**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. BPhysical activity for people with long-term conditions and non-frail older people. BReablement. AFace to face social isolation interventions based on programmes to prevent social isolation. BPsychosocial interventions. BSocially stimulating groups. BHealth promotion. BSupporting wellbeing in retirement. BSocial support and social participation. B Information and communication interventions for social isolation but not loneliness. BE-interventions (e.g. internet training) on loneliness. D | Medication review. A |
| *COPD*  | Breathing techniques and Tai Chi. AHospital at home for (≤6 months). ADischarge & transitional care for COPD. C | Post rehabilitation support. A |
| *Heart failure*  | General exercise and Tai Chi. AHospital at home. ADischarge 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)**