Older people with social care needs and multiple long term conditions

Appendix B: Critical appraisal and findings tables

Critical appraisal tables

Review questions

2.1.1 Assessment and planning of care of older people with multiple long-term conditions (LTCs): What are the effects (benefits and harms) of different types of assessment and planning of personalised care on outcomes for older people with multiple long-term conditions and their carers?

2.1.2 Service delivery: What are the existing frameworks, models and components of care packages for managing multiple LTCs and what outcomes do they deliver?

2.1.5 Self-management support: How effective are different types of support for older people to enable them to self-manage (aspects of) their own conditions?

2.1.6 Social isolation: How can older people with multiple LTCs living in the community or in care home settings be supported to participate in community, family and social activities?

Battersby M, Harvey P, Mills P, Kalucy E, Pols R, Frith P, McDonald P, Esterman A, Tsourtos G, Donato R, Pearce R, McGowan C, (2007) SA Health-Plus: a controlled trial of a state-wide application of a generic model of chronic illness care

Research question/study aims	Study design/theoretical approach	Data collection.	Analysis and reporting	Quality assessment
'SA HealthPlus, one of 9 national Australian coordinated care trials, addressed chronic illness care by testing whether coordinated care would improve health outcomes compared with usual care' (p37) Components included – care planning: patient-defined problems and goals, evidence-based guidelines. Coordination and the Continuous Learning Framework, training and supervision, The Coordinated Care Training Unit (CCTU)	**Methodology** • Randomised controlled trial	**Is a randomised comparison approach appropriate?** • Appropriate **Is the study clear in what it seeks to do?** • Clear **Appropriate randomisation?** • Yes **Adequate concealment of allocation?** • Yes **Comparable groups at baseline?** • Yes **Was selection bias present?** • Yes: selection criteria was relaxed midway to achieve recruitment targets. GPs were permitted to select patients they thought would most benefit **Equal treatment?**	**Follow-up** • Yes 12 months and 19–27 months **Drop-out numbers** • Intervention drop-outs – 43%. The reasons for attrition were: death (5.1%), dissatisfaction with the trial (2.1%) • Comparison drop-outs 39%. The reasons for attrition were: death (5.8%) dissatisfaction with the trial (1.3%) **Groups comparable on intervention completion?** • Unclear, not reported **Groups comparable on available data?** • Unclear, not reported **Attrition bias appraisal** • Unclear/unknown risk of bias: people with higher needs may have dropped out of the trial due to	**Internal validity** + (high risk of selection bias) **External validity** + **Is the setting similar to the UK?** Yes **Is there a clear focus on older adults?** Yes **Is the intervention clearly targeted at older people with multiple long term conditions?** Yes **Are the outcomes relevant?** Yes

Research question/study aims	Study design/theoretical approach	Data collection.	Analysis and reporting	Quality assessment
		• Yes, until trial **Performance bias appraisal** • High risk of bias **Attrition bias** •Likely direction of attrition bias effect not known	death **Were investigators kept ‘blind’ to other important confounding factors?** • Unclear **Were investigators kept ‘blind’ to participants’ exposure to the intervention?** • No It was not possible to blind GPs and service coordinators. **Was the method used to determine the outcome valid and reliable?** • Yes **Did the study use a precise definition of outcome?** • Yes **Detection bias** Likely direction of detection bias effect? Unclear direction of bias **Detection bias appraisal** • Unclear/unknown risk of bias	

Beland F, Bergman H, Lebel P, Dallaire L (2006) Integrated Services for Frail Elders (SIPA): a trial of a model for Canada

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
The study aims to look at the ‘differences in utilization and costs of health and social services as between patients using the SIPA model and those using the usual service for older frail people’ (p27) The study hypothesised that the use of an integrated care systems in the community, including homecare, nursing, and rehabilitation would have an impact in the use of institution-based services	**Methodology:** Comparison evaluation, using controlled trial methodology (although there is not a great deal of detail about randomisation)	**Is the study clear in what it seeks to do?** • Clear **Selection bias** • Likely direction of selection bias effect None **Allocation unrelated to confounding factors?** • Yes Participants were randomly assigned to their groups. **Attempts made to balance the comparison groups?** • Yes The characteristics are similar in terms of age, gender, socioeconomic position and health status. These variables are presented clearly **Groups comparable at baseline?** • Yes The sample characteristics are	**Did the study have an appropriate length to follow-up?** • 22-month period of trial – measures collected independently of service users, through records **Did the study use a precise definition of outcome?** • Yes: measures used were the number of hospitalisations and nursing home admissions, length of stay, use of sheltered housing and of homecare services **Was the method used to determine the outcome valid and reliable?** • Yes **Were investigators kept ‘blind’ to participants’ exposure to the intervention?** • No Professionals in the intervention group were	**External validity** + **Internal validity** ++ **Is the setting similar to the UK?** Unclear The setting was Quebec, Canada. It is unclear how similar this is to the UK setting **Is there a clear focus on older adults?** Yes **Is the intervention clearly home care?** Yes The intervention – integrated working and case management clearly relates to older people with long-term conditions **Are the outcomes relevant?** Yes The outcomes relate to the costs of services and

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		comparable, but more people were lost from the intervention group **Equal treatment?** • Unclear The control group received standard services. They were in some ways similar to the intervention, but different in other ways. Homecare services were offered for essential daily living tasks. Hours were restricted and services were five days a week. Social workers did coordinate some services but not always **Allocation - practitioners** • Yes Professionals were recruited specifically for the intervention group. **Performance bias appraisal** • Low risk of bias	aware of patient's involvement	the use of services in the community

Berzins K, Reilly S, Abell J, Hughes J, Challis D (2009) UK self-care support initiatives for older patients with long-term conditions: a review

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'This review explores what types of intervention have been reported in the UK and their impact upon older people' (p56)	**Methodology** Systematic review	**Adequate description of methodology?** Yes **Rigorous literature search?** Yes **Do all studies fulfil inclusion criteria?** Yes All the studies focus on self-care and take a UK perspective. They were all interventions that were targeted at LTCs The interventions were also all aimed at older people, although the study states that this is 50+, below the inclusion criteria for this study (65) **Appropriate and clearly focused question?** Yes **Inclusion of relevant individual studies?** Yes	**Is the setting similar to the UK?** Yes All interventions are UK based **Is there a clear focus on older adults?** Yes The mean age of participants was 60 **Is the intervention clearly relevant to social care for OPwLTCs?** Mixed The interventions looked at in the review have two issues which limit their applicability to this guideline First, the lack of statistically significant outcome effects from the interventions Second, it does not appear that any of the included studies discuss interventions that are specifically related to older	**Overall assessment of internal validity** ++ **Overall assessment of external validity** ++

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			people with multiple LTCs. The outcomes measured includes relevant outcomes like quality of life, service use and carer involvement **Are the outcomes relevant?** Mixed The outcomes measured included relevant outcomes like quality of life, service use and carer involvement. And others that are less applicable to this guideline such as pain management and illness knowledge.	

Brody B, Roch-Levecq A, Kaplan R, Moutier C, Brown S (2006) Age-related macular degeneration: self-management and reduction of depressive symptoms in a randomized, controlled study

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'To assess the effectiveness of a self-management program for age-related macular degeneration (AMD) in reducing depressive symptoms.'	**Methodology** - RCT including cluster RCT including cluster 'Analysis of 6-month follow-up for a subset of participants in a randomized, controlled trial who were clinically depressed at baseline' (p56)	**Is a randomised comparison approach appropriate?** Appropriate **Is the study clear in what it seeks to do?** Mixed This group is a subset of larger study. The intention of the intervention was not to treat depression as such. The participants diagnosed with depression at baseline seemed to show greater gains than non-depressed participants and their outcomes are presented in this paper **Appropriate randomisation?** Yes computer generated randomisation **Adequate concealment of allocation?** Yes **Comparable groups at**	**Performance bias appraisal** Unclear/unknown risk of bias **Follow-up** Yes At six months **Drop-out numbers** Intervention drop-outs six withdrew, four unavailable at follow up Comparison drop-outs Tape education intervention – six withdrew, seven unavailable at follow-up, waiting list – nine withdrew, 6 unavailable at follow-up **Groups comparable on intervention completion**? Yes Tables showing demographic features and differences between the groups are presented **Groups comparable on**	**Internal validity** + **External validity** + **Is the setting similar to the UK?** Yes **Is there a clear focus on older adults?** Yes **Is the intervention clearly targeted at older people with multiple long term conditions?** No The depression was the added condition to the age-related macular degeneration, although at this average age (80+) participants are likely to have other conditions **Are the outcomes relevant?** Yes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		baseline? Yes **Was selection bias present?** Low risk of bias **Equal treatment?** No Either 2 intervention groups or 2 control groups – self-management vs self-directed tape recorded education programme vs waiting list group **Allocation – participants** No Authors report drop out when participants get to know what is involved in the intervention programme **Allocation - practitioners** No	**available data?** Yes **Attrition bias appraisal** Low risk of bias **Were investigators kept 'blind' to other important confounding factors?** No Confounding factors may be the number of participants already taking anti-depressants when enrolled **Were investigators kept 'blind' to participants' exposure to the intervention?** No **Was the method used to determine the outcome valid and reliable?** Yes **Did the study use a precise definition of outcome?** Yes **Detection bias appraisal**	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			Low risk of bias	

Challis D, Abendstern M, Clarkson P, Hughes J, Sutcliffe C (2010) Comprehensive assessment of older people with complex care needs: the multi-disciplinarity of the single assessment process in England

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'This study seeks to 'ascertain the degree and nature of comprehensive assessment across England … It attempts to address whether the comprehensive assessment practice that emerged corresponded to the policy logic that was its instigation' (p5)	**Methodology** • Survey **Objectives of the study clearly stated?** • Yes **Research design clearly specified and appropriate?** • Yes **Clear description of context?** • Yes **Reliability and validity of new tool reported?** • No But there is discussion of use of options – tool is intended to be mainly factual	**Survey population and sample frame clearly described?** • Yes **Representativeness of sample is described?** • Yes **Subject of study represents full spectrum of population of interest?** • Yes **Study large enough to achieve its objectives, sample size estimates performed?** • Yes **All subjects accounted for?** • Partly Response rate was 122 or 82% **Describes what was measured, how it was measured and the outcomes?**	**Basic data adequately described?** • Yes **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** • Yes **Results internally consistent?** • Yes **Data suitable for analysis?** • Yes **Statistics correctly performed and interpreted?** • Yes Stage 2 of the study used 'multi-dimensional cross-tabulations of the indicators of multi-disciplinarity (professional group and number of professionals)' (p6)	**Results can be generalised?** • Yes But only apply to 2005–6 **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** • Yes The findings are mutually consistent **Conclusions justified?** • Yes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		• Yes **Measurements valid?** • Yes **Measurements reliable?** • Partly The 'fault' in this study is self-report by local authority officers responsible for implementing SAP **Measurements reproducible?** • Unclear This was snapshot in 2005–6 **Clear description of data collection methods and analysis?** • Yes **Methods appropriate for the data?** • Yes Two stages of analysis: 2 indicators of Multi-disciplinarily; the professional groups involved and the number of	Cramer's V was used to measure the associations between these indicators A score of 0.3 deemed to indicate 'a fair degree of association between any two variables' (p6) **Difference between non-respondents and respondents described?** • Unclear 82% of universal sample responded **Results discussed in relation to existing knowledge on subject and study objectives?** Yes **Limitations of the study stated?** • Yes Self-reporting from LA officers responsible for this policy. Use of multiple choice options such as 'Sometimes, always, never' are not very precise.	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		professions involved The number of professions involved in the assessment were coded into 4 categories. These variables were examined for each sector. **Response rate calculation provided?** • Yes **Methods for handling missing data described?** • No		

Counsell S, Callahan C, Clark D, Tu W, Buttar A, Stump T, Ricketts G (2007) Geriatric case management for low-income seniors: a randomised controlled trial

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'To test the effectiveness of a geriatric care management model (GRACE) on improving the quality of care for low-income seniors in primary care' (p2623)	**Methodology** • Cluster RCT including cluster 164 of 236 physicians in primary care in Indiana were found to have eligible patients – randomised by physician Intervention numbers – 474 patients, 78 physicians Comparison numbers 477 patients, 86 physicians	**Is a randomised comparison approach appropriate?** • Appropriate Discrete intervention **Is the study clear in what it seeks to do?** • Clear **Appropriate randomisation?** • Yes 'To minimize the potential for contamination across groups, physicians were the unit of randomization. All primary care physicians at participating clinics were randomized from within strata formed by teaching status (faculty or resident) and the clinic site' (p2625) Randomisation lists were generated by computer **Adequate concealment of allocation?** • Yes	**Selection bias appraisal** • Low risk of bias Selection at one stage of removal from patient: but not clear why 1286 patients did not consent, and if they were in any way different from consenting patients **Was selection bias present?** • Low risk of bias **Performance bias appraisal** • Low risk of bias Low risk of contamination as in different physician practices. Controls received usual care **Equal treatment?** • Yes up until trial **Allocation - participants** • No Done via physician so unlikely **Follow-up** • Yes But analysis on intention	**Internal validity** • ++ Appears to be competent on all counts. However, 'The results of this trial may not be generalizable to different groups of older persons (e.g., those of higher socioeconomic status and those living in rural communities) or different clinic settings' (p2632) **External validity** • + Not UK, so falls down on that **Is the setting similar to the UK?** • Unclear One limitation is that patients recruited 2002–4. Also, the dual assessment of social worker and medic has proved difficult to implement in UK. Not clear how social work/social care is aligned

		Doctors were not informed of which group they were randomised to. Intervention doctors became aware when they were linked to the GRACE intervention. Patients were informed of their group after baseline interview **Comparable groups at baseline?** • Yes Mean age 72 in each group, 76% female. Similar in terms of ethnicity, living alone and comorbid conditions (angina, hypertension, heart attack, stroke, arthritis, diabetes, cancer) Symptoms: pain; depression (see Table 1, p2627)	to treat. **Drop-out numbers** • Drop-outs in each group at each assessment **Groups comparable on intervention completion?** • Yes 379 (in) and 362 (control) **Missing outcome data** Yes, but drop outs (Inc. deaths) comparable between groups. 'Missing outcomes during the follow-up period were imputed using the last-observation carried-forward method' (p2626) **Groups comparable on available data?** • Yes **Attrition bias appraisal** • Low risk of bias **Were investigators kept 'blind' to other important confounding factors?** • Unclear Physicians had to be informed. Not clear if assessors were blind.	in US settings **Is there a clear focus on older adults?** • Yes Over 65s. Not clear from characteristics of sample how many had >1 LTC **Is the intervention clearly targeted at older people with multiple long term conditions?** • Yes **Are the outcomes relevant?** • Yes

			Were investigators kept 'blind' to participants' exposure to the intervention? Yes Research assistants conducting the independent outcome assessments were blinded. Physicians and the intervention team were not **Did the study use a precise definition of outcome?** • Yes **Detection bias appraisal** • Unclear/unknown risk of bias	

Davey B, Iliffe S, Kharicha, K, Levin E (2005) Integrating health and social care: implications for joint working and community care outcomes for older people

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
This study tests the assumption that a 'greater degree of structural integration [between social and primary health care] benefits service users' (p22) The study examined whether integrated working had measurable effects on people in 2 London boroughs. All participants were aged over 75 and all received social care and were seen as having complex needs. The study compared 2 different approaches to collaborative working, one co-located and one not. The study tracked contacts between social services and primary care.	**Methodology** The study collected data from older people aged 75+. 120 older people approached for participation, 79 agreed. 47 carers were interviewed. Communication between professionals: social workers, GPs and community nurses were tracked via forms completed with interviewers **Is a cohort study approach appropriate?** • Appropriate This study aims to look at the feasibility of 2 models of joint working between health and social care professionals. It looks at 'the relative impact of personal characteristics, service use and co-location on the likelihood of older people	**Selection bias** • Likely direction of selection bias effect The older people were recruited from referral to the social work service local to them, not on any other basis **Allocation unrelated to confounding factors?** • Unclear The sample was taken from those ages 75+ who were referred to the two social work teams. Those who were immediately recommended for admission into residential care were excluded **Attempts made to balance the comparison groups?** • Unclear The numbers were comparable (Area 1–40 and Area 2–39). 79 older people and 49 carers were	Data was analysed using 'exploratory logistic analyses to estimate the effects of the identified factors on the probability of an older person remaining at home' (p29) **Did the study have an appropriate length to follow-up?** • Unsure: six months **Did the study use a precise definition of outcome?** • Yes The study seeks to look at the outcome of older people remaining in the community and the factors which may affect this. **Was the method used to determine the outcome valid and reliable?** • Yes The study looks at three areas which might have	**Internal validity** • + **External validity** • - **Is the setting similar to the UK?** • Yes **Is there a clear focus on older adults?** • Yes **Is the intervention clearly home care?** • Yes **Are the outcomes relevant?** • Unclear Some relevance but the study is limited in its scope and methods. The findings are suggestive rather than conclusive

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
	remaining in the community' (p22) The cohort approach is appropriate in terms of outlining the factors which might affect the ability of older people with complex needs to remain in the community and how collaborative working might have an impact on outcomes **Is the study clear in what it seeks to do?** • Clear	interviewed. The older people were served by social service areas operating in either of the 2 models (co-located or not), what they received depended on where they lived. The study gathered data on cognitive function, service use in the community and whether they lived alone. The similarities between the 2 groups are coincidental rather that sought by the research team **Groups comparable at baseline?** • Unclear. Only in number, other characteristics were not measured. The sample were all aged over 75 and had chronic and multiple health problems. The study states that there was no significant differences between the level of cognitive functioning and physical needs of the 2 groups. 44% had marked	influenced outcomes: characteristics of the older people, characteristics of carers, service use. The study uses 'exploratory logistic regression analysis' (29) to estimate the effects of these factors on older people remaining in the community **Were investigators kept 'blind' to participants' exposure to the intervention?** • No	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		problems of severe cognitive and functional difficulties. Service use is also described, the use of community services is comparable between the 2 groups **Equal treatment?** • No Older people in the sample were receiving services and support in the community. Some lived alone and some received help from informal carers. Members of the groups may have received better or worse attention depending on their social workers' skills and expertise **Allocation blinding – practitioners** • No The practitioners would have been aware **Performance bias appraisal** • Unclear/unknown risk of		

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		bias The study does not seek to balance the 2 areas and so the risk of bias is unclear. This study tests the feasibility of an intervention rather than the direct outcomes of an intervention		

Dickens A, Richard,S, Hawton A, Taylor R, Greaves C, Green C, Edwards R, Campbell J (2011) An evaluation of the effectiveness of a community mentoring service for socially isolated older people: a controlled trial

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
‘The purpose of this study was to examine the effectiveness of a community-based mentoring service for improving mental health, social engagement and physical health for socially isolated older people’ (p1)	**Case control study** Prospective controlled trial comparing a sample of mentoring service clients (intervention group) with a matched control group recruited through general practice. 195 participants from each group were matched on mental wellbeing and social activity scores. Assessments were conducted at baseline and at 6-month follow-up **Is a case control approach appropriate?** This study was the first controlled trial of a mentoring service for community dwelling socially isolated older adults. When compared to observational studies and RCTs which also looked at mentoring and befriending services the findings differed	**Comparable populations?** The sample size was adequate and participant retention was good. There are methodological issues with the comparison of the two groups Because of the non-randomised design, there were challenges in the recruitment of suitable matches. Data used to match pairs was taken from intervention participant baseline assessments and controlled participants screening questionnaires Matched pairs had the same mental health status and social activity scores. However, there were still significant differences between the baseline assessments of individuals in the 2 groups. The control group had generally better	**Basic data adequately described?** Yes Findings presented in a range of formats. Case criteria defined clearly. Baseline characteristics defined in terms of sociodemographic, gender, ethnicity, marital status, employment status and accommodation type **Statistical analysis** • CI provided The limitations of the study are clearly stated and acknowledged. These limitations are mainly to do with the comparability of the control and intervention groups The controlled design was vulnerable to bias, mentoring clients who contributed may not have been representative of the broader pool of clients from	**Overall assessment of internal validity** + **Overall assessment of external validity** + **Is the setting similar to the UK?** Yes – UK setting. **Is there a clear focus on older adults?** Yes **Is the intervention clearly targeted at older people with multiple LTCs?** Yes **Are the outcomes relevant?** Unclear The findings are inconclusive ...

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
	Is the study clear in what it seeks to do? The study states that it aims to evaluate the effectiveness of a community-based mentoring service for improved mental health, social engagement and physical health for socially isolated older people **Question appropriate and focused?** Yes	levels of health compared to that of the intervention group **Same exclusion criteria?** Yes **Participation rate for each group?** 9% dropout	which they were recruited. There is evidence of selection bias. Community mentoring clients who were not offered entry were often socially deprived and had lower levels of social activity that those who were invited to join Also recruitment bias – those who were invited to take part and declined were often older and less socially active than those who did take part	

Dozeman E, van Marwijk H, van Schalik D, Smit F, Stek M, Bohlmeijer E, Beekman A (2012) Contradictory effects for prevention of

depression and anxiety in residents in homes for the elderly: a pragmatic randomized control trail

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'The aim of this study was to evaluate the effectiveness of a stepped-care program to prevent the onset of depression and anxiety disorders in elderly people in residential homes' (p1242)	RCT by cluster	**Is a randomised comparison approach appropriate?** • Not sure **Is the study clear in what it seeks to do?** • Clear **Appropriate randomisation?** • Yes Stratified by residential home, randomisation after baseline measurements, randomly generated allocation sequence **Adequate concealment of allocation?** • Yes Double blind allocation **Comparable groups at baseline?** • Yes **Selection bias appraisal** • Low risk of bias Each participant scored	**Follow-up** • No **Drop-out numbers** Intervention dropouts: 23 Comparison dropouts: 15 **Missing outcome data** Intervention missing outcome data. More participants from the intervention group were unwilling to continue than the usual care group **Did the study use a precise definition of outcome?** • Yes **Was the method used to determine the outcome valid and reliable?** • Yes Validated scale **Were investigators kept 'blind' to participants' exposure to the**	**Internal validity** • ++ **External validity** • ++ **Is the setting similar to the UK?** • Yes It took place in the Netherlands. Compulsory health insurance **Is there a clear focus on older adults?** • Yes **Is the intervention clearly targeted at older people with multiple long term conditions?** • Yes **Are the outcomes relevant?** • Yes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		level 8 on the depression scale (at risk of developing depression or anxiety, but below threshold for depressive and anxiety disorder) **Was selection bias present?** • Low risk of bias Randomly selected by independent statistician, (not data collector or research staff) **Equal treatment?** • No Some overlap with step 4 visit to the GP for treatment and usual care. As designed, treatment group may receive different treatments according to their level of risk **Performance bias appraisal** • Low risk of bias **Attrition bias** Likely direction of attrition	**intervention?** • Yes **Were investigators kept 'blind' to other important confounding factors?** • Unclear **Detection bias appraisal** • Low risk of bias In the data-analysis phase, it became apparent that the study was underpowered, so may have missed some significant findings. Some participants didn't engage in the self-help aspect and some control group received other treatment which may have impacted on mental health outcomes (as is appropriate in a pragmatic trial)	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		bias? • Effect, towards null hypothesis **Groups comparable on Intervention completion?** • Yes Intention to treat analysis		

Glendinning C, Arksey H, Jones K, Moran N, Netten A (2009) The individual budgets pilot projects: impact and outcomes for carers

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
The study aimed to identify the impact and outcomes of individual budgets (IBs) on (hitherto) unpaid relatives and other informal carers. Specific questions addressed by the research are: • What changes occur in the levels and types of support provided by informal carers following the award of an IB?	**Methodology** Structured outcome interviews with carers of people randomised to the IB group and comparison group respectively. Interviews were designed to compare outcomes for carers of people with and without an IB. These interviews used the same standardised outcome measures as the	**Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** • Yes **Is the integration of qualitative and**	‘Extraction and reanalysis of data from the two sets of interviews with IB project leads in each of the pilot sites. (p.12) **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the**	**Internal validity** • + Validity is limited by failure to recruit, and delay in implementing intervention. **Overall assessment of external validity** • + Score due to the ambitious range of study, implementation issues, differences between LAs, etc.

