



EVIDENCE SEARCH RESULTS

Question/subject of request:	<p>Community-based ambulatory care ; community nurse run ambulatory care; community hospital based ambulatory care</p> <ul style="list-style-type: none"> • Examples where these are running well in similar size / geographical layouts as Somerset or where there have been innovative / creative new ideas / ways of working? • Examples of where/ what care has been moved from acute sites to community ambulatory care units. • What staff work at them – banding, skillmix etc? • What do they offer at these units in terms of treatments?
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Compiled by:	Jess Pawley

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

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CONTACT DETAILS

Knowledge & Library Services:	<p>Email: library@somersetft.nhs.uk Telephone: MPH (01823) 342433 or YDH (01935) 384495 / 4697 Website: https://somersetft-nhs.libguides.com/home Twitter: @SOMNHS_KLS</p>
Quality Improvement Team:	<p>Email: jessica.pawley@somersetFT.nhs.uk Website: Somerset Collaboration Hub - Home</p>
Primary Care:	<p>Email: LibraryPrimaryCare@somersetft.nhs.uk</p>

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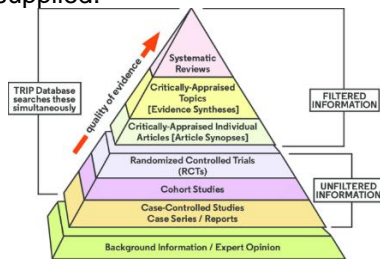


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The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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Contents (click to jump to each section):

Summary of search results:

This summary was generated in part by AI

Summary:

A theme across many of the pieces is adapting the setting from where support is given. See: The settings needed to enable ambulatory care to work – [access to and timely availability of diagnostic tests](#), and the piece from the Healthcare Financial Management Association, [which looks at the costs needed of moving acute services to the community, including comparison costs of running the same services in an acute](#).

[There is alignment to the quadruple aim](#), in making benefits and improvements for both staff and patients, and the wider healthcare system. See also: [Patient satisfaction and engagement/improving outcomes](#)

There is a “mirage of cost savings,” and we need to ask ourselves what we need to do differently this time for things to work. [“History is both a mirror and a window. It reflects past ambitions while challenging us to ask why the same ideas would succeed now when they have failed in the past.”](#)

From the same piece, the complexity of adapting services from the acute to the community setting; it’s not just a case of lift and shift.

[Comparison with SDEC](#) as an alternative approach.

[Multispecialty options](#)- and particularly of note: ambulatory care in serious disease, both [cancer](#) and [non-cancer](#). Within these papers, a focus on skill mix and palliative care within the ambulatory setting.

[The role of patient navigators](#) to help with various aspects of the patient journey, to help avoid readmissions/unnecessary admissions to hospital- “Patient navigation may cover various tasks along the care continuum including education, outreach, facilitating communication and end-of-life care. Interesting and relevant from a skill mix perspective, although not fully embedded within the community setting and covers other ambulatory environments eg acute. Mindful that training will be required to meet the needs of patients.

Older example might still have some relevance: [see 2011 case study from Sheffield](#). This looked at providing ambulatory care for blood cancer patients, using computer simulation modelling to predict improvements.





Search Results

[Clinical Reliability of point-of-care tests to support community based acute ambulatory care](#)

Verbakel et al, Acute Medicine, 2020

Key points:

“Delivering acute ambulatory care requires rapid access to diagnostic tests. For acute assessment units in community settings, designed to deliver care closer to home, the need for this rapid access for diagnostics can only be met with point-of-care (POC) diagnostic technology as there is no colocated laboratory.”

Skills required to carry out diagnostic tests in this setting; confidence needed in interpreting test results in a setting outside of the acute hospital/laboratory.

[Clinical and economic outcomes of nurse-led services in the ambulatory care setting: a systematic review](#)

Accepted manuscript, Chan et al, International Journal of Nursing Studies, 2018

- The study focuses on the clinical and economic outcomes of nurse-led services in ambulatory care settings.
- It is a systematic review that evaluates the effectiveness of these services in terms of patient outcomes and cost-effectiveness.
- The review includes various studies that highlight the benefits of nurse-led services, such as improved patient satisfaction, better management of chronic conditions, and reduced hospital admissions.
- The economic analysis shows that nurse-led services can be cost-effective by reducing healthcare costs and improving resource utilization.
- The study emphasizes the importance of nurse-led services in providing high-quality care in ambulatory settings and suggests that these services should be integrated into healthcare systems to enhance patient care and reduce costs.

[The value of community services: comparison with acute settings](#)

Healthcare Financial Management Association, 2019

Key points:

Contains case studies





Discusses provision of community services for those service users for whom attending the acute hospital site is difficult.

Reference to “hospital at home” or care within the patient’s home, to provide care in a familiar setting.

