 1992; 136(12):1517-1523
- 21 23 Clayden AD, Newman CP. Effect of health visitors working with elderly patients in general
22 practice: randomised controlled trials. *BMJ*. 1984; 288(6426):1309
- 23 24 Comino EJ, Zwar NA, Hermiz O. The Macarthur GP After-hours Service: a model of after-hours
24 care for Australia. *Australian Health Review*. 2007; 31(2):223-230
- 25 25 Cooper DF, Granadillo OR, Stacey CM. Home-based primary care: the care of the veteran at
26 home. *Home Healthcare Nurse*. 2007; 25(5):315-322
- 27 26 Courtney MD, Edwards HE, Chang AM, Parker AW, Finlayson K, Hamilton K. A randomised
28 controlled trial to prevent hospital readmissions and loss of functional ability in high risk older
29 adults: a study protocol. *BMC Health Services Research*. 2011; 11:202
- 30 27 Courtney M, Edwards H, Chang A, Parker A, Finlayson K, Hamilton K. Fewer emergency
31 readmissions and better quality of life for older adults at risk of hospital readmission: a
32 randomized controlled trial to determine the effectiveness of a 24-week exercise and telephone
33 follow-up program. *Journal of the American Geriatrics Society*. 2009; 57(3):395-402
- 34 28 Cunney A, O'Kelly FD. Housecalls in general practice. *Irish Medical Journal*. 2012; 105(6):170-171
- 35 29 Dalby DM, Sellors JW, Fraser FD, Fraser C, van Ineveld C, Howard M. Effect of preventive home
36 visits by a nurse on the outcomes of frail elderly people in the community: a randomized
37 controlled trial. *CMAJ Canadian Medical Association Journal*. 2000; 162(4):497-500
- 38 30 Dam VH, Bleijenberg N, Numans ME, Drubbel I, Schuurmans MJ, Wit NJ. Proactive and structured
39 care for the elderly in primary care. *Tijdschrift Voor Gerontologie En Geriatrie*. 2013; 44(2):81-89

- 1 31 de Jonge E, Taler G. Is there a doctor in the house? *Caring*. 2002; 21(8):26-29
- 2 32 Dorresteijn TAC, Zijlstra GAR, Ambergen AW, Delbaere K, Vlaeyen JWS, Kempen GIJM.
3 Effectiveness of a home-based cognitive behavioral program to manage concerns about falls in
4 community-dwelling, frail older people: results of a randomized controlled trial. *BMC Geriatrics*.
5 2016; 16(1):2
- 6 33 Drennan IR, Dainty KN, Hoogeveen P, Atzema CL, Barrette N, Hawker G et al. Expanding
7 Paramedicine in the Community (EPIC): study protocol for a randomized controlled trial. *Trials*.
8 2014; 15:473
- 9 34 Dunn RB, Lewis PA, Vetter NJ, Guy PM, Hardman CS, Jones RW. Health visitor intervention to
10 reduce days of unplanned hospital re-admission in patients recently discharged from geriatric
11 wards: the results of a randomised controlled study. *Archives of Gerontology and Geriatrics*.
12 1994; 18(1):15-23
- 13 35 Dunt D, Day SE, Kelaher M, Montalto M. Impact of standalone and embedded telephone triage
14 systems on after hours primary medical care service utilisation and mix in Australia. *Australia and
15 New Zealand Health Policy*. 2005; 2:30
- 16 36 Edwards M, Bobb C, Robinson SI. Nurse practitioner management of acute in-hours home visit or
17 assessment requests: a pilot study. *British Journal of General Practice*. 2009; 59(558):7-11
- 18 37 Eichler K, Imhof D, Chmiel C, Zoller M, Senn O, Rosemann T et al. The provision of out-of-hours
19 care and associated costs in an urban area of Switzerland: a cost description study. *BMC Family
20 Practice*. 2010; 11:99
- 21 38 Fabacher D, Josephson K, Pietruszka F, Linderborn K, Morley JE, Rubenstein LZ. An in-home
22 preventive assessment program for independent older adults: a randomized controlled trial.
23 *Journal of the American Geriatrics Society*. 1994; 42(6):630-638
- 24 39 Fagerstrom L, Wikblad A, Nilsson J. An integrative research review of preventive home visits
25 among older people - Is an individual health resource perspective a vision or a reality?
26 *Scandinavian Journal of Caring Sciences*. 2009; 23(3):558-568
- 27 40 Farrell L. House call. *BMJ*. 2012; 345:e6069
- 28 41 Fleming M. The right care in the right place: the value of physician visits at home. *Caring*. 2011;
29 30(6):20-22
- 30 42 Frese T, Deutsch T, Keyser M, Sandholzer H. In-home preventive comprehensive geriatric
31 assessment (CGA) reduces mortality--a randomized controlled trial. *Archives of Gerontology and
32 Geriatrics*. 2012; 55(3):639-644
- 33 43 Giesen P, Moll van Charante E, Mekkink H, Bindels P, van den Bosch W, Grol R. Patients evaluate
34 accessibility and nurse telephone consultations in out-of-hours GP care: determinants of a
35 negative evaluation. *Patient Education and Counseling*. 2007; 65(1):131-136
- 36 44 Giesen P, Smits M, Huibers L, Grol R, Wensing M. Quality of after-hours primary care in the
37 Netherlands: a narrative review. *Annals of Internal Medicine*. 2011; 155(2):108-113
- 38 45 Gu M, Ma Y, Zhou T, Xia Y. Evaluation of a community health service center-based intervention
39 program for managing chronic heart failure. *Balkan Medical Journal*. 2016; 33(1):45-51

