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ECHIM Indicator name	**D) Health interventions: health services** 71(a). General practitioner (GP) utilisation; self-reported visits
Definition	Mean number of self-reported visits to general practitioner per person per year.
Calculation	Mean number of visits to general practitioner per person per year, derived from EHIS questions HC10 and HC11. HC10: When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC10 is 1): → HC11: During the past four weeks ending yesterday, that is since (date), how many times did you consult a GP (general practitioner) or family doctor on your own behalf? (number of times). Total number of contacts reported under HC11 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample. EHIS data will not be age standardized.
Relevant dimensions and subgroups	- Country - Calendar year - Sex - Age group (15-64, 65+) - SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)
Preferred data type and data source	Preferred data type: HIS Preferred source: Eurostat (EHIS)
Data availability	BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, HU, MT, AT, PL, RO, SI, SK, CH, NO and TR conducted a first wave of EHIS between 2006 and 2010. It is noted that not in all of these countries a full scale survey was carried out; in some only specific modules were applied, in others the full questionnaire was applied in a small pilot sample. It is expected that all EU Member States will conduct EHIS in the second wave, which is planned for 2014. The results of the first wave are expected to be published in two stages, 11 countries in October 2010, the remaining countries in April 2011. EHIS data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+) and ISCED groups.
Data periodicity	EHIS will be conducted once every 5 years. The first wave took place in 2007/2010 (with some derogations in 2006) and the second wave is planned for 2014.
Rationale	A basic indicator for the use of medical services. The differences by sex, age and socio-economic status provide information that can be used in assessment of the cost and (equity of) access to health services.
Remarks	- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The EHIS definition of consulting a GP comprises visits to the repondent's doctor's practice, home visits as well as consultations by telephone. - EHIS asks respondents to report visits to GP or family doctor that took place during the past four weeks, as using a relatively short time frame will prevent recall biases. A downside of using a short recall period however is that seasonal influences may bias the estimates. This should be taken into account in the design of the fieldwork, i.e. spreading the data collection over the entire year. - Extrapolating the estimate from 4 weeks to one year will enlarge the statistical error surrounding the estimate. This will in particular be a problem in case of insufficient sample sizes. - (E)HIS-based estimates may be influenced by reporting biases and sampling related biases. Therefore they may not be an adequate reflection of the current situation in a country, and other estimates may be better for this purpose (see indicator 71b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison. - However, the concept GP will not be uniform across countries; what is regarded a GP or family doctor depends on the organisation of a health care system and the division of tasks between different types of physicians within that health care system. This will hamper the comparability of EHIS data for this indicator. - The above definition and calculation are based on the first version of the EHIS

	questionnaire, as used in the first EHIS wave (2007/2010). The EHIS questionnaire will be revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014). - The legal basis for EHIS is regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. This is an umbrella regulation. Specific implementing acts will define the details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014.
References	- EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewssurvey/2007-2008_methodology&vm=detailed&sb=Title - Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf
Work to do	- Monitor EHIS/Eurostat developments - Discuss with Eurostat/technical HIS which recall period/extrapolation methods are best to apply considering the (limits to the) organization of the fieldwork in the countries.