

Review questions

Does the provision of immediate access by ambulance staff to clinical advice, using remote decision support reduce NHS resource usage and improve outcomes?

Does enhancing the competencies of paramedics reduce ED demand, hospital admissions and improve patient outcomes?

Does primary care access to laboratory investigations with same day results improve outcomes?

Does GP access to radiology with same day results improve outcomes?

Do primary care led home visits reduce unplanned hospital admissions?

Is urgent and/or routine extended access to usual GPs (e.g., evenings, 7 day) associated with improved outcomes?

Does the addition of non-emergency telephone access to urgent or unscheduled care, to an emergency (e.g. 999/112) service, improve patient outcomes and reduce demand on health care services?

Is extended access to community nursing/district nursing more clinically and cost-effective than standard access?

Is a minor injury unit, urgent care centre or walk-in centre clinically and cost effective: 1. as a standalone unit 2. when co-located on the same site as a full emergency department?

Does the presence of GPs within or on the same site as the ED reduce the demand on ED and/or improve outcomes?

Is 24-hour open access to ED more clinically and cost-effective compared with limited opening times to ED?

Do non-clinical call handlers perform as effectively as clinical call handlers?

Do enhanced roles of pharmacists in the community have clinical and cost-effectiveness benefits?

Is early consultant triage in the ED (RAT model) more clinically and cost effective than later consultant review?

Is early consultant review in the AMU, ICU, HDU, CCU or Stroke Unit more clinically and cost effective than later consultant review?

Does admission or assessment through an acute medical unit (AMU) increase hospital discharges, improve patient outcomes and hospital resource usage?

What is the most clinically and cost-effective frequency of review by a consultant in AMU, ICU, CCU, stroke units and general medical wards?

Does the provision of a critical care outreach team in secondary care improve outcomes?

Do ward-based pharmacists improve patient outcomes?

Does admission or assessment through an elderly care assessment unit (ECAU) improve patient outcomes and hospital resource usage?

Is enhanced access to physiotherapy and/or occupational therapy for hospital patients clinically and cost effective?

Do structured patient handovers between healthcare professionals improve outcomes

Is urgent and/or routine extended access to social care services (e.g., evenings, 7 day) more clinically and cost effective compared with standard access?

What is the appropriate level of bed occupancy in hospital to facilitate optimal patient flow?

Do ward multidisciplinary team meetings (MDTs) improve processes and patient outcomes?

Do standardised systems of care for intra- and inter-hospital transfers of critically ill patients improve outcomes?

Do structured ward rounds improve processes and outcomes?

Does discharge planning facilitate early hospital discharge?

Review questions

Do acute psychiatric services improve outcomes for patients with mental health disturbance presenting with an acute medical emergency?

Does community-based intermediate care improve outcomes compared with hospital care?

Alternatives to hospital including:

- Hospital at home
- Step up/step down
- Rapid response schemes
- Virtual wards

Does the provision of community-based rehabilitation services following acute medical illness improve patient outcomes?

Does community-based palliative care improve outcomes compared with hospital care?

Does community matron or nurse-led care improve outcomes compared to usual care?

Does advance care planning improve outcomes compared with usual care?

Do physician extenders (for example, physician assistants, and emergency nurse practitioners) improve outcomes in secondary care?

What are the appropriate escalation measures to manage surges in demand to facilitate optimal patient flow?

Do standardised criteria for hospital discharge facilitate earlier discharge and/or reduce readmission rates?

Do standardised criteria for hospital admission facilitate appropriate admission?

Do integrated patient information systems throughout the AME pathway (primary and secondary care) improve patient outcomes?

Do integrated care models improve patient outcomes?

Do post discharge early follow up clinics optimise patient outcomes?

Does the provision of 7 day diagnostic radiology in hospital improve patient outcomes?