

On the day briefing: CQC report on the state of health care and adult social care in England 2021/22

Introduction

The Care Quality Commission (CQC) has published its [latest State of Care report](#). This briefing summarises the findings of the report and includes NHS Providers' press statement on the report. To share your thoughts, or for any questions you may have, please contact Mariya Stamenova (policy advisor for regulation) on mariya.stamenova@nhsproviders.org.

Overview

In its assessment of health and adult social care in England in 2021/22, the CQC refers to a system in "gridlock", which is unable to operate effectively. While recognising that health and care staff are doing their best to provide safe and effective care, and that most people are still receiving good care, the report highlights the chronic challenges faced by the health and care system. It points to long-term underinvestment and the absence of sustainable workforce planning as key challenges for the sector, and highlights decreasing levels of satisfaction with the NHS and social care among patients and staff.

The report explores issues around access to care, health inequalities, workforce shortages, and the opportunities for systems to tackle these pressing challenges. It also highlights areas of specific concern, including maternity care, mental health services and care for people with learning disabilities.

The evidence base for this report includes data from CQC's inspections and ratings, the experiences of people who use services, their families and carers, as well as national published data and reports.

Summary of key findings

Gridlocked care

In its report CQC highlights increasing numbers of people who are unable to access care, due to gridlock in the system. It sets out evidence of prolonged ambulance response times, ambulances queueing outside hospitals, and long waiting times for triage in emergency departments. The pressures on urgent and emergency care (UEC) are exacerbated due to difficulties faced by people

trying to access primary care, while the insufficient social care capacity is leaving people stuck in hospital. Taken together, these issues disrupt patient flow and reduce capacity across the system, further exacerbating access challenges and introducing patient safety risks.

The report highlights the consequences of these challenges, setting out how survey data from surveys carried out across 2022 demonstrates lower levels of satisfaction with the NHS among the public, as well as poor experiences of community mental health services and inpatient care. It sets out the importance of integrated care systems (ICSs) using insights from local people on whether the care in their area is meeting their needs.

In response to this ongoing challenge, the report summarises the findings of a programme of coordinated inspections of urgent and emergency care services in ten ICS areas. CQC reviewed whole UEC pathways in each system and found that long waits and overcrowding were putting patients at risk of harm. It concluded that collaboration and better communication could alleviate pressures and reduce risks to patient safety across complex pathways, rather than working separately to address system-wide issues.

Access to care

The report highlights that repercussions of COVID-19 continue to be felt across the system, with evidence of people struggling to access routine appointments or life-saving treatment. It found that patients and service users are facing disproportionately long waits for diagnostic tests, mental health services, consultant appointments and operations. People are also struggling to access GP and NHS dental services, and around half a million people are waiting for an assessment or review in adult social care.

The report also found:

There is variation across the country in waiting times for elective care and cancer treatment, with people in the worst performing areas more than twice as likely to wait more than 18 weeks for treatment as those in the best performing areas.

- More than 1 in 10 people who could not get a GP appointment went to A&E.
- 37% of people aged 65 or over who were on a health waiting list said they did not feel well supported.

Inequalities in care

The report highlights persistent health inequalities, with regional variations that are especially prominent in areas with the highest levels of deprivation. The experiences of people from ethnic minorities and those of people with disabilities continue to be poorer compared to the rest of the population. CQC identified shortfalls in the recording and use of high quality demographic data by health and care services.

The report found that:

- In CQC's survey of people aged 65 or over who had recently used health and social care services found that those in the most deprived areas were more likely to report a long-term condition, disability or illness, compared with people in less deprived areas.
- GP practices led by ethnic minority GPs are more likely to care for populations with higher levels of deprivation and poorer health, increasing challenges around recruitment and funding.