Research question/study aims	**Study design/theoretical approach**	**Data collection**	**Analysis and reporting**	**Quality assessment**
• Are any patterns identifiable in these changes, for example, among particular groups of carers or among carers supporting particular groups of service users? • Do IBs affect the wellbeing and quality of life of carers, compared with carers (and service users) who receive conventional services? If so, in what ways for which groups of carers?' (p9)	main IBSEN evaluation, plus an additional measure devised specifically to assess the impact of the care-giving role. Carer demographic information was also collected during the interviews. The interviews with carers were conducted between December 2007 and May 2008, after data collection for the main IBSEN study had been completed.	**quantitative data (or results) relevant to address the research question?** • Yes **Are participants (organisations) recruited in a way that minimises selection bias?** • Partly The study experienced problems and sample sizes were smaller than expected. 139 carers from 9 sites took part in structured outcome interviews. 'It was not possible to use some of the latter interviews for the quantitative analysis and therefore the structured outcome sample size was reduced to 129.' (p.13)	**exposure/intervention and outcomes?** • Yes **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** • Partly Carers are a heterogeneous group, and not clear who they were caring for, and how this related to recruitment problems. **Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies** • Yes 129 of the 139 carers from	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			the 9 sites for the structured outcome interviews were included in this study **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** • Yes Higher quality evidence for the systematic review which could be tested against qualitative data would have improved the synthesis. Conclusions are credible, and come from a service user perspective. However, they are also somewhat limited, as no evidence was found to support organisational effectiveness, which was one aim of the study.	

Glendinning C, Challis D, Fernande JL, Jacobs S, Jones K, Knapp M, Manthorpe J, Moran J, Netten A, Stevens M, Willverforce M (2008) Evaluation of the Individual Budgets Pilot Programme: final report

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study Aims To compare preference and satisfaction for participants in self-directed care using IB and agency-directed care The overarching aims of the evaluation were to: 'Identify whether IBs offer a better way of supporting older people and other adults with social care needs, compared to conventional methods of funding, commissioning, and service delivery; and to assess the relative merits of the different models of IBs' (p27).	**Methodology** Mixed methods Survey six months post implementation of IB programme comparing IB with agency-directed care Interviews 2 to 3 months post-implementation of IB	**Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question?** • Yes **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** • Yes **Is there a clear description of the allocation concealment (or blinding when applicable)?** • Partly Allocation was conducted at random by a web portal **Are there complete outcome data (80% or**	**Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?** • Yes **Is the sample representative of the population under study?** • Partly Survey: N=907, 458 had IB; 449 agency-directed care. 28% of sample included older people (average age of 81 years). Interviews: N=130 people receiving IB, including older people **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** • Yes **Is there an acceptable response rate (60% or above)?** • No **Is appropriate**	**Internal validity** • + Low response rates; timing of follow-ups when not everyone had received IB. **Overall assessment of external validity** • - This is now a dated study, in which implementation difficulties in the 13 LAs compounded data collection and randomisation issues **Is the setting similar to the UK?** • Yes UK setting **Is there a clear focus on older adults?** • No The paper has some focus on older people but not exclusively. Older people make up 28% of the sample, with people with learning difficulties, physical difficulties and/or sensory impairments

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		above)? • Yes 1,006 outcome interviews were completed. Five were removed due to non-randomisation. 42 were excluded because they did not match randomisation record, leaving 959 completed outcome interviews **Is there low withdrawal/drop-out (below 20%)?** • Unclear There were issues around collecting baseline data leading to 1,356 people being included at baseline. 129 people because ineligible or passed away, 221 no longer wished to take part. Some service users were removed from the study due to poor randomisation (47), leaving 959 includes	**consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** • Yes	**Is the intervention clearly health and social care?** • Yes **Are the outcomes relevant?** • Yes

Goodman C, Drennan V, Manthorpe J, et al (2012) A study of the effectiveness of inter-professional working for community-dwelling older people – final report

Research question/study aims	**Study design/theoretical approach**	**Data collection**	**Analysis and reporting**	**Quality assessment**
To examine 'the effectiveness of interprofessional working (IPW) in primary and community care for older people with multiple health and social care needs. It aimed to: - Identify appropriate measures of effectiveness from user, professional and organisational perspectives for IPW - 'Investigate the extent to which contextual factors … influence the sustainability and effectiveness of IPW and patient, carer and professional outcomes' (p19)	**Methodology** Mixed methods Phase 1 - Systematic review - Exploratory interviews with older people, carers and health and social care providers - A national survey - Consensus event with stakeholders Phase 2 - Case studies of three models of IPW for community dwelling older people **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** • Yes	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** • Yes: Interviews and case studies **Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question?** • Yes Mixed methods in this case include qualitative interviews and case studies, a survey of practitioners and a systematic review (Trivedi 2013)	**Is the process for analysing qualitative data relevant to address the research question?** • Yes Triangulation with other data sources, and a consensus event to review findings from all strands of methodology **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** • Yes Community services and people living in community **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** • Unclear	**Internal validity** • + **Is the setting similar to the UK?** • Yes All qualitative and survey data derived from UK

		Response rate The sample size for interviews with older people and carers was small (18). The online survey of professionals was circulated to 292 organisations, 142 LAs and 150 trusts. The response rate of 91 (31%) was disappointing	**Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes. The systematic review could not produce a meta-analysis, and reported more on the type of IPW than the effectiveness, because the evidence was weak. Because of this, and because the perspective of the qualitative work was to prioritise older people's perspectives, there appears to be no conflict in the synthesis of findings.	

Granville G, Runnicles D, Barker S, Lee, M, Wilkins A, Bowers H (2011) Increasing the voice, choice and control of older people with high support needs: a research findings paper from the South East Regional Initiative (SERI)

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'The overarching aim of the qualitative research was to find out and record the impact of increased voice, choice and control on individuals' experiences and opportunities for independent living' (p5) Research Questions: 1. What are the experiences and feelings of voice, choice and control like now amongst these 2 populations; and what are the key influences on these experiences and feelings? 2. What is changing or has changed as a result of the mechanisms, interventions, options and opportunities for increasing the voice, choice and control of older people with high support needs? (p5)	**Methodology** • Qualitative study **Is a qualitative approach appropriate?** • Appropriate **Is the study clear in what it seeks to do?** • Clear **How defensible/rigorous is the research design/methodology?** • Defensible	**How well was the data collection carried out?** • Appropriately **Is the context clearly described?** • Clear Both community and residential contexts **Was the sampling carried out in an appropriate way?** • Appropriate **Were the methods reliable?** • Reliable **Is the role of the researcher clearly described?** • Clearly described	**Are the data 'rich'?** • Rich **Is the analysis reliable?** • Somewhat reliable **Are the findings convincing?** • Somewhat convincing **Are the conclusions adequate?** • Somewhat adequate There is not much info on the analysis of data, and how cross-cutting themes were identified. It would have been helpful to our research questions if they had collected data about experience and impact of planning and assessment, although there are definitely relevant findings here	**Relevance to older people with multiple LTCs** • Somewhat relevant **As far as can be ascertained from the paper, how well was the study conducted?** + Because the community living older people OP were at risk of going into homes, opportunities were missed to consider how voice, choice and control related to assessment processes

Johansson G, Eklund K, Gosman-Hedstrom G (2010) Multidisciplinary team, working with elderly persons living in the community: a systematic literature review

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Quality assessment.**
Study aim 'The aim of this paper was to explore the literature concerning multidisciplinary teams that work with elderly persons living in the community' (p101)	**Methodology** • Systematic review **Appropriate and clearly focused question?** • Yes Clinical impact of different models of team working **Adequate description of methodology?** • Yes	**Inclusion of relevant individual studies?** • Unclear **Rigorous literature search?** • Unclear Different free text searches across the databases, unclear what MESH terms were used for the different databases	**Study quality assessed and reported?** • Yes **Are the outcomes relevant?** • Yes **Is the setting similar to the UK?** • Unclear Geographical location of the studies not reported. Unclear how the complexities of different healthcare systems may impact on multidisciplinary teamworking **Is the intervention clearly relevant to social care for OPwLTCs?** Mixed The main outcomes of interest for this review were clinical outcomes. The social care needs of the participants implied by the use of assessment tools and procedures	**Overall assessment of internal validity** • ++ **Overall assessment of external validity** • +

Kennedy A, Reeves,D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A (2007) The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
Study aim To evaluate the effectiveness and cost-effectiveness of the Expert Patients Programme pilot phase	**Methodology** • RCT 'A two-arm trial comparing the clinical and cost effectiveness of the lay-led self-care support programme with a waiting list control. The evaluation of the lay-led self-care support programme within REPORT was conducted in parallel with a wider national implementation of the programme within the EPP' (.254) **Selection bias appraisal** • Unclear/unknown risk of bias Despite adjustment of randomisation **Was selection bias present?** • Low risk of bias **Equal treatment?**	**Is a randomised comparison approach appropriate?** • Appropriate **Is the study clear in what it seeks to do?** • Clear **Appropriate randomisation?** • Yes Patients were the unit of randomisation. A computer-generated minimisation procedure was used, using the following variables: strategic health authority, general health, main condition, gender, age, and ethnicity and accommodation status Seasonal change between date of recruitment and six-month follow-up was an	**Follow-up** • Yes Six months **Drop-out numbers** • Intervention drop-outs 21% did not have six-month follow-up. 60% completed four or more sessions. 33% completed all six sessions. • Comparison drop-outs 86% completed six-month follow-up. **Groups comparable on available data?** • Unclear **Attrition bias appraisal** • Unclear/unknown risk of bias Attrition was relatively low given the national sample and the consequent restriction to postal follow-	**Internal validity** • + **External validity** • + May be generalisable to the same mixed (age, conditions) population, though it is not clear what they are **Is the setting similar to the UK?** • Yes **Is there a clear focus on older adults?** • No Mean age 55 **Is the intervention clearly targeted at older people with multiple long term conditions?** • No Mean age 55. Unclear if they had multiple

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
	• Yes **Allocation - participants** • Yes **Performance bias appraisal** • Low risk of bias	additional, uncontrolled factor **Adequate concealment of allocation?** • Yes To ensure concealment of allocation, patient details were passed to another member of the research team not involved with individual patient recruitment. A minor issue was that patients were only recruited when random assignment to the waiting list control group did not risk insufficient participants being available to run a group **Comparable groups at baseline?** • Yes: similar on all characteristics	up **Were investigators kept 'blind' to participants' exposure to the intervention?** • Yes **Was the method used to determine the outcome valid and reliable?** • Yes Except it relied on self-report	LTCSs (only main one was reported) **Are the outcomes relevant?** • Yes

Kennedy A, Bower P, Reeves D, Blakeman, T, Bowen R, Chew-Graham C, Eden M, Fulwood C, Gaffney H, Gardner C, Lee V, Morris R, Protheroe J, Richardson G, Saunders C, Swallow A (2013) Implementation of self-management support for long term conditions in routine primary care settings: cluster randomised controlled trial

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
Study aim This study aims to 'determine the effectiveness of an intervention to enhance self-management support for patients with chronic conditions in UK primary care' (p1)	**Methodology** RCT including cluster. The study is described as a pragmatic, 2-arm, cluster RCT **Selection bias appraisal** Low risk of bias Recruitment occurred through electronic health records, practitioners could exclude patients after identification. Patients were excluded in 11% of control patients and 15% of intervention patients **Equal treatment?** Yes **Allocation – participants?** Unclear The study is not clear about the blinding of allocation, it is likely that blinding was not possible with an intervention of this	**Is a randomised comparison approach appropriate?** Appropriate **Is the study clear in what it seeks to do?** Clear **Appropriate randomisation?** Yes **Adequate concealment of allocation?** Unclear **Comparable groups at baseline?** Yes	**Follow-up** Yes 6 and 12 months **Drop-out numbers** Intervention dropouts The aim of recruiting 40 practices was not achieved, risking the study not reaching full power. Extra practices with a similar demographic were recruited to bring the total up to 44. Three dropped out from the intervention leaving a total of 41, so the study retained full power **Missing outcome data** Missing data values for variables at baseline were substituted using a chained-equation multiple imputation (MI) procedure: five MI datasets were generated Missing values for	**Internal validity** + **External validity** + **Is the setting similar to the UK?** Yes **Is there a clear focus on older adults?** Yes The study does not explicitly focus on older people but the more than half of the sample were aged 65 or over **Is the intervention clearly targeted at older people with multiple long term conditions?** Unclear The study does focus on long-term conditions but not explicitly on those with multiple conditions **Are the outcomes relevant**?

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
	type **Allocation – practitioners** No Professionals at the pilot site received training to deliver the intervention so they would not have been blind to the participants **Performance bias appraisal** Unclear/unknown risk of bias The pilot sites were given freedom in the way the delivered the intervention		outcome variables at follow-up was not imputed. The potential biasing effects of missing outcome data were addressed through covariate adjustment **Attrition bias appraisal** Low risk of bias **Were investigators kept 'blind' to other important confounding factors?** Unclear **Were investigators kept 'blind' to participants' exposure to the intervention?** No **Was the method used to determine the outcome valid and reliable**? Yes The study uses tried and tested outcome appraisal measures. Each outcome was measured individually **Did the study use a precise definition of outcome?** Yes	Yes Partly. Some relevant health and social care outcomes are included, although other clinical outcomes are measure which are not relevant to this study

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Quality assessment.**
			Detection bias appraisal? Unclear/unknown risk of bias An unknown risk of bias because of the freedom that the intervention sites were allowed in implementation and the difficulty in blinding the study	

King G, O'Donnell C, Boddy D, Smith F, Heaney D, Mair F, et al (2012) Boundaries and e-health implementation in health and social care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
'To explore the ways in which structural, professional and geographical boundaries have affected e-health implementation in health and social care through an empirical study of the implementation of an electronic version of the Single Share Assessment (SSA) in Scotland' (p1)	**Qualitative Study** Telephone interviews with 11 data sharing managers (DSMs) responsible for promoting cross-boundary information exchange in 11 of the 14 Scottish health board areas **Intervention** • Multi-disciplinary or single assessment process shared single assessment (SSA) introduced in Scotland **Is a qualitative approach appropriate?** Appropriate **Is the study clear in what it seeks to do?** • Clear 'To examine how the structural, professional and geographical boundaries affected the implementation of an electronic Single Shared Assessment' (p3)	**How well was the data collection carried out?** • Appropriately **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Appropriate **Is the role of the researcher clearly described?** • Unclear face to face and telephone interviews described **Were the methods reliable?** • Reliable	**Are the data 'rich'?** • Rich **Is the analysis reliable?** • Reliable **Are the findings convincing?** • Convincing **Are the conclusions adequate?** • Adequate A cross-sectional study provides a snap shot rather than changes in implementation over time, which is the main question of the study	**As far as can be ascertained from the paper, how well was the study conducted?** ++ **Relevance to older people with multiple long term conditions** Very relevant, focused on care assessment and planning in dispersed populations, albeit reliant on electronic records and communication, rather than face-to-face collaboration

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Quality assessment.**
	How defensible/rigorous is the research design or methodology? • Defensible Three extensive geographical locations, varying in size and geographical challenges. Stakeholders identified, potential participants. Interview schedule was piloted. Interviews were double coded and compared			

Morgan K, Gregory P, Tomeny M, David B (2011) Self-help treatment for insomnia symptoms associated with chronic conditions in older adults: a randomised controlled trial

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'Aging-related increases in sleep complaints are closely associated with chronic diseases, which increase with age and substantially elevate the odds of persistent insomnia symptoms. In addition to amplifying the burden of chronic disease comorbid insomnia symptoms present a challenge to clinical management ...' (p1803) 'To evaluate the effectiveness of a self-help cognitive behavioural intervention in improving sleep quality in older adults reporting insomnia symptoms associated with chronic disease' (p180)	**Methodology** RCT 'The study was designed as a pragmatic 2-arm (self-help vs treatment as usual) randomized controlled trial, with assessments at baseline, after treatment, and at follow-up 3 and 6 months after the post-treatment assessment. A treatment- as-usual control condition was selected to fulfil the requirements of a pragmatic trial, emulate service delivery, and allow for a clear judgment to be made regarding the relative clinical utility of the self-help intervention in routine clinical practice' p1804 **Selection bias appraisal** • Low risk of bias **Was selection bias present?** • Unclear/unknown risk Unclear how many GP	**Is a randomised comparison approach appropriate?** • Appropriate **Is the study clear in what it seeks to do?** • Clear **Appropriate randomisation?** • Unclear Means of randomisation not stated. Unclear why the GP was apparently informed (although those coordinating the self-report questionnaires were blind) **Adequate concealment of allocation?** • Yes But the service users knew the group they were in, and the GP was also informed **Comparable groups at baseline?** • Yes	**Follow-up** • Unclear **Dropout numbers** • Intervention dropouts 35% in intervention group had dropped out by end of seven weeks (i.e. end of treatment). This may reflect dissatisfaction with intervention • Comparison dro-outs 19% dropped out of TAU by end of seven weeks **Groups comparable on intervention completion?** • No See dropout numbers. Not clear if they were still comparable **Missing outcome data** • Intervention missing outcome data 64 of 98 randomised to intervention completed seven-week assessment, falling to 56 at six months • Comparison missing	**Internal validity** • + **External validity** • + Unclear how it relates to social care – signposting **Is the setting similar to the UK?** • Yes **Is there a clear focus on older adults?** • Yes But definition of OP starts at 55 **Are the outcomes relevant?** • Yes But to insomnia. Not really social care, but is a common problem that social care workers could signpost to, or even help to deliver

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
	practices were involved, as study was advertised, e.g. in libraries, with instruction to contact GP **Equal treatment?** • No Was equal up until baseline assessment **Allocation – participants** • Unclear **Allocation – practitioners** • Unclear **Performance bias appraisal** • Unclear/unknown risk of bias		outcome data 77 of 95 completed 7-week assessment, falling to 67 at six months **Groups comparable on available data?** • Yes **C4: Attrition bias appraisal** • Unclear/unknown risk of bias Not sure of characteristics of dropouts **Were investigators kept ‘blind’ to other important confounding factors?** • Unclear Do not appear to be other confounding factors, except the telephone helpline. Of the 64 intervention group participants who returned post-treatment outcomes, 30 (47%) used the telephone helpline at least once. This was lower than expected. Sample too small for sub-group analysis	

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			Were investigators kept ‘blind’ to participants’ exposure to the intervention? • Unclear **Was the method used to determine the outcome valid and reliable?** • Yes Except self-report questionnaires used **D2 Did the study use a precise definition of outcome?** • Yes But the follow-ups were self-reported **Detection bias appraisal** • Unclear/unknown risk of bias	

Reilly S, Hughes J, Challis D (2010) Case management for long-term conditions: implementation and processes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
‘The purpose of the review reported in this paper was to explore the implementation of comprehensive case management by nurses for people with long-term or chronic illnesses’ (p127)	**Methodology** Secondary data study of selected citations from previous papers on case management **Addresses a clearly focused issue?** • Yes **Good case made for chosen approach?** • Partly The poor reporting of (in particular) the intervention and how it was operationalised (as the authors state) affects the quality of findings **Direct comparison provided for additional frame of reference?** • Unclear	**Were those involved in data collection also providing a service to the user group?** • No **Appropriate methods used to select users and clearly described?** • Unclear The rationale for choosing these particular studies is not clear **Reliable data collection instrument/method?** • Partly Citation tracking from reviews of case management prior to 2007 14 of the 29 papers were RCTs. Most Studies came from USA, with nine from England There is emphasis on nurse management. Many of the interventions managed took place in hospital or	**Results complete and analysis easy to interpret?** • Partly Tables well constructed, but omit a lot of data and context Authors admit to ‘a subjective synthesis’ (p145) **Limitations in methodology identified and discussed?** • Yes One of limitations is that the main method of identifying studies was by citation tracking from previous systematic and narrative literature reviews, all of which were published before 2007 This limits the currency of the data and findings Authors describe the variation in reporting as a	**As far as can be ascertained from the paper, how well was the study conducted?** • - **Relevance to the older people with multiple LTCs** • +

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		community health settings	quality issue, without 'sufficient implementation detail to enable replication' (p144) Authors describe this as subjective Not clear why they chose these studies in particular	

Trivedi D, Goodman C, Gage H, Baron N, Scheibl F, Iliffe S, Manthorpe J, Bunn F, Drennan V (2013) The effectiveness of inter-professional working for older people living in the community: a systematic review

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'This review aimed to identify the models of IPW that provide the strongest evidence base for practice with community dwelling older people' (p113) • What types of IPW interventions are described in the literature? • How is IPW organised? • What are the outcomes of different models of IPW? (p.114)	**Methodology** Systematic review **Appropriate and clearly focused question?** • Yes **Adequate description of methodology?** • Yes	**Rigorous literature search?** • Yes **Inclusion of relevant individual studies?** • Yes	**Study quality assessed and reported?** • Yes Almost half the studies were from the US; the rest from mainland Europe, Australasia, Canada, UK and Hong Kong 25 studies were graded as having high risk of bias and low quality (-), 6 as medium risk of bias (+) (medium quality) and 6 as having a low risk of bias	**Overall assessment of internal validity** • + Methodological quality and age of the studies is an issue. **Overall assessment of External** • - **Is the setting similar to the UK?** • No Most studies from US, and

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			(++) (good quality) Comparison groups, study size and follow-up period and rates varied considerably and not all studies provided power calculations The review says little about social care organisation and delivery in relation to IPW The material is largely not contemporary, and not from a UK settings. Some of the populations included are very specific to particular circumstances. Insufficient evidence on context is available A large range of outcomes (e.g. mortality, clinical, acute service use, QoL, mental state, satisfaction and reduction in caregiver burden) and very varied quality of the studies prevented meaningful synthesis	IPW rarely includes social care component **Is there a clear focus on older adults?** • Yes **Is the intervention clearly relevant to social care for OPwLTCs?** • No Insufficient attention to social and personal care given **Are the outcomes relevant?** • Yes **Does the review have a UK perspective?** • No

Findings tables

Review questions

2.1.1 Assessment and planning of care of older people with multiple LTCs: What are the effects (benefits and harms) of different types of assessment and planning of personalised care on outcomes for older people with multiple LTCs and their carers?

2.1.2 Service delivery: What are the existing frameworks, models and components of care packages for managing multiple LTCs and what outcomes do they deliver?

2.1.5 Self-management support: How effective are different types of support for older people to enable them to self-manage (aspects of) their own conditions?

2.1.6 Social isolation: How can older people with multiple LTCs living in the community or in care home settings be supported to participate in community, family and social activities?

