
MULTI-PROFESSIONAL WORKING IN THE COMMUNITY: A SCOPING REVIEW

Sophie Randall & Prof. Carolyn Wallace

Welsh Institute for Health and Social Care · PRIME Centre Wales ·
University of South Wales

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EXECUTIVE SUMMARY

CONTEXT AND SCOPE

This scoping review forms part of the Community Infrastructure project commissioned by the Strategic Programme for Primary Care (SPPC). The Community Infrastructure Programme is a core part of the SPCC 24/7 work stream regarding the provision of sustainable 24/7 community services and this review sets out to form an evidence base for other components of the project to draw upon.

The review is structured to answer six core questions which address the definitions, existing workforce models, benefits, challenges, patient experiences and health economics of multi-professional working in the community.

METHODS

This review was carried out between June – August 2022. Originally, 357 papers were identified before being screened for relevance against inclusion/exclusion criteria, leaving 74 papers included in the final review.

RESULTS

A wide range of papers discussed the definitions of multi-professional working however there was no overall consensus, but key values are shown in the table below. Similarly, multiple workforce models were identified, the most common of which were regular team meetings and co-location of teams. The patient experience of multi-professional working was largely demonstrated to be positive, provided it is carried out effectively. Literature also suggested that there were several health economic benefits to be found when this type of working was supported. Key benefits and challenges that were identified are also provided in the table below

Values	Benefits	Challenges
Early intervention	Cost-effectiveness	Budgetary restrictions
Trust	Improved outcomes	Staff turnover
Communication	Patient satisfaction	Lack of understanding
Collaboration	Knowledge sharing	Poor communication
Equity	Faster assessments	Mistrust
Empowerment	Improved patient reach	Access to records
Quality improvement	Increased engagement	Differing priorities
Innovation	Fewer admissions	Poorly defined responsibility
Accessibility	Shorter hospital stays	Time restraints
Sustainability	Fewer crisis referrals	“Territorial” behaviour