- 1 46 Hall N, De Beck P, Johnson D, Mackinnon K, Gutman G, Glick N. Randomized trial for a health
2 promotion program for frail elders. *Canadian Journal of Ageing*. 1992; 11(1):72-91
- 3 47 Halter M, Marlow T, Mohammed D, Ellison GTH. A patient survey of out-of-hours care provided
4 by Emergency Care Practitioners. *BMC Emergency Medicine*. 2007; 7:4
- 5 48 Hay WI, Browne G, Roberts J, Jamieson E. Prospective care of elderly patients in family practice.
6 Part 3: prevalence of unrecognized treatable health concerns. *Canadian Family Physician*. 1995;
7 41:1695-10
- 8 49 Hebert R, Robichaud L, Roy PM, Bravo G, Voyer L. Efficacy of a nurse-led multidimensional
9 preventive programme for older people at risk of functional decline. A randomized controlled
10 trial. *Age and Ageing*. 2001; 30(2):147-153
- 11 50 Hendriksen C, Lund E, Stromgard E. Consequences of assessment and intervention among elderly
12 people: a three year randomised controlled trial. *BMJ*. 1984; 289(6457):1522-1524
- 13 51 Hout HP, Jansen AP, Marwijk HW, Pronk M, Frijters DF, Nijpels G. Prevention of adverse health
14 trajectories in a vulnerable elderly population through nurse home visits: a randomized
15 controlled trial [ISRCTN05358495]. *Journals of Gerontology Series A, Biological Sciences and
16 Medical Sciences*. 2010; 65(7):734-742
- 17 52 Hughes SL, Weaver FM, Giobbie-Hurder A, Manheim L, Henderson W, Kubal JD et al.
18 Effectiveness of team-managed home-based primary care: a randomized multicenter trial. *JAMA*
19 - *Journal of the American Medical Association*. 2000; 284(22):2877-2885
- 20 53 Hvenegaard A, Albaek J, Nielsen ML, Hansen J, Ringbaek T, Sorensen TH et al. Home visits to
21 patients with severe COPD. Danish Centre for Evaluation and Health Technology Assessment
22 (DACEHTA), 2009. Available from:
23 <http://sundhedsstyrelsen.dk/~media/8747C57CC0604539BD3A4B0A37F266F7.ashx>
- 24 54 Ingram JC, Calnan MW, Greenwood RJ, Kemple T, Payne S, Rossdale M. Risk taking in general
25 practice: GP out-of-hours referrals to hospital. *British Journal of General Practice*. 2009;
26 59(558):e16-e24
- 27 55 Joyce C, Piterman L. Trends in GP home visits. *Australian Family Physician*. 2008; 37(12):1039-
28 1042
- 29 56 Kao H, Conant R, Soriano T, McCormick W. The past, present, and future of house calls. *Clinics in
30 Geriatric Medicine*. 2009; 25(1):19-1v
- 31 57 Kelly M, Egbunike JN, Kinnersley P, Hood K, Owen-Jones E, Button LA et al. Delays in response
32 and triage times reduce patient satisfaction and enablement after using out-of-hours services.
33 *Family Practice*. 2010; 27(6):652-663
- 34 58 Kerkstra A, Castelein E, Philipsen H. Preventive home visits to elderly people by community
35 nurses in The Netherlands. *Journal of Advanced Nursing*. 1991; 16(6):631-637
- 36 59 Kinnersley P, Egbunike JN, Kelly M, Hood K, Owen-Jones E, Button LA et al. The need to improve
37 the interface between in-hours and out-of-hours GP care, and between out-of-hours care and
38 self-care. *Family Practice*. 2010; 27(6):664-672
- 39 60 Lavoie-Vaughan N. House calls as a practice venture. *Advance for Nurse Practitioners*. 2005;
40 13(2):14

- 1 61 Lemay MS. Home visits. *Journal of General Internal Medicine*. 2014; 29(4):688-689
- 2 62 Leveille SG, Wagner EH, Davis C, Grothaus L, Wallace J, LoGerfo M et al. Preventing disability and
3 managing chronic illness in frail older adults: a randomized trial of a community-based
4 partnership with primary care. *Journal of the American Geriatrics Society*. 1998; 46(10):1191-
5 1198
- 6 63 Lordan G. What determines a patient's treatment? Evidence from out of hours primary care co-
7 op data in the Republic of Ireland. *Health Care Management Science*. 2007; 10(3):283-292
- 8 64 Lykkegaard J, Larsen PV, Paulsen MS, Sondergaard J. General practitioners' home visit tendency
9 and readmission-free survival after COPD hospitalisation: a Danish nationwide cohort study. *NPJ
10 Primary Care Respiratory Medicine*. 2014; 24:14100
- 11 65 Macinko J, Dourado I, Aquino R, Bonolo PdF, Lima-Costa MF, Medina MG et al. Major expansion
12 of primary care in Brazil linked to decline in unnecessary hospitalization. *Health Affairs*. 2010;
13 29(12):2149-2160
- 14 66 Marek KD, Baker CD. Nurse home visit programs for the elderly. *Annual Review of Nursing
15 Research*. 2006; 24:157-178
- 16 67 Mares MA, McNally S. The effectiveness of nurse-led cardiac rehabilitation programs following
17 coronary artery bypass graft surgery: a systematic review protocol. *JBI Library of Systematic
18 Reviews*. 2013; 11(11):21-32
- 19 68 Margas G, Windak A, Tomasik T. Utilization of the out of hours service in Poland: an
20 observational study from Krakow. *BMC Health Services Research*. 2008; 8:212
- 21 69 Marsh AG. A curious 21st century phenomenon: physicians reviving the house call. *Caring*. 2005;
22 24(8):12-24
- 23 70 Mattke S, Han D, Wilks A, Sloss E. Medicare home visit program associated with fewer hospital
24 and nursing home admissions, increased office visits. *Health Affairs*. 2015; 34(12):2138-2146
- 25 71 Mayo-Wilson E, Grant S, Burton J, Parsons A, Underhill K, Montgomery P. Preventive home visits
26 for mortality, morbidity, and institutionalization in older adults: a systematic review and meta-
27 analysis. *PloS One*. 2014; 9(3):e89257
- 28 72 Mayor S. Home visits improve asthma control in low income adults, study shows. *BMJ*. 2014;
29 349:g7165
- 30 73 McEwan RT, Davison N, Forster DP, Pearson P, Stirling E. Screening elderly people in primary
31 care: a randomized controlled trial. *British Journal of General Practice*. 1990; 40(332):94-97
- 32 74 McRae I, Pham M. When is a GP home-visit program financially viable? *Australian Journal of
33 Primary Health*. 2016;
- 34 75 Millar H. Very important physicians. Some doctors still make house calls. For those who can
35 afford it. *Caring*. 2006; 25(6):28-30
- 36 76 Mohammed MA, Clements G, Edwards E, Lester H. Factors which influence the length of an out-
37 of-hours telephone consultation in primary care: a retrospective database study. *BMC Health
38 Services Research*. 2012; 12:430

