

# A fresh approach to supporting unpaid carers

Our vision for delivering the  
NHS 10 Year Health Plan in England



# Contents

About this report	03
Introduction	04
Executive summary	07
NHS 10 Year Plan – carers’ views on key proposal	12
Carers’ vision for the NHS in the future	33
Conclusion	37
Recommendations	38

# About this report



This report pulls together evidence about carers' current experiences within the NHS in England and sets out what support carers would like to see in the future. It is based on our own surveys and analysis of external datasets, including the GP Patient Survey 2025 and NHS Staff Survey 2025, as well as research from partners such as the Centre for Care.

To inform this report, we have sought views from carers in our annual State of Caring surveys, and our survey on the future of the NHS that we undertook in 2024 to inform our response to the consultation exercise that took place regarding development of the NHS 10 Year Health Plan. We are very grateful to our members and other carers for sharing their experiences.

Further information about the NHS 10 Year Plan is provided in our recently published briefing: <https://www.carersuk.org/briefings/briefing-on-fit-for-the-future-10-year-health-plan-for-england/>



# Introduction



There are 4.7 million people in England who provide unpaid care to family members and friends who are older, disabled, or living with a chronic health condition<sup>1</sup>. The scale of their contribution is extraordinary: in 2021, the economic value of unpaid care in England was estimated at £152 billion a year—around the same as total NHS spending, and a 30% increase since 2011<sup>2</sup>. Put simply, our health and care ecosystem would collapse without unpaid carers' support.

Yet, despite their vital role, carers frequently feel undervalued and overlooked. Providing care often comes at a high personal cost, affecting carers' health and wellbeing, their finances and their ability to remain in paid employment. These challenges are compounded when the right support is unavailable, leaving many carers exhausted, stressed, lonely, or in poor health.

Carers UK has long called for the NHS to transform how it works with and supports unpaid carers. Our research consistently shows carers want and need

more recognition, better support, and stronger involvement within the healthcare system. This has become increasingly urgent as health and social care services struggle to meet rising demand, leaving carers to shoulder more responsibility without adequate support.

In 2024, the Darzi Review recognised the growing pressures carers face and called for a “fresh approach”—one that treats carers as partners in care, values them as individuals with their own needs, and ensures they are properly supported<sup>3</sup>. The new NHS 10 Year Health Plan for England presents a pivotal opportunity to make this vision a reality.

<sup>1</sup> ONS (2023) Unpaid care, [England and Wales: Census 2021](#)

<sup>2</sup> Petrillo, M. and Bennett, M. (2021) [Valuing Carers 2021](#)

<sup>3</sup> Rt Hon Professor. Lord Darzi of Denham (2024) [Investigation of the National Health Service in England](#)

The context in which the NHS operates today is dramatically different from when it was founded in 1948. An ageing population and increasing prevalence of long-term conditions mean that more people are taking on caring responsibilities. By 2035, the number of unpaid carers in England is projected to rise by nearly a million<sup>4</sup>. Without a step change in how carers are engaged and supported by the NHS, the pressure on individuals – and on the wider system – will become unsustainable.

Carers UK's vision is for the NHS to become the most carer-friendly health service in the world: one where carers are supported to provide care safely, their own health inequalities are addressed, and they are treated as equal partners in care. Achieving this requires a greater focus on prevention and planned support. Carers must be identified early and systematically across all NHS settings, and provided with timely information, advice, and practical help. Doing so will deliver better outcomes for carers, the people they care for, and the NHS overall.

Support must also be joined-up, personalised, and easy to access. Too often carers struggle to find the information they need or are excluded from conversations about the care and treatment of their loved ones. Carers should be consulted from the outset in care planning, given a genuine choice in what support they provide, and treated as equal partners by health professionals.

Caring itself is a social determinant of health<sup>5</sup>. Those providing unpaid care are more likely to experience poorer health outcomes than those without caring responsibilities<sup>6</sup>. Without sufficient support, caring can be extremely stressful, and many carers struggle to take breaks or to prioritise their own health needs. Access to healthcare appointments and support for carers' wellbeing must therefore be a core part of the NHS response.

We welcome many of the proposals within the NHS 10 Year Health Plan, which if fully implemented, could significantly improve carers' health and wellbeing. Carers are particularly positive about shifting more care from hospitals into the community, where it can be delivered in familiar surroundings – reducing stress, travel time, and costs, and enabling carers to become part of a joined-up local network of support.

The 10 Year Plan refers to Neighbourhood Health having integrated care services. To ensure that care is given an equal footing and visibility, we refer to Neighbourhood Health and Care services throughout this report and would encourage the Government to do so, too.

Plans to involve carers more systematically in care planning meetings, and to improve digital tools such as the new 'My Carer' section of the NHS App, are further important steps. We also strongly support the commitment to systematically record carers' information, which should help ensure their responsibilities are recognised and that they are offered appropriate support.

However, carers have also expressed concern that moving care closer to home could increase their caring responsibilities. More than 1.4 million people in England already provide over 50 hours of unpaid care each week—a figure that has grown steadily over the past decade<sup>7</sup>. Many carers currently feel overwhelmed and too often are left with little choice but to give up paid work to cope with the demands of caring.

Local authorities, facing record demand but constrained by insufficient funding, often cannot provide the level of support needed<sup>8</sup>. Carers UK's research shows that 62% of current and former carers felt they had no real choice in taking on their caring role because no alternatives were available<sup>9</sup>. Unless social care services are strengthened alongside NHS reforms, the pressures on carers will continue to grow, undermining the benefits that could be realised by the 10 Year Plan.

Previous NHS strategies, including the 2014 Five Year Forward View and the 2019 Long Term Plan, recognised the importance of carers but failed to deliver the sustained infrastructure and investment needed to support them. Since 1999, progress has been inconsistent, with initiatives lost as priorities, personnel, and funding shifted over time. We cannot afford for this cycle to continue.

4 JRF (2024) [The future of care needs: a whole systems approach](#)

5 Public Health England (2021) [Caring as a social determinant of health: review of evidence](#)

6 ONS (2024) [Unpaid care expectancy and health outcomes of unpaid carers](#), England: April 2024

7 ONS (2023) [Unpaid care, England and Wales: Census 2021](#)

8 Association of Directors of Adult Social Services (2025) [2025 Spring Survey](#)

9 Carers Week (2024) [No choice but to care](#)

Carers must be actively involved in the implementation and delivery of the 10 Year Plan. Their insights are essential in areas such as the development of the 'My Carer' app function, the design of Neighbourhood Health and Care Services, and the organisation of care planning meetings. By embedding carers' voices throughout the process, the NHS can ensure reforms genuinely meet their needs.

Carers UK is committed to working with Government and the NHS to deliver a better future for the NHS and unpaid carers. This report provides evidence of what carers need and outlines practical steps to support them. With concerted effort, we can build an NHS in England that not only delivers world-class healthcare but also, in time, becomes the most carer-friendly healthcare service in the world.

# Executive summary

## A fresh approach

The care and support provided by unpaid carers is critical to the NHS in England, helping patients to remain as healthy as possible within the community.

Many appointments for patients could not go ahead without unpaid carers arranging them and supporting relatives and friends to attend. Medication adherence is often heavily dependent on unpaid carers who support, collect, and administer medication. The hours of daily care and aftercare provided by family and friends to support people's health and wellbeing far outnumbers those provided by the NHS.

Many carers greatly value the NHS, in terms of the care it provides to the person they care for and to themselves. However, it is far from a smooth journey and, too often, the care people provide to family and friends comes at significant cost to carers' own health, relationships, ability to participate in paid work, and their finances. Carers UK welcomed the Independent Review of the NHS by Lord Darzi in 2024 which made clear that "a fresh approach is needed which regards unpaid carers both as people with their own needs where caring is a significant factor in their lives, but also as a provider of care who should be treated as an equal partner."<sup>10</sup>

### Carers as people with their own needs.

Caring is a social determinant of health<sup>11</sup>, and carers are more likely to have poor health than those without caring responsibilities<sup>12</sup>. Our evidence shows carers' mental and physical health is getting worse, and for some it is now at rock bottom. A staggering proportion of unpaid carers are putting off health treatment and not seeking help for health issues because of the demands of caring<sup>13</sup>. If carers do not receive sufficient support with caring and are unable to take a break to look after their own health and wellbeing, many find themselves at breaking point. In these cases, the NHS often ends up having to look after two people, rather than one, with significant associated costs.

