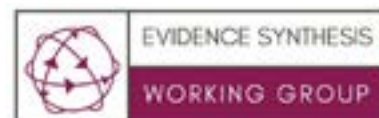


Meta-review of community health and social care for older people: impact on hospital care



STUDY SUMMARY

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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.

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>

HEALTH CARE



Urgent care at community/hospital interface

- Composite reviews (2)
- Nurse-led (1)
- Geriatrician-led (1)



Care in the Community

- Composite reviews (2)
- Self-management (9)
- Exercise & rehab (11)
- Case management (7)
- Medication review (5)
- Vaccination (1)



Discharge and transitional care at hospital/community interface

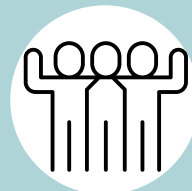
- Composite reviews (4)
- Various interventions (9)
- Hospital at home (1)

SOCIAL CARE



Formal social care

- Composite reviews (2)
- Re-ablement (3)



Synthetic social support

- Composite reviews (1)
- Dementia (3)
- Social isolation & loneliness (10)

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

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