**Table 5:** **Mixed methods evidence identified**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previously conducted segregated mixed methods reviews n=2** |  |  |  |
| **Intervention review aims**  | **Quantitative conclusions** | **Qualitative review aims** | **Qualitative conclusions** |
| **Self-management** **& stroke** |  |  |  |
| **Review 10** Lennon et al. (2013)25To examine the evidence base underlying self-management programmes specific to stroke survivors. |  *‘*This review provides some preliminary support for the potential importance of self- management interventions after stroke. The most appropriate content and best approach for delivery of these interventions remains to be determined. **Further high-quality randomized controlled trials are needed to test the feasibility, acceptability, and efficacy of stroke self-management programmes.’** | **Review 11** Pearce et al. (2015)26To synthesis evidence of qualitative studies in an overarching meta-review to inform the delivery and development of self-management supporting interventions. | *‘*The observed data saturation suggests that, currently, no further qualitative research simply describing the lived experience of stroke is needed. Our findings demonstrate both the on-going importance of self-management support and the evolving priorities throughout the stages of recovery following a stroke. **The challenge now is to ensure these findings inform routine practice and the development of interventions to support self-management amongst stroke survivors.**’ |
| **Case management & heart failure**  |  |  |  |
| **Review 26** Huntley et al. (2016)41The aim of this systematic review of RCTs and controlled trials (is to investigate the effectiveness and related costs of case management for patients with heart failure predominantly based in the community in reducing unplanned readmissions and length of stay. | ‘Hospital-initiated CM can be successful in reducing unplanned hospital readmissions for HF and length of hospital stay for people with HF. Nine trials described cost data; no clear difference emerged between CM and usual care. There was limited evidence for community-initiated CM which suggested it does not reduce admission.’ | **Review 27** King et al. (2018)42To describe case management as experienced by patients with heart failure and their health professionals with the aim of understanding why case management might contribute in reducing hospital admissions. | ‘This synthesis emphasizes the importance of the quality of being cared for as a patient and caring as a health professional. Case management enhances communication between patients and health professionals, supports patient self-care and self-management and can be an important contributing factor in reducing unplanned admissions for patients with heart failure.’ |
| **Future mixed methods reviews n=4** |  |  |  |
| **Rehabilitation & COPD** |  |  |  |
| **Review 12** Moore et al. (2016)27 To find studies that might help determine using a meta-analysis of the impact of **pulmonary rehabilitation** on an acute exacerbation of COPD defied as unscheduled or emergency hospitalisations and ED visits**Review 15** Beauchamp et al. (2013)30 **Review 14** Jenkins et al. (2018)29To synthesize the evidence on the efficacy of supervised maintenance exercise programs compared to usual care following pulmonary rehabilitation completion on health care use and mortality. | This review provides some evidence to suggest that providing rehabilitation is beneficial for reducing hospitalizations and therefore health-care consumption. Evidence has shown that hospital admissions after a course of PR are lower than before therapy. Also, when compared with usual care, admissions can be reduced with rehabilitation. However, pooled results from the cohort studies did not favour PR and suggest that for some patients, it may not reduce the risk of future hospitalizations. Because of the heterogeneous nature of the studies and methodological limitations, further research is needed, particularly for detecting if admissions were specific for AECOPD as well as the subsequent cost savings for health-care services. **Given that all patients with moderate to severe COPD should be referred for PR, and overall results from this systematic review suggest that PR has an impact on reducing hospitalizations, this work should help to convince potential patients and health-care providers of its importance.’**Supervised exercise programs after primary PR appear to be more effective than usual care for preserving exercise capacity in the medium term but not in the long term. In this review, there was no effect on HRQL. **The small number of studies precludes a definitive conclusion as to the impact of post-rehabilitation exercise maintenance on longer-term benefits in individuals with COPD.’**In the first systematic review of the area, current evidence demonstrates that continued supervised maintenance exercise compared to usual care following pulmonary rehabilitation reduces health care use in COPD. The variance in the quality of the evidence included in this review highlights the need for this evidence to be followed up with further high-quality randomized trials.’In the first systematic review of the area, current evidence demonstrates that **continued supervised maintenance exercise compared to usual care following pulmonary rehabilitation reduces health care use in COPD.** The variance in the quality of the evidence included in this review highlights the need for this evidence to be followed up with further high-quality randomized trials.’ | **Review 13** Pinto et al. (2013)28To give an in-depth consideration of the chronic obstructive pulmonary disease patients’ subjective view of the impact of pulmonary rehabilitation on their lives | ‘Our systematic review has some implications for further research and clinical care in COPD patients. **Assessing patients’ ‘treatment-perceptions’ will contribute significantly to a better understanding of the effects of intervention on the illness behaviour and of the adjustments of the negative points identified by the patients**. We would encourage PR health professional teams to try to subjectively evaluate their patients in order to know their treatment expectations, their necessities during the intervention and, more importantly, the results achieved with a health intervention, which in this case is PR, although a more tailored approach, need further elaboration in busy clinical settings.’ |