When carers' health worsens, many end up giving up work or reducing working hours – significantly affecting their incomes. Leaving employment, struggling financially, and being unable to afford to spend time on hobbies or seeing family and friends can make carers' health even worse. Carers value the NHS, but many feel it could better support them to prevent a deterioration in their health. Concerningly, the huge pressures placed across the NHS are resulting in delays in carers obtaining both primary and secondary health care appointments. The 2025 GP Patient Survey found that carers were more likely than non-carers to feel their wait time for a GP appointment was too long (36% compared with 32%).<sup>14</sup> This, together with the record levels of demand for social care services, means many carers are not currently getting the support they need.

### Carers as a provider of care.

Carers also need to be treated as an equal partner in care. Currently, many carers feel unrecognised and undervalued within the NHS, are not sufficiently consulted with, or kept informed and updated about the care and treatment of the person being cared for. Carers often find it difficult to find information and advice about caring and seeking help or guidance from the NHS about how to manage the condition(s) of the person they care for can feel like an endless battle. When different parts of the NHS are not joined up, carers have to spend time re-explaining their situation and repeating what they need. This can lead to increased stress and anxiety, and result in carers' health worsening.

<sup>10</sup> Independent Investigation of the National Health Service in England (2024)

<sup>11</sup> Public Health England (2021)

[Caring as a social determinant of health: review of evidence](#)

<sup>12</sup> ONS (2024) [Unpaid care expectancy and health outcomes of unpaid carers](#), England: April 2024

<sup>13</sup> Carers Week (2025) [Caring about equality](#)

<sup>14</sup> NHS England (2025) [GP Patient Survey 2025](#)



## The need for change

Carers UK's State of Caring survey shows that the proportion of carers who need more support from the NHS has risen significantly in the last few years. In 2025, 51% of carers now say they need more support from the NHS, compared with 42% in 2023. 50% also say they need more recognition from the NHS in 2025 compared with 42% in 2023.

The NHS can deliver a fresh new approach to supporting carers through:

- better **identification** of carers to make sure they get joined-up support and are signposted to other support available.
- more **consultation and engagement** with carers about whether they feel able and ready to care and listening to their views and concerns about the care/treatment of the person being cared for, so that carers feel they are equal partners. This feedback should then be used to improve service delivery and more effective models of care
- better **recognition** of the impact of caring on carers' own health and more support provided with this, such as checking in with carers about their own needs and making it easier for them to access support with their health
- more personalised and joined-up **support** that is easier for carers to access, so they can care safely and well, without caring negatively impacting their own wellbeing
- **improved rights** for carers within the NHS, providing parity with carers' rights in social care.

Supporting carers through this new approach would reduce pressure on the NHS in the following ways:

- carers will be less likely to need NHS services themselves in the future if action is taken at an early stage to address their own health concerns
- carers will find it easier to provide good quality care at home if joined-up advice and support with caring is available when they need it. This would help to reduce the stress of caring and lead to better outcomes for carers, patients, NHS staff, and the system as a whole

- carers will be more likely to remain in paid employment (including within the NHS workforce) if they are in better health, positively impacting the economy and ensuring NHS staff with caring responsibilities can remain in work
- the ambition to move care closer to home could be better realised, in turn reducing pressure on key parts of the NHS such as at hospital discharge.

## Carers UK views on the NHS 10 Year Plan

We welcome many elements of the NHS 10 Year Plan, which presents a key opportunity to improve how the NHS engages with and supports unpaid carers in England over the next decade.

### Hospital to home

- It is clear that carers see potential benefits in moving care closer to home; from reducing the need to travel to hospital, which can be stressful and costly, to enabling them to receive more personalised and joined up support, and reducing waiting times for appointments. Involving carers in care planning<sup>15</sup> meetings will have a positive impact by ensuring they are consulted with in relation to the care and treatment of the person they care for. There is a clear need to ensure that carers' own needs are recognised and addressed. Our State of Caring 2025 survey found that, despite the existing duty<sup>16</sup> on NHS Trusts and Foundation Trusts to involve carers, where appropriate, in planning for hospital discharge as soon as is feasible, only 14% of carers were asked about their ability and willingness to provide care at hospital discharge. Furthermore, our State of Caring 2024 survey found that only a fifth (22%) of carers who had supported the person they care for while they were in hospital said they were treated as an equal partner in care. These findings are corroborated by the Care Quality Commission's 2023 Adult Inpatient Survey, which asked respondents to what extent did hospital

<sup>15</sup> UK Government (2025) [Fit for the future -10 Year Health Plan for England](#). See page 34: "Unpaid carers will also be actively involved in care planning. We will mirror the inclusive practices of family group conferencing, which are meetings where family, friends and carers agree decisions about care together."

<sup>16</sup> See [Section 91 of the Health and Care Act 2022](#)



staff involve your family or carers in discussions about leaving hospital. Concerningly, 23% of respondents said, “not at all”, with an additional 19% saying “not very much”.<sup>17</sup>

- However, while there are many benefits in moving care closer to home, our 2024 survey with carers about the NHS found that 44% of carers are concerned that this will increase their caring responsibilities. As carers are already time stretched, there must be a commitment alongside these changes to increase practical support for unpaid carers, such as access to respite care and guidance on carrying out clinical tasks in the home, as well as ensuring carers have a choice about caring. Our State of Caring 2025 survey found that 29% of carers said they need more information and advice about caring: many are relying on their own research and are worried about providing care safely at home. Carers organisations, which provide vital support to carers in local communities, must be closely involved in developing Neighbourhood Health Services so that carers get the support they need. Investment in social care services is also vital in ensuring that carers can take a break from caring, particularly if their caring responsibilities increase, and this must be a core aspect of the Independent Commission into Adult Social Care being led by Baroness Casey.

## Analogue to digital

- There is huge potential for digital technology to enhance unpaid carers’ experiences within the NHS. Our research suggests carers are becoming increasingly confident about using technology to help with caring. Our State of Caring 2025 survey found that over a quarter of carers (27%) said NHS App makes their role easier – an increase from 14% in 2022. New features on the app such as the ‘My Carer’<sup>18</sup> section could be beneficial in reducing the time carers need to spend on NHS-related admin – something we know carers find stressful. Our 2024 survey with carers about the

NHS found that 34% of carers were spending 10 or more hours per month on NHS admin related to the person they care for. The Single Patient Record will also ensure that support is more joined-up. Our survey with carers about the NHS found that 84% carers said that health, care, and other services being more joined up would reduce the amount of time they need to spend dealing with arranging and managing care in relation to the NHS.

- The App could also help carers to access advice and information more quickly, and ensure carers are identified across all parts of the NHS. Our State of Caring 2025 survey found that a third of carers (30%) said their GP is systemically not aware they are a carer, and over a quarter (27%) said the person they care for’s GP was not aware. However, the app will only be effective if appropriate checks are in place to ensure accuracy and the digital technology is fit for purpose. Clinicians must review care plans, for example, to ensure they fully reflect carers’ needs. Non-digital options must also be available for those who are digitally excluded. There is significant potential for the NHS App to link to established care coordination apps that support families and workers to coordinate care between them, such as Jointly - co-developed with carers by Carers UK.<sup>19</sup>
- We welcome the ambition to expand the virtual wards (or hospital at home) programme over the first three years of delivering the NHS 10 Year Health Plan.<sup>20</sup> When delivered successful, our evidence shows that virtual wards can improve outcomes for carers and those they care for.<sup>21</sup> However, when carers are not identified, engaged and supported, carers’ needs can be overlooked, assumptions can be made about their caring capacity, and many have reported a lack of involvement in decisions.<sup>22</sup> More needs to be done to ensure that the existing operational framework for virtual wards<sup>23</sup> is realised systematically and that virtual wards are designed in such a way that enables professionals to identify unpaid carers, signpost carers to carers’ assessments and further support, and involve carers as equal and expert partners in care.

<sup>17</sup> Care Quality Commission (2024) [Adult Inpatient Survey 2023](#).

<sup>18</sup> UK Government (2025) [Fit for the future -10 Year Health Plan for England](#). See page 51: “My Carer will allow people to securely prove they are providing care, often for an older family member, and gain access to the App on their behalf.”