Battersby M, Harvey P, Mills P, Kalucy E, Pols R, Frith P, McDonald P, Esterman A, Tsourtos G, Donato R, Pearce R, McGowan C (2007) SA Health-Plus: a controlled trial of a state-wide application of a generic model of chronic illness care

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
'SA Health Plus, 1 of 9 national Australian coordinated care trials, addressed chronic illness care by testing whether coordinated care would improve health outcomes compared with usual care' (p37) Components included: care planning: patient-defined problems and goals, evidence-based guidelines. coordination and the continuous learning framework, training and supervision – The Coordinated Care	**Methodology** RCT **Intervention** • Case management The main purpose of the trials was to 'develop and test different service delivery and funding arrangements, and to determine the extent to which the coordinated care model contributes to: • Improved client outcomes • Better delivery of services, which are individually and collectively more responsive to the clients' assessed needs	**Country** Australia **Population?** • Older people receiving healthcare, possibly social care **Source population demographics** • Sex Male. 47% intervention group 48% control group and average across all areas **Sample** • Comparison numbers – 1,488 • Intervention number – 3,115	The two-year trial was not able to demonstrate a sufficient reduction in hospital admissions to pay for the costs of coordinated care. The individual health and well-being of some patients with chronic and complex conditions can be improved through patient-centred care involving GPs working with a service coordinator and using the P&G approach and a structured evidence-based care plan **Barriers and facilitators to implementation** It was found that services needed to be coordinated and that service coordinator was a desirable role and one which needed to be created in health provision The person in this role needed to be able to work across sectors and 'utilize behavioural change skills proved to be critical to the trial's benefits' (p63). A coordinator may be able to target coordinated care and help those who were frequently hospitalised to improve self-management skills **Narrative and impact findings** • Personalised care The mid-trial review found that a personalised model of care assisted by a service coordinator was successful in affecting behavioural change in patients around self-care **Outcomes – costs and consequences** • Yes 'Preventable admissions accounted for 36% of the cost of all	**Internal validity** • + **External validity** • +

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
Training Unit (CCTU)	• More efficient ways of funding and delivering services' (p38) **Outcomes – social care** Health and wellbeing: the Work and Social Adjustment Scale Health and wellbeing: SF-36 Outcomes specified by users and carers: health and wellbeing: problems and goals (P&Gs)	• Sample age average Central area: intervention 74 control 74 Western area: intervention 67 control 61 Southern area: intervention 73 control 74 Eyre: intervention 62 control 63 • Level of need Each project group defined its eligibility criteria according to the broad framework of chronic and complex medical conditions requiring high service demand	hospital admissions. SA Health Plus aimed to reduce preventable admissions by 50%' (p45) **Service use?** • Risk of emergency admissions The greatest probability of unplanned admissions was for those who also had 4 or more comorbidities	

Beland F, Bergman H, Lebel P, Dallaire L (2006) Integrated Services for Frail Elders (SIPA): a trial of a model for Canada

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aims The study aims to look at the 'differences in utilization and costs of health and social services as between patients using the SIPA model and those using the usual service for older frail people' (p27) The study hypothesised that the use of an integrated care systems in the community, including homecare, nursing, rehabilitation would have an	**Methodology** Comparison evaluation, using controlled trial methodology (although there is not a great deal of detail about randomisation) **Is the study clear in what it seeks to do?** • Clear **Intervention** IPW: The integrated service model based on 'community services, a multidisciplinary team, case management that retains clinical responsibility for all the health and	**Country** Montreal, Canada **Population** Frail elderly people with 'functional disabilities' and 'a complex mixture of service needs' (p27). None of the participants were admitted to a nursing home **Source population demographics** The health status of participants was measured in terms of: number of chronic conditions, functional limitations, IADL	Overall the SIPA achieved its expected outcomes. '$4,000 of institutional based services per person was transferred to community based services' (p38) The intervention was successful in reduced use of institution-based services There was a reduction in waiting times for hospital admission or nursing home placement. A&E visits and permanent nursing home admission was reduced by 10% SIPA had different impacts on individuals with different levels of need an impact on costs for people with several LTCs **Outcomes** The outcomes expected in the study were reduced use and costs of institutional services. This included hospital admission, potentially going into a nursing home or receiving intensive home bed services Another expected outcome was increased use of community services for those using the SIPA intervention. Other expected outcomes were impacts on health and wellbeing, private costs and caregiver burden and changes in service satisfaction (p27)	**Internal validity** • ++ **External validity** • + External validity may be affected by the progress of implementation of integrated holistic services in other countries

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
impact in the use of institution-based services	social service required and the capacity to mobilize resources as required' (abstract) Two sites. Each site had around 15 professionals: managers, nurses, social workers, occupational therapists, dieticians and homecare workers. The case management role was assumed by nurses, social workers or occupational therapists. Each has 35 to 45 cases **Is this a linked study?** • Yes Trivedi (2013)	and ADL disabilities, cognitive problems, depression and how individuals perceived their health **Sample** Control group: n= 653, intervention Group: n=624 **Sample age** 64 to 104. The average age: 82 **Sex** More women than men **Socioeconomic position** socieconomic status is described in figures between 1 and 5.1 was high income and 5 was no income Average = 2.41 Education: 1 = no education, 6 = a		

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		university education Average = 3.93		

Berzins K, Reilly S, Abell J, Hughe, J, Challis D (2009) UK self-care support initiatives for older patients with long-term conditions: a review

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures).	Overall quality assessment
Study aim 'This review explores what types of intervention have been reported in the UK and their impact upon older people' (p56)	**Methodology** Systematic review **Outcomes** • Physical and psychological functioning • Understanding of condition, medication and treatment • Adherence, and health services usage Outcomes mostly measured in terms of improvements in physical	**Country** • UK **Population?** • Older people receiving care in the community • Healthcare workers • **Health status** Interventions were self-care initiatives for patients with arthritis, diabetes, congestive obstructive	The review produced 18 studies which met the inclusion criteria. 12 of the studies looked at intervention for arthritis patients, two focused on diabetes, two looked at obstructive pulmonary disease and one was an intervention for stroke patients and other paper was the Expert Patients Programme Most of the interventions included some form of 'patient's education' element. This suggests that increasing self-efficacy and knowledge are a key part of self-management interventions Outcomes were measured in terms of improvements in physical functioning, self-efficacy, quality of life, health service usage, illness knowledge, depression and anxiety, pain, adherence to treatment and least commonly exercise and diet **Components of interventions**	**Overall assessment of internal validity** • ++ **Overall assessment of external validity** • ++

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment**
	functioning. Some studies focused more on self-efficacy, quality of life and health service usage, illness knowledge and depression anxiety. Pain, exercise and diet and adherences to treatment **Social care-related** • Four of the included studies looked at outcomes relating to quality of life. • Four of the included studies look at self-efficacy as an outcome. • Five measured adherence to treatment **Clinical outcomes?** • Function • Mental health • Mental health	pulmonary disease (COPD) and stroke. **Intervention** • Self-care support Defined as 'part of peoples' daily living to maintain health and well-being and forms level one of their long term conditions model' (p56). These interventions are designed to assist patients to minimise the impact their condition has on their everyday lives **Is this a linked study?** • Yes Links to Challis (2010)	• All the studies included patient education • Exercise was commonly recommended to ease the symptoms of conditions like diabetes or arthritis • Improving self-efficacy was seen as way to help individuals tackle the challenges of managing their conditions • Self-efficacy was tackled by interventions like arthritis Self-Management Programme and self-efficacy was measured using Arthritis Self-Efficacy Scale and the Multidimensional Diabetes Scale Interventions were matched to the needs of sufferers of each condition. For example the studies that focuses on arthritis focused on pain management and dietary advice was central to diabetes interventions, as was medication adherence. Six studies looked at interventions which sought to involve carers in self-management **Outcomes** There were positive outcomes from most of the interventions, but large effects were absent from all of the results. 14 of the 18 studies showed one or more positive in one outcome, but no major improvements. Two studies showed no positive outcomes The study suggests that the follow up periods for the studies was often too short, the average was eight months, some being three months and other as much as a year The best effects were found in relation to physical functioning. This included effects on pain levels, exercise and diet behaviour. Exercise was part of 16 of the pilots but	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures).	Overall quality assessment
	and depression, depression and anxiety • Pain **Service use?** • Community service use, health service usage		not reported as an outcome in most, of the three that did, two found positive effects Intervention which targeted pain as an outcomes had little success in securing improvements with one study of 13 showing a small effect Medication adherence had better results, one in five of the studies which targeted it as an outcome had an effect Illness knowledge – six studies looked at illness knowledge as an outcome and three found that knowledge increased following the intervention and another study found that carers knowledge increased The psychological effects of living with LTCs was tackled in some of the interventions. Depression, anxiety and self-efficacy were all factors. Three of 6 arthritis interventions found a positive effect on depression and anxiety Self-efficacy was improved in five of the seven interventions that used it as an outcome. Seven studies measured quality of life and 2 recorded positive impacts post-intervention Health Service usage – seven studies measure health service usage, 3 studies found impacts. One found changes in behaviours with home visits and more primary care appointments, another study found a reduction in GP visits. But only 1 found a positive reduction in service use. Carer involvement – one study reported outcomes about carer knowledge in the case of stroke patients, but there was no effect for the patient	

Brody B, Roch-Levecq A, Kaplan R, Moutier C, Brown S (2006) Age-related macular degeneration: self-management and reduction of depressive symptoms in a randomized, controlled study

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'To assess the effectiveness of a self-management program for age-related macular degeneration (AMD) in reducing depressive symptoms'	**Methodology** • RCT **Social care outcomes?** • Outcomes specified by users and carers **Clinical outcomes?** • Function Vision – the National Eye Institute Visual Functioning Questionnaire was used to assess impairment in vision-related functioning. An overall summary scale (was created using the average of the 12 sub-scales • Quality of life	**Country** • Not UK, US **Population?** • Older people living in the community **Sample** • Disability Loss of sight due to age related macular degeneration **Sample** N=252 • Intervention N= 82 • Comparison N=66 12 hours of tape-recorded health lectures, or a waiting list (N= 66) **Sample age** Average 80.2	Geriatric Depression Scale total score intervention N=12 compared to control N=20. Mean difference self-management group -2.92 (+/-3.26), control group -1 (+/-3.78), p=0.03 National Eye Institute Visual Functioning Questionnaire total score intervention N=12 compared to control N=20. Mean difference self-management, 5.70(+/-13.08), control group 3.34 (+/-18.65), p=0.21 Age-related Macular Degeneration Self-Efficacy Scale total score intervention N=12 compared to control N=20. Mean difference self-management group 17.31 (+/-23.30), control group 3.95 (+/-23.44), p=0.01 Duke Social Support Index total score (social support) intervention N=12 compared to control N=20 Mean difference self-management group 5.47 (+/-11.40) control group -0.25 (+/-14.61) P=0.03 Life Orientation Test Revised (dispositional optimism) intervention N=12 compared to control N=20. Mean difference self-management group -0.62 (+/-4.16) control group 0.25 (+/-0.23), p=0.23 **Narrative findings** The change on the Geriatric Depression Scale was greater in the self-management group than in controls (z=-1.86, p=0.03) indicating that participants in the self-management	**Internal validity** • + **External validity** • +

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
	The AMD Self-efficacy Scale was used to evaluate the degree of self-confidence in the individual's ability to handle situations related to AMD • Mental health The Profile of Mood States was used to assess emotional distress during the previous week • Satisfaction with care The 11-item Duke Social Support Index (DSSI) was used to measure satisfaction with the frequency, content, and quality of support and social interaction with family and friends	**Level of need** 1. Diagnosis of AMD by an ophthalmologist 2. Visual acuity of 20/60 or worse in the better eye and 20/100 or worse in the other eye, with habitual correction 3. No other unstable eye disease or vision loss due to other eye disease 4. 60 years or older 5. No cognitive impairment **Intervention** • Self-care support **Is this a linked study?** • Yes Brody et al	group reported less depression on the Geriatric Depression Scale-15 than controls The mean change for the participants in the self-management programme was a reduction of more than two points, which can be considered clinically meaningful in accord with the findings of a previous study. Furthermore, in the self-management group, 10 of 12 (83%) of the participants, compared with 8 of 20 (40%) in the control group, showed a reduction in depressive symptoms of two or more points (p5.02). Differences were also significant on the AMD-SEQ (z=2.27, p=5.01), indicating that the self-management group experienced greater gains in efficacy than the control groups. The self-management group also showed growth on the DSSI (z=1.9, P5.03)	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		(2005)		

Challis D, Abendstern M, Clarkson P, Hughes J, Sutcliffe C (2010b) Comprehensive assessment of older people with complex care needs: the multi-disciplinarity of the Single Assessment Process in England

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
This study seeks to 'ascertain the degree and nature of comprehensive assessment across England … It attempts to address whether the multidisciplinary comprehensive assessment practice that emerged corresponded to the policy logic that was its instigation' (p5)	**Methodology** Survey **Intervention** Multidisciplinary or Single Assessment Process (SAP)	**Country** UK Local authorities **Sample size** 122 of 150 surveys completed (82%).	Nurses, social workers and care managers (who may be either) are most commonly involved in SAP Overall, medical consultants, general practitioners, occupational therapists and housing officers were less frequently involved in multidisciplinary comprehensive assessments than social workers/care managers • Medical consultants were most frequently involved (in 40% of the authorities) in assessments for placement in a care-home-with nursing • Occupational therapists were most likely to be involved in assessments for intermediate care (25%) • Social workers/care managers were involved in the majority of local authorities for placements in care homes or care homes-with-nursing and for intensive domiciliary care, but less so for intermediate care • Nurses were most frequently involved in assessments for care-homes-with-nursing (77%)	**Results can be generalised?** Yes, but only apply to 2005–6 **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** The findings are mutually consistent **Conclusions justified?** Yes

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
			If multidisciplinary (is defined as) as 3 or more professionals involved in an assessment, it is notable that it occurred in only 1 sector, placements in care-home-with-nursing The analysis reveals that medical practitioners (either consultants or general practitioners) were rarely involved in assessments for other care arrangements. For intermediate care, where the responsibility for the assessment was vested in a single professional, this was just as likely to be a social worker/care manager as a nurse. This contrasts with placements in the care home sector where, if undertaken by a single professional, he or she was most likely a social worker/care manager These within-sector associations tentatively indicated the existence of some grouping of the local authorities in terms of the level of multidisciplinary working. Where particular professionals were involved, one could discern whether they worked with other professionals or largely on their own in a particular sector Table 3 summarises of who assessed with whom and in which setting (p9): • Social workers: mainly involved in 3 of the 4 considered settings (domiciliary care, care homes and care-homes-with-nursing), often assessed alone except for in care-homes-with-nursing • Nurses: usually assessed as single professionals for intermediate care and with social workers for care–homes-with-nursing. Little involved in assessments for other settings	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			• Medical consultants: generally not involved except for care-homes-with-nursing • General practitioners, occupational therapists and housing officers: largely not involved in any setting There was little evidence of multidisciplinary team working – single, then 2-person assessments were most common. Data is from 2005–6, but shows that SAP is largely not integrated or multidisciplinary. It is unclear if this might be better promoted through different structures, like cross-agency working	

Counsell S, Callahan, C, Clark D, Tu W, Buttar A, Stump T, Ricketts G (2007) Geriatric case management for low-income seniors: a randomised controlled trial

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'To test the effectiveness of a geriatric care management model (GRACE) on improving the quality of care for low-income seniors in primary care (p2623)	**Methodology** • RCT including cluster **Intervention** • Case management Geriatric Resources for Assessment and Care of Elders	**Country** • USA **Population?** Older people living in the community Older people receiving healthcare, possibly social	The GRACE patients made significant improvements compared with usual care patients at 24 months in four of eight SF-36 scales: general health, vitality, social functioning and mental health No group differences were found for activities of daily living or death The cumulative two-year emergency department visit rate per 1000 was lower in the intervention group but hospital admission rates per 1000 were not significantly different between groups 'At 24 months, overall satisfaction with care was not	**Internal validity** • ++ Appears to be competent on all counts. However, 'The results of this trial may not be generalizable to different groups of older persons (e.g., those of higher

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
	(GRACE). A home-based care management intervention administered by a nurse and social worker who collaborated with primary care and a geriatrics interdisciplinary team, guided by 12 care protocols for common geriatric conditions **Is this a linked study?** • Yes Counsell (2006), Counsell (2009), Bielaszka-Duvernay (2011)	care **Sample** Intervention 474 patients, 78 physicians Comparison 477 patients, 86 physicians **Source population demographics** Patients who had patient visited a primary care clinician at the same site at least once in the past 12 months. Most had geriatric and multi-comorbid conditions **Socioeconomic position** Inclusion criteria: less than 200% of the federal	significantly different between the two groups. Mortality at 24 months – 33 intervention patients vs 37 usual care patients Time to death were similar between groups' (p2628) **Service use:** In year one, hospital admissions and hospital days per 1000 were similar between intervention and control patients in the high-risk group, although in year two hospital admission rates were significantly lower in the intervention group. The difference in hospital days did not reach statistical significance. The high risk group comprised 112 intervention and 114 usual-care patients. For non-high risk group, emergency department visits were significantly lower in the intervention group in year two but not in year one (p. 2628–9) 'Integrated and home-based geriatric care management resulted in improved quality of care and reduced acute care utilization among a high-risk group. Improvements in health-related quality of life were mixed and physical function outcomes did not differ between groups' (p2628)	socioeconomic status and those living in rural communities) or different clinic settings' (p2632) **External validity** • + Not UK, so may not apply

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		poverty level, defined as qualifying for Medicaid or being enrolled in the county medical assistance **Sample age** 65 and older. Mean age at baseline 72 **Level of need** High risk of hospitalisation (112 intervention and 114 usual-care patients)		

Davey B, Iliffe S, Kharicha K, Levin E (2005) Integrating health and social care: implications for joint working and community care outcomes for older people

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim This study tests the assumption that a 'greater degree of structural integration [between social and primary health care] benefits service users' (p22) The study examined whether integrated working had measurable effects on people in 2 London boroughs. All participants were aged over 75 and all received social care and were seen as having complex needs. The study compared 2	**Methodology** • **Comparison Evaluation** The study collected data from older people aged 75+. 120 older people approached for participation and 79 agreed. 47 carers were interviewed. Communication between professionals; (social workers, GPs and community nurses) were also tracked via forms completed with interviewers. Outcome measures – whether they remained in their own homes, long-term care or had	**Country** • UK Two London boroughs. Both had high levels of morbidity and deprivation. Area one was a co-located site, Area two was not **Sample** 79 older people (57 themselves, 13 carers), 47 carers **Population?** • Older people receiving social care in the community All interviewees were receiving health and social care services in the	**Integrated care** Findings from 79 older people or their carers did not find a significant impact on the levels of IPW from co-location and the impacts on older people remaining a home were not clear. It was found that personal characteristics and health status had a greater effect on outcomes than the intervention. The study found that contact with social workers was often under-documented The study had limited information on the quality of interactions between staff and with patients, and also how the skills and knowledge of professionals might impact on how well care is provided in the community. The study describes itself as a 'preliminary step in assessing the feasibility of testing a hypotheses' (p32) The findings are inconclusive around whether structural integration aids collaborative working or whether collaborative working has positive outcomes in terms of service use and remaining in the community for older people **Outcomes** • The paper does not include many outcomes. Its focus is to 'assess the feasibility of comparing 2 different approaches to collaboration' (p30). The study aimed to identify factors associated with the outcome of remaining at home. It looks only at three factors which might affect the ability of an older people to stay at home: characteristics of the client, characteristics of	**Internal validity** • + **External validity** • -

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
different approaches to collaborative working, one co-located and one not. The study tracked contacts between social services and primary care	died, 6 months after interview (p24) **Intervention** • IPW The study tracked social worker contacts with older people themselves and health care professionals across one year **Is this a linked study?** • No	community **Source population demographics** **• Health status** Most of the interviewees had chronic multiple health problems. Two-thirds of the sample had some level of cognitive impairment. 44% severe or marked impairment. Half the sample were depressed **Sex** More women than men. **Sample** Sample age - 75+ Mean age was 85, range was	the carer and service use. Other factors and omitted variables included long-term limiting illnesses, depression and attitudes to residential care **Social care outcomes?** • Other None – just whether an older person remained in the community or not **Clinical outcomes?** • Cognition The findings show that cognitive impairment and its severity has a strong effect on the likelihood of an older person remaining at home **Service use?** • Risk of hospital admission The study aimed to look at remaining in own homes as a positive outcomes of integrated working	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		75-101		

Dozeman E, van Marwijk H, van Schalik D, Smit F, Stek M, Bohlmeijer E, Beekman A (2012) Contradictory effects for prevention of depression and anxiety in residents in homes for the elderly: a pragmatic randomized control trail

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
‘The aim of this study was to evaluate the effectiveness of a stepped-care program to prevent the onset of depression and anxiety disorders in elderly people in residential homes’ (p1242)	RCTl by cluster **Intervention** Assessment and stepped care for depression and anxiety The stepped care participants sequentially underwent watchful waiting, a self-help intervention, life review, and a consultation with a GP	Older people receiving care in a residential home **Sample** Comparison N=92 Intervention N=93 **Sample age** Intervention av. 84.5 Usual care av. 84.2 **Level of need**	**Effect sizes** Incidence rate ratio: (completers) Major depressive disorder IRR0.33 SE0.14 z-2.62 p<0.03 95% 0.14–0.75 Anxiety disorder IRR1.55 SE0.77 z1.10 p0.27 95% 0.67–4.10 Major depressive and anxiety disorders IRR0.69 SE0.24 z-1.08 p0.28 95% 0.35–1.35 **Narrative findings** The stepped care programme did not reduce the incidence of depressive disorders and anxiety disorders together. However, the programme did reduce the incidence of depressive orders in comparison with the effect on anxiety disorders The intervention was clearly favourable in reducing depression, but the effect on anxiety, although not significant, was in the	**Internal validity** ++ **External validity** ++

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
	Outcomes Primary outcome measure was the incidence of a major depressive disorder or anxiety disorder during a period of one year (Mini International Neuropsychiatric Interview)	Participants did not meet the diagnostic threshold for depressive or anxiety disorder, but met a minimum score of 8 on the Centre for Epidemiological Studies Depression Scale **Sample size** N=185	opposite direction, with those participating in the programme reporting around 30% more anxiety disorders than those in the control group. The authors hypothesise that this may in part be because treatment for depression is more developed and tested than those for anxiety, especially in older people. It is also worth noting that the dropout rate for the intervention group was higher than the control groups, which may indicate the intervention was too onerous or otherwise not acceptable to the participants	

Glendinning C, Arksey H, Jones K, Moran N, Netten A (2009) The individual budgets pilot projects: impact and outcomes for carers