| **Discharge, transitional care & the older population** |  |  |  |
| **Review 40** Leppinet al. (2014)55 To synthesize the evidence of the efficacy of interventions to reduce early hospital readmissions and identify intervention features**Review 41** Dameryet al. (2016)56To summarise the evidence regarding the effectiveness of integrated care interventions in reducing hospital activity**Review 42** Gonzalez et al. (2014)57To review systematic reviews and meta-analyses of integrated care programmes in chronically ill patients, with a focus on methodological quality, elements of integration assessed, and effects reported.**Review 43** Zhu et al. **(**2015)58To compare the effectiveness of nurse-led early discharge planning programmes to standard care for inpatients with chronic disease or rehabilitation needs. [Composite reviews are also relevant] | ‘Compared to standard care, nurse-led early discharge planning programmes have a positive impact on several aspects of care for inpatients with chronic disease and rehabilitation requirements, including reducing readmission, readmission length of stay and mortality and improving quality of life.’‘Although all outcomes showed some significant reductions, and a number of potentially effective interventions were found, interventions rarely demonstrated unequivocally positive effects. Despite the centrality of integrated care to current policy, questions remain about whether the magnitude of potentially achievable gains is enough to satisfy national targets for reductions in hospital activity.’‘Compared to standard care, nurse-led early discharge planning programmes have a positive impact on several aspects of care for inpatients with chronic disease and rehabilitation requirements, including reducing readmission, readmission length of stay and mortality and improving quality of life.’ | **Review 45** Allenet al. (2017)60To improve understanding of user experience of older people, carers, and health providers; and care integration in the care of older people transitioning from hospital to home**Review 46** Blakey et al. (2017)61To explore the experience of readmissions to hospital from the perspective of older adults. | ‘The themes that emerged from the studies reflected users’ experience of discharge and transitional care as a social process of ‘negotiation and navigation of independence (older people/carers), or dependence (health providers).’ Users engaged in negotiation and navigation through the interrogative strategies of questioning, discussion, information provision, information seeking, assessment, and translation. The derived themes reflected care integration that facilitated, or a lack of care integration that constrained, users’ experiences of negotiation and navigation of independence/dependence.’‘A cycle of exclusion exists during the initial hospital stay and beyond. The experience of being readmitted to hospital is challenging, mostly perceived as negative, and, existential, emotional and psychological well-being is not satisfactorily addressed by healthcare professionals.’ |
| **Formal social care & older adults** |  |  |  |
| **Review 53** Dicksonet al. (2017)68To analyse and summarise systematic review-level evidence on the impact of interventions on the four outcomes set out in the Adult Social Care Outcomes Framework (ASCOF). | ‘The greatest portion of evidence included in this meta-review is about physical activity: evidence suggests that these types of interventions can be effective for people with long-term conditions and non-frail older people and may address both quality of life and prevention outcomes. Moreover, although physical activity interventions may typically be regarded as not within the remit of social care, they may be relatively cheap and easy to implement, and therefore worth considering. More complex, and perhaps more recognisably social care interventions need to be subject to evaluation, review and synthesis. The key message from this meta-review is the need to recognise the inﬂuence of contextual factors on the success of social care interventions, in particular the need for safety measures when implementing social care interventions with particularly vulnerable groups.’ | **Review 54** De Sao Jose et al. **(**2016)69 A systematic review of relevant qualitative research-based evidence on the older persons’ experiences and perspectives of receiving social care published between 1990 and Sep 2014. | ‘We conclude that both positive and negative experiences of receiving social care relate, mostly, to the relational dimension of care. Receiving social care per se does not automatically imply a negative or a positive experience. Rather, it is the concrete form of social care provision, primarily the attitudes and behaviour of the carers, which determine whether the care is experienced as positive or negative.’And ‘This review also conﬁrms that the research on the older persons’ experiences and perspectives of receiving social care, although important, is still limited, as it identiﬁes some questions that have not received adequate attention and that could be addressed in future studies.’ |
|  **Reablement & older people**  |  |  |  |
| **Review 55** Petterson et al. (2017)70To obtain an overview of the scientific literature in this evolving research area and investigate whether there is scientific evidence for positive effects of re-ablement services for older community-living people.**Review 56** Tessier et al. (2016)71To examine the effectiveness of reablement, and to identify factors that might contribute to successful implementation for Canadian policy makers. | ‘More high-quality research is needed to strengthen the evidence-base regarding reablement services. The specific roles of various professional and staff groups are often insufficiently described, as are the interventions as such and there is a lack of attention to person-centred aspects such as the meaningfulness of the specific activities.’ ‘Considering its effectiveness and positive impact observed in several countries, the implementation of reablement is a promising avenue to be pursued by policy makers.’ |  |  |