- 1 77 Monical K. Benefiting from the changing nature of home visits. Utilizing home-visit programs to
2 render more proactive care management. *Health Management Technology*. 2013; 34(5):24
- 3 78 Mussi CM, Ruschel K, de Souza EN, Lopes AN, Trojahn MM, Paraboni CC et al. Home visit
4 improves knowledge, self-care and adherence in heart failure: randomized clinical trial HELEN-I.
5 *Revista Latino-Americana De Enfermagem*. 2013; 21:20-28
- 6 79 Nagraj S, Barclay S. Bereavement care in primary care: a systematic literature review and
7 narrative synthesis. *British Journal of General Practice*. 2011; 61(582):e42-e48
- 8 80 Neergaard MA, Vedsted P, Olesen F, Sokolowski I, Jensen AB, Sondergaard J. Associations
9 between home death and GP involvement in palliative cancer care. *British Journal of General
10 Practice*. 2009; 59(566):671-677
- 11 81 Newbury JW, Marley JE, Beilby JJ. A randomised controlled trial of the outcome of health
12 assessment of people aged 75 years and over. *Medical Journal of Australia*. 2001; 175(2):104-107
- 13 82 North L, Kehm L, Bent K, Hartman T. Can home-based primary care: cut costs? *Nurse Practitioner*.
14 2008; 33(7):39-44
- 15 83 Ornstein K, Hernandez CR, DeCherrie LV, Soriano TA. The Mount Sinai (New York) Visiting Doctors
16 Program: meeting the needs of the urban homebound population. *Care Management Journals*.
17 2011; 12(4):159-163
- 18 84 Pathy MS, Bayer A, Harding K, Dibble A. Randomised trial of case finding and surveillance of
19 elderly people at home. *The Lancet*. 1992; 340(8824):890-893
- 20 85 Peppas G, Theocharis G, Karveli EA, Falagas ME. An analysis of patient house calls in the area of
21 Attica, Greece. *BMC Health Services Research*. 2006; 6:112
- 22 86 Peterson LE, Landers SH, Bazemore A. Trends in physician house calls to Medicare beneficiaries.
23 *Journal of the American Board of Family Medicine*. 2012; 25(6):862-868
- 24 87 Philips H, Remmen R, Van Royen P, Teblich M, Geudens L, Bronckaers M et al. What's the effect
25 of the implementation of general practitioner cooperatives on caseload? Prospective
26 intervention study on primary and secondary care. *BMC Health Services Research*. 2010; 10:222
- 27 88 Pivodic L, Harding R, Calanzani N, McCrone P, Hall S, Deliens L et al. Home care by general
28 practitioners for cancer patients in the last 3 months of life: an epidemiological study of quality
29 and associated factors. *Palliative Medicine*. 2016; 30(1):64-74
- 30 89 Ploeg J, Feightner J, Hutchison B, Patterson C, Sigouin C, Gauld M. Effectiveness of preventive
31 primary care outreach interventions aimed at older people: meta-analysis of randomized
32 controlled trials. *Canadian Family Physician*. 2005; 51:1244-1245
- 33 90 Richards SH, Pound P, Dickens A, Greco M, Campbell JL. Exploring users' experiences of accessing
34 out-of-hours primary medical care services. *Quality and Safety in Health Care*. 2007; 16(6):469-
35 477
- 36 91 Robichaud L, Hebert R, Roy PM, Roy C. A preventive program for community-dwelling elderly at
37 risk of functional decline: a pilot study. *Archives of Gerontology and Geriatrics*. 2000; 30(1):73-84