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The study aimed to identify the impact and outcomes of IBs on (hitherto) unpaid relatives and other informal carers. Specific questions addressed by the research are: • What changes occur in the levels and types of support provided by informal carers following the award of an IB? • Are any patterns identifiable in these changes, for example, among particular groups of carers or among carers	**Methodology** Structured outcome interviews with carers of people randomised to the IB group and comparison group respectively. Interviews were designed to compare outcomes for carers of people with and without an IB. These interviews used the same outcome measures as the main IBSEN evaluation, plus an additional measure to assess the impact of the care-giving role. Carer demographic information was collected during the interviews. The interviews with	**Country** • UK **Population?** • Carers of older people as well as other groups • Administrators, commissioners, managers **Sample** • Comparison numbers 60 were in IB group, 69 in control. 33 (16 in IB, 17 in non-IB) were carers of older people	**Findings** Views of users, carers, practitioners IB group carers were significantly more likely to have planned support together with the service user than comparison group carers 'None of the carers taking part in the semi-structured interviews had had a separate assessment of their own needs. Nevertheless they reported that in the service user's IB assessment their own needs and circumstances were more likely to be recognised and taken into account' (p71) • **Barriers and facilitators to implementation** The study showed that some IB sites struggled to integrate the interests of carers but they did improve. The sites varied in their consideration of carer needs. Carers sometimes felt that the focus was too much on the service users and not enough on carers needs. Team leaders agreed that the pressure of implementation meant that carers needs were excluded **Views of users, carers, practitioners** Interviewees commented on the cost of caring and the sources of support to be gained from IBs. 'The average value of funding through IBs for the service users whose carers took part in this study was £270 (median £170) per week, compared with the costs of conventional service packages of £390 (median £350) in the comparison group.	**Internal validity** • + **Overall assessment of external validity** • +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
supporting particular groups of service users? • Do IBs affect the well-being and quality of life of carers, compared with carers (and service users) who receive conventional services? If so, in what ways for which groups of carers? (p.9)	carers were conducted after the main IBSEN study had been completed **Intervention** IBs The study focused on the 'two largest groups of carers likely to be affected by IBs: carers of older people and carers of people with learning disabilities' (p12) The study looks at nine of the original pilot sites. **Is this a linked study?** Glendinning (2008) (Final report of the IBSEN pilots)		'It appeared that expenditure on services that could provide respite for carers was higher in the IB group than in the comparison group' (p57) 'Only 14 per cent (six) carers and five other friends and relatives in the structured interview sample were identified as receiving payments from the service user's IB' (p58) 50% of carers said that accepting payment would not be appropriate, even though half the sample were receiving carer's allowance From the interviews data it appears that positive outcomes resulted from carers having 'more choice and control over how they spent their time' (p84) and in relation to their working lives 'Both the benefits and the limitations of IBs appeared to be associated with the level of flexibility that was afforded to carers' (pp84–5) Some carers felt that the IB process had been more holistic and had taken a broader perspective on the needs of people and their carers (p89) **What works well** Carers seem to have been empowered by IBs and expressed satisfaction with the arrangements. 'Two-thirds of carers reported having changed their views on what could be achieved in their lives following the offer of an IB to the person they were supporting' (p89) Multivariate analyses of the data suggested that the intervention can be linked to positive impacts on carers' quality of life, social care outcomes and psychological well-being. (p89)	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Caregiver satisfaction ‘There were high levels of satisfaction among carers with the value of the IB and how it was paid; and a suggestion of higher levels of satisfaction with support planning compared to conventional care planning’ (p71) **What can be improved** The interview data showed that carers of those in the IB group were often more involved in the assessment and planning of the recipients care than a conventional service. Some carers saw this as a positive, but others said that their concerns had been ignored in the support planning process, leading to negative feelings about the service. ‘For some older people, the benefits of IBs are experienced as much by carers as by the service user’ (pp90–1) ‘For many carers, the IB had created more paperwork and management responsibilities’ (p71). These problems related to a ‘lack of clarity over how the IB could be used; or to support plans that failed to materialise’ (p71) **Other Impacts** IBs were shown to be associated with positive impacts on carers: - Quality of life, social care outcomes and psychological wellbeing ‘Carers of IB users scored higher than carers of people using standard social care services; the difference between the 2 groups of carers was statistically significant in relation to carers’ quality of life’ (p89) The COPE index was used to measure the impact of the	

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
			care-giving role ‘Carers of IB users were no more likely to view their role negatively than carers who were supporting people using standard social care services. These results were achieved at no greater cost to the public purse, suggesting that for carers IBs are cost-effective’ (p89)	

Glendinning C, Challis D, Fernande JL, Jacobs S, Jones K, Knapp M, Manthorpe J, Moran J, Netten A, Stevens M, Willverforce M. (2008) Evaluation of the individual budgets pilot programme: final report

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aims To compare preference and satisfaction for participants in self-directed care using IB and agency-directed care The overarching aims of the evaluation were to: 'Identify whether IBs offer a better way of supporting older people and other adults with social care needs, compared to conventional methods of funding, commissioning, and service delivery; and to assess the	**Methodology** Mixed methods survey six months post-implementation of IB programme comparing IB with agency-directed care Interviews two to three months post-implementation of IB **Intervention** Individual budget vs agency-directed care **Is this a linked study?** • Yes Glendinning (2009), Moran (2013)	**Country** • UK **Population?** • Older people receiving social care in the community • Administrators, commissioners, managers providers and commissioners **Sample** Quantitative analyses: 263 older people (28% of whole sample of 956) For interviews: also included people with mental health problems (N=20), learning disabilities (N=38), people	Results: no significant difference between the two groups (IB and none-IB) in the ASCOT domains: Effectiveness: (Table 6.9) comparisons on the ASCOT measures between the IB and comparison groups for old people: none of the following reached statistical significance: Personal care/comfort (IB 138, non-IB 115), social participation and involvement (IB 131, non-IB 109), control over daily life (IB 148, non-IB 116), meals and nutrition (IB 136, non-IB 115), safety (IB 139, non-IB 114), accommodation cleanliness and comfort (IB 137, non-IB 116), occupation and employment (IB 134, non-IB 114) For older people, those in the IB group reported 'significantly lower well-being on the GHQ-12 (psychological ill-health) than the comparison group ($p<0.05$)' (p70) **Views of users, carers, practitioners** Older people reported less interest than other client groups in self-direction over planning and managing their own support, and directly employing support workers Most people reported that they did not have a choice of who assisted them to develop their support plan of care and used their care coordinator or social worker Some IB participants developed their support plan on their own or with family/friends **What works well?**	**Internal validity** • + **Overall assessment of external validity** • -

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
relative merits of the different models of IBs' (p27)		with physical disabilities and/or sensory impairments (N=32) and 40 older people. **Ethnicity** Minority ethnic (<10%). 5% of older people from BME group **Socioeconomic position** Deprived area (top 50 LAs) site 1. London, site 5. Country, site 8. Metropolitan, site 9. Metropolitan, site 10 unitary, site 13, metropolitan **Sample** • Comparison N=449 • Intervention N=510 **Sample age**	Those who participated in IB reported feeling a greater sense of control over service provision and better social care outcomes IB lead officers reported their most important successes as the positive impact on users' lives: '… seeing people who've had very, very traditional style support for a very long time, living much more independent lives than they had done' (IB lead officer) (p22) There are few statistically significant differences. One exception was: people in the IB group were significantly more likely to report that they felt in control of their daily lives (48%, $p< 0.05$) compared with those in the comparison group (41%) Meeting needs other than health and social care needs: 'That's all they recognise, just your personal care, being washed and, and all that and the end of, you know, and other things are so much more important to your wellbeing' (p90) **What can be improved?** A very important message for rolling out IBs for older people is that they may have a negative impact on psychological wellbeing, at least in the ways these new arrangements were introduced and implemented during the pilot. Older people were significantly less likely than other user groups to report that the process had changed their view on what could be achieved Many of these people experienced difficulty accessing information regarding service costs and recruitment of	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		mean age: 81 years, **Sex** 66% female, **Level of need** Three-quarters of the sample needed regular help with shopping and housework and two-thirds needed help with cooking. A small minority of service users required assistance with feeding, and a little over a quarter needed regular help with toileting and washing their face/hands. **Sample size** For quantitative analyses: N=263 old people (28% of	personal assistance/selection Pilot sites encountered challenges to different ways of working, attitudes and working cultures, in addition: managing change and perceived threats by in-house services; lack of time to work with external service providers to help them meet new demands; and meeting the needs of people with mental health difficulties **Social care outcomes?** • Social care-related quality of life ASCOT outcome domains for older people: personal care/comfort, social participation and involvement, control over daily life, meals and nutrition, safety, accommodation cleanliness and comfort, occupation and employment Results: no significant difference between the two groups (IB and none-IB) in the ASCOT domains **Satisfaction** Satisfaction with help paid for from IB or from social services. There was little difference in the satisfaction level between the 2 groups. Most people were extremely satisfied (intervention 15%, control 15%, very satisfied (intervention 34%, control 28%) or quite satisfied (intervention 30%, control 28%) in either group	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		whole sample of 959: (IB =510; no IB 449). For qualitative aspect: 40 older people interviewed		

Goodman C, Drennan V, Manthorpe J, et al (2012) A study of the effectiveness of inter-professional working for community-dwelling older people – final report

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
To examine 'the effectiveness of interprofessional working (IPW) in primary and community care for older people with multiple health and social care needs'. It aimed to: - Identify appropriate measures of	Mixed methods Phase 1 - Systematic review - Exploratory interviews with older people, carers and health and social care provider. - A national survey - Consensus event with stakeholders Phase 2 - Case studies of three models of	**Country** • UK fieldwork element • Range of countries Systematic review element **Population?** Older people living in the community Older people receiving healthcare,	• Older people and their carers define effectiveness of IPW through the processes of assessment, care and delivery as much as through outcomes: timeliness, completion of actions as promised and perceived expertise, as well as quality of relationships are important • No model of IPW was identified as being more effective (see Trivedi 2013 systematic review for detail) Effectiveness in relation to processes of assessment, planning and care was agreed by service users and carers to be that which promoted: continuity of care through named key person; relationship styles which fostered co-production with the older person, eg in planning; evidence that the system can respond effectively at times of crisis These values do not relate specifically to care assessment	**Internal validity** • + **Overall assessment of external validity** • +

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
effectiveness from user, professional and organisational perspectives for IPW - Investigate the extent to which contextual factors … influence the sustainability and effectiveness of IPW and patient, carer and professional outcomes (p19)	IPW for community-dwelling older people **Intervention** • IPW **Is this a linked study?** • Yes Goodman (2012a), Trivedi (2013)	possibly social care Carers of older people Healthcare workers **Sample** • Sample age Older people over 65 (interviews) • Sample size 18 older people 12 women Three service users and 13 relatives. The services users had multiple LTCs Interviews with the leads of seven third-sector organisations 21 people (undefined) joined the	and planning, but to whole processes of care planning and delivery **What works well** • A named professional coordinating care, accessible to the person, and able to advocate for the service user and respond to changed circumstances • Good involvement of both users and carers in decisions around what will be provided by whom • Written agreements to reflect this, and flexibility when circumstances and needs changed **What can be improved** • Discharge planning often poorly handled, putting additional pressure on carers to plug the gaps • GP being in communication with other providers, including social services • Staff turnover preventing good planning and delivery; staff turnover among those delivering personal care caused embarrassment and loss of dignity • Practitioners not being easily accessible, even in a crisis	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		research team for a consensus event		

Goodman C, Drennan V, Manthorpe J, et al (2012) A study of the effectiveness of inter-professional working for community-dwelling older people – final report

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
To examine 'the effectiveness of inter-professional working (IPW) in primary and community care for older people with multiple health and social care needs. It aimed to: - Identify appropriate measures of effectiveness from user, professional and organisational perspectives for	Mixed methods. Phase 1 - Systematic review - Exploratory interviews with older people, carers and health and social care providers - A national survey - Consensus event with stakeholders Phase 2 - Case studies of three models of IPW for community dwelling older people.	**Sample** • Older people living in the community • Older people receiving healthcare, possibly social care • Carers of older people • Healthcare workers **Sample age** Older people over 65 (interviews)	1. Older people and their carers define effectiveness in IPW through the processes of care and delivery as much as through outcomes: timeliness, completion of actions as promised and perceived expertise as well as quality of relationships are important 2. No model of IPW was identified as being more effective 3. For the older people, effectiveness in relation to processes of care promoted: • Continuity of care through named key person • Relationship styles which fostered co-production with the older person, for example in planning • Ongoing shared review • Functioning links across the wider primary care network (regarded as the foundation of care for this group) • Evidence that the system can respond effectively at times of crisis	**Internal validity** + **Overall assessment of external validity** + Conclusions are credible, and come from a service user perspective. However, they are also somewhat limited, as no evidence was found to support

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
IPW. - Investigate the extent to which contextual factors … influence the sustainability and effectiveness of IPW and patient, carer and professional outcomes' (p19)	**Intervention** IPW	**Sample size** Older people N=18 Women N=12 (three service users, 13 carers)	These values do not relate specifically to care assessment and planning, but to whole processes of care planning and delivery **Costs and consequences** There is some limited information here about service costs, though not qualifying as an economic evaluation	organisational effectiveness, which was one aim

Granville G, Runnicles D, Barker S, Lee M, Wilkins A, Bowers H (2011) Increasing the voice, choice and control of older people with high support needs: a research findings paper from the South East Regional Initiative (SERI)

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
'The overarching aim of the qualitative research was to find out and record the impact of increased voice, choice and control on individuals'	Qualitative study Interviews and focus groups were conducted. These took place either once, twice or three times with each person	Older people receiving social care in the community **Sample** Older people 'with high support needs' N=63	**Issues applying equally to those in residential care and at home** • Older people with high support needs want to 'live a normal life', to do the things the rest of society do. To do this, they wanted contact with their peers and also contact with other generations, including opportunities to mix with younger people. They also want to be able to have and handle money and keep active through	**As far as can be ascertained from the paper, how well was the study conducted?** + **Relevance to the older people with**

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
experiences and opportunities for independent living' (p5) Research Questions: 1. What are the experiences and feelings of voice, choice and control like now among these 2 populations; and what are the key influences on these experiences and feelings? 2. What is changing or has changed as a result of the mechanisms, interventions, options and opportunities for increasing the voice, choice and control of older people with high		50% (approx.) lived in care homes 50% (approx.) lived in the community Sites: Portsmouth, Oxfordshire and West Sussex Sample size N=63 Characteristics Even distribution of participants from care home and the community. More repeat interviews took place with people living in care homes, due to delays in identifying and recruiting appropriate participants in the community **Health status** Dementia/cognitive impairment. 38%	housework and other daily chores (which many could not manage) • Maintaining personal identity and interests • Belonging to personal networks that are meaningful to them. Important to both groups. People living in care homes away from their locality felt particularly disadvantaged, as did those with no family • Aspirations and hopes for the future – although in many cases, these were focused on maintaining independence or remaining in the care home they were happy in • Permission and power (not exclusive to care home residents): people did not know what they could do, if they could get support to go somewhere, etc. Information might be important to exercising choice and control in this domain: the research also found that personal support could be key to understanding and accessing and acting upon information • Choice and control over finances **Issues identified by people living in care homes** People commented on 'need to fit in' and be seen as 'good', overriding personal desires Staff should recognise the person's history – families could be a source for this. Loss of family was a huge disadvantage, and it was difficult to maintain relationships with friends, especially if the care home was not where they had lived. Being able to have personal possessions around them, and choose meaningful daily activities, was important	**multiple LTCs** Somewhat relevant, though not focused on care assessment and planning

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
support needs? (p5)		proportion higher among female participants (48%) **Sex** 63% female **Ethnicity** Caribbean (n=1), non-British European (n=3) **Age** 68% 80 or older	**Issues identified by people living in the community** • Locality, living in a place where they know people • Access to information, like what benefits are available • Support to keep their homes in an acceptable condition • A need for transport to enable participation • Care planning in which they are fully involved • Older people reported a lack of negotiation, choice and control over what care hours they are awarded, especially where other stakeholders thought that residential care is the answer	

Johansson G, Eklund K, Gosman-Hedstrom G (2010) Multidisciplinary team, working with elderly persons living in the community: a systematic literature review

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'The aim of this paper was to explore the literature concerning multidisciplinary teams that work with elderly persons living in the community' (p101)	**Methodology** • Systematic review **Outcomes Clinical outcomes?** • Function Multidisciplinary comprehensive geriatric assessment combined with appropriate interventions reported as beneficial in promoting improved capacity • Quality of life Honest and ongoing communication concerning planning and negotiation in goal-setting could enhance participation **Service use?**	**Country** • Range of countries **Population?** • Older people living in the community **Intervention** • Multidisciplinary or SAP Multidisciplinary teamworking **Is this a linked study?** • No	'There is still limited knowledge regarding the impact of multidisciplinary teams working with older persons. This review has clarified that the responsibility to develop teamwork lies both with the individual team member, the team as a group and with the management, organisation or society within which the team works. Teamwork arises through the simple organization of professionals and calling them a "team"' (p108) **Barriers and facilitators to implementation** The study identified a number of issues relating to multidisciplinary teamworking They were: differences in attitudes, degree of commitment and knowledge, team interrelation, lack of integration and documentation It was also found that management should be responsible for building a team or making sure that accepted guidelines were implemented The existing culture and structure of teams affected the implementation of multidisciplinary working. Professionals sought to defend their interests and position Different teams were concerned about losing their identity or not having their interests represented. They feared losing resources and protected local interests. All these things affected team cooperation Effective discharge planning was facilitated by good communication within the team and an awareness of when different teams needed to be involved It was found that client involvement and having the	**Overall assessment of internal validity** • ++ **Overall assessment of external validity** • +

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
	• Risk of hospital admission plus reduced readmissions • Length of hospital stay		opportunity to discuss the needs of elderly persons in a group of different teams and professionals was useful and helped everyone understand their role. This was also facilitated by close working and information-sharing among teams The development and circulation of documents outlining mutually accepted guidelines helped to develop and promote an interdisciplinary approach	

Kennedy A, Bower P, Reeves D, Blakeman T, Bowen R, Chew-Graham C, Eden M, Fulwood C, Gaffney H, Gardner C, Lee V, Morris R, Protheroe J, Richardson G, Saunders C, Swallow A (2013) Implementation of self-management support for long term conditions in routine primary care settings: cluster randomised controlled trial

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Study aim This study aims to 'determine the effectiveness of an intervention to enhance self-management support for	**Methodology** RCT including cluster The study is described as a pragmatic, two-arm, cluster RCT	**Country** • UK 44 practices in North-West England **Population** • Older people	The follow-up at 6 months was completed by 81% of the original sample and the follow up at 12 months was completed by 72.8% of the original sample The individuals who took part did not experience any significant difference in primary or secondary. The only exception was the outcome 'shared decision-making'. At 6 months the control groups experienced positive outcomes	**Internal validity** + **External validity** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
patients with chronic conditions in UK primary care' (p1)	**Intervention** • Self-care support The intervention involved training in practices to develop a 'whole system' approach to self-management support The intervention included tools to assess the needs of patients regarding self-care, guides on self-care and access on an online resource with links to self-management resources	receiving social care in the community • **Sample size** 5599, 43% of eligible population • **Health status** All participants were diagnosed with diabetes (N=2546), COPD (N=1634) or irritable bowel syndrome (1419) • **Sex** 53.5% of the sample were women • **Ethnicity** The sample was majority white, 3.4% non-white participants **Sample** • Comparison N=	Any effect sizes were too small to be significant • **Barriers and facilitators to implementation** The paper discusses why the intervention failed to generate any positive effects. The authors suggest that the intervention was not sufficiently embedded into routine practice at the pilot sites. The self-reported data from staff showed that time for staff training was limited and the flexibility that was allowed in implementing the intervention could have affected results	

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
		2295 • Intervention N= 3304 • **Sample age** over half of the sample were aged over 65 (50.8%) • **Level of need** 72.5% had more than one chronic LTC **Is this a linked study?** • No		

Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A (2007) The effectiveness and cost effectiveness of a national lay-led self-care support programme for patients with long-term conditions: a pragmatic randomised controlled trial

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
Study aim To evaluate the effectiveness and	**Methodology** • RCT	**Country** UK	**Self-efficacy**: - Unadjusted intervention scores, mean (SD;n): 60.3 (19.6; 237)	**Internal validity** +

cost-effectiveness of the Expert Patients Programme pilot phase	**Intervention** Self-care support pilot of Expert Patient Programme **Clinical outcomes** Three primary outcomes 1. Self-efficacy 2. Health status 3. Health service utilisation **Satisfaction** Life satisfaction EQ-5D health questionnaire **Service use** Risk of hospital admission Risk of emergency admissions Length of hospital stay **Costs and consequences?** Full economic evaluation **Is this a linked study?** Yes	**Population** Older people receiving healthcare and possibly social care in 28 strategic health authorities in England **Age** Younger people with LTCs were also included in the sample – mean age was 55 **Sample** - Comparison numbers N=316 (allocated to wait list control) - N=273 (86%) underwent 6 month follow-up. - Intervention number: 313 allocated to EPP - N=187 attended 4+ sessions - N=104 attended all six sessions. - N=248 (79%) provided data at six months.	- Unadjusted control scores: 52.1 (21.2; 267) - Adjusted difference (95% CI): 8.9 (6.2 to 11.5) p-value: 0.000, effect size 0.44 **Energy**: - Unadjusted intervention scores, mean (SD;n): 37.7 (21.4; 247) - Unadjusted control scores: 35.0 (20.8; 273) - Adjusted difference (95% CI): 8.9 (6.2 to 11.5) 3.7 (1.2 to 6.3) p-value: 0.004, effect size 0.18 **Health care visits:** - Unadjusted intervention scores, Mean (SD;n): 6.29 (7.4; 248) - Unadjusted control scores: 6.77 (7.5; 273) - Adjusted difference (95% CI): -0.20 (-1.35 to 0.95); p-value: 0.732, effect size 0.03 **Narrative and impact findings** Patients receiving immediate course access reported considerably greater self-efficacy and energy at six-month follow-up, but reported no statistically significant reductions in routine health services utilisation over the same time period The cost-effectiveness analysis showed that patients receiving immediate course access reported considerably greater health related quality of life, and a small reduction in costs If a quality adjusted life year was valued at £20,000, there was a 70% probability that the intervention was cost-effective 'The trial shows that a lay-led self-care group support programme improves patient self-efficacy and self-reported energy. Although the programme does not have a	**External validity** + May be generalisable to the same mixed (age, conditions) population, though it is not clear what they are. Despite adjustment of randomisation to permit EPP groups of reasonable size in the same location.

