

Interventions to minimise hospital winter pressures related to discharge planning and integrated care: a rapid mapping review of UK evidence

Anna Cantrell,^{1*} Duncan Chambers¹ and Andrew Booth¹

¹School of Health and Related Research (ScHARR), University of Sheffield, Sheffield, UK

*Corresponding author a.j.cantrell@sheffield.ac.uk

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Plain language summary

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Every year, the National Health Service struggles with huge care demands from people with heart and lung problems. This 'mapping review' aimed to chart the evidence around what has been done to minimise winter pressures related to discharge planning, by helping people leaving hospital sooner, and by optimising integrated care (also known as 'collaborative care') and to make suggestions for future research.

Good research evidence was identified for three specific approaches:

- Acute medical units: these units provide rapid assessment, diagnosis and treatment for adults referred by their general practitioner or the emergency department.
- Discharge to assess: this involves discharging patients who need care services but not an acute hospital bed. Patients are either discharged home or are transferred to an appropriate community setting with short-term funded support while their future care needs are assessed.
- Hospital at home: this approach provides patients with the care they need at home instead of in hospital (also known as virtual wards).

The evidence for many other activities to reduce winter pressures was weaker, coming from case studies, conference presentations or small, low methodological quality (poorly designed or executed) research studies. The review identified many different initiatives with diverse names or labels and it is also important to consider how implementing an initiative in one setting might affect another setting. Further research is recommended around what works best for which patient groups, under what circumstances and why, based on common processes within the different initiatives and across the whole health and social care system.

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