

# Integrated care for older people or people living with frailty and waiting times/lists – a mixed methods rapid review

June 2025

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## Background

Integrated care involves different **health and social care and administrative teams working together to provide coordinated, seamless care for patients.**

The goal is:

- to improve patient satisfaction and health outcomes
- speed up diagnosis and treatment
- reduce costs



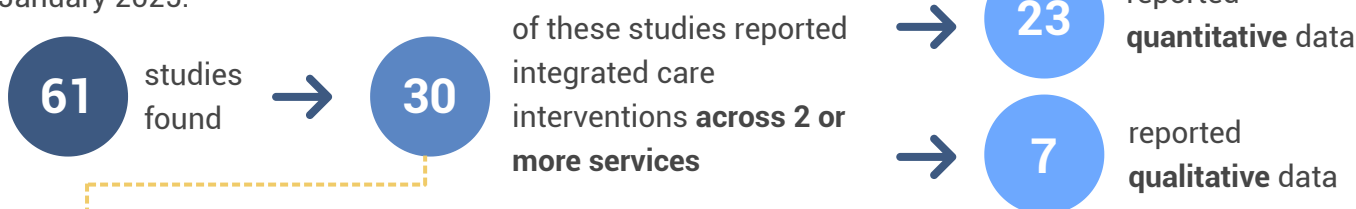
However, there is still **limited clarity of the effectiveness** of integrated care interventions in **improving the timeliness of health and social care delivery.**

## Aim

To better understand the **impact** of integrated care interventions **on waiting times and waiting lists.**

## Evidence Base

The review included evidence published between 2015 and January 2025.



The **30** studies looked at **older people (over 65)** with a range of conditions including:

- hip or other fractures (15)
- traumatic injuries (2)
- various emergency or urgent care needs (5)
- mental health conditions (2)
- dementia (2)
- complex chronic geriatric diseases (1)
- aging associated diseases and aged care needs (2)
- palliative care needs (1)

\*Brackets denote number of related studies



**Inpatient waiting times** (such as time to surgery) were the most commonly reported (18)



Interventions integrated across **two** (16), **three** (9) and **four** (5) different services were reported (**including primary, hospital, community or social care**)

Studies were conducted in:



European countries (12)  
including 2 from the UK



USA (8)



Canada (4)



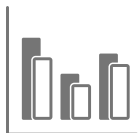
Australia (3)



Japan (1)

Across multiple countries (2)

# Key Findings



## Quantitative Studies (using numerical data and statistics)

**Weak evidence** from multiple studies suggests that integrated care interventions **may help reduce waiting times** for:

- admission or surgery (for hip and other fractures)
- first goals-of-care assessment (for traumatic injuries)
- geriatric care review from an emergency department
- primary care for those with urgent needs
- start of treatment or appointment for those with a mental health condition
- investigation of palliative care needs



**Interventions were multifaceted** with elements including:



Multi Disciplinary Teams (MDTs)



Pathways + Protocols



Care Coordination

This evidence was **rated weak** due to:

- weak study designs
- inconsistencies in the findings



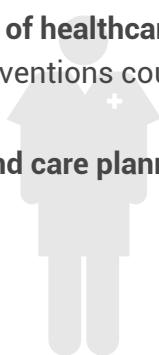
**Strong evidence** from two studies show that a **multidisciplinary assessment** for older people presenting at emergency departments, is effective in **reducing time spent there**.



## Qualitative Studies (using descriptive data such as text from interviews or focus groups)

Findings from studies based on the **perspective of healthcare professionals** suggest that integrated care interventions could:

- support **early assessment and diagnosis**
- enable more **timely symptom management and care planning in nursing homes**
- **reduce processing time** of aged care referrals
- help **streamline inpatient care**
- **reduce delays**



Findings from one study, **providing the patients perspective**, suggest that an **Emergency Department Avoidance Service** may help reduce emergency waiting times.

# Research Implications

There is a **need for high quality studies** in this area, **particularly the impact of integrated care on routine care and elective waiting times**.

Research is also needed on **integrated commissioning** of services.



There is a need for **high quality qualitative research** that explores **people's experiences** with waiting times in relation to integrated care, **particularly from older and frail people's perspectives**.

The full rapid review, **including economic considerations**, is available to view here:  
<https://www.medrxiv.org/content/10.1101/2025.06.04.25328979v1>