	Reports on the RCT aspect of Rogers 2008	**Sample age** Average age in both groups 55, 77% female, 95% white Level of need: Unclear, only the main LTC was reported by category, and this was not correlated with age	significant effect on routine health service utilisation over 6 months, overall it is associated with improvements in health related quality of life at no increased cost, and is likely to be cost effective' (p260) However, the study involved people who were interested in attending, and the programme may not be appropriate for anyone with LTCs (including older people)	

King G, O'Donnell C, Boddy D, Smith F, Heaney D, Mair F (2012) Boundaries and e-health implementation in health and social care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
'To explore the ways in which structural, professional and geographical boundaries have affected e-health implementation in health and social care through an empirical study of the implementation of	Retrospective, qualitative case study approach. In-depth reviews and focus groups with stakeholders and practitioners	• Social care professionals • Health care professionals **Source population demographics** Rural community workers **Sample size**	Momentum was lost after initial good progress in implementation. SSP would not be implemented until adequate IT systems underpinned the document **How did structural boundaries affect data-sharing?** Those most likely to be relevant were those boundaries delineating the delivery of health and social care: competing priorities, IT systems and infrastructure, financial arrangements **How did professional boundaries affect electronic data sharing?** 'Professional boundaries between health and social care	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to the older people with multiple LTCs** Very relevant, focused on care

an electronic version of the Single Share Assessment (SSA) in Scotland' (p1)		N=30, health and social care professionals across 6 sites **Intervention** Multidisciplinary or SAP	workers affected their understanding and acceptance of the aims of SSA, the information they require and whether they see SSA as consistent with their culture' (p6) History of cooperation: 'a naïve political vision', 'that's the way it's always been, and that it is unlikely that it will change' (p6) Some evidence that barriers to joint working could be overcome Information requirements: professionals have different beliefs about the information needed to do their work. 'It's more a social work document than a health document' (p7). Culture – 'doing a financial assessment might affect a nurse's relationship with their patient – asking to see their bank book, or asking how much their house is worth' (p.7) How did geographical boundaries affect data-sharing? Geographical challenges noted at all sites. SSA is a potential solution to joint working over distance. Co-location – viewed positively in remote and rural practice; joint working and sharing information were more successful in geographically defined places The interface of primary and secondary care settings was even more challenging – 'From a hospital point of view, we never used it' (p7). Another stated it was easier to complete an SSA if and when relatives, patient and professionals were all more accessible	assessment and planning in dispersed populations, albeit reliant on electronic records and communication, rather than face-to-face collaboration

Morgan K, Gregory P, Tomeny M, David B (2011) Self-help treatment for insomnia symptoms associated with chronic conditions in older adults: A randomised controlled trial

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'Aging-related increases in sleep complaints are closely associated with chronic diseases, which increase with age and substantially elevate the odds of persistent insomnia symptoms. In addition to amplifying the burden of chronic disease comorbid insomnia symptoms present a challenge to clinical management ...' (p1803) 'To evaluate the effectiveness of a self-help cognitive behavioural intervention in improving sleep quality in older	**Methodology** RCT 'The study was designed as a pragmatic two-arm (self-help vs treatment as usual) randomized controlled trial, with assessments at baseline, after treatment, and at follow-up 3 and 6 months after the post-treatment assessment' **Intervention** Intervention participants were sent six booklets, at weekly intervals, providing advice on important components of cognitive behavioral therapy for insomnia as well as access to a telephone helpline.	**Country** UK **Population?** Older people living in the community and possibly receiving social care **Sample** **Comparison** N=95 completed baseline assessment, TAU (see intervention) **Intervention number:** N=98 completed baseline assessment **Is this a linked study?** No	In the self-help group, sleep outcomes showed significant improvements after treatment (seven weeks) (PSQI, P<.001; ISI, P<.001; sleep efficiency, P<.001) and at three-months (PSQI, P=.002; ISI, P=.006; sleep efficiency, P=.001) and six-months (PSQI, P=.003; ISI, P=.003; sleep efficiency, P=.001) Follow-up. Effect sizes were moderate (range of adjusted Cohen d = 0.51–0.75). Treatment had no effect on levels of daytime fatigue. Most treated participants (73%) said they would recommend the self-help program to others **Conclusions** 'Within the self-help intervention group, categorical reductions in ISI score ranges were seen for severe and moderate insomnia. From a baseline level of 23%, severe insomnia fell to 5% after treatment, 7% at 3 months, and 7% at 6 months. Similarly, from a baseline level of 55%, moderate insomnia fell to 30% after treatment, 21% at 3 months, and 25% at 6 months. Substantially higher levels of subthreshold insomnia symptoms accompanied these reductions, from 19% at baseline to 48% at post treatment, 49% at 3 months, and 41% at 6 months' (p.1807) **Narrative findings** Self-help CBT-I offers a practical first response to individual reporting insomnia symptoms associated with chronic disease in primary care settings. In these individuals, symptoms of daytime fatigue may be more closely associated with disease processes than with sleep quality.	**Internal validity** + **External validity** + limited relevance to social care

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
adults reporting insomnia symptoms associated with chronic disease' (p180)	Control group participants had one sheet of advice on standard sleep hygiene measures		73% said they would recommend the intervention to others	

Reilly S, Highes J, Challis D (2010) Case management for long-term conditions: implementation and processes

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
'The purpose of the review reported in this paper was to explore the implementation of comprehensive case management by nurses for people with long-term or chronic illnesses' (p127) More specific aim: to provide a consistent and comprehensive description of the purpose, content and delivery of case management services	Secondary data study of selected citations from previous papers on case management	Does not focus entirely on older people, but on case management for adults with long-term or chronic illness Of the 29 case management interventions included, 18 were from frail older people, and others targeted people with multiple chronic diseases, high cost of care and high risk of unplanned admissions **Source population** CM of all adults with LTCs is the population of	Only findings relevant to case management (CM) process are reported here. Most of the studies aimed to reduce acute care use **Skill mix**: over one-third of CM interventions employed social workers alongside nurses as case managers **Process**: all 29 studies identify the assessment, planning and implementation of care plans as core tasks of case management. In order of process, only 12 studies identified case finding and screening as part of the process (of CM in practice, not in the research). Data on recent health resource use and functional impairment featured most commonly **Assessment**: some studies specified the importance of assessment, including professionals with training in geriatric care; shared assessment documentation and joint visits (by different, mainly health professionals) Comprehensive structured assessment tools were reported as in use in several studies (but as with most of this information, reporting is not necessarily inclusive of all practice). Almost 50% of the studies did not report information about the continuity of assessment with other tasks of case management, eg through the same professional taking responsibility **Care planning and implementation**: descriptions of process were limited. Case managers in many programmes relied on making referrals to other services, so the availability of services would affect what was delivered, and the continuity of assessor	**As far as can be ascertained from the paper, how well was the study conducted?** • - **Relevance to the older people with multiple LTCs** • +

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
		interest **Intervention** CM led by nurses	with provider would be very limited ‘Crucial to the effective implementation of case management is the influence that case managers have over the form and content of the services provided’ (Challis 2003) ‘... It has been argued that a brokerage model alone is insufficient to exert influence and is unlikely to be effective ... In one demonstration study (from 1988), although “hands-on” personal care, home health care, homemaking and meals were the backbone of the direct service component, they were in short supply’ (p139). There were reports in some studies that admin tasks reduced the time spent with patients, and there was no reporting of patient involvement **Monitoring and review**: 75% of studies reported monitoring and review as core case management tasks, with level linked (in two studies) to the patient’s condition Case managers reported limited ability to monitor the providers of care and used techniques such as checklists of tasks and visiting to coincide with in-home workers **Case managers’ involvement in clinical care**: this was reported as a tension within the CM functions. Most case managers did not have a role in caregiving and in general CM was separated from provision of clinical care. Just over half of studies reported self-management patient education as a role: this was easier if the manager had a defined specific patient population (again the case in 75% of studies). Nine of the 29 studies included medication management as a task for case managers (which might limit who can case manage people with LTCs), and adherence to appointments was also common. There was variation in the extent to which managers were an	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			ongoing resource and actor in disease management, or a coordinator of services. Interactions with other members of the care 'network', e.g. GPs were generally part of the role, but might be facilitated by regular meetings, co-location in primary care, shared electronic records, etc. Only four studies reported giving advice on social security benefits and finances as part of the case manager role, and in three of these, social workers could be case managers. Nurses adopting the case manager role without community training were likely to underestimate the impact of social and environmental factors in improving the health of patients	

Trivedi D, Goodman C, Gage H, Baron N, Scheibl F, Iliffe S, Manthorpe J, Bunn F, Drennan V (2013) The effectiveness of inter-professional working for older people living in the community: a systematic review

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
'This review aimed to identify the models of interprofessional working IPW that provide the strongest evidence base for practice with community dwelling older people' (p113)	**Methodology** • Systematic review **Intervention** IPW included studies classified into three categories: CM; collaboration; integrated teams	**Country** • Range of countries A British/European/ NHS/state medicine filter applied to retrieve UK relevant studies **Population?**	**Findings** Three models of IPW identified: collaboration model, integrated team models, case management. Summary: 'There is weak evidence of effectiveness and cost-effectiveness for IPW, although well-integrated and shared care models improved processes of care and have the potential to reduce hospital or nursing⁄care home use'. (p.113) No evidence of reduced mortality; poor quality studies showed no significant health outcomes for reduced	**Overall assessment of internal validity** • + Methodological quality and 'age' of the studies is an issue **Overall assessment of**

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
• What types of IPW interventions are described in the literature? • How is IPW organised? • What are the outcomes of different models of IPW? (p114)		• Older people receiving healthcare, possibly social care **Source population demographics** • None reported **Sample** • Not applicable (literature/ document review) The selected studies targeted mostly older women with some ADL limitations, recent discharge and/or high service use **Intervention** • IPW included studies classified into three categories: CM, collaboration,	Depression in Geriatric Care Management model (p118) **Collaboration model** One study of high quality (Battersby) found that collaborative working had an effect on reducing admissions and also contributed to positive impacts on physical functioning Studies with a focus on preventative studies showed that home assessments could increase probability of care home/nursing home admission. Preventative services aimed at falls did not affect outcomes (Hogan 2001; Hendriks 2008a, 2008b) In relation to studies delivering preventive care, home functional or health outcomes at the longest follow-up. Four studies showed no overall group effect (Silverman 1995; Engelhardt 1996; Burns 2000; Cohen 2002), although one reported fewer impairments in IADL, improved QoL and cognitive health over time (Burns et al 2000). There was significant patient satisfaction with discharge planning (Melin et al 1993; Weinberger et al 1996; Hughes et al 2000) and chronic and palliative care interventions (Sommers et al 2000; Montgomery and Fallis 2003; Brumley et al 2007) **Processes of care** One study showed that patient's satisfaction was affected by discharge planning and it also improved quality of care and professional collaborative working (Mcinnes 1999). The South Australian chronic care was a found to have a positive impact on access to services. But the study does not isolate what caused this impact (Burroughs 2006, related to Chew-	**external validity** • -

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		integrated teams **Is this a linked study?** • Yes This study is the systematic review part of a larger study that also included a survey of UK practitioners and service provision (Goodman 2012a) ID and a study of the views of UK service users, careers and their representatives (Goodman 2012 b) ID 11447244	Graham 2007) Byles et al (2002) looked at preventative care interventions and states that IPW is facilitated in professional confidence that collaborative working is effective for user outcomes and that GPs will participate and work collaboratively Kalucy (2000) Battersby (2007) and Ollonqvist (2007) all qualitative studies found that IPW in coordinated services improved enablement, confidence and patient outcomes A UK collaborative model was effective but patients said they had problems engaging with a self-help intervention and the study does not adequately describe how the effective outcomes were produced **Integrated teams** Evidence about service use and costs was mixed but around half the studies showed reduced hospital or nursing/care home use. Two studies reported a significant reduction in caregiver strain (Cunliffe 2004), with most participant's co-resident with caregivers (Hughes 2000). **Chronic care** The SR looked at 2 studies (of low quality) which looked at case management for those who had recently left hospital • The SWING (South Winnipeg Integrated programme) found no impact on ADL/EADL but there were positive impacts on MMSE scores, caregiver strain was not increased or reduced (Montgomery and Fallis 2003) • Bernabei et al (1998) showed a significant effect on mental health, ADL and IADL in the intervention group. Drug use was also reduced	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			• A study of good quality (Banerjee et al 1996) found an effect on depression from a psychogeriatric team • The Senior Care Connection Model in Sommers (2000) had no overall effect on patient health outcomes Overall the review found that patients which had more contact with professionals like nurses and social workers had improvements in function. Epstein (1990) found an effect on function at three months. Burn (2000) reported fewer impairments in IADL, improved QoL and cognitive health at follow-up. Phelan found an impact on ADL at 12-month follow-up but this had dropped off by 24-month follow-up. Boult et al (2001) looked at GEM and found that the intervention group lost less functional ability and had less health-related restrictions in ADL. Overall GEM studies had mixed results. Some found no positive impacts (Epstein et 1990; Silverman 1995) and poor results relating to satisfaction. Two studies reported improved reporting improved satisfaction: Morishita (1998) and Engelhardt (1996). Patients reported satisfaction with home palliative care and a good quality study of home palliative care found the users of this were more likely to die at home (Brumley 2007) **Case management** Studies focused on interventions that targeted mainly older women with some limitations in ADL, recent discharge and/or high service use There was no evidence of reduced mortality; poor quality studies showed no significant health outcomes except for reduced depression in Geriatric Care Management Model	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			(p118) **Conclusions** There is weak evidence of effectiveness and cost-effectiveness for IPW, although well-integrated and shared care models improved processes of care and have the potential to reduce hospital or nursing/care home use. Study quality varied considerably and high quality evaluations as well as observational studies are needed to identify the key components of effective IPW in relation to user-defined outcomes. Differences in local contexts raise questions about the applicability of the findings and their implications for practice. Trivedi's updated search of systematic reviews since 2008 confirmed sustained interest in IPW and a continuing desire to understand how the components and characteristics of IPW affect outcomes	

Critical appraisal tables

Review questions

1.1.1 Service users and carers: What are the views and experiences of older people with multiple LTCs and their carers, of the social care services they receive?

1.1.2 Service users and carers: Do service users and carers consider that their care is (a) personalised; (b) integrated or coordinated with healthcare?

1.1.3 Service users and carers: What do they think works well and what needs to change?

1.2.1 Practitioners, managers and commissioners: What are the views and experiences of practitioners, managers and commissioners in health and social care who procure, manage or deliver care to older people with multiple LTCs in community and care home settings?

1.2.2 Practitioners, managers and commissioners: What do they think works well, and what needs to change?

Abraham C, Gardner,B (2009) What psychological and behaviour changes are initiated by 'expert patient' training and what training techniques are most helpful?

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'The Expert Patient Programme (EPP) is a lay-led, group-based, self-management training course available through the UK NHS for persons with long-term health conditions. Thirty-two patients who attended EPP courses in East London were interviewed about their experiences … Thematic analysis was used to theorise and organise participants' accounts, identifying commonly reported changes, helpful techniques and disappointments and frustrations' (p1153)	**Methodology** • Qualitative study Interviews	**How defensible/rigorous is the research design/methodology?** • Defensible **How well was the data collection carried out?** • Somewhat appropriately **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Somewhat appropriate It is unclear how Tower Hamlets PCT identified the 54 people from whom the sample arose **Were the methods reliable?** • Somewhat reliable **Study approved by ethics committee?** • Yes **How clear and coherent is the reporting of**	**Are the data 'rich'?** • Rich **Is the analysis reliable?** • Reliable **Are the findings convincing?** • Convincing **Are the conclusions adequate?** • Somewhat adequate	**As far as can be ascertained from the paper, how well was the study conducted?** • + **Relevance to the older people with multiple LTCs** • Somewhat relevant Not all sample were older people, and some had single conditions. The study is too small to adequately separate out views and experiences of our target population

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		ethics? • Reporting is clear **Is the role of the researcher clearly described?** • Clearly described		

Banning M (2008) Older people and adherence with medication: a review of the literature

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
Study aim 'This review aimed to examine patient's beliefs, perceptions and views in relation to adherence with medication' (p1550) 'This literature review aims to present the evidence from quantitative and qualitative studies that examined beliefs, attitudes and views pertinent to medication taking behaviour in individuals over the age of 65 years' (p1552)	**Methodology** • Systematic review Literature review, using some of the methods of CRD, including reporting of search strategy, and use of CASP (1998) to appraise relevance Within the review, there were two systematic reviews which were not retrieved (as medication adherence is only one part of self-management): Verniere (2001) (examined compliance among older people, but not reasons); Kripalani et al (2007)	**Rigorous literature search?** • Partly rigorous Databases and search terms are reported: possible that synonyms are not very thorough **Appropriate and clearly focused question?** • Yes **Inclusion of relevant individual studies?** • Yes. **Do all studies fulfil inclusion criteria?** No, not our inclusion criteria. Dates of included	**Adequate description of methodology?** • Unclear: not entirely **Is the setting similar to the UK?** • Yes In relation to beliefs, attitudes and views of older people, no reason to consider setting is vital to conclusions **Is there a clear focus on older adults?** • Yes **Is the intervention clearly relevant to social care for OPwLTCs?**	**Overall assessment of internal validity** • + **Overall assessment of external validity** • + The conclusions seem likely to be generalisable

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
	(included 37 RCTs and concluded 'adherence increased with behavioural interventions which reduced dosing demands')	studies are 1997 to 2007 (however, this topic is probably not that susceptible to change). 16 of the 30 studies included are within our date range (2004–7)	• Yes Relevant to self-management	

Blickem C, Kennedy A, Vassilev I, Morris R, Brooks H, Jariwala,P, Blakeman T, Rogers A (2013) Linking people with long-term health conditions to healthy community activities: development of Patient-Led Assessment for Network Support (PLANS)

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'To combine insights from service users with long-term conditions (LTCs) to assist the development of a community referral intervention designed to promote engagement and improve access to health-relevant resources' (p1)	**Qualitative study** Focus groups and interviews with members of community groups about personal and community networks. Five focus groups (to gather perspectives) and 6 participatory workshops (to test the PLANS tool), plus 8 interviews with members of the PPI group **Is a qualitative approach appropriate?** Appropriate for gathering the views and experiences	**How well was the data collection carried out?** Appropriately Focus groups and workshops were with recorded in field note form or recorded **Is the context clearly described?** Unclear There is not detail of the total number of elderly people with LTCs living in the area. We also learn nothing about those not accessing services locally	**Are the data 'rich'?** Mixed Some direct quotes. Data was disseminated and coded and key themes extracted. The findings remain thematic rather than in depth **Is the analysis reliable?** Findings may be biased towards those who already use community resources instead of promoting resource use to those that do not. Limited age range: no very old participants.	**Relevance to the older people with multiple LTCs** A bit relevant **As far as can be ascertained from the paper, how well was the study conducted?** + Some interesting findings and a clear structure. Some transparency about limitations is useful, some serious limitations in describing the locale and available services

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
	of individuals with LTCs. The study aimed to involve service users in the development of the piloting and evaluation of a tool to aid participation and access to services **Is the study clear in what it seeks to do?** Mixed The study was designed to use views to help create an intervention to encourage engagement and improve access to health relevant resources. Participants were already using community resources. We don't know what community resources are available, or who the hard to reach groups might be **How defensible/rigorous is the research design/methodology?** Purposive sampling – not representative The second in-depth interviews were less representative of the	nor how many people access services in the area **Was the sampling carried out in an appropriate way?** Mixed The sampling is not representative in terms of diversity **Were the methods reliable?** Somewhat reliable Discussion between researchers on themes and meanings. Focus groups recorded and transcribed. Questionnaire informed by focus groups findings and triangulated with items in the Health Education Impact Questionnaire **Is the role of the researcher clearly described?** Clearly described	A community capacity audit was conducted by internet searches with small number of search terms **Are the findings convincing?** Somewhat convincing Not certain to what degree a web-based list of community activities and resources would be helpful for all older people with multiple LTCs. Tool also intended for use by commissioners and practitioners with referral responsibilities **Are the conclusions adequate?** Somewhat adequate The paper offers a preliminary look at how services may be accessed by old people and one possible tool. Follow-up data on the success of this tool would be essential if it were to be evaluated	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
	community and of the older age community than the first group (majority white male)			

Brown K, Stainer K, Stewart J, Clacy R, Parker S (2008) Older people with complex long-term health conditions. Their views on the community matron service: a qualitative study

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
Study aim The study aims 'To explore the experiences and attitudes of older people who have a community matron so that we can gain an understanding of the successes and failures of this form of case admissions' (p409)	**Methodology** Qualitative study A purposive sample of patients receiving a community matron service were interviewed	**How defensible/rigorous is the research design/methodology?** • Defensible The qualitative methodology is appropriate for gathering views and experiences **How well was the data collection carried out?** • Appropriately Interviews were structured around a topic guide, The questions were piloted and refined. Interviews were conducted by 2 researchers and in	**Are the data 'rich'?** • Rich The data does contain direct quotes from service users which help to illustrate their experiences **Is the analysis reliable?** • Reliable Interview transcripts were coded and the themes which have been drawn out seem appropriate. The authors point out that the data is not indicative of measurable outcomes from the intervention. But it can show what patients	**Relevance to the Older people with multiple Long Term Conditions** • Highly relevant **As far as can be ascertained from the paper, how well was the study conducted?** • + It is a very small study (24 OP) and it is not clear how they were selected

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Quality assessment.**
		patients' homes. Transcripts of interview data were analysed and coded **Is the context clearly described?** • Clear The context is well described. The interviews were carried out in 2 primary care trusts. One inner city and one suburban. The study aimed to recruit some 'hard to reach participants, especially those with no carers, from minority ethnic backgrounds'. **Was the sampling carried out in an appropriate way?** • Appropriate The sample was purposive. The demographic of the participants is not outlined in detail. Efforts were made to interview 'harder to reach' clients. It is not stated how successful this	might value from an intervention and hints towards outcomes like reduced hospital admission and greater self-management abilities **Study approved by ethics committee?** • Yes **How clear and coherent is the reporting of ethics?** • Reporting is clear **Is the role of the researcher clearly described?** • Clearly described **Are the findings convincing?** • Somewhat convincing The findings are convincing given the rich data included. But the outcomes are not measurable due to methods **Are the conclusions**	

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
		effort was. **Were the methods reliable?** • Reliable Methods of interviewing are as reliable as qualitative data can be, limitation are stated and interview data is dealt with appropriately	**adequate?** • Adequate The conclusions are adequate given the aims of the study which are purely to gather views and experiences	

Challis D, Hughes J, Berzins K, Reilly S, Abell J, Stewart K (2010) Self-care and case management in long-term conditions: the effective management of critical interfaces. Report for the National Institute for Health Research Service Delivery and Organisation programme

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
This study has 3 aims: 1. ‘Map current provision of NHS case management services in primary care for people with long-term conditions’ (p5) 2. ‘Classify programmes on observable features of case management	**Mixed methods study** • Literature review • Postal survey • Case study • User consultation exercise **Is the mixed-methods research design relevant to address the qualitative and quantitative research**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** • Partly The study focuses on self-care and case management (with little	**Is the process for analysing qualitative data relevant to address the research question?** • Yes **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data**	**Internal validity** • + **Overall assessment of external validity** • - This is poor quality in relation to our purposes of considering the case management of older people, including

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
implementation with particular focus upon the integration of care between primary and secondary care and between health and social care' (p5) 3. 'Identify the extent and nature of self-care initiatives within this service and to investigate the role of self-care initiatives as determinants of entry and, particularly, exit to the case management services' (p.5)	**questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** • Partly Different aspects of study and findings not particularly well identified and reported **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** • Partly	devoted to critical interfaces despite title). The recruitment of and characteristics of participants is not well described	**were collected?** • Unclear **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** • No **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** • Partly Information on study limitations, but the focus of questions, the heavy reliance on self-report and lack of clarity about individual participant characteristics all present problems. The survey is not reviewed or appraised here, but it had a relatively low response rate	assessment and care planning, from the social care perspective **Is the setting similar to the UK?** • Yes, UK study **Is there a clear focus on older adults?** • No And this is a huge problem: characteristics not clearly described, although they are adults with (mostly) several LTCs **Is the intervention clearly health and social care?** • No Social care is prominently neglected – no effort was made to include the local authority/social work view in the case studies **Are the outcomes relevant?** • Unclear This is not outcomes focused, it is predominantly descriptive

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment

Chapman L, Smith A, Williams V, Oliver D (2009) Community matrons: primary care professionals' views and experiences

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'This article is a report of a study exploring how the role of the community matron is progressing and any barriers or facilitators to performing the role' (p1617)	**Methodology** • Qualitative study Focus groups with 31 health and social care professionals. **Intervention** • Community matron **Is this a linked study?** • No **Is a qualitative approach appropriate?** Appropriate	**How defensible/rigorous is the research design/methodology?** • Somewhat defensible **How well was the data collection carried out?** • Somewhat appropriately **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Appropriate **Were the methods reliable?** • Somewhat reliable **Study approved by ethics committee?** • Not stated **How clear and coherent is the reporting of ethics?** • Not stated **Is the role of the researcher clearly described?**	**Are the data 'rich'?** Rich **Is the analysis reliable?** Somewhat reliable **Are the findings convincing?** • Convincing **Are the conclusions adequate?** • Adequate Limitations to the study Pilot service in a single PCT undertaken some time ago. Only views of the primary care sector were represented	**As far as can be ascertained from the paper, how well was the study conducted?** + **Relevance to the older people with multiple LTCs** Highly relevant

		• Clearly described		

Fenlon D, Foster C, Brooks C, Coleman P, Payne S, Seymour J, Simmonds P, Stephens R, Frankland K, Foster C, Brooks C, Coleman P, Payne S, Seymour J, Simmonds P, Stephens R (2013) Living into old age with the consequences of breast cancer

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Quality assessment.
‘This study aimed to explore older women’s experience of living with breast cancer alongside other health conditions, and to identify their information and support needs and preferences’ (p 311)	**Qualitative study** **Methods** Qualitative interviews and focus groups **Is a qualitative approach appropriate?** • Appropriate	**Was the sampling carried out in an appropriate way?** • Somewhat appropriate. Opting into study via adverts could exclude more vulnerable people **How well was the data collection carried out?** • Somewhat appropriately Because there is no interview schedule, or much raw data, it is hard to tell why the findings are quite limited **Were the methods reliable?** • Somewhat reliable **Is the role of the researcher clearly described?** • Unclear	**Are the data ‘rich’?** • Mixed **Is the analysis reliable?** • Somewhat reliable Unclear because relationships between questions asked and findings is unclear. **Are the findings convincing?** • Somewhat convincing but limited **Are the conclusions adequate?** • Adequate A limitation to the study may be that the women’s surgery took place some time ago and current practice has now improved	**Relevance to the older people with multiple LTCs** • A bit relevant Scores low on relevance because they have contained the findings to very few topics (e.g. body image and information) which cannot reflect the full experience of this group and says nothing about social care needs **As far as can be ascertained from the paper, how well was the study conducted?** • - This scores low because they have reported findings within very narrow constraints which: older women living independently with breast cancer AND other LTCs are likely to have much broader concerns than reconstructive surgery

Goodman C, Drennan V, Manthorpe J (2012) A study of the effectiveness of inter- professional working for community-dwelling older people – final report

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
'This study examined the effectiveness of interprofessional working in primary and community care for older people with multiple health and social care needs' (p18) Other aims were: - 'Identify appropriate measures of effectiveness from user, professional and organisational perspectives' (p18) - 'Investigate the extent to which contextual factors, such a geography, multiplicity of service providers, resources [etc.] … influence the sustainability and effectiveness of interprofessional working and patient, carer and professional outcomes'	**Mixed methods** Methods included: 1. Systematic review of research Exploratory interviews with older people, carers and health and social care providers A national survey of how IPW is structured A consensus event with stakeholders that reviewed key findings 2. Case studies of three models of IPW for community-dwelling older people. Analysis focused on the older person's experience of IPW and comparison of the processes of care, resource use and outcomes	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** • Yes Interviews and case studies **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** • Unclear **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods**	**Is the process for analysing qualitative data relevant to address the research question?** • Yes Triangulation with other data sources, and a consensus event to review findings from all strands of methodology **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** • Yes **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?**	**Internal validity** • + **Overall assessment of external validity** • + Conclusions are credible, and come from a service user perspective. However, they are also somewhat limited, as no evidence was found to support organisational effectiveness, which was one aim of the study **Is the setting similar to the UK?** • Yes All qualitative and survey data derived from UK **Is there a clear focus on older adults?** • Yes **Is the intervention clearly health and social care?** • Yes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
(pp18–19)		**question?** • Yes Mixed methods include: qualitative interviews and case studies, a survey of practitioners and a systematic review (see also Trivedi 2013) **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** • Yes	• Yes The systematic review reported more on the scope and type of IPW than the effectiveness However, higher quality evidence for the systematic review which could be tested against qualitative data would have improved the synthesis. The online survey of professionals was circulated to 292 organisations, 142 local authoritiess and 150 trusts. The response rate of 91 (31%) was disappointing.	But data from or about social care is limited **Are the outcomes relevant?** • Yes Outcomes are soft, process-related.