- 1 92 Rosenberg T. Acute hospital use, nursing home placement, and mortality in a frail community-
2 dwelling cohort managed with Primary Integrated Interdisciplinary Elder Care at Home. *Journal*
3 *of the American Geriatrics Society*. 2012; 60(7):1340-1346
- 4 93 Rossdale M, Kemple T, Payne S, Calnan M, Greenwood R. An observational study of variation in
5 GPs' out-of-hours emergency referrals. *British Journal of General Practice*. 2007; 57(535):152-154
- 6 94 Row CF, Braveman C, Fasten W, Alston K, Yudin J. Medical house calls + home health agency
7 collaboration: quality of care and pay for performance strategies that work. *Caring*. 2006;
8 25(6):6-11
- 9 95 Rytter L, Jakobsen HN, Rønholt F, Hammer AV, Andreasen AH, Nissen A et al. Comprehensive
10 discharge follow-up in patients' homes by GPs and district nurses of elderly patients. A
11 randomized controlled trial. *Scandinavian Journal of Primary Health Care*. 2010; 28(3):146-153
- 12 96 Sahlen K-G, Lofgren C, Mari HB, Lindholm L. Preventive home visits to older people are cost-
13 effective. *Scandinavian Journal of Public Health*. 2008; 36(3):265-271
- 14 97 Schraeder C, Shelton P, Sager M. The effects of a collaborative model of primary care on the
15 mortality and hospital use of community-dwelling older adults. *Journals of Gerontology Series A,*
16 *Biological Sciences and Medical Sciences*. 2001; 56(2):M106-M112
- 17 98 Schweitzer BPM, Blankenstein N, Deliens L, van der Horst H. Out-of-hours palliative care
18 provided by GP co-operatives: availability, content and effect of transferred information. *BMC*
19 *Palliative Care*. 2009; 8:17
- 20 99 Sinclair AJ, Conroy SP, Davies M, Bayer AJ. Post-discharge home-based support for older cardiac
21 patients: a randomised controlled trial. *Age and Ageing*. 2005; 34(4):338-343
- 22 100 Sorensen KH, Sivertsen J. Follow-up three years after intervention to relieve unmet medical and
23 social needs of old people. *Comprehensive Gerontology Section B, Behavioural, Social, and*
24 *Applied Sciences*. 1988; 2(2):85-91
- 25 101 Stall N, Nowaczynski M, Sinha SK. Systematic review of outcomes from home-based primary care
26 programs for homebound older adults. *Journal of the American Geriatrics Society*. 2014;
27 62(12):2243-2251
- 28 102 Stewart P, Stewart R. Home visits: why do rates vary so much? *Irish Medical Journal*. 2012;
29 105(3):83-84
- 30 103 Stuck AE, Minder CE, Peter-Wuest I, Gillmann G, Egli C, Kesselring A et al. A randomized trial of
31 in-home visits for disability prevention in community-dwelling older people at low and high risk
32 for nursing home admission. *Archives of Internal Medicine*. 2000; 160(7):977-986
- 33 104 Terschuren C, Fendrich K, van den Berg N, Hoffmann W. Implementing telemonitoring in the
34 daily routine of a GP practice in a rural setting in northern Germany. *Journal of Telemedicine and*
35 *Telecare*. 2007; 13(4):197-201
- 36 105 Thygesen LC, Fokdal S, Gjørup T, Taylor RS, Zwisler AD, Prevention of Early Readmission Research
37 Group. Can municipality-based post-discharge follow-up visits including a general practitioner
38 reduce early readmission among the fragile elderly (65+ years old)? A randomized controlled
39 trial. *Scandinavian Journal of Primary Health Care*. 2015; 33(2):65-73

- 1 106 Tulloch AJ, Moore V. A randomized controlled trial of geriatric screening and surveillance in
2 general practice. *Journal of the Royal College of General Practitioners*. 1979; 29(209):733-740
- 3 107 Turnbull J, Pope C, Martin D, Lattimer V. Management of out-of-hours calls by a general practice
4 cooperative: a geographical analysis of telephone access and consultation. *Family Practice*. 2011;
5 28(6):677-682
- 6 108 Ukawa S, Tamakoshi A, Ono K. A randomized controlled trial of a long-term functioning
7 improvement tool home visit program for frail older Japanese people. *International Journal of*
8 *Geriatric Psychiatry*. 2015; 30(8):887-888
- 9 109 Unwin BK, Tatum PE. House calls. *American Family Physician*. 2011; 83(8):925-931
- 10 110 van den Berg MJ, Cardol M, Bongers FJM, de Bakker DH. Changing patterns of home visiting in
11 general practice: an analysis of electronic medical records. *BMC Family Practice*. 2006; 7:58
- 12 111 van den Berg N, Fiss T, Meinke C, Heymann R, Scriba S, Hoffmann W. GP-support by means of
13 AGnES-practice assistants and the use of telecare devices in a sparsely populated region in
14 Northern Germany--proof of concept. *BMC Family Practice*. 2009; 10:44
- 15 112 van den Berg N, Heymann R, Meinke C, Baumeister SE, Flessa S, Hoffmann W. Effect of the
16 delegation of GP-home visits on the development of the number of patients in an ambulatory
17 healthcare centre in Germany. *BMC Health Services Research*. 2012; 12:355
- 18 113 van den Berg N, Meinke C, Heymann R, Fiss T, Suckert E, Poller C et al. AGnES: supporting general
19 practitioners with qualified medical practice personnel: model project evaluation regarding
20 quality and acceptance. *Deutsches Arzteblatt International*. 2009; 106(1-2):3-9
- 21 114 van den Berg N, Meinke C, Matzke M, Heymann R, Flessa S, Hoffmann W. Delegation of GP-home
22 visits to qualified practice assistants: assessment of economic effects in an ambulatory
23 healthcare centre. *BMC Health Services Research*. 2010; 10:155
- 24 115 van Haastregt JC, Diederiks JP, van Rossum E, de Witte LP, Voorhoeve PM, Crebolder HF. Effects
25 of a programme of multifactorial home visits on falls and mobility impairments in elderly people
26 at risk: randomised controlled trial. *BMJ*. 2000; 321(7267):994-998
- 27 116 van Haastregt JC, van Rossum E, Diederiks JP, de Witte LP, Voorhoeve PM, Crebolder HF. Process-
28 evaluation of a home visit programme to prevent falls and mobility impairments among elderly
29 people at risk. *Patient Education and Counseling*. 2002; 47(4):301-309
- 30 117 van Rossum E, Frederiks CM, Philipsen H, Portengen K, Wiskerke J, Knipschild P. Effects of
31 preventive home visits to elderly people. *BMJ*. 1993; 307(6895):27-32
- 32 118 Vass M, Avlund K, Kvist K, Hendriksen C, Andersen CK, Keiding N. Structured home visits to older
33 people. Are they only of benefit for women? A randomised controlled trial. *Scandinavian Journal*
34 *of Primary Health Care*. 2004; 22(2):106-111
- 35 119 Vetter NJ, Jones DA, Victor CR. Effect of health visitors working with elderly patients in general
36 practice: a randomised controlled trial. *BMJ*. 1984; 288(6414):369-372
- 37 120 Wagner EH, LaCroix AZ, Grothaus L, Leveille SG, Hecht JA, Artz K et al. Preventing disability and
38 falls in older adults: a population-based randomized trial. *American Journal of Public Health*.
39 1994; 84(11):1800-1806

