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

Background

There are different regulatory systems for overseeing the quality of health and social care services across the four countries of the UK. In England, the Care Quality Commission (CQC) monitors, inspects and regulates both health and social care services including NHS treatment providers, care homes and children's services (the latter partly done in conjunction with Ofsted). It publishes its findings, which include ratings, to help people choose care. NHS England/NHS Improvement, which now operates as a single organisation, also has regulatory oversight in some areas of English health care provision.[1, 2]

There are separate agencies regulating health and social care services in both Wales and Scotland. In each country, the respective regulatory agencies operate separate inspection programmes, but do also conduct some joint inspections. For example, The Healthcare Inspectorate Wales and Care Inspectorate Wales have recently conducted joint inspections of care for people with learning disabilities[3] and Community Mental Health teams.[4] Furthermore, in Scotland, the two principal regulators (Healthcare Improvement Scotland and the Care Inspectorate) have been conducting joint inspections of some services since 2013. For example, integrated health and social work services for older people. In 2017, the approach to joint inspections was altered to focus on the strategic planning and commissioning of integrated health and social care services and leadership in care partnerships.[5] In Northern Ireland, the Regulation and Quality Improvement Authority is chiefly responsible for the regulation and inspection of health and social services, but its remit does not extend to GP practices. The inspection of GP practices is currently the responsibility of the Health and Social Care Board.[1, 6]

In addition to the regulation of services, 32 health care professions are also subject to statutory independent regulation in the UK.[7] In contrast to the 'system regulators', most of the regulators of health care professions operate across the UK.[8] There is currently a total of nine organisations that regulate UK health care professionals: General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; General Pharmaceutical Council; Health and Care Professions Council; Nursing and Midwifery Council; and the Pharmaceutical Society of Northern Ireland. Separate bodies regulate social workers in England, Scotland, Wales and Northern Ireland.[9] Prior to 2nd December 2019, social workers in England were regulated by the Health and Care Professions Council.

There are differences between the 'professional regulators' in terms of regulatory powers and procedures, but they share a number of common functions.[7, 9] For example, each of the regulators is responsible for maintaining a public register of professionals; establishing and maintaining standards for education, training and professional competence; and investigating complaints and fitness to practice.[7, 8] The Professional Standards Authority for Health and Social Care (PSA) oversees and assesses the statutory organisations that regulate health care professionals in the UK and social workers in England.[10]

Recognising that the current regulation of health and social care professionals in the UK had become overly complex, inflexible and outdated, the Department of Health and Social care ran a consultation on proposals for reform of the system in 2017/2018.[8] In response to the consultation, an intention

was expressed to draft and bring forward changes to fitness to practice and governance frameworks.[8]

Overlap between the roles and responsibilities of health and social care regulators has grown as a result of an ongoing drive towards integrated health and social care.[1] The term 'integrated care' has been defined and conceptualised in many different ways.[11] At a basic level, integrated care involves organisations and services working jointly across established boundaries to address the needs of the population.[12] A key defining principle of integrated care is that it should bring together in the design and delivery of services those parts of a system that are traditionally fragmented.[11] Greater integration of care is widely seen as a way to improve care quality, deliver better health outcomes for people that use services, and use limited resources more effectively.[13]

The integration of care may take several key forms including horizontal and vertical integration. Horizontal integration results from services or organisations that are at a similar level working together. For example, the integration of health, social care services and/or other care providers. This form of care is often based on the development of care networks and/or multidisciplinary teams. When services or organisations that are at different levels work together to provide care, this is known as vertical integration. For example, integrated care across primary, hospital, community and tertiary care services.[11, 14]

A distinction can also be made between integration of care that is provided to: an entire population (macro level integration); a particular patient group such as individuals with long term conditions (meso level integration); and individual patients and their carers (micro level integration). Examples of micro level integration include individual care plans, and the use of telecare/telehealth.[14] Technology enabled care services such as telehealth and telemedicine are seen as a key component in achieving greater health and social care integration.[15]