Gridley K, Brooks J, Glendinning C (2014) Good practice in social care: the views of people with severe and complex needs and those who support them

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim ‘The aim of the qualitative study was to identify the features of social care services and support	**Methodology** • Qualitative study **Intervention** • Scoping good practice in social care provision. This	**How defensible/rigorous is the research design/methodology?** • Defensible **How well was the data**	**Are the data ‘rich’?** • Rich **Is the analysis reliable?** • Not sure/not reported **Are the findings**	**As far as can be ascertained from the paper, how well was the study conducted?** • ++

arrangements desired by adults and older people with complex needs' (p589) **Source of funding** • Funding councils, NIHR School for Social Care Research	includes integrated working, person-centred support, specialist workers etc. **Is this a linked study?** • No **Social care outcomes?** • Outcomes specified by users and carers **Is a qualitative approach appropriate?** • Appropriate	**collection carried out?** • Somewhat appropriately different methods were employed with different people **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Appropriate Real efforts were made by the authors to include people with communication difficulties and/or cognitive impairment **Were the methods reliable?** • Somewhat reliable **Study approved by ethics committee?** • Not stated **How clear and coherent is the reporting of ethics?** • Reporting is clear **Is the role of the researcher clearly described?** • Clearly described	**convincing?** • Convincing **Are the conclusions adequate?** • Somewhat adequate	**Relevance to the older people with multiple LTCs** • A bit relevant Older people with dementia and complex needs. Not clear how many of this group would be older people with multipleLTCs. Study was about three groups who had complex needs

Horrocks S, Somerset M, Stoddart H, Peters T (2004) What prevents older people from seeking treatment for urinary incontinence? A qualitative exploration of barriers to the use of community continence services

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim ‘To explore reasons why older people living in the community do not present for help with problems of urinary incontinence and to identify ways in which they may be assisted to access continence services’ (p689) ‘It was hoped to explore in depth the reasons why older people do not access community continence services. A further aim was to establish how they could be assisted to access such services’ (p690)	**Methodology** Qualitative study In-depth interviews with 20 people	**How defensible/rigorous is the research design/methodology?** • Defensible **How well was the data collection carried out?** • Appropriately In private surroundings, own home or private room **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Somewhat appropriate Some uncertainty as to how the respondents were selected from the initial survey – but the number in the sample was not predetermined (but reached saturation). There were initially 120 people from the survey of 915 who volunteered	**Are the data ‘rich’?** • Rich **Is the analysis reliable?** • Reliable All data recorded and transcribed. Used grounded theory and constant comparison, seeking disaffirming accounts. Sample size determined by saturation **Are the findings convincing?** • Convincing **Are the conclusions adequate?** • Adequate	**As far as can be ascertained from the paper, how well was the study conducted?** • + **Relevance to the older people with multiple LTSs** • Somewhat relevant Relevance depends on whether the sample had multiple LTCs, which is not stated

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		Were the methods reliable? • Reliable **Study approved by ethics committee?** • Yes **How clear and coherent is the reporting of ethics?** • Reporting is clear **Is the role of the researcher clearly described?** • Clearly described The interviewer was introduced as a ‘research nurse’		

Keefe B, Geron S, Enguidanos S (2009) Integrating social workers into primary care: physician and nurse perceptions of roles, benefits, and challenges

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'The primary aim of this article is to identify, from the perspective of primary care physicians and nurses, the challenges encountered in provision of health care to older adults and to identify potential roles, challenges and benefits of integrating social workers into primary care teams' (p580)	**Methodology** • Qualitative study	**How defensible/rigorous is the research design/methodology?** • Defensible **How well was the data collection carried out?** • Appropriately **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Somewhat appropriate The focus groups were conducted at 2 primary care clinics in a large metropolitan area. No more is known about the population in the area (level of deprivation, diversity, etc.) **Were the methods reliable?** • Reliable Focus groups were recorded and transcribed	**Are the data 'rich'?** • Mixed It is not clear who is speaking, apart from whether physician or nurse. Would be useful to use anonymous identifiers to check a diversity of viewpoints were being expressed in the quotes **Is the analysis reliable?** • Reliable **Are the findings convincing?** • Somewhat convincing Only one physician had experience of working with a social worker, the rest of the viewpoints were hypothetical and indicated some lack of knowledge, or too high expectation on what a social worker could achieve. The conclusions are that at least the idea is acceptable	**Relevance to the older people with multiple LTCs** • Highly relevant **As far as can be ascertained from the paper, how well was the study conducted?** • ++

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		verbatim. Three researchers independently coded and compared **Study approved by ethics committee?** • No **How clear and coherent is the reporting of ethics?** • Not stated **Is the role of the researcher clearly described?** • Clearly described The researcher developed the interview schedule which was followed by a facilitator	**Are the conclusions adequate?** • Adequate	

May C, Finch T, Cornford J, Exley C, Gately C, Kirk S, Jenkings N, Osbourne J, Robinson L, Rogers A, Wilson R, Mair F (2011) Integrating telecare for chronic disease management in the community: what needs to be done?

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim 'This study aimed to identify factors inhibiting the implementation and integration of telecare systems for chronic disease management in the community' (p1) 'The aim of this study was to understand the general dynamics of service implementation and integration across a range of settings, and develop from the ground up principles to inform policy interventions' (p2)	**Methodology** • Qualitative study – interviews	**How defensible/rigorous is the research design/methodology?** • Defensible **How well was the data collection carried out?** • Appropriately **Is the context clearly described?** • Clear **Was the sampling carried out in an appropriate way?** • Appropriate **Were the methods reliable?** • Reliable semi-structured interviews were guided by a topic guide **Study approved by ethics committee?** • Yes **How clear and coherent is the reporting of**	**Are the data 'rich'?** • Mixed It's not always clear who is 'talking' with the quotes, and if they are different people **Is the analysis reliable?** • Reliable **Are the findings convincing?** • Convincing **Are the conclusions adequate?** • Adequate	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs** • Highly relevant

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		ethics? • Reporting is clear **Is the role of the researcher clearly described?** • Clearly described		

Sargent, P., Pickard, S., Sheaff, R., Boaden, R. (2007) Patient and carer perceptions of case management for long-term conditions

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim The aim of the study was to use qualitative methods to find out how case management, by community matrons, is being delivered to older people with long-term conditions. The study aims to 'describe care management from the perspective of patients and carers' (p511)	**Methodology** Qualitative In-depth interviews with a purposive sample of older people with complex needs and also carers. Interviews were led by a thematic interview guide, which had been piloted and questions were designed to gather detailed data on patients care and attitudes towards this care	**How defensible/rigorous is the research design/methodology?** • Defensible The qualitative approach is defensible in gaining the views of service users and carers. And the sample size is relatively large, although there is no detail about the questions asked **How well was the data collection carried out?** • Somewhat appropriately The interviews appear to have been carried out appropriately but there is a	**Are the data 'rich'?** • Mixed Some direct quotes are included but the findings are largely presented in a narrative summary **Study approved by ethics committee?** • Yes **How clear and coherent is the reporting of ethics?** • Reporting is clear **Is the role of the researcher clearly**	**Relevance to older people with multiple LTCs** • Highly relevant **As far as can be ascertained from the paper, how well was the study conducted?** • +

Research question/study aims.	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
		lack of detail in the methods **Is the context clearly described?** •Clear The research was conducted in 6 primary care trusts **Was the sampling carried out in an appropriate way?** • Somewhat appropriate The sample was selected purposefully from patients receiving care services from a community matron. There is a risk that the clients might not feel able to criticise services therefore biasing the findings (p513) **Were the methods reliable?** • Somewhat reliable The findings not presented that fully, there is no breakdown of the findings and coding	**described?** • Clearly described **Is the analysis reliable?** • Somewhat reliable The analysis quite broad, interview data was transcribed and independently coded and analysed by members of the research team. Triangulation and further advance coding was undertaken **Are the findings convincing?** • Somewhat convincing The findings give some information but they are more indications than evidence of definitive outcomes from the case management intervention **Are the conclusions adequate?** • Somewhat adequate	

Rogers A, Kennedy A, Bower P, Gardner C, Gately C, Lee V, Reeves D, Richardson G (2008) The United Kingdom Expert Patients Programme: results and implications from a national evaluation

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
Study aim The Expert Patients Programme (EPP) 'aims to deliver self- management support and improve the quality of life of people with long-term conditions by developing generic self-management skills and improving people's confidence and motivation to take more effective control over their lives and illnesses' (p21) This national evaluation of the EPP contains linked research studies designed to: 1. Examine the implementation of the EPP within the structures and locality contexts of the NHS in England (PREPP) 2. Evaluate whether the intervention is clinically cost-effective (the RCT	**Methodology** Mixed methods A range of methods was used for the national evaluation of the EPP 1. An RCT to find out whether the course improved patients' outcomes and was cost-effective for the NHS (see Kennedy 2007 for report on RCT) 2. A personal experience study to examine patients' experience of undertaking the EPP training and to compare the experience, ways of living with a LTC condition, personal self-management strategies and use of services prior to and after attending the training programme 3. A process evaluation to study implementation by PCTs and to find out how	**Is the process for analysing qualitative data relevant to address the research question?** • Partly Not detailed **Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question?** • Yes Supports RCT by considering implementation issues and progress **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** • Yes Corroborative	**Is the process for analysing qualitative data relevant to address the research question?** • Partly Not detailed **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** • Yes This comes through in the corroborating case study material. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** • Unclear **Is there a clear description of the allocation concealment**	**Overall assessment of external validity** • + **Internal validity** • + **Is the setting similar to the UK?** • Yes **Is there a clear focus on older adults?** • No **Is the intervention clearly health and social care?** • Unclear **Are the outcomes relevant?** • Yes

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
outcome evaluation). 3. Examine personal experience of being recruited to and undertaking the EPP intervention against the background of peoples' pre-existing ways of managing and living with a long-term condition (qualitative evaluation)	differing local contexts influenced the running of the programme, using surveys	**Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** • Yes Survey and case study data helps to suggests reasons for limited change among EPP recipients **Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** • Yes [Info] Largely self-report questionnaires for RCT participants with open text boxes; plus telephone interviews with PCT leads and administrators	**(or blinding when applicable)?** • Yes **Are there complete outcome data (80% or above)?** • Partly **Is there low withdrawal/drop-out (below 20%)?** • Partly See Kennedy (2007) for attrition rates **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** • Unclear Survey collected self-reported data from PCTs **Is there low withdrawal/drop-out (below 20%)?**	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			• Partly **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** • Yes **Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?** • Partly See Kennedy (2007) for outcome data from RCT **Is the sampling strategy relevant to address the quantitative research question (quantitative**	

Research question/study aims	Study design/theoretical approach	Data collection	Analysis and reporting	Quality assessment
			aspect of the mixed-methods question)? • Yes **Is there an acceptable response rate (60% or above)?** • Yes ‘For the PCT survey A questionnaire was sent out to the 299 PCTs known to have committed to the EPP pilot, and a 100% response rate was obtained over a 3-month period (April-July 2005)’ (p13)	

Findings tables

Review questions

1.1.1 Service users and carers: What are the views and experiences of older people with multiple LTCs and their carers of the social care services they receive?

1.1.2 Service users and carers: Do service users and carers consider that their care is (a) personalised; (b) integrated or coordinated with healthcare?

1.1.3 Practitioners, managers and commissioners, service users and carers: What do they think works well and what needs to change?

1.2.1 Practitioners, managers and commissioners: What are the views and experiences of practitioners, managers and commissioners in health and social care who procure, manage or deliver care to older people with multiple LTCs in community and care home settings?

1.2.2 What do they think works well, and what needs to change?

Abraham C, Gardner B (2009) What psychological and behaviour changes are initiated by 'expert patient' training and what training techniques are most helpful?

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'The Expert Patient Programme (EPP) is a lay-led, group-based, self-management training course available through the UK National Health Service for persons with long-term health conditions. Thirty-two patients who attended EPP courses in East London were interviewed about their experiences … Thematic analysis was used to theorise and organise participants' accounts, identifying	**Methodology** • Qualitative study **Intervention** • Self-care support 'An EPP course comprises six weekly structured self-management training sessions delivered to groups of 8–16 patients with heterogeneous health conditions, led by volunteer lay tutors with chronic health conditions ... Patients receive a self-help manual (entitled 'Living a healthy life with chronic conditions'). The programme provides information and employs a variety of	**Country** • UK **Population?** • Other People who had attended an EPP course, derived from primary care trust records in East London **Sample** Five male and 27 female **Sample Age** 33–79 years, mean age 56.9 years. 14 of the 32 patients were 65 or older **Ethnicity** 20 of the 32	**Views of users, carers, practitioners** Respondents reported challenges of coping with chronic conditions: there was a strong sense of frustration over inability to function, and loss of social confidence leading to social isolation **Information** EPP is designed to disseminate information in group sessions and via the course manual. Although some respondents thought the information was too basic, others found it useful to know about community services, and be reminded of past activities which might still be possible. In general, information provided face-to-face and in group sessions was preferred to written information. Support and instruction on exercise and diet was found useful, especially when personal goal-setting was involved 'The empathetic social context allowed participants not only to understand one another but to establish explicitly shared understandings thereby providing social validation which was seen by many as crucial to improved coping … social sharing of experiences, social comparisons, social validation and developing empathy created an interpersonal context in which participants felt understood and emotionally supported' (p1159) **Goal-setting**	**As far as can be ascertained from the paper, how well was the study conducted?** • + **Relevance to the older people with multiple LTCs** • Somewhat relevant Not all sample were older people, and some had single conditions. The study is too small to adequately separate out views and experiences of our target population

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
commonly reported changes, helpful techniques and disappointments and frustrations'. (p.1153)	cognitive and behavioural modification techniques addressing topics such as action planning, problem solving, dealing with depression, nutrition and exercise. Course sessions are held in community settings' (p1154) **Is this a linked study?** • No It is one of several studies looking at outcomes of EPP: Kennedy 2007, Rogers 2008.	interviewees were white British, and 12 were of black British, Asian, African or European backgrounds **Level of need** 14 of the sample had multiple LTCs. Those with single conditions had been diagnosed with arthritis, ME, HIV, depression and bipolar disorder	People were encouraged to set realistic personal activity and achievement goals in the group setting, and report back to the group. This aspect of the EPP was reported as the most valued 'It made me say ''look, I have promised, I have to do it'', and then the following week we had to report [back], and if we hadn't done it, what was the reason behind it?' (p1159) Self-efficacy was encouraged through the support and example of others. Some participants valued the lay status of the tutors: 'I found it extremely helpful that the tutors all had chronic health conditions, that immediately made it easier to trust them and feel that they would understand … Every week when we did our action plans, they would do their action plans as well, so they were kind of like a part of the group' (p1160) Others said they would have preferred health professionals who had knowledge of different conditions to run the course. Some participants recognised positive change in self-efficacy and self-esteem which persisted after the course ended: 'It's helped me to gain more self-esteem. . . . to be more independent … by learning that I am the boss of myself' (p1160) When the course ended, most participants felt the loss of a social activity, and this aspect appeared more dominant than the educative aspect of EPP. 'Most respondents had not kept in touch with others on the course implying that it had failed to	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			establish self-perpetuating support networks. Moreover, most missed the course, viewing it less as a training course and more as a now-lost social opportunity' (p1160)	

Banning M (2008) Older people and adherence with medication: a review of the literature

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'This review aimed to examine patient's beliefs, perceptions and views in relation to adherence with medication' (p1550) 'This literature review aims to present the evidence from quantitative and qualitative studies that examined beliefs, attitudes and views pertinent to	**Methodology** • Systematic review Literature review, using some of the methods of CRD, including reporting of search strategy, and use of CASP (1998) to appraise relevance	**Country** Range of countries: 30 studies were included, and some are UK, but the paper does not detail the countries papers come from **Population** Older people living in the community. Older people receiving healthcare, possibly social	**Views of users, carers, practitioners** **Experience of adherence** Older people disliked side effects and – particularly with analgesics – were concerned that they might become addicted, and so used the lowest possible doses. Risks of non-adherence included cognitive impairment, inability to manage regimes, side effects and events (eg being away from home). Older people were concerned about long-term risks, 'unnatural' nature of medications; lack of comprehension of the reasons for medication; acceptance of illness and feeling well without it **Perceptions, attitudes and characteristics:** Other reasons for intentional non-adherence included lack of faith in the prescriber, fear of side-effects or wrong (over)dose, dislike of medication and 'testing of effects on symptoms (p1558) **Non-intentional reasons** Forgetfulness, change in routine, lifestyle change, change	**Overall assessment of internal validity** + Study focuses on reasons for non/poor adherence: as the question is largely qualitative, it is likely that this scoping review would have reached saturation point, and included sufficient material to disconfirm findings from the narrative synthesis **Overall assessment**

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
medication taking behaviour in individuals over the age of 65 years' (p1552)		care. All studies focussed on people over 65 **Is this a linked study?** No	in prescribed dosage, feeling asymptomatic, cognitive effects of medication **Acceptance of illness** People appeared to go through three stages: diagnosis of illness (which may be affected by faith in the clinician and their explanations); experimenting with doses (which is likely to include stopping medication), and perhaps finding side effects they view as positively harmful; acceptance of illness and treatment regime (comparing passive, active and rejecting behaviours) **Possible 'remedies' to increase compliance** 1. Shared decision-making, with the clinician taking time to explain rationale 2. Clearer instructions – these are often unclear and confusing	**of external validity** + The conclusions seem likely to be generalisable

Blickem C, Kennedy A, Vassilev I, Morris R, Brooks H, Jariwala P, Blakeman T, Rogers A (2013) Linking people with long-term health conditions to healthy community activities: development of Patient-Led Assessment for Network Support (PLANS)

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
'To combine insights from service users with long-term conditions (LTCs)	**Qualitative study** Focus groups and interviews with members of community groups	Participants purposively selected, all lived in highly deprived areas.	**Views of users, carers, practitioners** The community focus groups gathered information on the types of support individuals needed and the function that community services might serve in response to social isolation.	**As far as can be ascertained from the paper, how well was the study conducted?**

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
to assist the development of a community referral intervention designed to promote engagement and improve access to health-relevant resources' (p1)	about personal and community networks. Five focus groups (to gather perspectives) and 6 participatory workshops (to test the PLANS tool), plus 8 interviews with members of the PPI group **Intervention** The development of a community referral intervention designed to promote engagement and improve access to health-relevant resources	All participants were older people with long-term conditions receiving social care in the community and attending health-related support groups **Sample** Aged 50–70 **Sample size** 1st stage focus groups N=40 2nd stage workshops N=6 2nd stage interviews N=8 **Health status** Cardiac support groups N=5 Diabetes support group N=8 Sugar group N=6 Good neighbours group N=10 (mixed health complaints)	Participants in the focus groups reported that they had 'reduced social contact due to retirement, limited mobility, finances or because they had lost their partner/spouse' (p16) The informants said that loneliness and isolation was 'the most difficult part of getting older or coping with poor health' (p16) **What works well** Participants found that the community groups they visited provided a 'rare opportunity for social contact' (p16) Groups could be a 'forum for exchange of emotional and practical support' (p52). They became 'reciprocal communities' (p.52) for users The users found that the groups enabled them to have a meal with other people, and built new social links and a level of security; 'some participants who lived alone told how their groups provided security, for example if they were absent from the usual events, then someone would contact them' (p52) The groups also provided additional services for the socially isolated in that they could help access transport services and advice on welfare benefits; 'Linkage to these resources through the groups was described as a lifeline to help which otherwise participants struggled to know how access' (p52) Normalising the problems of chronic illness: the groups provided opportunities to participate in a range of activities, such as exercise, users commented on the encouraging	**+** • Some interesting findings and a clear structure. Some serious limitations in describing the locale and available services **Relevance to older people with multiple LTCs** • Some relevance

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		Community centre group N=5 (mixed health complaints) **Gender** Stage 1 focus groups 2 x all male - 2 x mixed, 1 x female 1 x mainly female Stage 2 interviews: 6/8 male, 2/8 female **Ethnicity** 1st stage focus groups: 3 x all white 2 x mixed 1 x all Afro-Caribbean	atmosphere. Groups were seen as a chance to discuss lifestyle and health, share tips and vent frustrations. Participants reported a new a sense of purpose. This community participation was felt to be a motivating factor to be positive about themselves, their lives and their health **What can be improved** Participants of the focus groups stated that transport, or a lack of it, could be a key barrier to participation in community activities. Deprived communities might lack the resources to hold community groups. The socially isolated may also lack the connections within their communities to find out about resources in their area	

Brown K, Stainer K, Stewart J, Clacy R, Parker S (2008) Older people with complex long-term health conditions. Their views on the community matron service: a qualitative study

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim The study aims 'To explore the experiences and attitudes of older people who have a community matron so that we can gain an understanding of the successes and failures of this form of case admissions' (p409)	**Methodology** Qualitative study A purposive sample of patients receiving a community matron service were interviewed **Intervention** Community matron. Matrons performed a range of tasks in relation to the patients' health and social care needs. 'Matrons are highly trained nurses, able to diagnose, prescribe and manage patients with long-term conditions within primary care' (p409) **Is this a linked**	**Country** UK Two primary care trusts **Population?** The study interviewed 24 older people living in the community and receiving a community matron service. They all had long-term and complex health issues **Source population demographics** Sample has one or more of the following: heart disease, stroke, diabetes, respiratory	**Views of users, carers, practitioners** The views expressed by service users in the study indicate that the community matron service has a positive impact on users' wellbeing, self-management skills and potential positive outcomes in term of reduced hospital admissions and reduced use of GP services The study found that the patients who received the intervention appreciated the social element of the visits from the community matron. Some participants viewed the matron as a source of emotional support, others reported a boost in confidence: 'I think the caring is absolutely priority, I really do. Because [community matron] just takes her work so seriously she's so comforting you know. I mean she always gives me a hug as she leaves you know and as I say she's almost a friend, she really is' (p413) 'Knowing she's there, there's somebody there at the end of the telephone to come to me … it's a great comfort living on my own … I don't feel lonely anymore' (p413) **Satisfaction** The participants in the study appear to be overwhelmingly happy with the service. They speak highly of the work of the community matrons on a number of levels and appreciate the organisational and advocacy roles the nurses inhabits. They also speak highly of the nurse's clinical management of their LTCs. The nurses were reliable, flexible and holistic in their approach. Participants	**As far as can be ascertained from the paper, how well was the study conducted?** • + It is a very small study (24 older people) and it is not clear how they were selected **Relevance to older people with multiple LTCs** • Highly relevant

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
	study? • No	disease, cancer, depression, anxiety, dementia. More than 3 conditions N=10 **Sample size** 24 people **Sex** 10 women **Ethnicity** Caucasian N=22 African-Caribbean N=2 **Other (ADD)** Patient lives alone: yes 10, no 14 **Sample age** Aged between 73 and 91	felt that they filled a gap where GPs could no longer give support.	

