

Demand management for planned care: a realist synthesis

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Plain English summary

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Medicine is a victim of its own success. All advanced health systems face substantial increases in activity and costs with a seemingly unstoppable rise in demand for all aspects of care. A particular strain is often felt on the matter of referral management, where patients are relayed from one part of the system to another, often without due care being given to the availability of resources across the system.

The report reviews existing research on the effectiveness of the main interventions used to control demand and limit referrals for planned care. Four strategies are researched: referral management centres; using general practitioners with special interests at the interface between primary and secondary care; general practitioner direct access to clinical tests; and referral guidelines.

Using a mix of electronic and hand-searches, we identified a huge body of primary research on these measures. The assembled evidence amounts to a 'thwarted history' of demand control; there are no easily reproducible silver bullets available to tame the steady rise in referrals. In the main, the interventions reviewed were able to reform one aspect of a complex system without having the ability to co-ordinate change across the entire commonwealth of health-care responsibilities.

There are, however, pockets of progress. The most promising interventions are always local and adaptive, often comprising second- and third-generation attempts to co-ordinate fractious interest groups. The review is, thus, able to identify very specific conditions under which these interventions have been successful. It closes with suggestions on how such 'bottom-up' interventions can be quickened.

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