- 1 121 Wajnberg A, Wang KH, Aniff M, Kunins HV. Hospitalizations and skilled nursing facility admissions
2 before and after the implementation of a home-based primary care program. *Journal of the*
3 *American Geriatrics Society*. 2010; 58(6):1144-1147
- 4 122 Wasson J, Gaudette C, Whaley F, Sauvigne A, Baribeau P, Welch HG. Telephone care as a
5 substitute for routine clinic follow-up. *JAMA - Journal of the American Medical Association*. 1992;
6 267(13):1788-1793
- 7 123 Wilkie P. Take the hours out of out of hours care. *Health Service Journal*. 2013; 123(6356):22-23
- 8 124 Wong FK, Chow S, Chung L, Chang K, Chan T, Lee WM et al. Can home visits help reduce hospital
9 readmissions? Randomized controlled trial. *Journal of Advanced Nursing*. 2008; 62(5):585-595
- 10 125 Yu DSF, Lee DTF, Stewart S, Thompson DR, Choi K-C, Yu C-M. Effect of nurse-implemented
11 transitional care for Chinese individuals with chronic heart failure in Hong Kong: a randomized
12 controlled trial. *Journal of the American Geriatrics Society*. 2015; 63(8):1583-1593
- 13
- 14

1
2
3
4

Appendices

Appendix A: Review protocol

Table 2: Review protocol: Do primary care led home visits reduce unplanned hospital admissions?

Review question	Do primary care-led home visits reduce unplanned hospital admissions?
Guideline condition and its definition	Acute medical emergencies. Definition: A medical emergency can arise in anyone, for example, in people: without a previously diagnosed medical condition, with an acute exacerbation of underlying chronic illness, after surgery and after trauma.
Review population	Adults and young people (16 years and over) with a suspected or confirmed AME (in all contexts not just secondary care).
	Adults.
	Line of therapy not an inclusion criterion.
Interventions and comparators: generic/class; specific/drug (All interventions will be compared with each other, unless otherwise stated)	Primary care led home visits which are directed by, or originate from, GPs; home visits provided within practice hours. Primary care led home visits which are directed by, or originate from, GPs; home visits provided out of practice hours. Primary care led home visits which are directed by, or originate from, GPs; home visits provided both within practice hours and out of practice hours. No home visits.
Outcomes	- Mortality at end of follow-up (Dichotomous) CRITICAL - Avoidable adverse events (for example, incorrect diagnosis, delay in diagnosis, delay in treatment or investigations) at end of follow-up (Dichotomous) CRITICAL - Quality of life at end of follow-up (Continuous) CRITICAL - ED attendance (consider admissions as a proxy in absence of ED attendance) at end of follow-up (Dichotomous) CRITICAL - Patient and/or carer satisfaction at end of follow-up (Continuous) (CRITICAL)- Attendance at other health services at end of follow-up (Dichotomous) IMPORTANT - Complaints and feedback at end of follow-up (Dichotomous) IMPORTANT
Study design	Systematic reviews (SRs) of RCTs, RCTs, observational studies only to be included if no relevant SRs or RCTs are identified.
Unit of randomisation	Patient setting
Crossover study	Permitted
Minimum duration of study	Not defined
Other exclusions	Major trauma Preventative visits

	Home visits that are not for an acute medical emergency Regularly scheduled visits (planned) Nurse-led visits Studies published before 2005
Population stratification	Home visit by your own practice team Home visit by deputised practice team or out of hours
Reasons for stratification	Different practice teams
Sensitivity/other analysis	If studies have pre-specified in their protocols that results for any of these subgroup populations will be analysed separately, then they will be included in the subgroup analysis.
Subgroup analyses if there is heterogeneity	- Frail elderly (Frail elderly; Not frail elderly); Population may differ - Rural or urban environment (Rural; Urban); Environment may differ
Search criteria	Databases: Medline, Embase, the Cochrane Library Date limits for search: 2005 Language: English