The integration of care, particularly of health and social care, has been a key policy objective in the UK within the last decade. The Local Government Association[16] and Ham[12] identified a number of key legislative and policy drivers to greater integration of health and social care in England since 2010, which included: The Health and Social Care Act, (2012); The Care Act (2014); NHS Five Year Forward View, (2014); Better Care Fund, (2015); Next steps on the NHS five year forward view' (2017). Furthermore, the NHS Long Term Plan stated an intention to create Integrated Care Systems (ICS) throughout England by 2021.[17] ICS bring together local organisations to integrate health and social care, as well as primary and specialist care, and physical and mental health services.[17] Successful ICS would have greater control over funding and performance along with less involvement of regulators.[12]

The NIHR conducted a topic identification exercise in 2018 related to the broad area of 'professional' regulation in UK healthcare. It involved 23 UK stakeholder groups comprising 12 organisations that regulate health care professionals and 11 system regulators. The exercise generated a list of approximately 30 possible research topics, some of which were articulated as research questions and others were statements about areas for which there was thought to be a lack of existing evidence. The NIHR assessed each topic area and prioritised the following related questions, which were then referred to the York HS&DR review team:

- What factors enable delivery of an effective system of regulation and inspection in an environment where services are increasingly being provided on a multi-agency (including third sector) and local basis in, or close-to, people's own homes?

- How can we overcome the barriers to deliver effective joint regulation and inspection in a way which makes sense from the perspective of the individual accessing the care and services? To what extent is it possible to achieve this without the need for major legislative or structural change?

Stakeholder engagement

To gain insight into the motivation for the work and input in relation to refining the proposed questions for evidence synthesis, extensive engagement and consultation with potential key stakeholders was carried out by the York team.

1) An initial teleconference was held with representatives from the Professional Standards Authority and Care Quality Commission, who provided an overview of healthcare regulation in the UK and existing research in the area. They kindly expressed a willingness to assist with the proposed work, and arranged for researchers to attend Professional Standards Authority's Policy and Research Forum and Health and Social Care Regulators.

2) Two members of the York team attended the Professional Standards Authority's Policy and Research Forum. Present at the meeting were representatives from the Professional Standards Authority and various regulatory organisations (General Pharmaceutical Council; General Chiropractic Council; Health and Care Professions Council; General Optical Council; General Osteopathic Council; General Medical Council; General Dental Council; Nursing and Midwifery Council). A presentation was given to the forum in order to explain the work of the York Evidence Synthesis Centre and to gain the thoughts of attendees regarding the proposed questions. Attendees pointed out that the questions as originally formulated would benefit from unpacking, and provided context and insight from their own perspectives. The York team ultimately managed to speak directly with the organisations that proposed the original research questions (see (5) below).

3) Two members of the York team attended a meeting of the Health and Social Care Regulators to present to the group and seek their input into protocol development. Attending the meeting were senior managers from the Care Quality Commission; Department of Health; General Dental Council; Health and Care Professions Council; Local Government and Social Care Ombudsman; Nursing and Midwifery Council; General Pharmaceutical Council; Parliamentary and Health Service Ombudsman; Professional Standards Authority; Medicines and Healthcare products Regulatory Agency; Social Work England; General Medical Council. A suggested topic of interest to the group related to interdisciplinary regulation of online primary care. There are multiple disciplines and regulatory organisations involved in the provision of online care and the supply of pharmaceuticals to the consumer. This was seen to raise questions and issues of uncertainty regarding effective regulatory oversight of the process and complaints related to care. In addition, it was pointed out that the remit of the regulators goes beyond the NHS; a lot of care is delivered by private providers and outside of the NHS. There was a suggestion that international evidence could be relevant and provide useful lessons.

4) A teleconference was also conducted with the General Medical Council. It was reported that system and professional regulation can be closely linked in practice, and complaints about organisations can be flagged to CQC and vice versa.