Specific areas of concern

In 2021/22 CQC continued to focus on higher risk providers and where people were most at risk of receiving poor care. The report recognises that where people have been able to access care it has been mostly good, and the majority of services (96% of GP practices, 83% of adult social care, 77% of all mental health core services and 75% of NHS acute core services) have been rated as good or outstanding. However, the report highlights additional concerns about certain types of care, including:

- **Maternity care** – the report expresses concern that action to improve the safety of maternity services has not been sufficiently prioritised, and identifies some deep-seated inequalities, including in the mortality rates for Black and Asian women in pregnancy and childbirth, compared to those of White women. CQC is currently prioritising its operational and inspection resources to ensure it has an up-to-date and accurate view of the quality and safety of maternity services.
- **Care for people with learning disabilities and autistic people** – CQC states that care is still not good enough for this group and there continue to be significant inequalities in access, closed cultures, and concerns over breaches of human rights.
- **The care of children and young people with mental health needs** is also an area of concern with high levels of unmet need and risk of their symptoms worsening.
- **The Deprivation of Liberty Safeguards process** – CQC highlights that some people are at risk of being unlawfully deprived of their liberty and left without the appropriate legal framework to protect them and their human rights

Workforce constraints

The report highlights the pressures health and social care providers are facing in terms of recruiting and retaining staff with the right skills and in the right numbers to meet the increasing needs of people in their care. It points out that staff are being drawn to other industries offering better pay and less stressful working conditions, and highlights the impact of stress among the health and care workforce on rates of sickness absence.

Understaffing, high staff turnover and staff sickness are noted as issues posing significant risk to staff and patient safety for both routine and emergency care, as well as affecting patient experience. The report cites [NHS Providers' research](#) that found 97% of trust leaders thought current workforce shortages were having a serious and detrimental impact on services. Alongside workforce pressures in the NHS, CQC found that nine in ten (88%) home care providers said they had experienced recruitment difficulties and a quarter of care homes have stopped admitting new residents.

In its report the regulator discusses the important role that ICSs can play in workforce planning. It sets out that a successful ICS will have plans in place to address national and system workforce priorities, using clinical and non-clinical skills effectively across an integrated pathway, with a focus on staff health and wellbeing. An effective ICS will also be able to identify and prioritise training and learning needs for the people who care for their population, commissioning and coordinating training for all sectors.

Challenges and opportunities in local systems

The new legislation has brought about new powers for CQC in reviewing and assessing ICSs. While CQC will maintain its focus on the quality and safety of services, and the experience of people receiving care, they will also look at leadership in ICSs and assess how well services are integrated.

CQC has been considering the challenges of local systems, and has observed evidence of the difference that local partnerships and collaboration can make in people's lives and in their health and care outcomes. The report highlights that each system is facing different challenges and needs to better understand the needs of its local communities, working jointly with all partners in the system, in order to bring about tangible improvements focused on outcomes for people.

NHS Providers press statement

Responding to a Care Quality Commission assessment of a 'gridlocked' health and care system, NHS Providers' interim chief executive Saffron Cordery said:

“The regulator’s hard-hitting report makes clear that people’s care is affected by chronic staff shortages across the health and care system and must be a wake-up call for the government.

“At a time when the government ought to be focussed on fixing the big issues and problems affecting the NHS and social care, and ultimately patients, the backdrop of political confusion and uncertainty is a worrying diversion.

“As demand for NHS services continues to rise, ahead of a busy winter and amid the rising cost of living, government attention is needed to address long-standing challenges in our health and care system, including workforce planning and better investment in capital to shore up safe and effective buildings and equipment for a modern-day service.

“Inadequate funding for and lack of capacity in social care have serious knock-on effects on an overloaded NHS. People need support to stay well and live independently in the community which would in many cases prevent, or delay, the need for hospital care.

“But the worrying state of the social care sector - inextricably linked with the NHS – means many people face long hold-ups to getting the care they need. It also means that hospitals struggle to discharge patients well enough to recover at or closer to home, which badly affects admissions including in A&E and the handover of patients from waiting ambulances. More is needed from government to place social care on a sustainable footing.

“The regulator acknowledges that health and care staff are doing their best to keep people safe, and most people receive good care, but without a fully funded, long-term workforce plan from the government the NHS and the social care sector will continue to struggle to meet ever-growing demand with too few staff.”

Contact info section

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