<sup>19</sup> <https://www.carersuk.org/help-and-advice/technology-and-equipment/jointly-app-for-carers/>

<sup>20</sup> UK Government (2025) [Fit for the future -10 Year Health Plan for England](#). See page 121.

<sup>21</sup> Carers UK (2024) [Policy briefing: virtual wards including hospital at home](#)

<sup>22</sup> The Strategy Unit (2025) [Virtual Wards Evaluation: Patients' and unpaid carers' experiences](#)

<sup>23</sup> NHS England (2024/5) [Virtual wards operational framework](#)

## Sickness to prevention

- Carers UK's evidence shows carers' mental and physical health is getting worse. A considerable proportion of carers are not seeking support with their own health conditions due to the demands of their caring role, and many are unable to take a break from caring to do the things that might improve their wellbeing. Carers Week 2025 research found that 48% of carers said they had a mental or physical health condition develop or become worse since caring.<sup>24</sup> 24% of current and former carers who had developed a health condition since caring said that being able to contact the NHS more easily and speaking to a healthcare professional sooner would have prevented this condition from developing.
- While we welcome the ambition to shift from sickness to prevention, we would like to see more detail and clarity on support for carers specifically, who are more likely to have health issues than the non-carer population. Carers' experiences suggest that there are systemic and systematic failures within the NHS to support them, with a distinct lack of understanding of caring being a social determinant of health. Many carers would like more recognition within the NHS of the link between caring and their own health, and more proactive support such as carer health checks. This is where systematic identification of unpaid carers could help the NHS to determine levels of risk and where support needs to be concentrated. Some elements of health checks could also be delivered digitally through the updated NHS App.

## NHS workforce

- The NHS 2025 Staff Survey found that 1 in 3 NHS staff are themselves unpaid carers, yet staff who are carers were more likely to say they felt unwell with work-related stress (47%) compared to those not caring (39%).<sup>25</sup> It is vital that support is provided to ensure that carers who work within the NHS can continue to combine their caring responsibilities with paid employment where they are able to do so – otherwise there is a risk they

will give up work, leading to staff shortages and low morale.

- There is also a need for more training for NHS staff about unpaid carers, to make sure the NHS is carer-friendly, and carers' existing legal rights are delivered systematically on the ground. Currently, many carers are unsatisfied with the support provided, but are not confident their concerns will be taken on board. Our State of Caring 2025 survey found that only a fifth of carers (18%) said they were confident that any feedback or complaint they made about a health or social care service would be acted on.

## Integration with adult social care

- The NHS does not operate in isolation, and it is imperative that adult social care provision is considered alongside reforms to the healthcare service in England. 97% of carers who responded to our survey about the NHS said it is 'very important' this happens.
- Unpaid carers are under huge pressure, with over three quarters of Adult Social Care Directors (76%) seeing an increase in the number of unpaid carers asking for support in the past year<sup>26</sup>. With insufficient funding available, councils are stripping back services to a minimum and the majority of carers are not receiving any practical support, with many only signposted to information and advice services.
- We are pleased that unpaid carers have been part of Baroness Casey's first conversations at the start of her independent review into adult social care<sup>27</sup> and welcome indications that they will play a central role in the Commission's work. However, there must be greater investment in social care if the review is to be effective and lead to tangible change for carers. With the first part of the independent review due to report in mid-2026, including on the interaction between social care and the NHS, it is vital that this is acted on quickly to ensure that all areas see the benefits.

<sup>24</sup> Carers Week (2025) [Caring About Equality](#).

<sup>25</sup> NHS England (2025) NHS Staff Survey 2025

<sup>26</sup> ADASS (2025) [2025 Spring Survey](#).

<sup>27</sup> <https://www.gov.uk/government/publications/independent-commission-into-adult-social-care-terms-of-reference/independent-commission-into-adult-social-care-terms-of-reference>

## Our recommendations

By embedding the recommendations in this report, the NHS in England can take important steps towards realising our vision for the NHS to become the most carer-friendly healthcare service in the world, where:

- carers are recognised and identified as a core part of our health and care systems
- all healthcare professionals ‘think carer’ as a default
- care is better planned, through earlier and more systematic engagement of unpaid carers
- carers’ own health is protected, ensuring they can sustain their caring responsibilities without sacrificing their own wellbeing
- service design is aligned with the reality of care at home, making integration between NHS, social care, and community support the norm
- technology is harnessed to ease, rather than complicate, the lives of carers
- the NHS leads by example in supporting its own workforce who provide unpaid care outside of work
- legislation sets clear principles for the NHS and unpaid carers which align with carers’ rights under the Care Act 2014.

**Please see a table with our detailed recommendations on pages 39-41.**

For more information about what is included in the NHS 10 Year Plan and the implications it will have for unpaid carers please see our recently published briefing: <https://www.carersuk.org/briefings/briefing-on-fit-for-the-future-10-year-health-plan-for-england/>

# NHS 10 Year Health Plan – carers’ views on key proposals

## 1. Hospital to community

The Government has set out its vision in the 10 Year Health Plan to bring care closer to people’s homes by shifting care from hospital to the community. This will include the introduction of Neighbourhood Health Centres in every community – integrating GPs, nurses, physiotherapists, pharmacists, dentists, diagnostics, post-operative care, and social support under one roof. A key objective will be to shift most outpatient appointments from hospitals to community settings. There will be significant investment in primary care: thousands of additional GPs will be trained, pharmacies will help people manage long-term conditions, and up to £120 million will be invested in mental health emergency departments. Rather than healthcare being organised in multiple, fragmented silos, there will be a single, co-ordinated, patient-orientated service. Unpaid carers will actively participate in care planning, helping to inform decisions about care.

## Bringing the NHS closer to home

In our 2024 survey with carers about the NHS, we asked carers for their views on moving care closer to home. The majority of carers felt that moving care from hospitals to communities could be beneficial in a number of ways, from allowing the person being cared for to receive more personalised support, to reducing the need to travel to hospital, and reducing waiting times for appointments.

Table 1: Carers’ views on the impact of moving care from hospital to community.

Implications of moving care from hospital to community	% of carers who agreed
Caring closer to home could allow the person I care for to receive care in a more comfortable environment	82%
Caring closer to home could reduce my transport costs (eg to hospital appointments)	80%
Caring closer to home could enable the person I care for to receive more personalised care	75%
Caring closer to home could reduce waiting times for appointments, tests, scans, and treatments	70%
Caring closer to home could enable the person I care for to have more ownership of their care	62%
Caring closer to home could increase the amount of care I need to provide in the home	44%



## More personalised support provided in a more comfortable environment

Many carers said that moving care closer to home could result in the person they care for being supported in a more comfortable environment (82%), receiving more personalised care (75%), and having more ownership of care (62%) – all things which could potentially make their caring role easier. If the person being cared for is more satisfied with the care they receive, this reduces the amount of time carers must spend overseeing this care, fixing problems, and briefing healthcare professionals on what should be done differently. Carers also felt it would allow them to develop closer relationships with healthcare professionals and access further advice when needed.

- *“It would allow myself and the person I care for to build a relationship with the practitioners. This would mean not having to explain the situations over and over to strangers.”*
- *“[It would] provide peace of mind - feeling responsible for another person’s health and having to help them with decisions on treatments is daunting - you don’t want to get it wrong. Having access to joined up services would give me more confidence.”*