Online regulation was considered to be an emerging area, and it was indicated that the GMC recently commissioned research on worldwide regulatory approaches to telemedicine (Europe Economics, 2019). The issue of the generalisability of evidence around regulation and inspection was discussed. The regulatory architecture and frameworks differ across countries, but there was

believed to be scope to learn from other areas as countries face similar issues and potential risks. Interest was expressed in multidisciplinary team working, understanding the barriers and enablers, and issues around responsibility if something goes wrong. For example, in hospital settings or primary and secondary care, where there is joint working and multidisciplinary collaboration.

In terms of models of joint regulation and their efficacy, follow-up feedback from the GMC indicated an interest in the following:

- sequencing inspections and sharing information;
- sharing/joint analysis of data;
- coordinating around identifying and responding to risk;
- coordinating investigations when something goes wrong;
- attributing responsibility when something goes wrong.

5) The original questions prioritised by the NIHR from the consultation exercise originated from Health Inspectorate Wales. A teleconference held between the York team and representatives of both Health Inspectorate Wales and Care Inspectorate Wales, provided key background to the proposed questions.

It was stated that over recent years there has been a number of policy initiatives in Wales to promote the integration of health and social care. However, the two regulatory bodies in Wales (Healthcare Inspectorate Wales and Care Inspectorate Wales) do not share a common regulation and inspection framework. A new regulatory framework for social care 'Regulation and Inspection of Social Care (Wales)' Act became law in 2016. Furthermore, it was stated that the 2017 White paper 'Services Fit for the Future' included elements on: service or activity based regulation; regulators independent of government; and merging of regulators, but these particular aspects have not been taken forward in a bill going through parliament.

Two different approaches to inspection were highlighted: i) Time/frequency approach in which inspections occur at specific time intervals ii) A risk based approach, which involves inspecting when concerns are raised or there is considered to be other some other reason to inspect. A combination of approaches were reported to currently be used in practice. A risk based approach may be effective but is potentially not seen as such if there is an expectation for a time/frequency based approach. Interest was expressed in a number of related issues including:

- What works in terms of the regulation and inspection of integrated health and social care provision.
- How much is known about the joint regulation and inspection of integrated care.
- What are the most effective models of regulation and inspection.
- What influences effective regulation and inspection.
- What are the barriers to effective regulation and inspection, and can barriers be overcome without legislative change.
- There was also an interest in international comparisons and evidence from other countries in order to understand how they have approached regulation and inspection of integrated care.

Taken together, our engagement with stakeholders has highlighted a need for evidence on regulation and inspection of health and care services in a number of areas (e.g. around integrated and online care provision) that are interrelated and potentially overlapping.

Objective

We propose focusing on the questions that were prioritised by the NIHR and refined during our conversations with stakeholders as part of the engagement process. These are:

1. What models of regulation and inspection of integrated care have been proposed? What evidence is available on the effectiveness of such models?
2. What are the barriers and enablers of effective regulation and inspection of integrated care, and can barriers be overcome without legislative change?

These questions address issues of broad relevance to health and social care across the whole of the UK. Furthermore, a preliminary search suggested that there is scope to draw together relevant literature from around the world. However, we do not believe there is likely to be a substantial body of primary research evidence addressing the questions of interest. Therefore, we will seek to conduct a broad scope of the literature in order to identify both empirical and non-empirical publications that focus on the regulation and inspection of integrated care provision. Relevant material will be classified and annotated in order to produce a descriptive overview of the literature in this area. This overview will seek to characterise and summarise the existing literature as well as identify potential gaps in the knowledge base.

Identification of evidence

A search will be carried out to identify relevant material published within the last 15 years (2005 onwards). No language or geographical limits will be applied. We propose searching the following databases:

- Medline
- CINAHL
- Health Management Information Consortium
- Social Care Online

It is anticipated that non-academic sources will be particularly important in this review for identifying relevant material. Searches of academic databases will be supplemented by searching relevant research, policy and other key websites in order to identify additional publications and grey literature. For example, The Kings Fund, The Nuffield Trust, and websites of health and social care regulatory bodies in the UK and other comparable countries. We are aware, for example, that the Dutch Health and Youth Care Inspectorate (IGJ) has recently published a number of potentially relevant documents. In addition to searching the IGJ website, we will also contact the organisation directly to request any other pertinent material. Furthermore, it is known that an international special interest group relating to the regulation and inspection of integrated care was established in 2018. Group contacts will be approached and requests made for any key documents or references that they can provide.