1

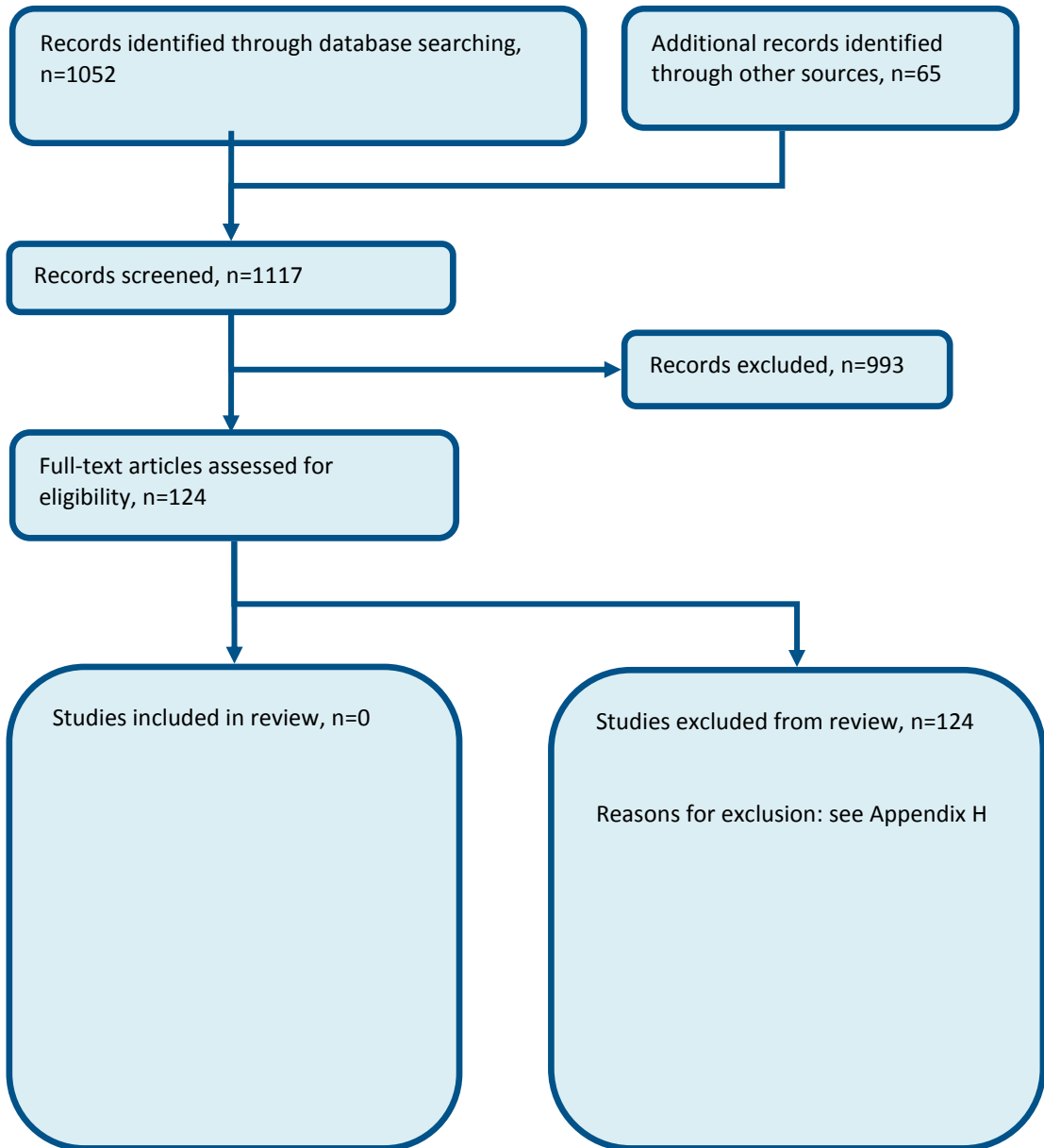
2

3

1

Appendix B: Clinical article selection

Figure 1: Flow chart of clinical article selection for the review of GP home visits



2

Appendix C: Forest plots

3

No relevant clinical studies were identified.

4

Appendix D: Clinical evidence tables

No relevant clinical studies were identified.

Appendix E: Economic evidence tables

No studies were included.

Appendix F: GRADE tables

No relevant clinical studies were identified.

1 Appendix G: Excluded clinical studies

2 **Table 3: Studies excluded from the clinical review**

Study	Exclusion reason
Anon 2014 ¹	No relevant intervention; preventative, regularly-scheduled home visits by cardiac surgery nurse practitioners
Balaban 1988 ³	Published before 2005; whole team involved in preventative intervention
Bandurchin 2011 ⁴	No relevant intervention; preventative, regularly-scheduled home visits by registered nurses
Beales 2009 ⁵	Not relevant study design; service description
Beck 2009 ⁶	No relevant intervention; scheduled visits with initial assessment by multidisciplinary team; visits done by nurse practitioner
Bishop 2005 ⁷	Not relevant study design; commentary
Blohm 2008 ⁸	Not relevant study design; commentary
Bouman 2008 ¹¹	No relevant intervention; regular home visits by nurse, preventative
Bouman 2008A ¹⁰	No relevant intervention; systematic review of preventative, regular, intensive home visits for the frail elderly
Bouman 2008D ⁹	No relevant intervention; regular home visits by nurse, preventative
Burton 1995 ¹³	Published before 2005; not relevant intervention; preventative visits and effect on costs
Burton 1997 ¹²	Published before 2005; No relevant intervention; preventative visits to primary care physician
Buurman 2010 ¹⁴	No relevant intervention; study protocol of an RCT for regularly-scheduled nurse-led intervention post hospital discharge
Byles 2002 ¹⁵	Published before 2005; not relevant study design (qualitative study)
Byles 2004 ¹⁶	Published before 2005; No relevant intervention; scheduled health assessment
Campbell 2009B ¹⁷	No relevant comparison (postal questionnaire on patient satisfaction with out-of-hours service)
Carpenter 1990 ¹⁸	Published before 2005; No relevant intervention; regular visits
Carr-Bains 2011 ¹⁹	No comparison; survey
Chang 2009 ²⁰	No relevant intervention; scheduled visits by multidisciplinary team