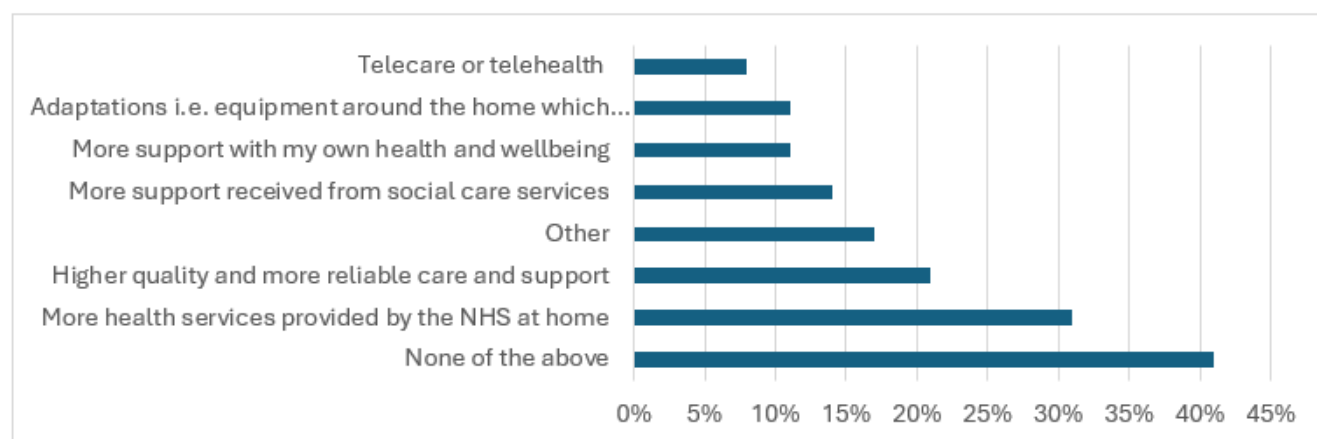
## Reducing the cost and stress of hospital appointments

Many carers said that caring closer to home would reduce the need to travel to hospital, which can often be time-consuming and costly. 80% of carers who responded to our 2024 NHS survey said that caring closer to home would lower transport costs by reducing the need to travel to hospital. This is important, as our State of Caring 2024 survey found that 30% of carers need more support with transport costs. Carers also said that less time travelling to hospital would be beneficial for their own mental health. Hospital trips can result in the person being cared for feeling stressed and anxious, which increases people’s caring responsibilities.

- *“Smaller settings would mean less anxiety, particularly if it is a known setting. Currently a hospital visit is one of the most stressful things we have to navigate - from parking issues, how busy it is, the queuing and waiting.”*
- *“My husband has a mental illness. Going to hospital is extremely stressful for him (and therefore for me too), so going somewhere more local and not such a big hospital setting would really help.”*
- *“Large hospitals are not the place for elderly people with mental [health] conditions. They are noisy, confusing, and just not conducive to their care.”*
- *“If I didn’t have to battle horrendous city traffic and an hour’s drive each way to take my mother to a hospital appointment it would be wonderful.”*
- *“Less time spent travelling could free me up for some important RnR for me.”*

Some carers also said that caring closer to home could reduce emergency hospital admissions. Our State of Caring 2025 survey found that 44% of carers said the person they care for had experienced an emergency admission or unplanned visit to hospital in the last 12 months, and nearly a third of those carers (31%) said that more health services provided by the NHS at home would have prevented this.

Figure 1: carers' views on what support, if anything, would have helped to prevent the person they care for experiencing an emergency admission or unplanned visit to hospital in the last 12 months – Carers UK, State of Caring survey 2025



## Reducing waiting times for medical appointments

Many carers also said that moving from hospital to home could reduce waiting times. 70% of carers who completed our NHS survey in 2024 said that caring closer to home could reduce waiting times for appointments, tests, scans, and treatments. This would be beneficial for carers, as the 2025 GP Patient Survey found that carers were more likely than non-carers to feel their wait time for a GP appointment was too long (36% compared with 32%). Long wait times for appointments makes it harder for people to juggle work and care: our 2024 survey on the NHS found that three quarters of carers (75%) said that waiting for medical appointments makes it difficult for them to plan and manage their workload, and 62% said it makes it difficult for them to continue with paid work.

It is promising that the Government has stated that more GPs will be trained, to ensure the move from hospital to home is successful, as many carers are concerned that waiting times will only improve if there is sufficient investment in Neighbourhood Health and Care Services.

- “There is a long history of promises that care in the community will bring about big improvements. But it costs a lot more to provide and there is never the will to fund appropriately. This leads to poorer care experiences and a greater burden on carers.”
- “I mean, it’s not about where services are delivered really. It’s about IF they are delivered at all, isn’t it? I’d like to see more resources full stop and don’t much care if they are in the hospital, at the GP or wherever, so long as you can get to them and get seen.”

## Increased role of pharmacies

Many carers already find pharmacies beneficial – our State of Caring 2023 survey found that just under a third (30%) had received support from their pharmacist in treating minor health concerns, and over a fifth (22%) had received support on how to take a medicine safely. Carers often need more advice about how to care safely, and pharmacies play a key role in that, where appropriate. Our State of Caring 2025 survey found that 29% of carers said they need more information and advice about caring such as support with clinical tasks or managing someone’s condition.

## Carers' concerns over the amount of care they will need to provide

While carers feel there are potential benefits of moving care from the hospital to community, it is important to note that 44% said it could increase the amount of caring they have to provide.

- *"It would only work if they have the funding and the staff otherwise the burden would be on the family to support those who need care - just smoke and mirrors to put more onus on family to provide even more support."*
- *"In principle I'm in favour of hospital at home services but what happens if I have to go to work? Will they provide the replacement care?"*
- *"I am concerned that more responsibilities might be expected of unpaid carers with more home-based care."*

It is vital that moving from hospital to home does not result in carers providing more care if they are already exhausted and burnt-out. Carers must be given a choice in whether they provide care and be fully supported. This includes having access to affordable and reliable social care services. Currently, according to the most recent SALT data, just 8% of carers were supported or assessed/reviewed by local authorities in 2023/24 – and of those, 70% were only given information, advice, and other universal services/signposting, or did not get any direct support at all. Our State of Caring 2023 survey found that only 37% of carers were receiving support with their caring role from social care services – lower than the proportion receiving support from family and friends (50%). If carers are unable to take a break, this has a profound impact on their own health and wellbeing.

It is also important that carers get the support they need from the NHS as part of the shift from hospital to community. Some carers find it stressful to carry out clinical tasks in the home, for example, and need more guidance with this. Our State of Caring 2023 survey found that a quarter (25%) of carers said they monitored blood pressure or blood sugar, 23% made decisions about whether to give emergency or specialist medication, and 20% dressed a wound. However, some carers felt that they lacked any training to do clinical tasks and were anxious about whether they were performing these tasks correctly.

Many carers – particularly those who are new to caring – need more advice and information about managing health conditions at home. Currently, many carers are relying on their own research to support the person they care for: our State of Caring 2023 survey found that when carers need advice about caring, doing an internet search is the most common way they obtain information (45%). There is therefore a risk that carers are not able to provide care safely in the home.

- *"It's the unknown all the time - I have never been trained to give emergency medication even though my daughter needs it - everything I know is self-taught or by asking questions."*
- *"I have to rely on my own initiative and research and hope that I am managing the situations I find myself in appropriately and correctly."*

To ensure that carers are fully supported as Neighbourhood Health and Care Services are introduced, local carers organisations should be closely involved in developing these services. These organisations provide a range of support to carers, from offering peer support sessions to giving advice on practical support available. They should be part of the local health service, so they are able to signpost carers effectively to local support. Many carers are unaware of what support is available, particularly those who are new to caring. Our State of Caring 2025 survey found that 55% of carers needed to know what support is available and how to access it.

## Care plans co-created with carers

Carers consistently tell us that they want to feel more involved in decisions relating to the care and treatment of the person they care for, given that they are the ones who are providing the care at home. Many carers do not feel they are kept up to date and fully informed of decisions that will impact the care they need to provide.

- “I feel unseen. I am not liaised with or talked with about anything. The support focuses only on my son, and I am not a full partner in care despite the fact that NHS outreach care often occurs in my own home. I am expected to vacate and not asked anything.”
- “I feel that I am playing catch up to understand my husband’s needs, and I worry that I’m not doing the right things or that I should be doing more.”
- “I feel very separate from the NHS. We use a lot of different services from the NHS and they all feel very separate from one another too. There’s just an overall lack of unity, and I feel that carers are kept so apart from the NHS, when we’re actually a huge part of the reason that they don’t have more work on their shoulders.”

Some carers – particularly those who have been caring for many years – would like to be asked for their opinion more, and have greater opportunity to share their perspectives. Many carers feel ignored and undervalued.

- “I am frustrated and feel side-lined and unimportant, whereas I have an excellent memory and over forty years of experience of caring for my son and his very individual problems. The nursing staff could learn a lot from me if only they could be bothered.”
- “[Would like to be] listened to, my knowledge respected and automatically included in all discussions, not just told what is going to happen when I know it will fail.”