Pages 9-10:

Enabling the delivery of care in community settings; the value of delivering acute type services in alternative settings

[Economic evaluation of a medical ambulatory care service using a single group interrupted time-series design](#)

Pincombe et al, Journal of Evaluation in Clinical Practice, 2022

Key points:

MACS - Medical Ambulatory Care Service

Providing out of hospital patient care; paper is looking at the impact of this service on ED presentations, hospital admissions, LOS and health service costs

“MACS was found to be cost-effective for GP and ward-referred groups, but the expected impact for ED-referred patients is sensitive to assumptions.”

Reimagining Ambulatory Care as a Key to Population Health

Allen, American College of Healthcare Executives, 2020



Reimagining_Ambulatory_Care_as.pdf

- Intermountain Healthcare redesigned its organization to prioritize ambulatory care, recognizing its vital role in the new healthcare context.
- Historically, outpatient care connected patients with specialty care, providing hospitals with a stream of patients and financial benefits.
- In the current context, healthcare providers are paid a flat fee per person and benefit when people stay healthy, making ambulatory care a mechanism to prevent health problems and avoid extensive treatments.
- The redesign of Intermountain Healthcare involved rolling out new products and initiatives to support essential services while reducing the stream of patients to hospitals.





[Nurse-led projects supporting people with Complex Needs in the community begin – The Queen's Nursing Institute – 2021](#)

- Thanks to funding from The Burdett Trust for Nursing, in 2021, the Queen's Nursing Institute (QNI) supported ten nurse-led innovation projects aimed at improving care for people with complex needs in primary care and community settings.
- The projects focused on reducing hospital admissions for people living with complex needs by managing those needs successfully in the community.
- Each project leader benefited from a bespoke year-long programme of professional support and funding from the QNI.
- The successful projects included initiatives such as BEAT Diabetes at HMS Prison Oakwood, promoting oral health in care homes in Leicester, and reducing inconsistencies in respiratory care in Pontypool, South Wales.

[Does the duration of ambulatory consultations affect the quality of healthcare? A systematic review | BMJ Open Quality](#)

Leon-Garcia et al, BMJ Open Quality, 2023

Most of the studies are based in primary care, is looking at/focused on length of appointments- is this relevant?

- The objective of the study is to examine and synthesize the best available experimental evidence about the effect of ambulatory consultation duration on the quality of healthcare.
- The quality of care is measured in terms of effectiveness, efficiency, timeliness, safety, equity, patient-centeredness, and patient satisfaction.
- The study found that longer consultations improved indicators of patient-centered care, education about prevention, and clinical referrals.
- However, the relationship between consultation duration and patient satisfaction and clinical outcomes was inconsistent.
- The study concludes that the experimental evidence for a minimal or optimal duration of an outpatient consultation is sparse and outdated.
- It suggests that to develop evidence-based policies and practices about encounter length, randomized trials of different consultation lengths—in person and virtually, and with electronic health records—are needed.

[Bringing care closer to home: three questions that need answering | Nuffield Trust – 2024](#)





Key points:

Asks the question – why should we expect community/home-based initiatives to work now, when perhaps they may not have done in the past

Does not involve social care – highlights how this has once again been excluded from government financial plans

Community care could mean “delivering the same services but in different, non-acute settings” or “more transformative changes... staff with different skills taking over the diagnosis, treatment and ongoing care of patients previously cared for in hospitals”

[Community-Based Models of Care Delivery for People with Serious Illness - National Academy of Medicine- 2017](#)

- The article discusses the need for community-based models of care for people with serious illnesses, emphasizing the importance of quality of life and daily functioning over the treatment of acute and reversible illnesses.
- The article identifies guiding principles and core components of community-based serious illness care programs, providing an overview of innovative model programs.
- It also discusses key issues moving forward, such as the need for symptom relief, care coordination, communication across settings, and assistance in making difficult decisions.
- The focus is on palliative care, which includes expertise in symptom management, shared decision-making, and care coordination.

[Care pathways in older patients seen in a multidisciplinary same day emergency care \(SDEC\) unit](#)

Elias et al, Age and Ageing, 2024

- The study focuses on the care pathways of older patients assessed in a Same Day Emergency Care (SDEC) unit, particularly those who are frail.
- It highlights that SDEC services are being advocated in the UK for frail, older patients to avoid the potential harm associated with hospitalization.
- The study recorded follow-up SDEC service reviews, outpatient referrals, and hospital admissions within 30 days of the initial assessment.
- Among 533 patients assessed, 210 were admitted within 30 days, while the remaining 381 patients had multiple follow-up reviews and outpatient referrals.
- The study found that the number of healthcare interactions increased significantly in the 180 days following the initial SDEC assessment compared to the 180 days prior.





- The findings suggest that SDEC assessment in older, frail patients leads to complex care pathways involving multiple services and frequent healthcare interactions.
- The study concludes that these findings have implications for the development of admission-avoidance models, including cost-effectiveness and optimal delivery of acute geriatric care in the ambulatory setting.

