

Implementation of interventions to reduce preventable hospital admissions for cardiovascular or respiratory conditions: an evidence map and realist synthesis

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Plain English summary

Reducing cardiovascular and respiratory hospital admissions

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Plain English summary

Unnecessary admissions to hospital are damaging for patients and expensive for the health service. Different methods (interventions) have been recommended to make sure that patients are looked after as well as possible to reduce unnecessary admissions. These include helping people to manage their condition themselves, having a named health-care professional to co-ordinate a patient's care, electronic communication between patients and health-care professionals and using exercise programmes to help patients recover after a spell in hospital.

The aim of this research was to use a review of published research literature to improve our understanding of what makes these interventions work more or less well. We looked at interventions used to help patients with heart or lung problems. We started by making a map of the interventions that are used by the NHS to help manage these conditions and the research supporting the effectiveness of each. We then investigated factors that may contribute to these interventions being successfully used in the NHS.

We found that interventions recommended after considering all relevant research may not be supported by evidence that they work well in the UK. This could be a barrier to using these interventions in the NHS. The research suggests that programmes to reduce unnecessary hospital admissions can be best supported by:

- support for self-management by patients and their families/carers, including the ability to recognise when they need to seek further help
- support for services that signpost patients to consider using less familiar services when appropriate, rather than treating general practitioner appointments as the default option
- recognition of reasons why patients may seek admission, for example the need for security and reassurance
- support for general practitioners and other health-care professionals to diagnose and refer patients appropriately and with confidence
- support for workforce roles, commonly filled by specialist nurses, that promote continuity of care and co-ordination between services.

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