A lack of consultation with carers is a particular issue during hospital discharge. Under the Health and Care Act 2022, NHS hospital trusts in England have a statutory duty to ensure that unpaid carers are involved as soon as feasible when plans for a patient’s discharge after treatment are being made. In practice this is not always happening, and carers are having to provide care at short notice when the person cared for is discharged with little support available. The table below shows a decrease in carers’ satisfaction with the hospital discharge process between 2023 and 2024. While things have slightly improved this year, the proportion of carers who feel satisfied in 2025 is still very low. Just 14% of carers felt they were asked about their ability and willingness to provide care.

Table 2: Carers’ views on hospital discharge in the last 12 months by year – Carers UK State of Caring surveys 2022, 2023, 2024 and 2025.

Statement about hospital discharge	% of carers who agreed			
	2025	2024	2023	2022
I was involved in the decisions about the discharge from hospital and what care and treatment they needed	38%	29%	38%	36%
I was asked about my ability and willingness to care	14%	16%	20%	20%
I felt listened to about my ability and willingness to care	14%	14%	17%	16%
I received sufficient support to protect the health and wellbeing of the person I care for as well as my own health	13%	10%	14%	15%
I was under no pressure to care and felt fully prepared and supported	12%	11%	14%	13%



Figure 2: percentage of unpaid carers who **agreed** that they have been involved in decisions about discharge from hospital in the last 12 months, by year – Carers UK State of Caring surveys 2022, 2023, 2024 and 2025.

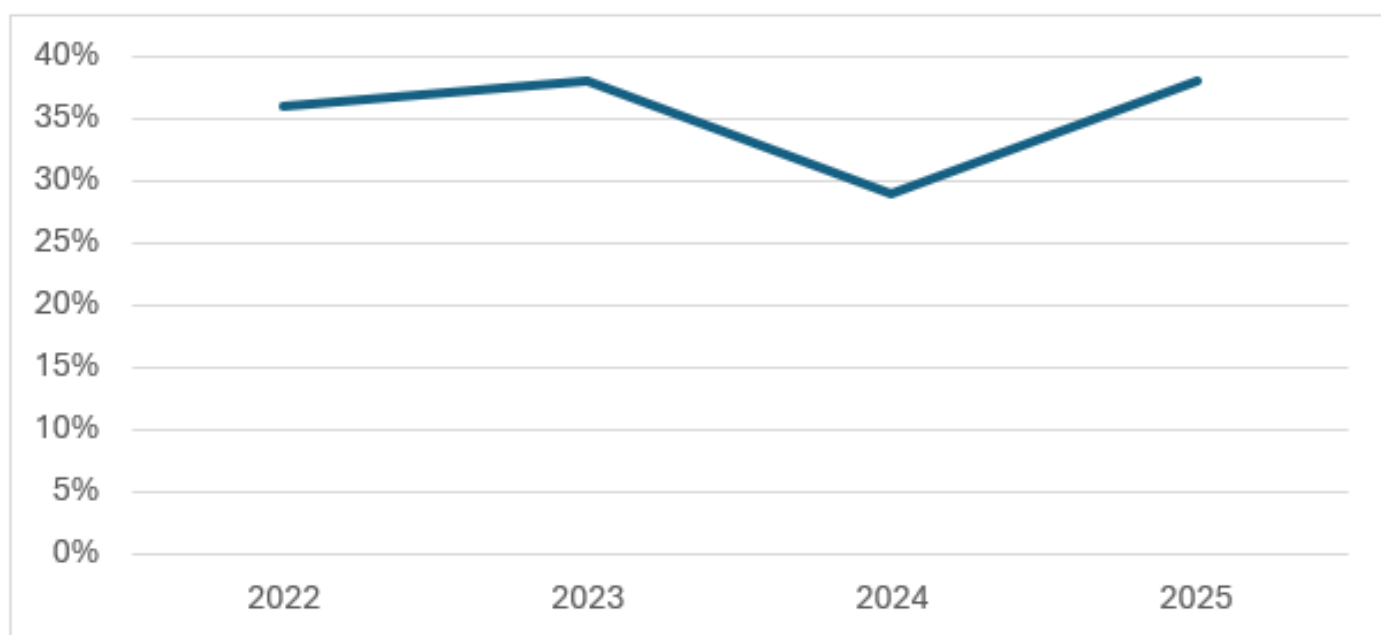
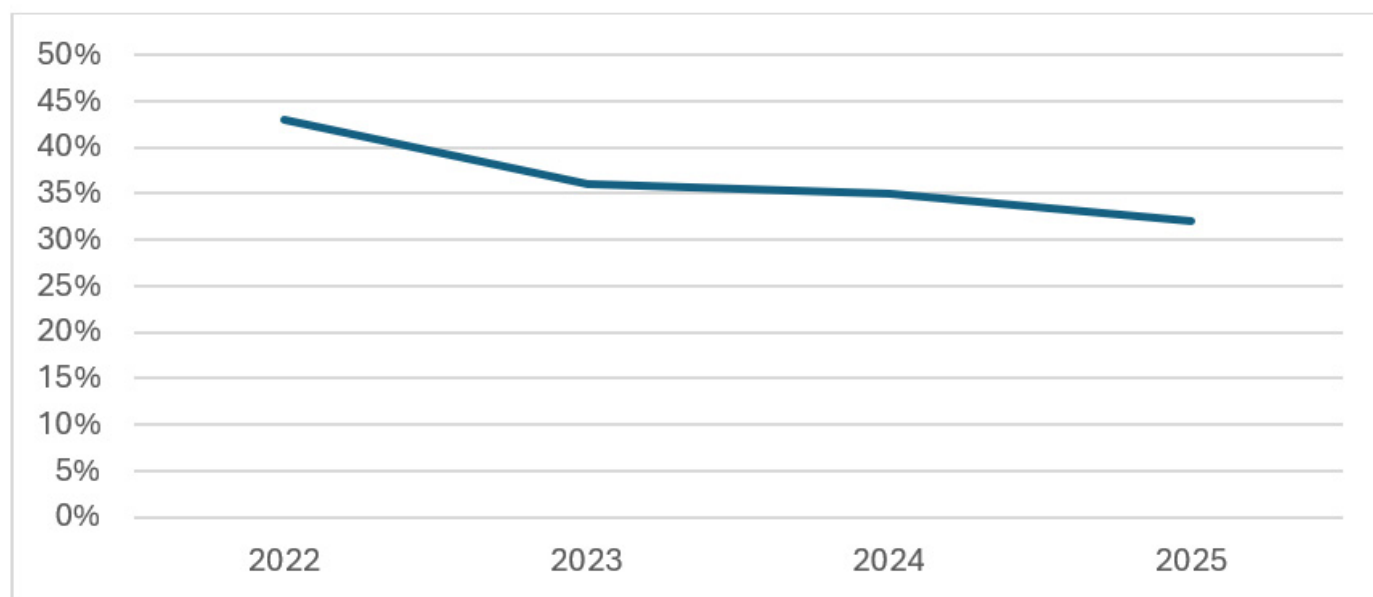


Table 3: Carers' views on hospital discharge in the last 12 months, by year – Carers UK State of Caring surveys 2022, 2023, 2024 and 2025.

Statement about hospital discharge	% of carers who <b>disagreed</b>			
	2025	2024	2023	2022
I was involved in the decisions about the discharge from hospital and what care and treatment they needed	32%	35%	36%	43%
I was asked about my ability and willingness to care	63%	57%	60%	63%
I felt listened to about my ability and willingness to care	54%	53%	55%	57%
I received sufficient support to protect the health and wellbeing of the person I care for as well as my own health	56%	58%	58%	60%
I was under no pressure to care and felt fully prepared and supported	55%	55%	56%	58%

Figure 3: percentage of unpaid carers who **disagreed** that they have been involved in decisions about discharge from hospital in the last 12 months, by year – Carers UK State of Caring surveys 2022, 2023, 2024 and 2025.



Many carers said that a lack of support at hospital discharge had caused them stress and anxiety.

- “When it comes to hospital discharges, they often only seem to care about getting an empty bed instead of listening to my concerns about the workload I will be receiving upon discharge, and how to support me if I am unable to administer medication as sufficiently as they can. I get worried and scared, and I just feel so guilty for struggling.”
- “On discharge I was just expected to care for my husband without any support. We were not even given a number to ring should there be an emergency or questions. Ended up ringing 111.”
- “Total lack of consideration for my ability to care, despite me raising concerns time and time again. No time given for me to source necessary equipment. Mother discharged unable to walk and unable to be left alone.”