Chime 2009 ²¹	Not relevant study design; commentary
Clarke 1992 ²²	Published before 2005; No relevant intervention; social intervention for the elderly
Clayden 1984 ²³	Published before 2005; not relevant study design; commentary
Comino 2007 ²⁴	No relevant comparison (survey, interviews and analysis of administrative data)
Cooper 2007A ²⁵	Not relevant intervention; preventative home visits of a multidisciplinary team
Courtney 2009 ²⁷	Not relevant intervention; exercise-based model of hospital and in-home regular follow-up care
Courtney 2011 ²⁶	No relevant intervention; protocol of RCT of an exercise programme for frail elderly patients being discharged from hospital
Cunney 2012 ²⁸	No relevant comparison (audit of out-of-hours calls received)
Dalby 2000 ²⁹	Published before 2005; No relevant intervention; scheduled, preventative home visits by nurse
Dam 2013 ³⁰	Paper not in English (Dutch)
Dorresteijn 2016 ³²	Incorrect intervention-home-based, cognitive behavioural programme to manage concerns about falls in frail older people
De Jonge 2002 ³¹	Published before 2005; not relevant study design (commentary, no data)
Drennan 2014 ³³	No relevant intervention; study protocol of an RCT looking at a community paramedic intervention
Dunn 1994 ³⁴	Published before 2005; no relevant intervention; planned visits by health visitor post-discharge
Dunt 2005 ³⁵	No relevant comparison (survey of service analysis)
Edwards 2009A ³⁶	No relevant comparison; survey
Eichler 2010 ³⁷	No comparisons; costs of home visits only
Fabacher 1994 ³⁸	Published before 2005; No relevant intervention; preventative, regularly-scheduled home visits
Fagerstrom 2009 ³⁹	Literature review; not relevant (about preventative, regularly scheduled home visits rather than responses to acute need)
Farrell 2012 ⁴⁰	Not relevant study design; commentary
Fleming 2011 ⁴¹	Not relevant study design; narrative review/commentary
Frese 2012 ⁴²	No relevant intervention; preventative geriatric assessment in patients' homes by trained medical students

Giesen 2007 ⁴³	No comparison (analysis of call data based on geographic distribution)
Giesen 2011 ⁴⁴	Not relevant study design; narrative review
Gu 2016 ⁴⁵	Incorrect intervention. Home visits by GPs or community nurses for delivering care to CHF patients. Study compared home visits with telephone support for CHF patients. Incorrect study design-prospective cohort study
Hall 1992 ⁴⁶	Published before 2005; no relevant intervention; home visits by nurse to device a health promotion plan
Halter 2007 ⁴⁷	No comparison; no relevant study design (survey)
Hay 1995 ⁴⁸	Published before 2005; incorrect intervention and study design; survey on health concerns or risks
Hebert 2001 ⁴⁹	Published before 2005; No relevant intervention; preventative trial for functional decline of the elderly
Hendriksen 1984 ⁵⁰	Published before 2005; No relevant intervention; preventative, scheduled intervention
Hout 2010 ⁵¹	No relevant intervention; regular home visits by community nurse, preventative
Hughes 2000 ⁵²	Published before 2005; No relevant intervention; regularly scheduled home visits
Hvenegaard 2009 ⁵³	Not relevant setting (specialist secondary care home visits provided rather than by primary care)
Ingram 2009 ⁵⁴	No relevant comparison, not relevant study design (survey)
Joyce 2008 ⁵⁵	No comparison (analysis of rate of out-of-hours calls between 1997-2007)
Kao 2009 ⁵⁶	Not relevant study design; narrative review
Kelly 2010 ⁵⁷	No relevant comparison, not relevant study design (survey)
Kerkstra 1991 ⁵⁸	Published before 2005; no relevant intervention; preventative home visits by community nurses
Kinnersley 2010 ⁵⁹	No relevant comparison (GP versus A&E), not relevant study design (survey)
Lavoie-Vaughan 2005 ⁶⁰	Not relevant study design (commentary)
Lemay 2014 ⁶¹	Incorrect study design (commentary)
Leveille 1998 ⁶²	Published before 2005; no relevant intervention; prevention trial for chronically ill frail elderly
Lordan 2007 ⁶³	No relevant comparison (analysis of out-of-hours data in regards to the type of services received for gastroenteritis)

Lykkegaard 2014 ⁶⁴	No comparison at all; only relates GP home visits frequency to readmissions for COPD
Macinko 2010 ⁶⁵	No relevant intervention; introduction of a health programme delivered by a multidisciplinary team at community based clinics
Marek 2006 ⁶⁶	No relevant intervention; literature review of nurse-led home visit programmes
Mares 2013 ⁶⁷	No relevant intervention; protocol of a systematic review of nurse-led cardiac rehabilitation programmes
Margas 2008 ⁶⁸	No relevant comparison (analysis of service use)
Marsh 2005 ⁶⁹	Not relevant study design; narrative review
Mattke 2015 ⁷⁰	Incorrect intervention- clinical home visit programmes for medicare beneficiaries with designated chronic conditions (USA)
Mayor 2014 ⁷²	Incorrect study design (commentary)
Mayo-Wilson 2006 ⁷¹	No relevant intervention; systematic review of preventative home visits
McEwan 1990 ⁷³	Published before 2005; no relevant intervention; screening of the elderly programme conducted by nurses
McRae 2016 ⁷⁴	No relevant outcomes
Millar 2006 ⁷⁵	Not relevant study design; commentary
Mohammed 2012 ⁷⁶	No relevant comparison (analysis of out-of-hours call lengths)
Monical 2013 ⁷⁷	Not relevant study design; commentary
Mussi 2013 ⁷⁸	No relevant intervention; regularly scheduled home visits following hospitalisation
Nagraj 2011 ⁷⁹	Systematic literature review; not relevant topic (how primary care thinks they should be caring for the bereaved)
Neergaard 2009 ⁸⁰	Survey with no outcomes relevant to the review protocol
Newbury 2001 ⁸¹	Published before 2005; no relevant intervention; preventative health assessment by nurse
North 2008 ⁸²	No relevant intervention; preventative screenings at home by multidisciplinary team
Ornstein 2011 ⁸³	No comparison (service description; no data)
Pathy 1992 ⁸⁴	Published before 2005; no relevant intervention; health screening for the elderly
Peppas 2006 ⁸⁵	No comparison (analysis of types of house calls)

