

# Summary

## The state of health care and adult social care in England 2017/18



# The state of care in England

Most people in England receive a good quality of care.

Despite the continuing challenges that providers face, this quality of care has been largely maintained, and in some cases improved.

But quality is not consistent, and access to good care increasingly depends on where in the country you live and the type of support you need.

Some people can easily access good care. Others cannot access the services they need, they experience disjointed care, or only have access to providers with poor services.

People's experiences are often determined by how well different parts of local systems work together.

*"You don't just feel that you're a number, that you're a file ... I've felt valued and I've felt ... I don't mean self-important, but I've felt important, I've felt as though I'm a human being: 'This is the situation, this is what we can do to help you; let's get together and see what we can do to help'."*

*"I've moved to somewhere which is more rural and less funded. And in the city, the autism services, they're like one of the top two or three in the country, so now I've got what other people get, rather than what the top quality stuff is. And the top quality stuff is what we need."*



Read the full report at  
[www.cqc.org.uk/stateofcare](http://www.cqc.org.uk/stateofcare)



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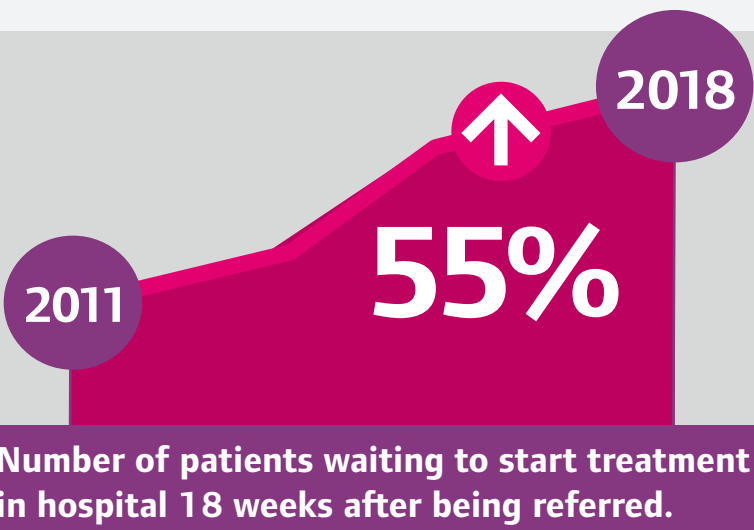


# Access to care and support

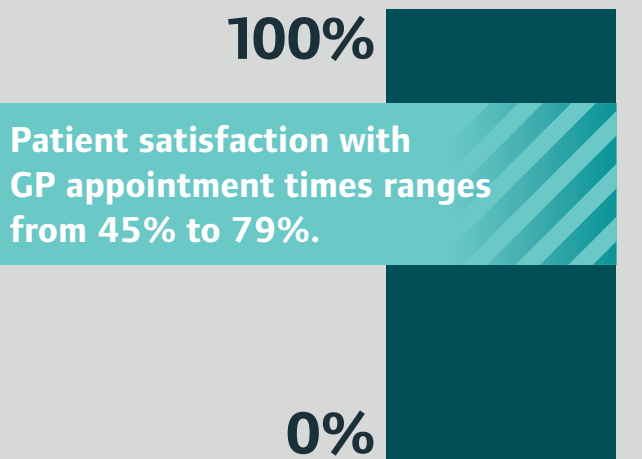
Access to care varies across England. Some people cannot access the services they need, or their local services are not good enough.

The number of older people living with unmet care needs continues to rise, with friends and family carers often filling the gap.

People who need inpatient mental health care often have to travel long distances to get it. Access to an appointment at a GP practice is variable, and the workforce is increasingly stretched.



older people do not have access to the care and support they need.



*“I got an appointment with a psychiatrist within a month of going... that was brilliant. Three days before my appointment, the psychiatrist left. I was put on the waiting list and I’m still on the waiting list.”*

*“It’s difficult to get a GP appointment. The appointment system’s changed two or three times. It’s inflexible, all you can do is ring and say, ‘Is there an appointment today?’”*

*“What worries me is that I know there are other people who aren’t treated that well, people who miss out on treatment, things that are overlooked. It’s down to a lack of resources – financial and feet on the ground.”*

*“I think that each service needs a disabled spokesperson, as people who use services will not always talk to a ‘regular’ staff member – but they might talk to someone with a disability.”*

# Quality of care for people

Most people in England receive a good quality of care. Our ratings show that overall quality has improved slightly from last year.

