

extrapolating effects from data captured over 8 months. Mortality and quality of life were not measured and so health benefits are not measured using QALYs.

Overall applicability:^(c) Partially applicable **Overall quality**^(d) Potentially serious limitations

Abbreviations: CCA: cost-consequence analysis; 95% CI: 95% confidence interval; ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years.

(a) Based on annual bed day savings of £3.5 million and the annual cost of the service of £800,000.

(b) Directly applicable/Partially applicable/Not applicable.

(c) Minor limitations/Potentially serious limitations/Very serious limitations.

Appendix F: GRADE tables

Table 6: Clinical evidence profile: Liaison psychiatry versus control/usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Liaison psychiatry consultation	Control	Relative (95% CI)	Absolute		
Mortality (follow-up 3 months, 8 weeks, 12 weeks, 6-8 months)												
4	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	68/299 (22.7%)	53/309 (17.2%)	RR 1.30 (0.94 to 1.79)	51 more per 1000 (from 10 fewer to 136 more)	⊕○○○ VERY LOW	CRITICAL
Length of stay (days) (follow-up 8 weeks, 6-15 months; Better indicated by lower values)												
4	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	579	537	-	MD 1.83 lower (4.53 lower to 0.87 higher)	⊕⊕○○ LOW	CRITICAL
Quality-adjusted life weeks (QALWs) (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	45	41	-	MD 1.5 lower (3.51 lower to 0.51 higher)	⊕○○○ VERY LOW	CRITICAL
Patient satisfaction (follow-up 12 weeks)												
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	38/41 (92.7%)	29/43 (67.4%)	RR 1.37 (1.1 to 1.72)	250 more per 1000 (from 67 more to 486 more)	⊕○○○ VERY LOW	CRITICAL
Health of the Nation Outcome Scale 65+ (score 0-48) (follow-up 6-8 weeks; Better indicated by lower values)												
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	59	-	MD 0 higher (1.75 lower to 1.75 higher)	⊕⊕⊕○ MODERATE	CRITICAL
Number of re-hospitalisations (follow-up 6-21 months; Better indicated by lower values)												

1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	256	252	-	MD 0.19 lower (0.57 lower to 0.19 higher)	⊕⊕⊕⊕ LOW	CRITICAL
Time to next hospitalisation (days) (follow-up 15 months; Better indicated by lower values)												
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	256	252	-	MD 29.9 lower (54.78 to 5.02 lower)	⊕⊕⊕⊕ LOW	CRITICAL
Readmission at 3 months (follow-up 3 months)												
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	19/77 (24.7%)	21/76 (27.6%)	RR 0.89 (0.52 to 1.52)	30 fewer per 1000 (from 133 fewer to 144 more)	⊕⊕⊕⊕ VERY LOW	IMPORTANT
Discharge to home (follow-up 3 months)												
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	27/47 (57.4%)	36/60 (60%)	RR 0.96 (0.69 to 1.32)	24 fewer per 1000 (from 186 fewer to 192 more)	⊕⊕⊕⊕ VERY LOW	IMPORTANT

¹ Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias.

² Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Appendix G: Excluded clinical studies

Table 7: Studies excluded from the clinical review

Study	Exclusion reason
Abidi 2003 ²	Observational study
Alaja 1995 ⁶	Observational study
Alaja 1997 ⁴	Observational study and no extractable outcomes
Alaja 1998 ⁵	Observational study
Alaja 1999 ³	Observational study
Alberdi 2011 ⁷	Observational study
Anderson 2005 ⁸	Observational study
Aoki 2004 ⁹	Comparison of 2 observational studies
Brakoulis 2006 ¹¹	Observational study
Buckley 1994 ¹²	Narrative of an observational study
Burton 1991 ¹³	Incorrect comparison – comparing results after a primary and second consultation
Caduff 2004 ¹⁴	Narrative study
Callaghan 2002 ¹⁵	Observational study
Carson 1998 ¹⁶	Observational study
Clarke 1995 ¹⁷	Observational study
Collinson 1998 ²⁰	Observational study
De Giorgio 2015 ²²	Observational study
De Jonge 2003 ²³	Observational study
Desan 2011 ²⁴	Incorrect study design – quasi-experimental study
Draper 2005 ²⁵	Low quality systematic review
Elisei 2013 ²⁶	Observational study
Fritzsche 2005 ²⁷	Observational study
Gala 1999 ²⁸	Observational study
Gater 1995 ²⁹	Incorrect study design – qualitative with no extractable outcomes
Goulia 2009 ³⁰	Incorrect comparison
Hosaka 1999 ³¹	Incorrect intervention, observational study
Koopmans 1995 ³²	Incorrect intervention – outpatient clinical referral by a general practitioner
Koopmans 1996 ³³	Incorrect intervention – outpatient clinical referral by a general practitioner
Kratz 2015 ³⁴	Observational study
Kurlowicz 2001 ³⁵	Observational study
Lamdan 1997 ³⁶	Observational study
Lamprecht 2005 ³⁷	Observational study
Mayou 1991B ³⁹	Observational study

McCulloch 2007 ⁴⁰	Observational study
Newton 1990 ⁴¹	Incorrect study design – qualitative study
Nogueira 2013 ⁴³	Observational study
Priami 1997 ⁴⁵	Observational study
Sampson 2009 ⁴⁶	Observational study
Sampson 2013 ⁴⁷	Author reply about an irrelevant study
Saravay 1996 ⁴⁸	Narrative of studies
Schellhorn 2009 ⁴⁹	Observational study
Schrader 2005 ⁵⁰	Incorrect intervention
Shepherd 2012 ⁵¹	Observational study
Stiefel 2008 ⁵³	No extractable outcomes - outcome reported in study not in protocol
Swanwick 1994 ⁵⁵	Observational study
Su 2010 ⁵⁴	Observational study
Tsai 2012 ⁵⁸	Observational study
Verbosky 1993 ⁵⁹	Observational study with an incorrect comparison (patients suffering from depression compared with patients without depression)
Wood 2014A ⁶⁰	Low quality systematic review

Appendix H: Excluded health economic studies

No health economic studies were excluded.