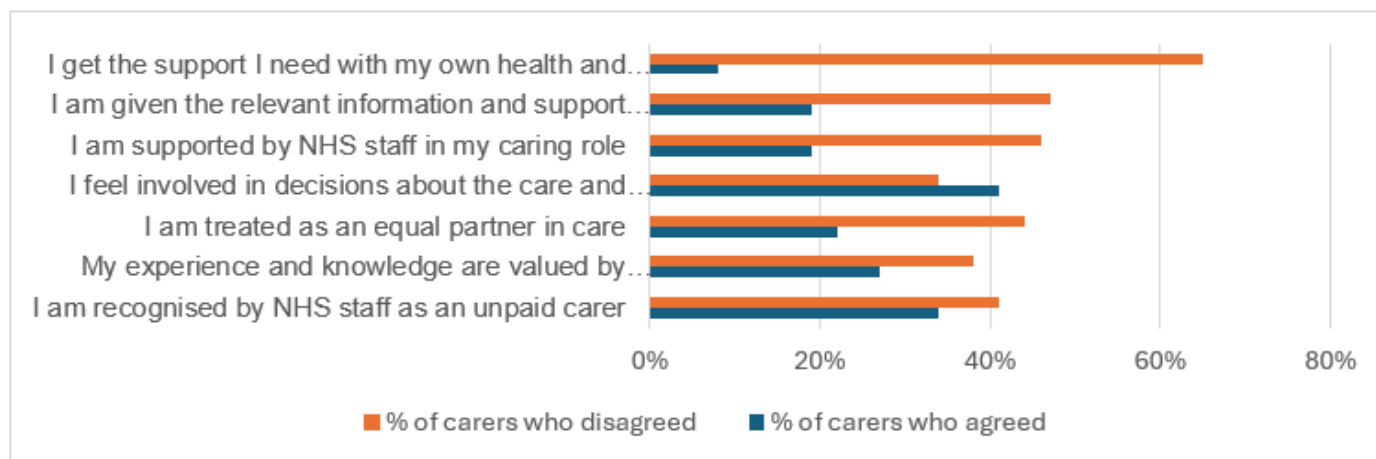
- “My mother has had several admissions and discharged from hospital in the last 12 months, including 3 failed discharges...often it was only on reading the discharge letter once she was home that I would discover what treatment was or what medication she was on...”

Carers UK’s State of Caring 2024 survey also found that carers feel ignored and undervalued when the person they care for is undergoing treatment in hospital. Just over a fifth of carers who had supported the person they care for while they were in hospital (22%) said they were treated as an equal partner in care. This is far lower than should be the case for the carer respondents to this survey, 61% of whom provide over 50 hours of care per week.

Table 4: Carers' views on support from the NHS when the person they cared for had to receive care in hospital.

Statement about support from the NHS when the person they cared for had to receive care in hospital	% of carers who agreed	% of carers who disagreed
I am recognised by NHS staff as an unpaid carer	34%	41%
My experience and knowledge are valued by NHS staff	27%	38%
I am treated as an equal partner in care	22%	44%
I feel involved in decisions about the care and treatment of the person I care for	41%	34%
I am supported by NHS staff in my caring role	19%	46%
I am given the relevant information and support by NHS staff to care safely and well	19%	47%
I get the support I need with my own health and wellbeing	8%	65%

Figure 4: Carers' views on support from the NHS when the person they cared for had to receive care in hospital.



While we know that carers would welcome more involvement and consultation in care planning, there is a risk this could add to carers' responsibilities if this is not matched with practical support and breaks. Census data shows that the number of hours of care has increased over the past 10 years, and this can affect people's ability to stay in employment and manage financially.

Currently, carers are not getting enough breaks: our State of Caring 2024 survey found that 54% carers said being able to have regular breaks from caring would be a challenge over the coming year.<sup>29</sup>

<sup>29</sup> Carers UK (2025) [State of Caring: The impact of caring on carers' mental health and the need for support from social care services](#)

## CASE STUDY – DOROTHY COOK:

Dorothy cared for her husband, Melvin, who lived with ataxia, for 17 years until his death in June 2025. As Melvin's neurological condition advanced, he became increasingly dependent on Dorothy for mobility, daily living tasks, and supervision. Dorothy eventually left her career as an occupational therapist to provide full-time care, and over time she felt overwhelmed by the relentless growth of her responsibilities.

Although Melvin was referred to St Peter's Hospice, they could not provide direct support but did assist Dorothy with the complex application for NHS Continuing Healthcare (CHC) funding. This process was lengthy but eventually resulted in limited respite visits each week. However, during the COVID-19 pandemic, this support was suspended because carers could not guarantee vaccination or infection-free status. By the time Dorothy attempted to reinstate help, Melvin's needs had escalated beyond what was deemed manageable by local care agencies. For the final five years of his life, Dorothy had no outside respite at all.

Hospital discharge was a consistent point of distress. Melvin was admitted on numerous occasions, and professionals often struggled to agree on safe discharge planning. Dorothy recalled one instance where a multidisciplinary team spent up to three weeks debating his discharge, during which time Melvin contracted infections. Though he was eventually sent home with a short-term package of care, this lasted only five weeks, after which Dorothy resumed sole responsibility. She felt that the prolonged stay and lack of rehabilitation caused Melvin to lose significant conditioning.

On several occasions, Dorothy believed discharge decisions were inappropriate or unsafe. Once, Melvin was discharged in an unfit condition and had to be readmitted within 24 hours. Even when funding was theoretically in place, Dorothy found no care agency could meet his complex needs. She expressed frustration that CHC funding was sometimes removed entirely, forcing her to seek help through social services despite Melvin's progressive, degenerative illness.



During Melvin's final hospitalisation, Dorothy faced a panel of five professional teams. It was only after Melvin was classed as 'End-of-Life' that NHS-funded care was reinstated for 12 weeks. Yet even then, agencies lacked capacity to provide support. After a lengthy three-hour assessment, one agency concluded it could not take Melvin on due to staff shortages. By the time the 12 weeks expired, Dorothy had received no meaningful care but was informed the entitlement had ended regardless.

Ultimately, repeated failures in hospital discharge planning left Dorothy carrying the full burden of 24/7 care, with little respite or support despite funding allocations. These systemic gaps, particularly around discharge processes and practical service provision, left Dorothy isolated and exhausted in the final years of Melvin's illness. He eventually died at home in June 2025, largely because Dorothy ensured he could return there.



## 2. Analogue to digital

The Government has set out its vision in the NHS 10 Year Health Plan to make the NHS more digitally accessible. The ambition is to transform the NHS App so that it becomes a full front door to the entire NHS, allowing people to get instant advice, book appointments, manage medication, and manage long-term conditions more effectively. The NHS App will include a new ‘My Carer’ feature which will allow carers to have access to the app on behalf of the person they care for. A new Single Patient Record will also bring together all a patient’s medical records into one place and operate as a patient passport, allowing people to receive more joined-up care.

### Carers’ use of technology and how this has changed

Our evidence suggests that carers are becoming more confident about using technology to help with caring. Our State of Caring 2025 survey found that over a quarter of carers (27%) said the NHS App makes their role easier – a significant increase from 14% in 2022. This reflects data from the 2025 GP Patient Survey which shows there has been an increase in the proportion of carers finding the NHS App easy to use – this year, 45% said they had found

it easy to contact their GP practice on the NHS App compared to 42% in 2024. Our State of Caring 2025 survey found that 41% carers use the NHS App for ordering and managing medication, 36% use it for looking at test results, and 25% use it for booking appointments.

- *“For me, it’s helpful because I can order prescriptions, check test results etc. remotely and quickly compared to if I had to phone (and be in a long waiting list) or go to the GP in person as often travelling to provide care.”*
- *“You have access to documents and test results, so you know what is being said. And it’s easy to book appointments and order repeat prescriptions.”*
- *“The NHS App helps me with my own health - I can access blood test results, reorder my HRT treatment and read updates from my GP practice.”*

The table below shows how carers’ views on technology has changed significantly over the last few years. Carers are increasingly finding technologies like remote monitoring and alerts, voice assisted devices, medication management tools, and environmental monitoring to be helpful. For example, in 2025 31% found medication management tools helpful compared to 26% in 2022, and 15% found online mental health services helpful, compared to 9% in 2022.