The hallmarks of high-quality care are:

**Good leadership and governance**

**Strong organisational culture**

**Good partnership working**

## GP practices



## Adult social care locations



## NHS mental health core services



## NHS acute hospital core services



Main sectors, GOOD ratings, 2017 and 2018

*“Now, the care I’m getting, I can’t fault it. I feel I’m in a system, and they keep track of me, it’s easy to be readmitted, and to get appointments.”*

*“Good quality care is the staff caring about what’s wrong with you in the first instance, being seen in a timely amount of time... within a certain period – whether it be six weeks, three weeks, a month – and sticking to that.”*

Some services have improved thanks to the hard work of staff.

Others have declined in quality. Safety remains a concern in NHS acute hospitals and mental health services.

A third of NHS acute core services are rated as **requires improvement**.



**1 in 6**   
adult social care services need to improve.

*“...most of the staff there are temporary, they’re on like a six months or one year contract, you know, so they don’t get any training, you know – or they do get training, but by the time they know anything, they’re gone.”*

*“It’s down to the people that are running the service because they’re the ones that the quality kind of depends on... and if they don’t run a tight ship, then it’s going to be poor, isn’t it?”*

**1 in 5** 

**NHS mental health core services need to improve.**

# Workforce to deliver care

The right workforce is crucial to make sure services can improve and provide high-quality, person-centred care.

Many services struggle to recruit, retain and develop their staff to meet the needs of the people they care for. Low staffing levels are the most common reason for delayed access to children and young people's mental health services. Recruiting and retaining newly-qualified GPs is a problem in a profession with an ageing workforce.



*“You can see the impact when one member of staff is unable to come in – you can see a ripple right across the system. It doesn't matter if it's a nurse or a consultant – if there's someone missing you can see the impact this has...”*

There are 110,000 vacancies in adult social care.

15%  
Vacancy

Adult social care vacancy rates for **nurses, health professionals and social workers** reached 16% in the East of England and 15% in London in 2017/18.



*“Agency staff are a bit like having a stranger to talk to on the first day and you can't really sort things out properly. I wish they'd asked me first instead of taking over.”*



# Capacity to meet demand

Demand for care continues to rise. This demand is from an ageing population, as well as the increasing number of people living with chronic conditions or multiple conditions such as diabetes and cancer.

Services face the challenge of finding the right capacity. They need to plan together to meet the predicted needs of the people in their local area.



15.4m attendances at A&E in 2017/18

*“The mental health services in this area are completely shot. There’s too much for them to do. There aren’t enough people to cope with the patients, it’s totally wrong.”*

Cancelled operations hit a **five-year high** in the final quarter of 2017/18.



*“The care agency is really bad, they will let people down all the time and won’t turn up.”*

# Funding and commissioning

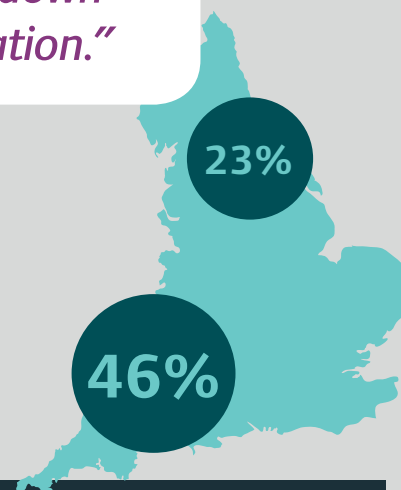
Care providers need to plan the right services for people with the right resources. Funding, commissioning and decision-making should be in place to help providers to do this and to improve.

Funding challenges in health and social care are well-documented – the government has announced **£20.5 billion** extra funding for the NHS by 2023/24, but there is not yet a similar long-term solution for adult social care.



*“Commissioners don’t know what local people need, because they’re not talking to the people who need certain services. There is a lack of communication and everything is down to communication.”*

*“... if somebody has no medical need to be in the hospital anymore and say they’re living in a care home, if the hospital’s ready to discharge them, the care home has to take them, you know and arrange for funding it. I think they should be putting the patient first, rather than the funding...”*



There is variation in how care homes for older people are paid for: in the **South West 46%** is fully self-funded compared with **23% in the North East.**

# Joined-up, high-quality care focused on people's needs

Good, sustainable care is no longer just about whether individual organisations can deliver good care, but whether they can successfully collaborate with other services as part of an effective local system.

*“Person-centred care means it’s not about me – I’m just a random family member. It isn’t about the home. It isn’t about what the carer thinks is a jolly good idea. It’s about what is good and right for the person; what’s right for them. And as we all know, what’s right for Jack is not right for Jill.”*



The urgent challenge for Parliament, commissioners and providers is to change the way services are funded, the way they work together, and how and where people are cared for.

The alternative is a future in which care injustice will increase and some people will be failed by the services that are meant to support them, with their health and quality of life suffering as result.

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