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Evidence *summaries*

Regulating and inspecting integrated health and social care in the UK: Scoping the evidence

- There are a number of regulatory bodies responsible for overseeing the quality of health and social care services across the four countries of the UK. Among other activities, these bodies conduct inspections in different health and social care settings. Separately, a number of professional regulators oversee the conduct of different health and social care professionals (e.g. doctors, nurses, pharmacists, dentists, social workers).
- In recent years, in the UK and other countries, there has been a move toward a more “integrated” way of delivering health and social care. This involves better co-ordination between different parts of the NHS, and between the NHS and other organisations.
- A more joined-up health and social care system has changed some of the ways in which care professionals work with each other and with the public. It also means that care is sometimes provided outside traditional settings. This has raised questions about how the regulation and inspection of health and social care services should change.
- We searched the international literature to identify any evidence on the regulation and inspection of integrated care.
- While we found relevant publications, very few of these provided evidence to indicate how effective different approaches to regulation might be.
- There was particularly little empirical evidence on professional regulation.
- To build an evidence base in this topic area, organisations responsible for regulating professionals should incorporate some form of evaluation into any planned strategic reforms.

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Why is this evidence needed now?

A number of different professional regulators oversee the conduct of different health and social care professionals (e.g. doctors, nurses, pharmacists, dentists, social workers) in the UK. Professional regulators' responsibilities include maintaining a public register of professionals, establishing standards for professional competence, and investigating complaints. In addition, there are several 'system' regulatory bodies that oversee the quality of health and social care services. Among other activities, these bodies conduct inspections in different health and social care settings.

In recent years, in the UK and other countries, there has been a move toward a more "integrated" way of delivering health and social care. This involves better co-ordination between different parts of the NHS, and between the NHS and other organisations. Integrated care is believed to provide a range of benefits including improved care quality and better health outcomes for individuals, as well as the more efficient use of resources.

In some cases, having a more joined-up health and social care system has changed the ways in which care professionals work with each other and with the public. It also means that care is sometimes provided outside traditional settings. These changes have raised questions about how the traditional regulation and inspection of health and social care services should also change.

This Evidence Summary looks at how much evidence is currently available on the regulation and inspection of integrated health and social care.

Objectives

To conduct a rapid scoping review to identify and classify published material that could potentially address the following key questions:

- What models of regulation and inspection of integrated care have been proposed? (Including approaches taken in other countries)
- What evidence is available on the effectiveness of such models?
- What are the barriers and enablers of effective regulation and inspection of integrated care?
- Can barriers to effective regulation and inspection be overcome without legislative change?

Identifying the evidence

After preliminary searches of MEDLINE (Ovid) and CINAHL Complete (Ebsco), five databases were searched to identify both empirical and non-empirical publications related to the regulation and inspection of integrated care provision. Searches were restricted by publication date (2005 to January 2020) to maximise the relevance of the evidence identified. No language, geographical or study limits were applied. The following databases were searched:

- MEDLINE (Ovid)
- PsycINFO (Ovid)
- Health Management Information Consortium (Ovid)
- Cumulative Index to Nursing & Allied Health (CINAHL Complete) (Ebsco)
- Social Care Online

Further evidence was identified through searches of the grey literature, the websites of 15 key organisations, and through contacts with topic experts.

Selecting the evidence

The following criteria were used to identify relevant evidence from the search results.

Publication type: Both empirical and non-empirical publications. Empirical studies could be of a qualitative or quantitative design. Non-empirical publications could include discussion or theory papers, as well as other descriptive pieces such as editorials. Letters or news articles were excluded.

Setting: Primarily focused on the integration of health and social care provision, for example, services delivered jointly by NHS providers and local authorities. However, publications could also focus on care provision that is delivered across other settings/sectors by different professional groups working together. For example, across primary or secondary care. Care providers could be in the public, private or third sector, and services could be aimed at adults and/or children.

Focus: Publications with a primary focus on the regulation and/or inspection of integrated care. Reference to the governance of services more broadly was not sufficient for inclusion.

Outcomes: Empirical studies could report on any outcome relevant to the regulation and/or inspection of integrated care. This could include issues related to implementation, for example, views about barriers and enabling factors. Non-empirical publications could focus on any relevant issue including proposed models of regulation or outcome frameworks.

Mapping the evidence

Each included publication was coded based on various key characteristics, including topic (regulation or inspection); country; population/setting and document type (e.g. empirical research, models or frameworks or theoretical). This information was used to produce a high-level descriptive overview, which characterised the nature of current literature relevant to the regulation and inspection of integrated health and social care in the UK, as well as identifying research gaps, where possible.

Results

A total of 7179 records were identified from the databases searches, of which 71 were included in the scoping review. A further 95 publications were identified through supplementary website searches. These studies were classified, with their key characteristics presented across 13 tables. These details, and further discussion of the evidence can be found in the following web report: <https://www.fundingawards.nihr.ac.uk/award/NIHR131078>

While there were records that could be classified as relevant to one or more of the research questions, there was a notable absence of evidence relating to: (a) effectiveness of regulatory/inspection strategies; and (b) professional regulation.

Conclusions

Proposed models of regulation and inspection of integrated care

Much of the literature on models of regulation relates to the establishment and evolution of the main system regulatory bodies in the UK. Many of the models of regulation described in the literature were not initially designed with integrated care as a primary focus, but have undergone incremental reform to adapt to the ongoing integration of health and social care services.

Much of the literature from outside the UK on moving towards integrated system regulation appears to come from the Netherlands, Canada, and Australia. Some publications have looked at regulatory approaches across different countries.

Only a small proportion of the literature is primarily concerned with models of professional regulation.

Evidence on the effectiveness of such models

There appears to be little empirical evidence on the effectiveness of existing approaches to system regulation and inspection in the context of integrated care, and there was no empirical evidence on the effects of different models of professional regulation.

Barriers and enablers of effective regulation and inspection of integrated care

Where empirical evidence was identified, this largely focused on qualitative views/experience data, including barriers to, and enablers of, effective system regulation of integrated care.

The evidence on professional regulation was typically small in scale and/or narrow in focus.

Evidence on overcoming barriers to effective regulation and inspection of integrated care without legislative change

A small number of publications have suggested ways to overcome specific barriers to effective regulation of integrated care, again focused on system regulation rather than professional regulation. Only rarely were these suggestions based on any formal empirical investigation.

Implications for research

There may be an opportunity to synthesise some of the existing evidence on system regulation and inspection identified in this scoping review in a more formal systematic review. However, any such review would likely be dominated by views and experience data derived from surveys and interviews and include little objective data on effectiveness.

Before a useful evidence base on the effectiveness of regulation in integrated care can be developed, policy makers and researchers need to agree what constitutes 'effective' regulation, how this can be measured, and which study designs are most appropriate for evaluation. Related questions about what constitutes 'successful' integration of care should also be taken into account when planning such research.

Organisations responsible for regulating professionals might consider incorporating some form of evaluation into any planned strategic reforms, in order to build an evidence base in this field.

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