Table 5: A comparison of carers' views on technology between 2025 and 2022

Technology	% of carers who said this made their role easier		% of carers who said this made their role harder	
	2025	2022	2025	2022
Online mental health services (eg counselling or mental health resources)	15%	9%	8%	7%
Environmental monitoring such as heating and lighting control, door video systems, smart appliances	22%	12%	2%	1%
Remote monitoring and alerts, such as motion sensors, fall detectors, personal alarm, GPS trackers	28%	18%	1%	11%
Voice assisted devices (eg Amazon Echo [Alexa], Google Home)	21%	17%	2%	1%
Apps for managing conditions and symptoms (eg pain management and mood management)	8%	5%	2%	2%
NHS App	27%	14%	6%	4%
Medication management tools such as medication dispensers or medication reminders	31%	26%	2%	1%
Digital ways of keeping in touch with friends and family/the person I care for (eg Zoom, Teams, FaceTime, WhatsApp)	49%	41%	2%	2%

It is important to note that some carers have concerns about technology, including carers who struggle with using digital technology, or worry about whether their personal data will be protected. Our research on digital exclusion found that the main reasons why older carers are not using technology were not knowing what is available, feeling that technology would not meet their needs, lacking the skills or confidence to get online, or simply having a preference for face-to-face contact, especially if they were feeling lonely<sup>30</sup>. It is critical that the right technologies and digital support are deployed in the right situations.

Several carers said they had not heard of the NHS App or were unfamiliar with it, suggesting that more guidance and information, such as tutorial videos or step-by-step guides, would be beneficial to ensure that everyone has equal access. The results above show that there is increased potential for the NHS App to better support carers in the future.

- “Digital can only do so much, and is great used well but in the end, people want the human touch especially those who are isolated and alone in providing care.”
- “I am over 75 years old and do not have the time (or the emotional resources) to get to grips with all these technologies - also, until very recently, I didn't have a phone which I could download apps to.”
- “Digital is the way forward, but not all can afford the means for digital to be installed so more needs to be done about internet and Wi-Fi access for all.”
- “I understand the need to cut costs, but I do wonder how well the NHS app, and therefore very sensitive information, will be safe from hackers.”

<sup>30</sup> Carers UK (2023) Supporting older carers who are digitally excluded

## Benefits of the NHS App and Single Patient Record for carers

### Reducing the amount of admin carers need to do – improving wellbeing

Evidence suggests that moving from analogue to digital will be beneficial in reducing the amount of NHS-related admin carers need to spend time doing. Carrying out administrative duties is one of the things that carers find most stressful, as it can be time-consuming, repetitive, and onerous. Our State of Caring 2024 survey found that 38% of carers said they felt overwhelmed because of dealing with all the administration involved in caring.

Our survey with carers about the NHS found that 34% of carers were spending 10 or more hours per month on NHS admin in relation to the person they care for, such as requesting an appointment, responding to correspondence from the NHS, ordering and collecting medication, seeking results, or contacting the NHS to ask a question or raise a concern. Concerningly, 13% said they were spending 40 or more hours per month on this. Some carers said their GP practice does not currently allow bookings through the NHS App, and this results in extra work for them in phoning the surgery or completing lengthy online forms.

Table 6: How much time, on average (per month), do you spend dealing with arranging and managing care in relation to the NHS? Source: Carers UK 2024 survey

	Less than an hour	1-2 hours	3-5 hours	6-9 hours	10-19 hours	20-29 hours	30-39 hours	40+ hours	N/A
My healthcare	45%	20%	14%	7%	5%	2%	1%	3%	3%
The healthcare of the person I care for	6%	19%	23%	18%	13%	6%	2%	13%	1%

- “My surgery does not allow appointment bookings via the NHS app. We have to call. This is very frustrating and hampers my role as a carer.”
- “My surgery doesn’t allow appointments to be booked via the app. I have to use a very long online form which is very time consuming, then am given an appointment which I have [the] hassle of rearranging as rarely is at time that works for me!”
- “I have to phone the surgery for test results, then arrange an appointment to speak to a GP if there is cause for concern. That could take up to a week or more to resolve.”

Providing additional features on the NHS App and improving usability, will help resolve some of the issues carers are currently experiencing. In particular,

the inclusion of the ‘My Carer’ feature will enable carers to access the app on behalf of the person they care for. 68% of carers who took part in our survey about the NHS said that having a clear system that records when they’ve got permission to act on behalf of the person they care for would reduce the amount of NHS admin they need to do, so this feature is likely to be very useful if implemented successfully. If the carer has power of attorney for health and welfare this should be clear and needs to be straightforward.

- “I use it for myself but don’t have access to help the person I care for. It would be useful to have access to manage appointments for the person I care for.”
- “The app helps me personally, but I don’t have access to my partners so doesn’t help me as a carer.”

Carers often tell us that they have to spend a significant amount of time re-explaining things and repeating information to healthcare professionals. Our survey with carers about the NHS found that 84% of carers said that health, care, and other services being more joined up would reduce the amount of time they need to spend dealing with arranging and managing care in relation to the NHS. Many carers said they would like to have a system where information is shared better, as when they have to repeat information to multiple professionals this can cause additional stress.

Anecdotally, some carers have described to us how they feel they are currently over relied upon by professionals to make connections between various aspects of the health service (and social care services) that they and the person they care for interact with. This can lead to carers having to endlessly repeat information, forge connections where it is inappropriate for them to do so and spend significant amounts of time advocating on behalf of the person they care for. Such complexity places a real burden on carers and leads to poor outcomes for them, the person they care for, and the health and care system as a whole.

The Single Patient Record will therefore be beneficial in reducing the time carers need to spend explaining their situation. When this is available to view on the NHS App, this will make it even easier for carers to manage admin relating to the NHS as a whole, including both primary and secondary care.

- *“I wish the NHS app was more integrated with the various NHS services we use and was the ‘go to’ place for eg managing appointments, getting test results etc. Only our local GP appears to be connected to the NHS app at present.”*
- *“The NHS App does not provide a comprehensive overview. For example, it does not feature hospital test results alongside GP outcomes...the potential would be far greater than this if the various parts of the service were better joined up and if all GP practices were able to offer standard services eg online appointment booking.”*
- *“[Would like to see] each department having access to my relative’s medical history, so I don’t have to explain each time... Being more joined up with social services and communicating with them, I am the liaison between them which is exhausting.”*
- *“[Would like] shared digital records UK-wide using a reliable system to stop us having to tell our story (very triggering) each time we approach the NHS.”*
- *“[Would like] availability of patient records to all health care providers so that care and treatment can be seamless without continuously repeating information.”*
- *“[Would like] all personal records to be able to be accessed by ALL areas of the health service, ie GPs, hospitals, and any other health related services. Eg I have to have different blood tests from my GP and my consultant because neither has access to the others work.”*



## CASE STUDY – NORMAN PHILLIPS:

Norman was a full-time carer for his wife, Roz, until she died in July 2025. Roz first became unwell at 29, when she was diagnosed with Ulcerative Colitis. Later she was diagnosed with Immune Thrombocytopenic Purpura (ITP) and Secondary Progressive Multiple Sclerosis (MS). In 2019, MS-related neurological damage led to a diagnosis of non-specific dementia.

Despite these progressive conditions, Roz and Norman managed at home for many years. This changed when Roz, then 60, was admitted to hospital with a urinary tract infection. Initially discharged as ‘fit,’ she was later found to have sepsis. The infection triggered an MS flare-up and left permanent damage to her legs, meaning Roz never walked again. Norman faced a critical choice: place Roz in a nursing home or retire early to provide care. He chose the latter, giving up his career as an IT Programme Manager.

From that point, Norman described caring as “like having to climb a series of mountains to get the help and support Roz needed.” The greatest challenge was the sheer number of professionals involved and the lack of coordination between them. Roz’s care often required input from GPs, hospital consultants, social services, district nurses, palliative care, occupational therapy, physiotherapy, and dementia specialists. Rather than working together, Norman found these services operated in silos. He was left making endless phone calls, rarely speaking to the same person twice, and constantly repeating Roz’s history and needs.