Challis D, Hughes J, Berzins K, Reilly S, Abell J, Stewart K (2010a) Self-care and case management in long-term conditions: the effective management of critical interfaces. Report for the National Institute for Health Research Service Delivery and Organisation programme

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study Aims 1. 'Map current provision of NHS case management services in primary care for people with long-term conditions' (p5) 2. 'Classify programmes on observable features of case management implementation with particular focus upon the integration of care between primary and secondary care and between health and social care' (p5)	**Mixed Methods Study** • Literature review • Postal survey • Case study • User consultation exercise **Intervention** • Assessment and care planning • CM • Self-care support The qualitative case studies (interviews and focus groups) most assessment started with case identification in primary care, using electronic disease records available within GP	**Country** • UK **Population** - Adults with LTCs living in the community - Managers and case mangers **Sample** User consultation N=47 79% having two or more LTCs Ages are not given	**Views of users, carers, practitioners** **Care planning and assessment qualitative findings** From four case study sites (healthcare managers and case managers', and authors' summary of views): 'Care plans did not detail the contribution made by primary, intermediate, acute and social care services. Case managers could not assess for or authorise any local authority funded services page' (p137) 'On a day-to-day basis there were generally good relations with social workers who case managers mainly got to know through their patients, carrying out joint visits as required. Case managers could not authorise any local authority services although it was thought this would be very useful. They could refer people to a respite service run by the local authority' (p140) In all four case study sites, case management was a healthcare practice, in which case managers could not access social care services and did not assess for them. Descriptions of assessment material were often dominated by clinical assessment. In most sites, existing contacts with local authority staff were relationship-based, often around individual cases Skill mix: 'All four sites utilised nurses as case managers	**Internal validity** • + **Overall assessment of external validity** • - This is poor quality in relation to our purposes of considering the case management of older people, including assessment and care planning, from the social care perspective It is also deficient in that most of the qualitative data is summarised by the authors, and the link to raw data sources is unclear

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
3. 'Identify the extent and nature of self-care initiatives within this service and to investigate the role of self-care initiatives as determinants of entry and, particularly, exit to the case management services' (p5)			and 3 also used physiotherapists and two of these also used occupational therapists. All services had some case managers based in nurse teams, two had case managers based in health and social care integrated teams and two in GP practices. All four sites managed case managers through health personnel although one site had some managed solely by the local authority as part of a joint project' (p167) In one case study site, there was a multidisciplinary integrated pilot project in operation. 'The pilot project involved the primary care trust, local authority, housing services, police, transport services and the benefits agency. Those not involved in this pilot had a less positive attitude towards colleagues in the local authority social services: "Interviewee 3: They are very, very slow in at responding to your phone calls, responding to referrals. Interviewee 2: They have no sense of urgency … it's so frustrating when somebody's going to end up in hospital because you can't get carers for them. Interviewee 3: But saying that it doesn't speed them up because there's no come back from an admission to hospital for them when there is to us.'" (p149) Reviews of care plans were predominantly not routine, and tended to be triggered by a health crisis or event **Care planning and assessment survey findings** Although PCTs and local authorities were included, case management was predominantly led by healthcare staff (in 80% of survey responses). Social workers more likely to be	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			case managers if they were based in integrated or primary care teams (pp95–6) ‘Very few case managers could assess for local authority funded social care services, of those that could homecare services were the most frequently reported (Table 4.30)’ (p102) ‘Only thirteen per cent of case managers could authorise the use of any local authority services, most frequently domiciliary care (Table 4.32), and important indicator of the extent of substantive service integration’ (p103) **Service delivery qualitative findings** This study aims to map and assess the nature of services which target those with LTCs, the findings do not provide information on the impacts or outcomes of such interventions in detail **Case management tasks** Included: assessing needs, care planning, implementation and monitoring of care plan, reviews and patients education and clinical planning (p186) The case management teams were mainly staffed by nurses based in primary care settings or integrated teams; the survey suggested that 80% of case managers were healthcare practitioners. All primary care trusts responding to the survey used nurses as case managers, half used therapists and others used social workers and other professionals. Reviews of care plans were predominantly not routine and tended to be triggered by a health crisis or	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			event **Case finding** Patients were identified as potential recipients of the intervention by a variety of means but most reported was a referral from another professionals. The PARR II case finding tool was also used and the single assessment process Respondents to the survey found that referral from other professionals was the most effective method of identification and referral (p186). But the survey suggested that cases were 'allocated on the basis of staff qualification or the predicted intensity of involvement' (p187). The study suggests that case management interventions are often aimed at older people with certain SPECIFIC LTCS, which blurs the line between case management and disease management **Case management problems** The survey data suggests that the case management role was seen as very broad and potentially lacking clarity and there was a tension between the need to manage care and also respond to clinical needs (p187) Case management is seen as a way to link up services and provide a service that has breadth and is holistic in its approach, involving other health, care and voluntary sector services as necessary. However, it cannot overcome poor capacity or slow responses to referrals into other services. In addition, 'Care plans did not detail the contribution made by primary, intermediate, acute and social care services. Case managers could not assess for or authorise any local	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			authority funded services page' (p137). The survey data also showed that there was little priority given to patients being discharged from the case management intervention and they were not adequately referred on. The study cannot conclude whether this was just a 'teething problem' or a long-term flaw with services like this **Views of practitioners (in addition to the survey data)** Some of the sites showed difficulties between case managers and social care professionals: 'They (social services) are very, very slow in at responding to your phone calls, responding to referrals' (p149); 'They have no sense of urgency … it's so frustrating when somebody's going to end up in hospital because you can't get carers for them' (p149) **Views of users and carers, practitioners** 'Participants felt the key priorities for a case management service should be to improve the range of services available to care for people at home and to provide more intensive long-term support. Service users clearly placed more import on the meeting of basic needs first, before self-care could be supported' (p181); Users and carers want improved access to social care services; help with housework, shopping, banking; access to social care services; transport. 'There're all sorts of basic needs that aren't being met for people who live by themselves' (p180) **Findings: self-management**	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			There is a good summary of evidence from self-care studies (not within case management) on pp58–9. Evidence of impact is poor in either model – it seems the psychological aspects of the interventions, especially if given in group settings, is more apparent than physical impact The study suggests that case management interventions are often aimed at older people with certain LTCs, which blurs the line between case management and disease management. The survey data suggests that the case management role was seen as very broad and potentially lacking clarity and there was a tension between the need to manage care and also respond to clinical needs (p187). The survey data also showed that there was little priority given to patients being discharged from the case management intervention – including to self-management support – and they were not adequately referred on. The study does not conclude whether this was just a ‘teething problem’ or a long-term flaw with services like this. The survey found that case managers were linking up with other service and were information-sharing with GPs, other health services, social care services and voluntary organisation **Views of users, carers, practitioners** The user consultation event (poorly described) suggests that questions about self-help dominated any discussion. Issues important to respondents, were identified in the wider discussion around service users’ experiences of self-care support, these were information, transport and	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			practical help. Information about both the condition and the support services available was perceived as being useful but not always available. It was thought that health professionals did not always provide this and it was often not available in other languages if appropriate. Many participants had found information available on the internet but acknowledged that not everybody has access to internet resources. Overall, the willingness of service users to engage with self-care support was there, but the potential for participation was limited by the more practical barriers of transport and lack of day to day help with activities of daily living: ‘I think it’s about mobility and transport more than anything, I don’t think it’s just about age, that’s not an issue. But if they can’t get there, there is a problem’ (p180) Focus group discussions in the case study sites and within the service user consultation exercise revealed a concern about the suitability of self-care support services for case managed patients, due to their age, severity of conditions, subsequent limited mobility and overall frailty. Practical help was a recurrent theme in the interviews. Older people needed help with banking, shopping and around the home. Some were concerned about help following a spell in hospital. Older people placed more emphasis on these basic needs than supported self-care. ‘There’re all sorts of basic needs that aren’t being met for people who live by themselves’ (p180)	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			‘That’s another problem, getting to the bank …’ (p.180) ‘I’m not looking forward to 6 weeks after the operation when they’ve told me I mustn’t do anything, I live on my own, I’ll have to do something’ (p180–1) **What can be improved** Access to social care services, especially help with housework, shopping, banking, etc. Information about access to social care services. Transport, especially to healthcare appointments, especially in rural areas. In this study it was noted that self-care support for people with complex needs currently does not explicitly address the needs of carers. The incorporation of a carer perspective into the commissioning of self-care services is an area of enquiry worthy of further consideration **Satisfaction** From focus groups: self-care service priorities (N= 47) 100% Alternative therapies (N=26) 55% Being able to talk to someone (N=26) 55% Special equipment (N=20) 43% A course for people with the same condition (N=19) 43% Information leaflets (N=18) 38% An informal self-help group (N=16) 34% A course for people with all types of conditions (N=10) 21% There were mixed views on whether people should be expected to take part in self-care activities. Some participants thought that professionals did not have high expectations of patients’ ability to understand and be able to	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			manage their condition(s): 'The doctor has never explained anything to me, the consultant has never explained exactly what could be done and I think that the doctors here don't give people enough credit for having intelligence' (p175) Learning more about their condition through self-care support was seen by respondents as a way of allowing people to choose to take more responsibility for managing their conditions	

Chapman L, Smith A, Williams V, Oliver D (2009) Community matrons: primary care professionals' views and experiences

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'This article is a report of a study exploring how the role of the community matron is progressing and any barriers or facilitators to performing the	**Methodology** • Qualitative study Focus groups with 31 health and social care professionals **Intervention** • Community matron	**Country** • UK **Population?** • Healthcare workers Community matrons **Source population demographics**	**Views of users, carers, practitioners** **Success of the community matron role** Community matrons linked the perceived success of their role to three factors. • Professional development • Advancing their nursing skills • Being granted more autonomy The community matron role was perceived, by matrons and	**As far as can be ascertained from the paper, how well was the study conducted?** • + **Relevance to older people with multiple LTCs**

role' (p1617) **Source of funding** • Other Berkshire West Primary Care Trust	**Is this a linked study?** • No	• Health status Patients referred if they had: 2 or more chronic conditions, 2 or more hospital admissions in the past year, deterioration in long-term condition, recent exacerbation of chronic illness, or high GP consultation rate **Sample** Each focus group included between 5 and 10 participants **Outcomes** • The main themes relating to the role of the community matron were identified as: • Patient benefit, as perceived by professionals • Benefits for members of the multidisciplinary	professionals, to benefit patients in the following ways: • Matrons could more systematically address patient education top address self-management of conditions and had more time to do this than health professionals • Patient monitoring to prevent deterioration and early warnings • Matrons addressed social needs as well as health needs • Matrons provided a link between the health and social care teams Benefits to multidisciplinary working were that matrons were a good resource for other professionals and added expertise to additional teams. But professionals were aware that their access to this role was based on their involvement in the pilot **Barriers to the community matron's role** • Initial lack of information and role definition (of the community matron) • Potential role conflict within a multidisciplinary primary care team. **Views of practitioners** **What works well** 'I think that our role has been improved. I think we are probably looking at things more differently than we would have, she pulls a lot of the care together, so it is probably making us more aware of all the different things the service gives' (p1621) 'I find her a brilliant resource because she has got a lot of experience in chronic disease management, and so you	• Highly relevant

		team working with the matron • Enabling factors for success of the matron’s role • Potential barriers to success of the matron’s role **Social care outcomes?** • Other self-management of conditions provides a link between the health and social care teams **Clinical outcomes?** Physical health prevention of physical deterioration from early detection and regular monitoring	know she’s just great really to just to bounce ideas off. I can really see how she pulls the patients, sort of all the aspects of their care, together’ (p1621) **What can be improved** Social workers commented that they did not know about the role. ‘The first time I knew they existed was when I got a letter from one about a client. I thought, “Who is she, what is this?” and I knew nothing about the CM scheme at that time’ (p.1622)	

Fenlon D, Foster C, Brooks C, Coleman P, Payne S, Seymour J, Simmonds P, Stephens R, Frankland K, Foster C, Brooks C, Coleman P, Payne S, Seymour J, Simmonds P, Stephens R (2013) Living into old age with the consequences of breast cancer

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
‘This study aimed to explore older women’s experience of living with breast cancer alongside other health conditions, and to identify their information and support needs and preferences’ (p311)	**Qualitative study** **Methods** Qualitative interviews and focus groups **Is a qualitative approach appropriate?** Appropriate	**Country** • UK **Source population demographics** 100% female **Socioeconomic position** Postcodes were used to promote inclusion of people from different income groups **Sample** Older people living in the community, all breast cancer survivors **Sample size** 28 semi-structured interviews and two focus groups	**Views of users, carers, practitioners** Interview questions focussed on the experience of cancer care and follow-up care (diagnosis varied from 1977–2008), while the focus groups examined information and support needs (10 interviewees took part in the groups as well). Only data on treatment since 2002 was analysed There were different views on how breast cancer diagnosis of older woman should vary from that of younger women. One woman felt she was offered less support (p313), while others felt more philosophical and tended to think that at their time of life it was less of an issue. Older women were less likely to attend counselling and support groups Only two of the women had had reconstructive surgery, and of those who had mastectomies (number unclear), most used prostheses. Some felt uncomfortable with their body images. Although most women were relatively relaxed about their body shape, many had discomfort in relation to bras, prostheses and back-fastening bras, and they did not know how to get advice. Some activities of daily living (e.g. lifting) were impeded Some felt they should have been offered reconstruction, although this might not even have been raised as possible: ‘Because he was aware of my back condition, no question of reconstruction came up. I have bitterly regretted that every day, I still haven’t coped with it’ (G400, diagnosed 2003, p314)	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs** • Somewhat relevant as not confined to assessment of older people with multiple LTCs

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		32 different women took part (10 in groups and interviews). **Sample age** 70–90 **Health Status** 13 had three or more comorbidities 15 had less than 3 Conditions: cardiac conditions, hypertension, diabetes, sight and hearing loss	Older women had little access to information, and were unlikely to have access to, or believe, internet sources. Their preferred sources of support were the breast nurses and information from peers (including the focus groups). The women had difficulty in knowing what to look for in recurrence of cancer issues, and how to distinguish this from their other health issues. Some had been surprised to have been diagnosed at a late age and felt more public health messages should be targeted at this group. They also wanted more images on what mastectomies looked like and meant for the patient. There was no information in this paper on assessment by health or social services, so arguably it could be excluded, but lack of comprehensive assessment is an issue **What can be improved** Some of the participants felt the trauma of later life diagnosis of breast cancer was not acknowledged as it was with younger women, and that they were offered less support, and little if any discussion of reconstructive surgery. There should be no assumption made that body image is not important to older people. Information about causes, signs of recurrence, and how the cancer and/or surgery impacted on other conditions was difficult for them to access The paper was not very specific about physical and social functioning, though hints that this is impeded by cancer and surgery. In conclusion authors state: ‘As older women are more dependent than younger women on communication with their health professionals, and they may have more	

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
			complex needs due to their physical and social circumstances, more time needs to be given to assessing their needs in a holistic and comprehensive fashion' (p315)	

Goodman C, Drennan V, Manthorpe J, et al (2012) A study of the effectiveness of inter-professional working for community-dwelling older people – final report

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
To examine 'the effectiveness of inter-professional working (IPW) in primary and community care for older people with multiple health and social care needs. It aimed to: - Identify appropriate measures of effectiveness from user, professional and organisational perspectives for IPW - To investigate the extent to which contextual factors … influence the sustainability and	**Mixed methods** Phase 1 - Systematic review - Exploratory interviews with older people, carers and health and social care providers - A national survey - Consensus event with stakeholders Phase 2 - Case studies of three models of IPW for community dwelling older people **Intervention** IPW	**Country** • UK – fieldwork element • Range of countries – systematic review element **Population?** • Older people living in the community • Older people receiving healthcare, possibly social care • Carers of older people • Healthcare workers **Source population demographics** • None reported	**Views of users, carers, practitioners** **What works well** A named professional coordinating care, accessible to the person, and able to advocate for the service user and respond to changed circumstances. Good involvement of both users and carers in decisions around what will be provided by whom. Written agreements to reflect this, and flexibility when circumstances and needs changed **Outcomes of good IPW** Study found service recipient to be more relaxed, not depressed, and less anxious. Users and carers are involved in decision-making and specific desires are met (eg ability to die at home). Carers are acknowledged and supported by services, and their needs are assessed and provided for • **What can be improved** - Discharge planning often poorly handled, putting additional pressure on carers to plug the gaps - GPs can be out of the loop, and not in communication with other providers, including social services - Staff turnover prevents good planning and delivery - Staff turnover among those delivering personal care caused embarrassment and loss of dignity - There is a disjunction between health and social care, with practitioners saying that particular issues were outside their remit	**E. Internal validity** • + **f. Overall assessment of external validity** • + Conclusions are credible, and come from a service user perspective

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
effectiveness of IPW and patient, carer and professional outcomes' (p19)		• **Sample age** Older people over 65 (interviews) • **Sample size** 18 older people (12 women). 3 service users, 13 were relatives. Service users had multiple LTCs. Interviews were also conducted with the leads of seven third-sector organisations 21 people (undefined) joined the research team for a consensus event	- Practitioners not being easily accessible, even in a crisis. Conclusions are somewhat limited, as no evidence was found to support organisational effectiveness, which was one aim of the study	

Granville G, Runnicles D, Barker S, Lee M, Wilkins A, Bowers H (2010) Increasing the voice, choice and control of older people with high support needs: a research findings paper from the South East Regional Initiative (SERI)

Research question/study aims	**Study design/theoretical approach**	**Population, sample and setting**	**Findings (including effect sizes or outcome measures)**	**Overall quality assessment**
The research focused on 2 main questions: 1. 'What are the experiences and feelings of voice, choice and control like now amongst these 2 populations; and what are the key influences on these experiences and feelings?' (p5) 2. 'What is changing or has changed as a result of the mechanisms, interventions, options and opportunities for increasing the voice, choice and control of older	**Qualitative study** Interviews and focus groups **Intervention** The study followed up on the South East Regional Initiative (SERI) designed to 'demonstrate and measure the effectiveness of investing in independent living for older people with high support needs' (p3) The research aimed to build the evidence base of what works in increasing the voice, choice and control of older people with high support needs	**Country** • UK **Population?** • Older people receiving social care. 50% in care homes 50% in community. Sites were Portsmouth, Oxfordshire and West Sussex **Sample** 63 older people with high support **Gender** Women (63%) **Sample age** 41% 80 or over. 32% were younger than 80. 27% 90 or older	**Views of users, carers, practitioners** The qualitative methods in the paper revealed that isolation and loneliness are a 'significant issue for older people with high support needs – both for those living in care homes and those living at home' (p69). Loss of peers (relatives and friends) had reduced social networks. Relatives and friends had died or they had lost contact. Participants felt isolated from their local communities and 'normal life'. Some had left their home and could no longer access local facilities and community activities, and this led to a sense of disconnection A key finding was that older people living in care home also felt isolated and lonely. It was found that this isolation was 'frequently unrecognised by care professionals, families and wider community members' (p69). People in care homes who maintained a networks of friends and family retained 'more of their own sense of identity and have more meaning in their lives' (p69) **What works well?** The report makes some recommendations that 'emphasise the importance of visibility and retaining/strengthening personal and social networks as people age' (p80). The report recommends further development of approaches such as 'circles of support, time banking, home-share, and other forms of mutual support' (p80). The report surmises that enabling older people to live a	**As far as can be ascertained from the paper, how well was the study conducted?** • + Useful data on social isolation but not a huge amount of specific data on how LTCs affects social isolation and the specific impacts on service use **Relevance to the Older people with multiple LTCs** • Somewhat relevant

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
people with high support needs? What has helped or hindered?' (p5) Domains examined: 1.Personal identity and self-esteem 2. Meaningful relationships 3. Personal control and autonomy 4. Home and personal surroundings 5. A meaningful daily and community life 6. Personalised support and care (p6)		**Ethnicity** One Caribbean, three non-British, European extraction **Source population demographics** • 38% had dementia, or another cognitive impairment	normal and meaningful life can mean supporting them in simple ways to perform daily routines many of us take for granted. Effective support can result in outcomes like a reduced risk of nursing home admission and improving the voice and control of older people **What can be improved?** Mobility and transport was shown to be essential to maintaining social networks and community links. There is a need to develop a 'wider range of transport options and assistance' (p32) People wanted to interact with a range of people outside their age group. 'Having friends of diverse ages and with varying levels of need for support themselves might help people maintain fuller social lives' (p32) A woman living on her own in sheltered housing commented: 'Having lots of young people around is very important and helpful' (p31). Some informants commented on the importance of maintaining social activities outside the home, in the community, like visiting a pub, going to the shops, etc.	

