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POSTER ABSTRACT

The effects of integrated care on waiting times for older people or people living with frailty – mixed-methods rapid review

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Background: Increasing waiting times and an ageing population are well-recognised policy drivers for service integration, although there remains limited clarity about the effectiveness of integrated care interventions in improving the timeliness of health and social care delivery. To address this gap, a rapid review was conducted to evaluate the effect of integrated care interventions on waiting times for older people or people living with frailty.

Approach: Rapid reviews generate new knowledge in a limited timeframe by evaluating and comparing findings from multiple studies that focus on the same topic. A comprehensive search of five databases and organisational websites was conducted to identify relevant studies. Review processes (study selection, data extraction, and quality assessment) were completed by one researcher and checked by another to ensure accuracy.

A dedicated stakeholder group, which included public representatives and topic experts, helped steer the focus of the work. Alongside quantitative studies focusing on effectiveness, qualitative studies were also included to explore service users' and providers' experiences.

Results: The review identified 61 studies from over 14 countries, published between 2015 and 2024. Thirty studies reported integrated care interventions that operated across two or more services, including primary, hospital, social and community care. All interventions were multifaceted, including elements of multidisciplinary team (MDT) working, development of shared pathways and protocols, and care coordination. Study populations included older people (over the age of 65) with various health conditions, injuries or care needs.

The rapid review found strong quantitative evidence that multidisciplinary assessment for older people arriving at Emergency Departments (ED) is effective in reducing the total time spent there.

Strong evidence in this context means that the studies had robust research designs and were considered good quality. Other quantitative findings suggest that interventions built around MDTs, shared pathways, and dedicated care coordination can help reduce inpatient waiting times for procedures like hip fracture surgery and shorten waits for mental health appointments in primary care. However, confidence in this evidence is limited due to low study quality and inconsistencies in research designs, outcome measures and metrics used.

Qualitative studies mainly explored healthcare professionals' perspectives. Findings suggest that integrated care interventions can support early assessment and diagnosis of dementia and complex chronic conditions, enable more timely symptom management and care planning in nursing homes, and reduce processing time of care referrals in primary and community care for older people. One study of older people's and their relatives' experiences suggested that an ED avoidance service for urgent but non-emergency needs may help reduce emergency waiting times.

Implications: There is some evidence that MDTs, shared pathways, and care coordination may improve ED and inpatient waiting times. Thus, initiatives supporting the development and implementation of these integrated care interventions is crucial. However, most studies were low quality, limiting our confidence in the evidence. There is a need for high quality studies investigating the effect of integrated care using appropriate waiting time measures and metrics, particularly on routine care and elective waiting times. Additionally, more qualitative studies are needed that explore older people's perspectives.