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This review was conducted by Dr Alyson Huntley and her team based at the Centre for Academic Primary Care, University of Bristol.

<https://research-information.bris.ac.uk/en/persons/alyson-l-huntley>

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We include below the abstract and two key tables from the review. The second table summarises the evidence.

the full text is available at <https://f1000research.com/articles/9-857>

SYSTEMATIC REVIEW

Does health and social care provision for the community dwelling older population help to reduce unplanned secondary care, support timely discharge and improve patient well-being? A mixed method meta-review of systematic reviews

[version 1; peer review: 1 approved]

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Abstract

Background: This study aimed to identify and examine systematic review evidence of **health and social care interventions for the community-dwelling older population** regarding **unplanned hospital admissions, timely hospital discharge and patient well-being**.

Methods: A meta-review was conducted using Joanna Briggs and PRISMA guidance. A search strategy was developed: eight bibliographic medical and social science databases were searched, and references of included studies checked. Searches were restricted to OECD countries and to systematic reviews published between January 2013–March 2018. Data extraction and quality appraisal was undertaken by one reviewer with a random sample screened independently by two others.

Results: Searches retrieved 21,233 records; using data mining techniques, we identified 8,720 reviews. Following title and abstract and full-paper screening, 71 systematic reviews were included: 62 quantitative, seven qualitative and two mixed methods reviews. There were 52 reviews concerned with healthcare interventions and 19 reviews concerned with social care interventions. This meta-review summarises the evidence and evidence gaps of nine broad types of health and social care interventions. It scrutinises the presence of research in combined health and social care provision, finding it lacking in both definition and detail given. This meta-review debates the overlap of some of the person-centred support provided by community health and social care provision. Research recommendations have been generated by this process for both primary and secondary research. Finally, it proposes that research recommendations can be delivered on an ongoing basis if meta-reviews are conducted as living systematic reviews.

Conclusions: This meta-review provides evidence of the effect of health and social care interventions for the community-dwelling older population and identification of evidence gaps. It highlights the lack of evidence for combined health and social care interventions and for the impact of social care interventions on health care outcomes.

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Keywords

meta-review, systematic reviews, health care, social care, community-dwelling older population, unplanned admissions, patient well-being

Table 1: Evidence map of health and social care interventions

Circled numbers relate to number of included systematic reviews per condition and outcome

Outcome	Admissions/ readmissions	Timely discharge	Quality of life	Patient experience
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CARE IN THE COMMUNITY				
Composite reviews	2	0	0	0
Self-management				
Older	0	0	2	0
COPD	3	0	4	0
Heart failure	0	0	0	1
Stroke	0	0	1	1
Rehab /Exercise				
COPD	2	0	3	1
Heart failure	1	0	2	0
Mixed conditions	0	0	2	0
OVF	0	0	1	0
Case management				
Older	2	0	0	0
Heart failure	2	0	0	1
Parkinson's	1	0	0	0
Dementia	1	0	0	0
Med review				
Older	3	0	2	0
Vaccination				
Older	1	0	0	0
URGENT CARE				
Composite reviews	1	0	0	0
ED interventions				
Older	3	0	0	0
DISCHARGE CARE				
Composite reviews	3	0	0	0
Transitional care				
Older	2	1	2	2
COPD	2	1	1	0
Heart failure	3	0	0	0
Case management				
Heart failure	1	0	0	0
FORMAL SOCIAL CARE				
Composite reviews	1	0	1	1
Reablement				
Older	1	0	2	1
SYNTHETIC SOCIAL CARE				
Social support				

Older	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Dementia	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Social isolation				
Older	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Abbreviations: COPD Chronic Obstructive Pulmonary Disease; OVF Osteoporotic Vertebral Fracture

Table 2: Evidence summary at systematic review level for efficacy for health and social care interventions by outcome

Outcome (qualitative & quantitative evidence integrated)	Evidence for positive impact	Evidence for no impact
Hospital admissions		
<i>Older population</i>	Consultant geriatrician-led comprehensive geriatric assessment in ED. ^C Discharge & transitional care from hospital to home. ^{A, E} Influenza vaccination for nursing home residents. ^A Structured educational programmes. ^C Hospital to nursing home interventions. ^C Palliative care services. ^C Implementation of a clinical pathway for lower respiratory tract infections. ^C Geriatric specialist services for nursing home residents. ^C	Community case management. ^A Medication review. ^A Nurse-led geriatric care in ED. ^A Reablement. ^B
<i>COPD</i>	Rehabilitation & post rehabilitation support. ^{A, E} Influenza vaccination. ^A Discharge & transitional care from hospital to home. ^A Hospital at Home interventions. ^A	Self-management. ^A
<i>Heart failure</i>	Discharge & transitional care from hospital to home. ^A Hospital-initiated case management. ^{A, E}	Supervised exercise. ^A Community case management. ^{A, E}
<i>Dementia</i>		Community case management. ^B
Timely hospital discharge		
<i>Older population</i>	Reablement. ^{B, E}	Discharge and transitional care ^C
<i>Heart failure</i>	Hospital-initiated case management. ^{A, E}	
Quality of life		
<i>Older population</i>	Self-management. ^A Personal assistance from a paid worker for older people with physical and/or mental impairment. ^B Physical activity for people with long-term conditions and non-frail older people. ^B Reablement. ^A	Medication review. ^A

	<p>Face to face social isolation interventions based on programmes to prevent social isolation.^B</p> <p>Psychosocial interventions.^B</p> <p>Socially stimulating groups.^B</p> <p>Health promotion.^B</p> <p>Supporting wellbeing in retirement.^B</p> <p>Social support and social participation.^B</p> <p>Information and communication interventions for social isolation but not loneliness.^B</p> <p>E-interventions (e.g. internet training) on loneliness.^D</p>	
<i>COPD</i>	<p>Breathing techniques and Tai Chi.^A</p> <p>Hospital at home for (≤6 months).^A</p> <p>Discharge & transitional care for COPD.^C</p>	Post rehabilitation support. ^A
<i>Heart failure</i>	<p>General exercise and Tai Chi.^A</p> <p>Hospital at home.^A</p> <p>Discharge and transitional care.^A</p>	
<i>Stroke</i>	Self-management. ^A	
<i>Dementia</i>	Informal social support such as social clubs or groups. ^B	
<i>Parkinson's</i>		Community case management. ^B

Key: A Evidence from at least one meta-analysis of randomized controlled trial data. **(meta-analysis evidence)** **B** Evidence from predominantly RCT data, but no meta-analysis performed. **(Narrative evidence)**

C Evidence from 2 or less RCTs. **(Limited evidence)** **D** Evidence from predominately non- RCT evidence. **(Low quality evidence)** **E** Evidence from qualitative evidence with meta-synthesis.

(meta-synthesis evidence)

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