Peterson 2012 ⁸⁶	No relevant comparison (audit; types of physicians making house calls), no relevant outcomes
Philips 2010 ⁸⁷	No relevant comparison (introduction of GP cooperative which offers both home visits and consultations in the surgery; data not separated by these)
Pivodic 2016 ⁸⁸	Incorrect intervention- home care by GP for cancer patients in the last 3 months of life (end of life care). Inappropriate study design- survey
Ploeg 2005 ⁸⁹	Systematic review; not relevant (about preventative, regularly scheduled home visits rather than responses to acute need)
Richards 2007 ⁹⁰	Not relevant study design (qualitative study on users' experiences of out-of-hours)
Robichaud 2000 ⁹¹	Published before 2005; No relevant intervention; preventative programme
Rosenberg 2012 ⁹²	No relevant intervention; geriatric home assessment programme, regular visits by nurse and physician
Rossdale 2007 ⁹³	No relevant comparison (analysis of out-of-hours referrals by clinician characteristics)
Row 2006 ⁹⁴	Not relevant study design; narrative review
Rytter 2010 ⁹⁵	No relevant intervention; scheduled, planned home visits by GP and nurse
Sahlen 2008 ⁹⁶	No relevant intervention; preventative intervention for healthy adults
Schraeder 2001 ⁹⁷	Published before 2005; no relevant intervention; preventative intervention by multidisciplinary team
Schweitzer 2009 ⁹⁸	No relevant comparison (analysis of type of phone calls)
Sinclair 2005 ⁹⁹	No relevant intervention; regularly-scheduled nurse-led visits after hospital discharge
Sorensen 1988 ¹⁰⁰	Published before 2005; no relevant intervention; epidemiological study assessing unmet medical and social needs of the frail elderly
Stall 2014 ¹⁰¹	Systematic review, but not relevant as pertains to MDT intervention rather than a response to an acute call
Stewart 2012 ¹⁰²	No relevant comparison (audit of number of home visits requested by GP practice in Ireland)
Stuck 2000 ¹⁰³	Published before 2005; No relevant intervention; in-home preventative visits with geriatric assessment
Terschuren 2007 ¹⁰⁴	No relevant data, no relevant comparison (description of tele-monitoring service)
Thygesen 2015 ¹⁰⁵	Incorrect intervention. Municipality based post-discharge follow-up by GP and municipality nurse among fragile elderly patients discharged from a hospital.

Tulloch 1979 ¹⁰⁶	Published before 2005; no relevant intervention; screening programme
Turnbull 2011 ¹⁰⁷	No comparison (analysis of out-of-hours call data; geographical distribution of calls)
Unwin 2011 ¹⁰⁹	Literature review; no comparison
Ukawa 2015 ¹⁰⁸	Letter to the editor on a study about home visits by a health care attendant for older people.
Van den Berg 2006 ¹¹⁰	No relevant comparison (comparison between 1987 to 2001 in diagnoses made in home visits)
Van den Berg 2009 ¹¹¹	No relevant comparison, no relevant intervention
Van den Berg 2009A ¹¹³	No relevant comparison, no relevant intervention
Van den Berg 2010 ¹¹⁴	No relevant comparison, no relevant intervention
Van den Berg 2012 ¹¹²	No relevant comparison, no relevant intervention
Van Haastregt 2000 ¹¹⁵	Published before 2005; no relevant intervention; scheduled home visits to prevent falls in the elderly
Van Haastregt 2002 ¹¹⁶	Published before 2005; no relevant intervention; preventative, regularly-scheduled home visits by community nurse
Van Rossum ¹¹⁷	Published before 2005; no relevant intervention; preventative home visits by public health nurses
Vass 2004 ¹¹⁸	Published before 2005; no relevant intervention; preventative, structured, regularly-scheduled home visits
Vetter 1984 ¹¹⁹	Published before 2005; no relevant intervention; preventative trial with regularly scheduled visits by health visitor
Wagner 1994 ¹²⁰	Published before 2005; no relevant intervention; prevention programme with one-time nurse home visit
Wajnberg 2010 ¹²¹	No relevant intervention; regularly-scheduled visits for home-based primary care programme
Wasson 1992 ¹²²	Published before 2005; No relevant intervention; telephone versus face-to-face clinic contacts for follow-up by GPs
Wilkie 2013 ¹²³	Not relevant study design; commentary
Yu2015 ¹²⁵	Incorrect intervention. Nurse-led visits for patients with Chronic heart failure.
Wong 2008 ¹²⁴	No relevant intervention; regular home visits by community nurse
Yamada 2003 ²	No relevant intervention; preventative, scheduled, home visits by public health nurses

1
2
3
4
5
6
7

Appendix H: Excluded economic studies

No studies were excluded.