Selection procedure

A sample of title and abstracts will initially be pilot screened by two reviewers independently and their decisions compared. On achieving a high degree of agreement (90% or more), the remaining title and abstracts will be screened for inclusion by one reviewer only. If there is uncertainty regarding the eligibility of any record, it will be discussed with a second reviewer. The full text of potentially relevant publications will then be retrieved and screened independently by two reviewers. Any disagreements that arise will be resolved by consensus or consulting a third reviewer.

Selection criteria

Records will be screened for potential inclusion against the following selection criteria:

Publication type: Both empirical and non-empirical publications. Non-empirical publications may include discussion or theory papers, as well as other descriptive pieces such as editorials. Letters or news articles will be excluded. Publications that primarily report findings from inspections of care services will also be excluded. Empirical studies can be of a qualitative or quantitative design.

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 may 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 can be in the public, private or third sector, and services may be aimed at both adults and children.

Focus: Publications must have a primary focus on the regulation and/or inspection of integrated care. Reference to the governance of services more broadly, will not be sufficient for inclusion. Integration can be either horizontal or vertical in type and be at a macro, meso or micro level.

Outcomes: Empirical studies may report on any outcome relevant to the regulation and/or inspection of integrated care. This may include issues related to implementation, for example, views about barriers and enabling factors. Studies that evaluate the effects of inspections within a single health care setting such as hospitals will be excluded. Non-empirical publications may focus on any relevant issue including proposed models of regulation or outcome frameworks.

Data extraction

For each included publication, key characteristics will be extracted and tabulated by one reviewer and checked by a second reviewer. The exact characteristics extracted will depend on the type of publication. For empirical studies, a range of relevant details will be extracted including population, methodology and outcomes.

Quality assessment

As included material will comprise both empirical and non-empirical publications, quality assessment using a formal tool will not be conducted. However, the strengths and limitations of included publications will also be considered and reported.

Synthesis

Key characteristics extracted from publications will be used to produce an annotated summary of the literature, with hyperlinks to the full text of all included publications (where available). This summary will detail the nature of the current literature relevant to the regulation and inspection of integrated health and social care in the UK. It will also identify areas in which there are gaps in the knowledge base. Publications will be classified according to relevant categories, such as document type (empirical or non-empirical); type of integrated care (e.g. health and social care); type of regulator (systems and/or professional); focus (e.g. models of regulation, or outcome frameworks). We will seek to provide a more in depth commentary of any documents that are particularly pertinent to the research questions.

Patient and Public Involvement

While this work is likely to be primarily of interest to stakeholders with a professional or academic interest in regulation and inspection of health and care services, we will recruit a patient and public involvement (PPI) advisor through the University of York's Involvement@York PPI network. This advisor will be invited to comment on the project outputs, with a particular emphasis on (a) accessibility of content to public users and (b) the translation of content between different forms of output.

Dissemination

A report will be submitted to HS&DR, and other outputs and dissemination channels for the findings considered. A document containing navigable hyperlinks to all available original sources identified in the scoping review will be hosted on the CRD website. A presentation of key findings will be offered to stakeholders via Zoom online web conferencing. If appropriate, we will summarise the research for publication in an academic journal, and develop a 4-page evidence summary with sufficient flexibility to cascade implications for practice to key audiences (e.g. service users, providers, commissioners).

Timetable

	November	December	January	February	March
Preliminary scoping searches and protocol development					
Full literature searching					
Screen title, abstracts and full text of publications					
Classify and annotate publications and draft report					
Submission of draft report					

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