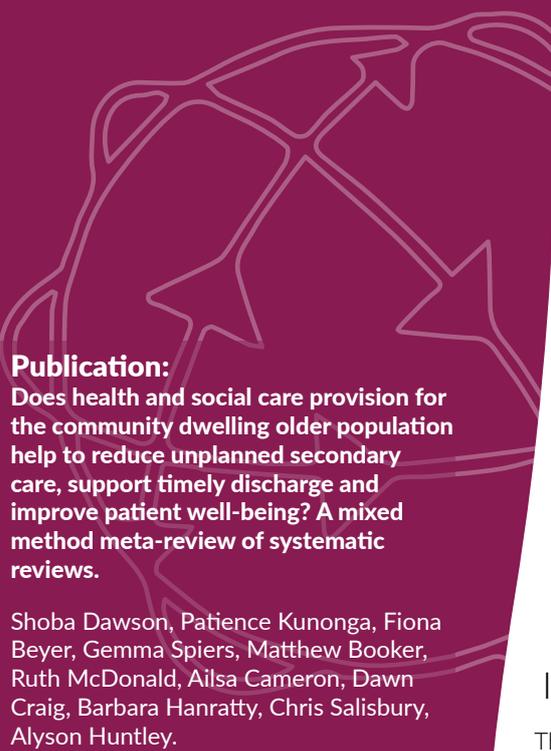


# Meta-review of community health and social care for older people: impact on hospital care



## STUDY SUMMARY

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**Publication:**

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.

Shoba Dawson, Patience Kunonga, Fiona Beyer, Gemma Spiers, Matthew Booker, Ruth McDonald, Ailsa Cameron, Dawn Craig, Barbara Hanratty, Chris Salisbury, Alyson Huntley.

F1000 Research: <https://f1000research.com/articles/9-857>

### Underlying issue

In the next 50 years, it is estimated that the number of older people (65 years +) in the UK will increase by more than 8 million; that compares to the present size of London. This age group already make up a sizeable part of hospital admissions and hospital stays, often with post discharge care needs. Whilst there are ongoing efforts to make this care appropriate and timely; it is a challenge and is set to become more challenging because of the ageing population.

### What we did

Our research, an overview (meta-review) of 71 systematic reviews found both the evidence and evidence gaps for health and social care interventions for older people living in the community, and its impact on unplanned hospital admissions, timely hospital discharge and patient wellbeing. Our research found there was meta-analysis level evidence for the following [outcomes](#).

**Hospital admissions:** Positive benefit in reducing hospital admissions across community, urgent and discharge care interventions focusing on the older population, COPD and heart failure patients.

**Timely discharge:** Positive benefit of hospital-initiated case management for heart failure patients.

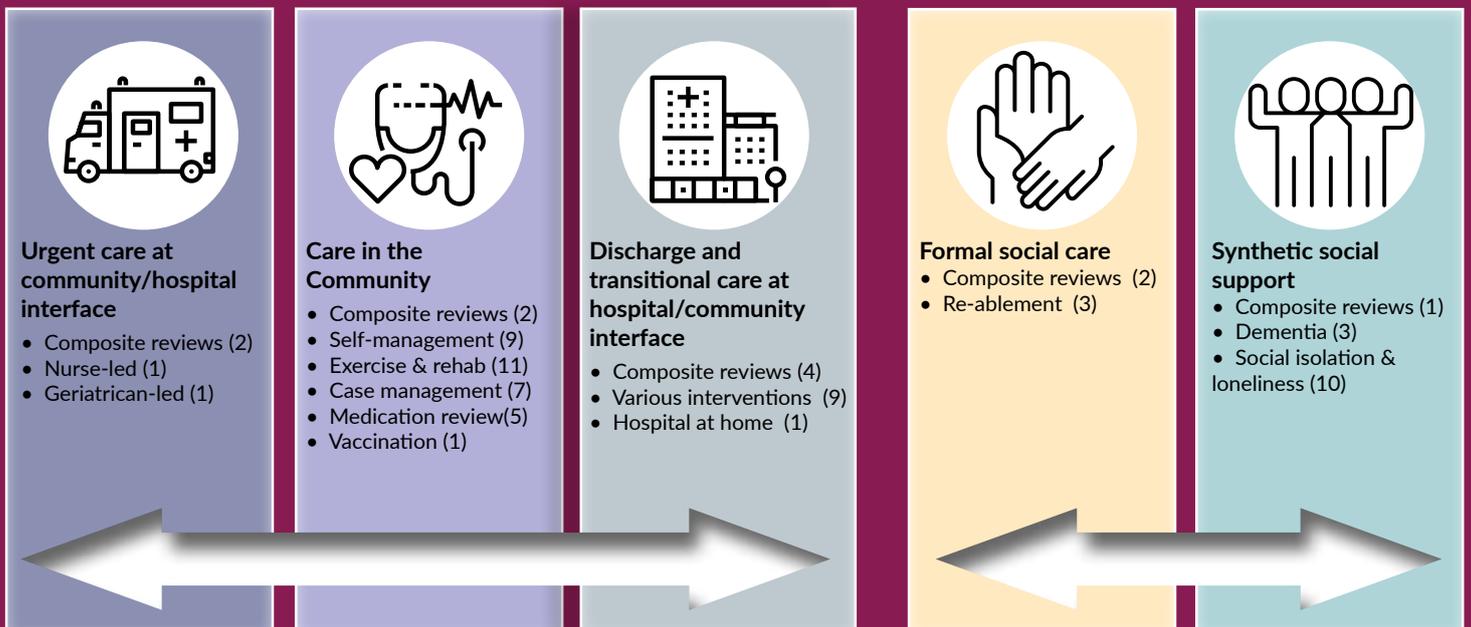
**Quality of life:** Positive benefit for quality of life present in both health and social care interventions for the older population, COPD, heart failure, stroke and dementia patients.

### Implications

This [meta-review](#) maps out evidence and evidence gaps for interventions by population and outcome, highlighting evidence for positive impact. It is a resource for local clinical commissioning groups considering designing and commissioning services for the older population.

## HEALTH CARE

## SOCIAL CARE



**Table: 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
<b>CARE IN THE COMMUNITY</b>				
Composite reviews	2	○	○	○
Self-management				
Older	○	○	2	○
COPD	3	○	4	○
Heart failure	○	○	○	1
Stroke	○	○	1	1
<b>Rehab/ Exercise</b>				
COPD	2	○	3	1
Heart failure	1	○	2	○
Mixed conditions	○	○	2	○
OVF	○	○	1	○
<b>Case management</b>				
Older	2	○	○	○
Heart failure	2	○	○	1
Parkinson's	1	○	○	○
Dementia	1	○	○	○
<b>Med review</b>				
Older	3	○	2	○
<b>Vaccination</b>				
Older	1	○	○	○
<b>URGENT CARE</b>				
Composite reviews	1	○	○	○
ED interventions				
Older	3	○	○	○
<b>DISCHARGE CARE</b>				
Composite reviews	3	○	○	○
Transitional care				
Older	2	●	2	2
COPD	2	●	1	○
Heart failure	3	○	○	○
<b>Case management</b>				
Heart failure	1	○	○	○
<b>FORMAL SOCIAL CARE</b>				
Composite reviews	1	○	1	1
Reablement				
Older	1	○	2	1
<b>SYNTHETIC SOCIAL CARE</b>				
<b>Social support</b>				
Older	○	○	1	○
Dementia	○	○	3	○
<b>Social isolation</b>				
Older	○	○	10	○

Abbreviations: COPD: Chronic Obstructive Pulmonary Disease, OVF: Osteoporotic Vertebral Fractures