What is the evidence on interventions to manage referral from primary to specialist non-emergency care? A systematic review and logic model synthesis

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Declared competing interests of authors: none

Plain English summary

Interventions to manage referral
Health Services and Delivery Research 2015; Vol. 3: No. 24
DOI: 10.3310/hsdr03240

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People who go to see their doctor often need to be referred to other specialist services in hospital or other settings. There are many different ways of managing this process. Our study examined research which has been carried out and published in scientific journals to try to understand what works best and what factors will affect if and how interventions to manage the way that referrals are made will work.

We examined 290 relevant studies and found that four main types of interventions were used to try to improve how referrals are made. These were educating doctors; making changes to the way referrals are carried out; changing the health-care system; and interventions targeting patients. The studies we looked at emphasised how factors within individual doctors (such as their knowledge and attitudes), and factors related to patients (such as their attitudes and beliefs), could affect whether or not a referral was made. In addition, factors relating to a patient’s condition and to the health-care environment could be influential. We used the factors mentioned by the research to develop a diagram (a logic model), which shows all of the things that will influence whether or not an intervention may make a difference to the way referrals are made. We have shown which types of intervention have stronger or weaker evidence for their use. The study thus provides a summary of evidence which can be used to help to decide which sort of interventions could be best in the NHS.
Health Services and Delivery Research

ISSN 2050-4349 (Print)
ISSN 2050-4357 (Online)

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This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 11/1022/01. The contractual start date was in November 2012. The final report began editorial review in February 2014 and was accepted for publication in October 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

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