

New research helps address problem of hospital bed blocking

July 17 2018, by Toby Leigh

A new study has questioned assumptions about the best way to stop unnecessary admissions and extended hospital stays for frail, elderly people.

Published in *Health Services and Delivery Research*, the study was led by the University of Plymouth's Professor in Health Services Research Rod Sheaff.

The research, carried out for the National Institute for Health Research Health Services and Delivery Research programme (NIHR HS&DR) and supported by the NIHR Collaboration for Leadership in Applied Health Research and Care South West Peninsula (NIHR PenCLAHRC), found that new multispecialty community providers (MCPs) could be effective in preventing such admissions under certain conditions. But evidence as to whether they reduced costs overall for the health [service](#) was 'mixed'.

The key finding of the study, "From programme theory to logic models for multispecialty community providers: a realist evidence synthesis," was that multidisciplinary care teams are absolutely crucial to the effectiveness of MCPs, and must contain the right professions and organisations, involve patients, and communicate with each other well.

MCPs aim to bring together primary care and community-based health and care services, to offer care close to people's homes, and in as many cases as possible, keep them out of hospital and save money.

By improving systems outside hospitals, MCPs also aim to address the problem of so-called 'bed blocking', where patients cannot be discharged because there is insufficient care to look after them.

They were one of the new care models set out by NHS England in its Five Year Forward View, published in October 2014. Since then, the model has been trialled in 14 'vanguards' up and down the country.

Professor Sheaff, who is part of the University's Faculty of Business and Interim Director of the Institute for Social, Policy and Enterprise Research, and his colleagues looked at the way MCPs were used in other countries, in order to examine some of the assumptions being made about them in the UK. The work involved establishing what assumptions policymakers had about MCPs and how they would help reduce admissions and costs, then evaluating these assumptions against international research evidence.

Armed with its findings, the team showed how the plans for MCPs might be changed to make them more likely to work, and fed this back to the NHS and patient organisations.

Professor Sheaff said:

"Broadly, we found three things. The key thing is that members of the multidisciplinary care team are communicating effectively. This is by far the most important factor.

"We also found for teams like this to work, everyone needs to be able to access patient information – the ideal would be a single patient record, that is accessible to social services as well. The tech side is not the problem – the problem is designing the system so practitioners can use it. Different approaches to privacy across different parts of [health](#) and social care are an element of this.

"The third thing is that if you get the systems right, they do reduce unnecessary admissions of old people – if they are properly done. But it is less clear if, or why, they save money in the process."

The team looked at studies carried out in the last two years, in countries that are part of the Organisation for Economic Cooperation and Development (OECD). More than 1,300 publications were reviewed, with 116 selected for closer examination.

More information: Rod Sheaff et al. From programme theory to logic models for multispecialty community providers: a realist evidence synthesis, *Health Services and Delivery Research* (2018). [DOI: 10.3310/hsdr06240](https://doi.org/10.3310/hsdr06240)

Provided by University of Plymouth

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