[Possible futures of acute medical care in the NHS: a multispecialty approach](#)

Dean et al, Future Healthcare Journal, 2022

- The article explores the future of acute medical care in the NHS, emphasizing the need for a multispecialty approach to address the growing demands and complexities of healthcare.
- It discusses the importance of integrating various specialties to provide comprehensive and coordinated care for patients with complex medical needs.
- The article suggests potential solutions such as the development of multidisciplinary teams, the use of technology to enhance care delivery, and the implementation of new care pathways.
- It emphasizes the need for collaboration between different healthcare professionals to improve patient outcomes and ensure the sustainability of the NHS.

[Development and Implementation of a Nurse-Led Model of Care Coordination to Provide Health-Sector Continuity of Care for People With Multimorbidity: Protocol for a Mixed Methods Study](#)

Davis et al, JMIR Research Protocols, 2019

Key points:

“Although nurse-led services are effective in a range of clinical settings, strategies to improve continuity of care across the secondary and primary health care sectors for people with multimorbidity have not been examined.”

[Comparative Effectiveness Review No. 237: Integrating Palliative Care in Ambulatory Care of Noncancer Serious Chronic Illness](#) – Agency for Healthcare Research and Quality -2021

Key points:

American focus

Focus on palliative care needs of patients in the ambulatory setting

States that findings may not be applicable in a community setting; more in an “academic” (teaching hospital) setting.





Not a robust review – many studies included had limitations around outcomes and were perhaps not relevant in the palliative care setting. “The evidence did not support specific conclusions for patients with specific illnesses... but may have some wider applicability.”

[Ambulatory haematological cancer service](#) – Health Foundation – Sheffield Teaching Hospitals NHS FT - 2011

- The project was led by Sheffield Teaching Hospitals NHS Foundation Trust in partnership with Sheffield School of Health and Related Research.
- The aim was to develop ambulatory care treatment pathways for blood cancer patients to reduce the length of inpatient stay, minimize delays in treatment delivery, and enhance the patient experience.
- The project used Clinical Microsystems as a service improvement tool to design new treatment pathways and engage staff and patients in the process.
- The team developed a range of resources and services, including new protocols and guidelines, a patient and carer education programme, patient information booklets, a patient alert card, ambulatory care flats and hotel services, and extended opening hours for the day ward, including weekends.
- Outcomes showed that ambulatory care significantly reduced the median inpatient length of stay for acute myeloid leukaemia patients receiving consolidation chemotherapy (7 days compared to 25 days for standard inpatient treatment) and lymphoma patients receiving high dose therapy with stem cell support (9.5 days compared to 21 days).
- Computer simulation modelling predicted that ambulatory care could enable the unit to perform an additional 6-10 bone marrow transplants each year and reduce yearly treatment costs by 7-11%.

[The role of patient navigators in ambulatory care: overview of systematic reviews](#)

Budde et al, BMC Health Services Research, 2021

Key points:

A role initially devised to help assist cancer patients with various care needs across their journey – is not a new role, having been developed in the US in the 90s.

“In transitional care, earlier discharges from the inpatient to the outpatient and community setting have resulted in expanded and new roles of healthcare workers in the ambulatory care setting, ensuring greater coordination of care and follow-up.”

Mindful that different conditions/different patients will have different needs – is not a “one size fits all” role.





An ambulatory intensive care unit (“a-ICU”) for patients impacted by social determinants of health improved mental health functioning, patient well-being, and outpatient engagement at 6-months: interim results of summit randomized controlled trial

Chan et al, Cochrane Library of Systematic Reviews, 2021

Key points:

May be too acute-focused, but felt there may be some transferability

Looks at patient engagement; importance of patient satisfaction

“People experiencing homelessness, co-morbid chronic medical conditions, and substance use disorder (SUD) make up a disproportionate number of high-cost, high-need patients at risk of frequent acute care utilization. Intensive ambulatory care unit (“A-ICU”) interventions aim to improve patient engagement, quality of care, and reduce excess hospitalizations.”

I hope this is helpful. Please do let us know if you need any further information.



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AMED	UpToDate	x	Other
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PURPOSE OF SEARCH			
	Patient info/health & well being	x	Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
x	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making	x	Other

USER CATEGORY OF REQUESTOR			
	Medical students		Patients/public
	Nursing/midwifery students		Physician Associates
	Doctor/Psychiatrist		Public Health (Somerset CC)
	Nurses/Midwives	x	Other
	Allied Health professionals		

HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?			
x	YES - share		NO – do not share





KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS	LIMITS USED
Nurse-led community ambulatory care model ambulatory care community hospital community nurse community ambulatory care community-based ambulatory care model community unit community-based ambulatory care community outpatients patient outcomes	