Gridley K, Brooks, J, Glendinning C (2014) Good practice in social care: the views of people with severe and complex needs and those who support them

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'The aim of the qualitative study was to identify the features of social care services and support arrangements desired by adults and older people with complex needs' (p589) **Source of funding** Funding Councils NIHR School for Social Care Research	**Methodology** • Qualitative study **Intervention** Scoping good practice in social care provision. This includes integrated working, person-centred support, specialist workers etc. **Is this a linked study?** No **Social care outcomes?** Outcomes specified by users and carers	**Country** • UK **Population?** • Older people receiving social care in the community The study looks at adults and older people with complex or severe needs. The older population is specified as older people with dementia and complex needs **Source population demographics** • Health status Older people with dementia and complex needs **Sample size** 10	**Views of users, carers, practitioners** **What works well** The participants were most concerned about everyday support. The interviewees talked about person-centred ways of working which were individualised. Participants wanted support workers to take the time to get to know them and their needs. The study found that people wanted their care to be flexible and responsive to their preferences '[R]ather than putting them all in pigeonholes, "This person's got dementia, we'll do this, this, this and this"…it doesn't always fit that that is going to work for that person' (p591) 'We wanted somebody who would understand. He had his turban and he had his peculiarities, but ... it's about seeing the person, trying to get to know them, find out about them and building relationships with them' (p591) Another factor was meeting practical, emotional and social needs. Interviewees wanted support to extend beyond basic personal care and extend into other ADL such as: finances, transport, socialising and occupation. People also said that they wanted help to maintain skills, someone to talk to and participate in the community and maintain social links. Some interviewees said that their care staff were friends: '... you can talk to them [his personal assistants] ... that's nice sometimes just to get stuff off your chest without, like, not just your mum or whatever ... that's	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs** • A bit relevant Older people with dementia and complex needs. Not clear how many of this group would be older people with multiple long term conditions. Study was about three groups who had complex needs

			helpful. It's just being company sometimes' (p592) Some people found support at groups where they met others with similar conditions: 'We all understand each other because, although we've all got different problems, we've all got the same problem' (p592) 'It's good to come here and everybody's so – well, they respect me and I respect them ... Staff and the people who use the service' (p592) Staff attitude and inter personal skills were important to informants, and the study found this was more important than training: 'I need to have somebody around that I can relate to on some level or other. Even though it's a working relationship, the boundaries get very blurred between where work starts [and ends] and there needs to be some sort of personal relationship as well' (p592) Another key theme was reliability. Interviewees said that unreliable services had serious impacts on their anxiety levels. Family members and carers were concerned that unreliable staff would miss crisis events like falls: 'he could be on the floor all night long and they wouldn't even [know] – they don't even carry out their own procedures' (p593) Linked to the findings about building relationship with care staff was the theme of continuity of support. Interviewees said that continuity of care helped them have confidence in their services. People commented that it took time for new staff to get to know them and their complex needs. With a high turnover they had to repeatedly try and build relationships and give instructions: 'You just can't start again. By the time you've gone through everything you had to tell them and plus, by then, [husband] was very – if I wasn't here, it needed to be somebody that he knew otherwise he would be ang – you	

			could see in his face the anxiety' (p593) The study found that people with complex needs and their carers wanted services to be organised according to the following principles. Flexibility, with a timely proactive approach, with specialist expertise and information and potentially using interventions like case-management and co-ordination. 'the more complex the needs the more unique they are ... they do take up a lot of professional time and they need extra planning, but if you get it right it saves so much time' (p.594) 'If we'd had four visits much more quickly, then probably we'd have been able to keep the situation under control for longer instead of it turning into a crisis' (p.594) '...[social worker] was very young and very inexperienced and we were classed as the most complicated case in the area at the time and we had lots of clashes ... I think, probably, they should have put some more input in with ... somebody that knew what they were doing more' (p. 5.94) 'Key worker or somebody who co-ordinates, an advocate for the young person I think is essential, and that's where you see really good practice. Where someone who's got the time to help that young person, get the right people around the table at the various points to look at joint assessment and joint planning, that really works well' (p.594)	

Horrocks S, Somerset M, Stoddart H, Peters T (2004) What prevents older people from seeking treatment for urinary incontinence? A qualitative exploration of barriers to the use of community continence services

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'To explore reasons why older people living in the community do not present for help with problems of urinary incontinence and to identify ways in which they may be assisted to access continence services' (.689) 'It was hoped to explore in depth the reasons why older people do not access community continence services. A further aim was to establish how they could be assisted to access such services' (p690)	**Methodology** **Qualitative study** In-depth interviews with 20 people	**Country** UK **Population** Older people living in the community **Health status** It is NOT clear that this sample had LTCs. Two men had permanent catheters. Six people had used urinary incontinence (UI) services in the past, but only three still did, mainly for continence pads. UI was related to childbirth and/or hypertension, stroke, heart and prostate problems	**Views of users, carers, practitioners** 'Self-management' of UI was the rule, but the question addressed by the study was why older people did not seek help from primary care. Reasons: 1. Older people had reduced health expectations. They saw UI as a 'natural' consequence of aging 2. They were ashamed and too embarrassed to seek help 3. Some had taken measures themselves to 'contain' the problem, but at some social and psychological cost: restricting fluid intake, wearing certain clothing, avoiding social situations. Some did use pads (and one described an embarrassing and public disclosure when she went to pick them up) **What can be improved?** People did not ask for help from GPs and nurses (all saw GPs, some had nurse visits), clinicians had never asked if they had problems with UI Primary care staff could be more proactive in asking older patients about UI, with a view to supporting them to address the issue. (However, other than incontinence pads, there is no information about how practitioners can help older people with UI)	**As far as can be ascertained from the paper, how well was the study conducted?** + **Relevance to older people with multiple LTCs** Somewhat relevant. Relevance depends on whether the sample had LTCs, which is not stated

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		Sample Sample size 20 people over 65 living in the community, ‘purposively selected from a sample of patients who volunteered to be interviewed’ 11 female Seven people lived alone, 2 with relatives, 9 with partners **Sample age** Range 66–94 **Is this a linked study?** No		

Keefe B, Geron S, Enguidanos S (2009) Integrating social workers into primary care: physician and nurse perceptions of roles, benefits, and challenges

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'The primary aim of this article is to identify, from the perspective of primary care physicians and nurses, the challenges encountered in provision of health care to older adults and to identify potential roles, challenges and benefits of integrating social workers into primary care teams' (p580)	**Methodology** • Qualitative study **Intervention** • IPW **Is this a linked study?** • No	**Country** US **Population?** • Healthcare workers Nurses and physicians **Sample** Physicians N=13 Nurses N=11 Nurse practitioners N=1 **Sex** Physicians 23% female Nurses and nurse practitioners 100% female **Ethnicity** Physicians N=13: African American one, Caucasian three, Latino two,	**Views of users, carers, practitioners** Four primary themes: 1. Patient problems Both physicians and nurse identified unmet needs in their patients. Most prominent were: need for a consistent caregiver, high rates of social isolation and depression. Access to community resources – transport as a principal barrier impeding patient's access to primary care. Lack of financial resources – unable to meet multiple co-payments. Patients would save up symptoms for one visit, or prioritise medications for conditions 2. Provider challenges in serving older adults time constraints 'we have 15 minutes to listen to the patient, diagnose and treat' (p587). The multitude of chronic conditions and psychological problems exacerbate time pressures. Insufficient time limited physicians and nurses ability to effectively education the patients on their medical conditions, medications and follow-up plans. Physicians also believed that lack of disclosure from older patients about their wellbeing may be due to withholding information in fear the physician would deem them incompetent and recommend they no longer live independently 3. Perceived role of the social worker in general positive, especially from the physician who had previous experience of working with one. Physicians and nurses felt the social worker could 'check out the home situations' (p589) Some physicians felt that social workers 'had all the time in the	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs** • Highly relevant

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
		Asian seven, other one Nurses N=11 African American six, Caucasian one, Latino two, Asian one Nurse practitioner Caucasian one	world, which I don’t’ which would complement the work of the physicians and nurses. ‘You’re the social worker. Do your social thing and we will do our medical thing’ 4) Challenges of having a social worker some physicians were concerned that the extra time to interact with the social worker would be a distraction. ‘I would prefer the email route rather than very long winding conversations’ (p590). On the other hand many felt that it could only work if the social worker was on site at all times (not part time sited elsewhere) • **What works well** Meeting the psychosocial needs of the patients where the nurses and physicians feel they are unable to do adequately due to time constraints • **What can be improved** Physicians’ understanding of the roles and responsibilities of social workers	

King G, O'Donnell C, Boddy D, Smith F, Heaney D, Mair F, et al (2012) Boundaries and e-health implementation in health and social care

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'To explore the ways in which structural, professional and geographical boundaries have affected e-health implementation in health and social care through an empirical study of the implementation of an electronic version of the Single Share Assessment (SSA) in Scotland' (p1)	**Qualitative study** Telephone interviews with 11 data-sharing managers (DSMs) responsible for promoting cross-boundary information exchange in 11 of the 14 Scottish health board areas **Intervention** • Multidisciplinary or SAP SSA introduced in Scotland	**Country** UK **Sample size** 30 health and social care professionals at 6 sites. **Is this a linked study?** • No	**Views of users, carers, practitioners** SSA aimed to create a holistic record of patient condition and circumstances, which H&SC staff could use to assess care needs; reduce number of times people were asked questions; reduce duplication of records and be more accurate. **Practitioner experiences** Electronic SSAs (drawn from paper version) were in use, but only 2 of 11 DSMs said they were shared across social work and health, in some areas there was little or no sharing. In one area, only social workers could enter data, so other professionals had to send data to that team. Momentum was lost and practitioners suggested it was pointless unless shared IT systems underpinned the document How did structural boundaries affect data sharing? Those most likely to be relevant were those delineating the delivery of health and social care. Competing priorities (such as government focus on enablement and outcomes focused working), differences in IT systems (with no interface between them) and infrastructure (said to be poorest in health service), financial arrangements (when original implementation grant was removed) all hampered implementation How did professional boundaries affect electronic data sharing? 'Professional boundaries between health and social care workers affected their understanding and acceptance of the aims of SSA, the information they require and whether they	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs** • Highly relevant to integrated working with all care recipients, though not confined to assessment of older people with multiple LTCs

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			see SSA as consistent with their culture' (p6) History of cooperation/collaborative working was not encouraging: 'a naive political vision' (p6) failed to acknowledge that separation of social work and healthcare was ever thus: authors report that frontline staff said 'that's the way it's always been, and that it is unlikely that it will change' (p6) There was some evidence that barriers to joint working could be overcome: one example given was of attempt to create 'virtual teams' with communication events to surface and discuss paperwork Understanding and acceptance of SSA – a range of views given, with staff understanding the theory and purpose of SSAs, but, because the rule was made that only an SSA could secure access to other services, it was largely used as a referral tool only Information requirements and culture: professionals have different beliefs about the information needed to do their work. 'It's more a social work document than a health document' (p7) Nurses suggested that "Doing a financial assessment might affect a nurse's relationship with their patient – asking to see their bank book, or asking how much their house is worth" (p7) Health service staff thought some data (e.g. benefits, house care) should only be considered by social workers, and that they did not want to record more than minimal health detail (presumably for confidentiality reasons) How did geographical boundaries affect data-sharing?	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			Geographical challenges noted at all sites. SSA could be a solution to joint working over distance, e.g. in rural areas, especially where there was a small defined cohesive 'hub' of professionals to communicate with (though these areas could be poorly served for broadband connection to assist information capture and communication). Some study sites did have co-located teams which could facilitate joint discussions (though these were not always sustained): 'Commonly, there were several SSAs completed for the same patient as practitioners were unaware if one had been started' (p8) Primary/secondary care settings: 'from a hospital point of view, we never used it' (p8); others stated it was easier to complete an SSA in hospital when relatives, patient and professionals were all more accessible **Summary views of users, carers, practitioners** **What works well** Little on this: co-located teams made some advances in use of SSAs, especially if patients were assessed in integrated teams. SSAs easier to share in some rural areas where there was a limited number of professionals involved **What could be improved** Generally, IT interfaces were the main problem. In addition, the narrative findings suggest that SSAs were being conducted by one individual or service, often nurses, who did not want to show too much clinical detail, and objected to collecting information (such as financial) required by social workers.	

May C, Finch T, Cornford J, Exley C, Gately C, Kirk S, Jenkings N, Osbourne J, Robinson L, Rogers A, Wilson R, Mair F (2011) Integrating telecare for chronic disease management in the community: what needs to be done?

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim 'This study aimed to identify factors inhibiting the implementation and integration of Telecare systems for chronic disease management in the community' (p1) 'The aim of this study was to understand the general dynamics of service implementation and integration across a range of settings, and develop from the ground up principles to inform policy	**Methodology** • Qualitative study	**Country** • UK **Population?** • Older people living in the community • Social care workers • Carers of older people • Healthcare workers **Sampl**e 67 health and social care providers 31 patients and carers **Intervention** • Telecare **Is this a linked study?** • No	**Views of users, carers, practitioners** Themes that emerged from the stakeholders, service users and carers interviews were: • Policies do not join up with local service provision and protocols • Ownership and direction of business and service models is uncertain • New systems are rarely negotiated with service users • Uncertainty about the adequacy of new systems undermines user confidence - The authors found evidence of problems of engagement across boundaries of health and social care - Primary care professionals can be indifferent or openly hostile to telecare - It was not often clear who the institutional customer of telecare was – health or social care - There was a lack of sustainable funding and there were incompatible funding systems across sectors - Health professionals were unsure of the range of technologies to choose from and the right supplier - New systems were rarely negotiated with service users, the lack of understanding of the diversity of needs was noted by one supplier - Participants saw an urgent need for convincing evidence that telecare was a viable alternative to in-person service delivery – some expressed the view that the evidence would have to	**As far as can be ascertained from the paper, how well was the study conducted?** • ++ **Relevance to older people with multiple LTCs?** • Highly relevant

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
interventions' (p2)			be strong enough to change professionals' opinions: 'The most important thing is that it has to deliver real benefits. It's not just for it to be a difference was of doing something, almost for the sake of it' (p8) Suppliers and social care providers were less convinced by evidence from large scale academic studies that the healthcare providers were insisting were necessary to prove the case for safety and effectiveness of telecare. Service users reported not being informed on how telecare may impact on other technologies in the home – and there was little opportunity to individualise the system, the workings of the machine forced the user to adapt to that. There was a sense of a lack of purpose in collecting the kind of information demanded by the systems For some service users telecare was 'stepping up' what they were already doing: '... basically, I mean what this system has done is emphasised and built on the previous knowledge I had ... and has made me more aware of my condition daily ... And so it confirms okay, that I'm feeling better or I'm not feeling better having a good day or a bad day … but it gives you that feeling of security to know that somebody else is also looking' (p8) From service users' perspective the system provided a fast-track route to access to professional care as and when required	

Rogers A, Kennedy A, Bower P, Gardner C, Gately C, Lee V, Reeves D, Richardson G (2008) The United Kingdom Expert Patients Programme: results and implications from a national evaluation

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
Study aim The Expert Patients Programme (EPP) 'aims to deliver self-management support and improve the quality of life of people with long-term conditions by developing generic self-management skills and improving people's confidence and motivation to take more effective control over their lives and illnesses' (p21) This national evaluation of the EPP contains	**Methodology** Mixed methods A range of methods was used for the national evaluation of the EPP 1. An RCT to find out whether the course improved patients' outcomes and was cost-effective for the NHS (see Kennedy 2007 for report on RCT) 2. A personal experience study to examine patients' experience of undertaking the EPP training and to compare the experience, ways of living with an LTC, personal self-	**Country** UK **Population?** Health care workers, administrators and managers involved in the case study and implementation aspects and PCT survey. People with at least one chronic and long term condition - not necessarily older people. See Kennedy 2007 for more detail. **Source population demographics** None reported	**Primary outcomes from the RCT.** **Adjusted difference (95% CI)--P--ES** **Self-efficacy 8.0 (6.2 to 11.5) <0.001 0.44** **Energy 3.7 (1.2 to 6.3) <0.001 0.18** **Routine health services utilisation −0.2 (−1.4 to 1.0) 0.73 0.03** **Narrative findings** From the personal experience aspect of the study: 'The rises reported in self-efficacy appear to be about people feeling better about themselves and what they were already doing as a result of social comparisons and value attributed to sharing of experience in a group setting … The course re-enforced and legitimised existing self-management behaviours' (pii) However, there was less behaviour change than might have been expected, and reports seemed to show that the generic nature of the programme was not always relevant to people with different conditions (eg capacity to exercise) Among the reasons the data suggests for no behaviour change were established patterns in utilisation of health services (i.e. people did what they felt was necessary to maintain health), and lack of social and material resource to change behaviour. Attendees wanted welfare benefits advice as part of the EPP (but it was not included)	**Internal validity** + **Overall assessment of external validity** +

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
linked research studies designed to: 1. Examine the implementation of the EPP within the structures and locality contexts of the NHS in England (PREPP) 2. Evaluate whether the intervention is clinically cost-effective (the RCTI outcome evaluation) 3. Examine personal experience of being recruited to and undertaking the EPP intervention against the background of peoples' pre-existing ways of managing and	management strategies and use of services prior to and after attending the training programme. 3. A process evaluation to study implementation by PCTs and to find out how differing local contexts influenced the running of the programme, using surveys **Costs and consequences** Full economic evaluation not analysed further: see also Kennedy (2007)	See Kennedy (2007) for comparison of RCT sample with general health service **Sample** 629 patients included in RCT **Intervention** Self-care support **Is this a linked study?** Yes This is the full report of the evaluation of the pilot phase of the EPP	The data also suggests that the primary reasons for attending the course were to combat social isolation, to help others and to share experience: 'Opinions on the course were distinctly positive with over 80% of respondents giving strongly positive or positive responses to their rating of the course organisation, content and usefulness (see Table 10). About two-thirds of participants found the course relevant to them and motivating (Table 11). People also responded positively to the questions on their experience within the EPP group with nearly 90% agreeing or strongly agreeing with the statement "I enjoyed being part of my EPP group" (p26) **Action planning** The EPP course encouraged people to create action plans: 'Each week people were asked to state an action they planned to undertake throughout the next week. During the following week they told the group about their success (or lack of success). Less than half the participants (n=84) were continuing to use action plans' (p26) There were also comments on the influence of the facilitator in including all participants, and not allowing some members to dominate discussion; on the course content, and on overall experience There were examples of positive comments: 'Enjoyable, increased confidence and motivation, provided strategies, group bonding, allowed reframing of self-view of condition, reinforced existing self-care actions, allowed comparisons, helped acceptance and "moving on", taught better way to communicate with doctors'; and examples of negative	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
living with an LTC (qualitative evaluation)			comments: ‘Tiring, boring, a lot of effort, problem when don’t ‘ it’ with rest of group (e.g. too young, physical disability), lack of emotional support and back up, too superficial, too structured. Too focused on conditions – doom and gloom, no answers to questions, no help dealing with services. Did not learn anything new as already good self-managers’ (p27) **Implementation** Findings from the implementation phase of the (2003–5) evaluation drew on professionals’ views **Problems with the implementation** 1. Positioning the programme within services ordinarily organised around specific LTCs 2. Lack of understanding of ways to engage the public, and no familiarity with concept of ‘expert patient’ 3.’EPP was most quickly established in PCTs already running community focused initiatives that had an active and key enthusiast’ (‘a product champion’) (p5) 4. ‘The delivery and content of the EPP training course was prescribed and meant there was limited flexibility for local organisations to adapt the programme in ways that met the needs of local communities and the spread of diverse self-care support initiatives’ (p5) **Positive aspects of implementation (practitioners’ views)** 1. Support for generic course. ‘It was initially difficult to engage people with the principles of the generic course, but the generic course was seen positively by practitioners as a way to: - Prevent conditions becoming over medicalised	

Research question/study aims	Study design/theoretical approach	Population, sample and setting	Findings (including effect sizes or outcome measures)	Overall quality assessment
			- Help people to see their symptoms are normal (particularly related to mental health) - Allow people to make comfortable comparisons with each other - Provide somewhere to voice unmet need for those with negative experiences of services or whose long-term conditions were either not recognised as legitimate or dealt with well by health professionals' (pp5–6)	

Sargent P, Pickard S, Sheaff R, Boaden R (2007) Patient and carer perceptions of case management for long-term conditions

Research question/study aims	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Study aim The aim of the study was to use qualitative methods to find out how case management, by community matrons is being delivered to older people with LTCs. The study aims to	**Methodology** Qualitative in-depth interviews with a purposive sample of older people with complex needs and also carers. Interviews were led by a thematic interview guide, which had	**Country** • UK Participants were taken from 6 primary care trusts **Population?** • Older people receiving care from a community matron.	**Views of users, carers, practitioners** The study found that community matrons provide five groups of care tasks: clinical care, care coordination, education, advocacy and psychological support **What works well** Clinical care – patients 'felt cared for' and that their conditions were being monitored properly These regular checks contributed to peace of mind, 'gave the confidence they were in stable health' (p514) 'It gives me confidence in my health, because she takes my blood pressure and its ok and my heartbeat is ok ... she gives	**As far as can be ascertained from the paper, how well was the study conducted?** • + **Relevance to older people with multiple LTCs** • Highly relevant

Research question/study aims	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
'describe care management from the perspective of patients and carers' (p511)	been piloted and questions were designed to gather detailed data on patients care and attitudes towards this care **Intervention** All participants were receiving care from a community matron. Matrons were working on five main categories of tasks with patients: clinical care, care coordination, education, advocacy and psychosocial support (p514)	Participants referred by community matrons. All participants had: 'a good level of cognitive functioning, moderate hearing ability, willingness to talk at length about their personal experiences of care management and an ability to critically reflect on their care' (p513) • Carers of older people – carers interviewed were selected in the same way as the those receiving services **Sample** 72 patients 52 carers	me confidence' (p.514) Matrons assisted with taking medications and helping to organise changes in dose etc. One patients said this monitoring stopped 'getting mixed up. Or running out' (p514) Service users valued the coordinating role matrons took on, organising medication and liaising with GPs and other professionals and how matrons were able to resolve issues. 'She's a great link up between all the services, she has made a difference to the efficiency of getting things done' (p514) Matrons provided advice and information about services, medications and other issues. One patient commented that they could have an 'open dialogue of information sharing … She will advise me, she won't tell me, she'll advise me' (p514) The study suggests that this information giving might facilitate self-care in patients. Carers particularly commented on this: 'She has shown [patient] how to use his inhaler properly' Matrons advocated for the patients with other professionals and services. Patients were positive about ability of this service to improve the level of their care. 'She has helped me get equipment ... when I was getting nowhere with the social worker (p515) Psychosocial support – the study emphasises the particular positive views people has about the social aspect of the visits. 'Mentally ... it means so much knowing that [community matron] is there for me ... it has made a big difference to me' (p515)	

Research question/study aims	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Sample age Range 52 to 99 Mean 79	‘I look forward to her coming and having little chats and everything ... it was nice to have someone to talk to, to be honest ... It stopped me feeling sorry for myself’ (p515) **Satisfaction** Generally speaking the study reports that the people interviewed were satisfied with the service they received from community matrons. Patients were positive about the range of health and social care services provided by the community matrons. They reported that their health needs are well monitored, they were receiving help with more practical issues and also reported improvements in mood and sense of wellbeing. **Caregiver satisfaction** The study found, that as well as providing a potentially valuable service to patients there were also positive outcomes for carers. Carers in the sample reported community matrons acting as a source of ‘advice, practical and emotional support’ (p517) and also as a helping in coping with the strain of caring Carers commented that the community matrons helped ‘take the pressure off’ and find out how they were coping. Carers said that they felt isolated and unsupported before the intervention and they felt supported by the matron and could ask questions	