**Table 4: Evidence summary** at systematic review level for efficacy for health and social care interventions by outcome

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| --- | --- | --- |
| **Outcome**  (qualitative & quantitative evidence integrated) | **Evidence for positive impact** | **Evidence for no impact** |
| **Hospital admissions** |  |  |
| *Older population* | Consultant geriatrician-led comprehensive geriatric assessment in ED.**C**  Discharge & transitional care from hospital to home. **A, Q**  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** |
| *COPD* | Rehabilitation & post rehabilitation support. **A, Q**  Influenza vaccination. **A**  Discharge & transitional care from hospital to home. **A**  Hospital at Home interventions. **A** | Self-management. **A** |
| *Heart failure* | Discharge & transitional care from hospital to home. **A**  Hospital-initiated case management. **A, Q** | Supervised exercise. **A**  Community case management. **A, Q** |
| *Dementia* |  | Community case management. **B** |
| **Timely hospital discharge** |  |  |
| *Older population* | Reablement. B, Q | Discharge and transitional care. C |
| *Heart failure* | Hospital-initiated case management. A, Q |  |
| **Quality of life** |  |  |
| *Older population* | 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  Face to face social isolation interventions based on programmes to prevent social isolation. B  Psychosocial interventions. B  Socially stimulating groups. B  Health promotion. B  Supporting wellbeing in retirement. B  Social support and social participation. B  Information and communication interventions for social isolation but not loneliness. B  E-interventions (e.g. internet training) on loneliness. D | Medication review. A |
| *COPD* | Breathing techniques and Tai Chi. A  Hospital at home for (≤6 months). A  Discharge & transitional care for COPD. C | Post rehabilitation support. A |
| *Heart failure* | General exercise and Tai Chi. A  Hospital at home. A  Discharge and transitional care. A |  |
| *Stroke* | Self-management. A |  |
| *Dementia* | Informal social support such as social clubs or groups. B |  |
| *Parkinson’s* |  | 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 from2 or less RCTs. (**Limited evidence)** **D** Evidence from predominantly non- RCT evidence. (**Low quality evidence) Q** Evidence from qualitative evidence with meta-synthesis.

**(meta-synthesis evidence)**