The web of professionals Norman had to interact with (demonstrated in the diagram below, provided to Carers UK by Norman) was especially difficult

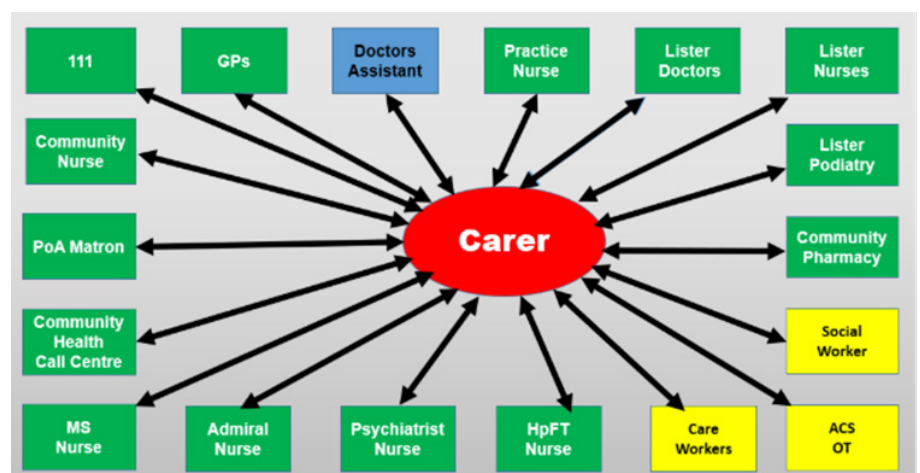
during end-of-life planning. Initially, the palliative care team were involved but later withdrew support when Roz was deemed ineligible. End-of-life was first raised abruptly in A&E, when Roz was presented with a Do Not Attempt Resuscitation (DNAR) form. Norman described this as being treated like a “blank cheque” for decisions about her care. Despite having a Lasting Power of Attorney and a written care directive, Roz was still asked to sign multiple ReSPECT forms, sometimes when Norman believed she lacked the capacity to understand. He felt these processes reflected NHS pressures and cost considerations rather than Roz’s wishes.

Roz was declared ‘end-of-life’ on four separate occasions, each involving different professionals and conflicting decisions. Norman said this inconsistency highlighted how fragmented services were, and how no one appeared to take overall responsibility for her care.

In February 2025, Roz’s hospital-at-home support was withdrawn without explanation, further deepening Norman’s frustration. Her health declined, and she was admitted to hospital in June. After 12 traumatic days, she was sedated and died peacefully. Norman expressed relief that this happened in hospital, as he believed community end-of-life support was inadequate.

Reflecting on the experience, Norman is calling for urgent systemic reform. He argues that patients and carers should be “front and centre” in health and social care processes, with the many professional services working not in isolation but across boundaries to provide continuity and dignity in care.

Figure 5: Norman Phillips’ diagram depicting ‘web’ of healthcare professionals



## Helping to identify carers across the NHS – ensuring support is provided

Moving from analogue to digital will help ensure carers are identified more quickly across the NHS and we also welcome the commitment in the NHS 10 Year Health Plan to “capture information about unpaid carers systematically, to ensure their responsibilities are recognised and supported”. Currently, many carers are not recognised within the NHS, and this delays their access to further support, and makes it harder for them to contribute to decisions relating to care.

Our State of Caring 2025 survey found that a third of carers (30%) said their GP is not aware they are a carer, and over a quarter (27%) said the person they care for's GP was not aware. This reflects research conducted by Nuffield Trust in 2025 which looked at 13 million anonymised GP patient records and found that although 8.8% of the population are unpaid carers according to Census 2021, only 1.4% are recorded as such on GP records<sup>31</sup>. That means, for every one carer identified by general practices, there are four more that are not being identified. The research found that carers from certain population groups are more likely to be missed by general practices, including those living in deprived areas, and those from ethnic minority backgrounds.

The NHS App and Single Patient Record have the potential to realise the ambition in the NHS 10 Year Health Plan to capture information about unpaid carers systematically, which will help ensure carers are identified across the NHS in a more systematic way.

## Giving carers easier access to advice

Moving from analogue to digital will also make it easier for people to seek help with caring, and with their own health. Carers could benefit from the focus on self-care support via the NHS App, which plans to provide access to clear guidance and direct communication with professionals. The following section sets out why it is important that carers receive easier and earlier access to support with their own health.

The ‘My Care’ part of the redesigned NHS App will help those who need more intensive support, such as people with long-term conditions or other complex needs. The 10 Year Plan states that this ‘will be each patient’s one-stop shop for managing their care. It will be where patients can find and review their care plan. It will be where they can book and manage appointments, enrol in a clinical trial and access their Single Patient Record.’ The aspiration is that, over time, ‘My Care’ will increasingly link to services outside the NHS - in the voluntary sector, from social enterprises, social care, community groups or local government. This could support unpaid carers in managing their caring responsibilities for others, as well as any personal diagnoses they have.

Having information links to key charities associated with a particular diagnosis could be beneficial for carers, too. When someone takes on unpaid caring responsibilities, they often say that information and advice is crucial. Carers UK offers the UK’s only national helpline dedicated to unpaid carers and we are a well-respected and comprehensive primary source of information and advice. AI models often draw from our information and advice. Links with local carers’ support services could also be helpful for locally tailored help.

31 Nuffield Trust (2025) [How good are general practices in England at recording who is an unpaid carer?](#)

### 3. Sickness to prevention

The Government has set out its vision for a cross-society focus on prevention, to increase life expectancy and reduce the gap in healthy life expectancy between the richest and poorest regions. This will be achieved through policies to improve public health by preventing obesity, smoking, air pollution and alcohol addiction, as well as providing greater mental health support for young people and helping people back into work after sickness. Vaccinations, screening, and early diagnosis will be prioritised, along with the creation of a new genomics service which will predict and prevent common diseases.

Research by Public Health England found that caring should be considered a social determinant of health<sup>32</sup>. Carers are more likely to have poor health than those without caring responsibilities. The Census 2021 in England and Wales found that around 1 in 4 unpaid carers reported being in 'not good health' after adjusting for age, compared with fewer than 1 in 5 non-carers<sup>33</sup>. ONS analysis of the Health Survey for England found that nearly half (49%) of unpaid carers reported at least one adverse health effect from providing unpaid care<sup>34</sup>, while Carers Week 2025 research found that 48% of carers said they had a mental or physical health condition develop or become worse since caring<sup>35</sup>. An academic study analysing GP Patient Survey data found that for those caring for 50 or more hours a week, the health impact of being a carer is equivalent to losing 18 days of full health each year<sup>36</sup>. Over a quarter (27.5%) of carers in England also report having a disability, compared with 18% of non-carers<sup>37</sup>.

Caring can significantly impact carers' own health and wellbeing in a number of ways. Those juggling caring with paid employment can find this particularly stressful unless they get sufficient support from their employer, and many end up giving up work to care, reducing working hours or taking on more junior roles or insecure work that fits better with caring<sup>38</sup>. This can lead to financial difficulties, with research showing that 1.2 million carers live in poverty (with 400,000 of these in deep poverty). Carer's Allowance – the main carer's benefit – remains the lowest benefit of its kind at just £83.30 a week (2025/26). Our State of Caring 2024 survey found that 61% carers feel stressed or anxious when they think about their financial situation, and those who are caring full-time are even more likely to feel this way<sup>39</sup>.

Caring can also be physically and mentally tiring, particularly when little practical support is provided, or when carers are caring for multiple people, are providing sandwich care, have childcare responsibilities, or other commitments. If carers are unable to take a break and focus on their own health and wellbeing, hobbies and interests, and relationships, this can lead to loneliness and depression. Our State of Caring 2024 survey found that 80% of carers said the impact of caring on their physical and/or mental health will be a challenge over the next year<sup>40</sup>.

Concerningly, it is clear from our research that carers' self-reported mental health has worsened over the last few years.

32 Public Health England (2021) [Caring as a social determinant of health](#)

33 ONS (2024) [Unpaid care expectancy and health outcomes of unpaid carers](#), England: April 2024.

34 *ibid.*

35 Carers Week (2025) [Caring about equality](#).

36 Thomas, G. et al. (2015) [Informal carers' health-related quality of life and patient experience in primary care: evidence from 195,364 carers in England responding to a national survey](#).

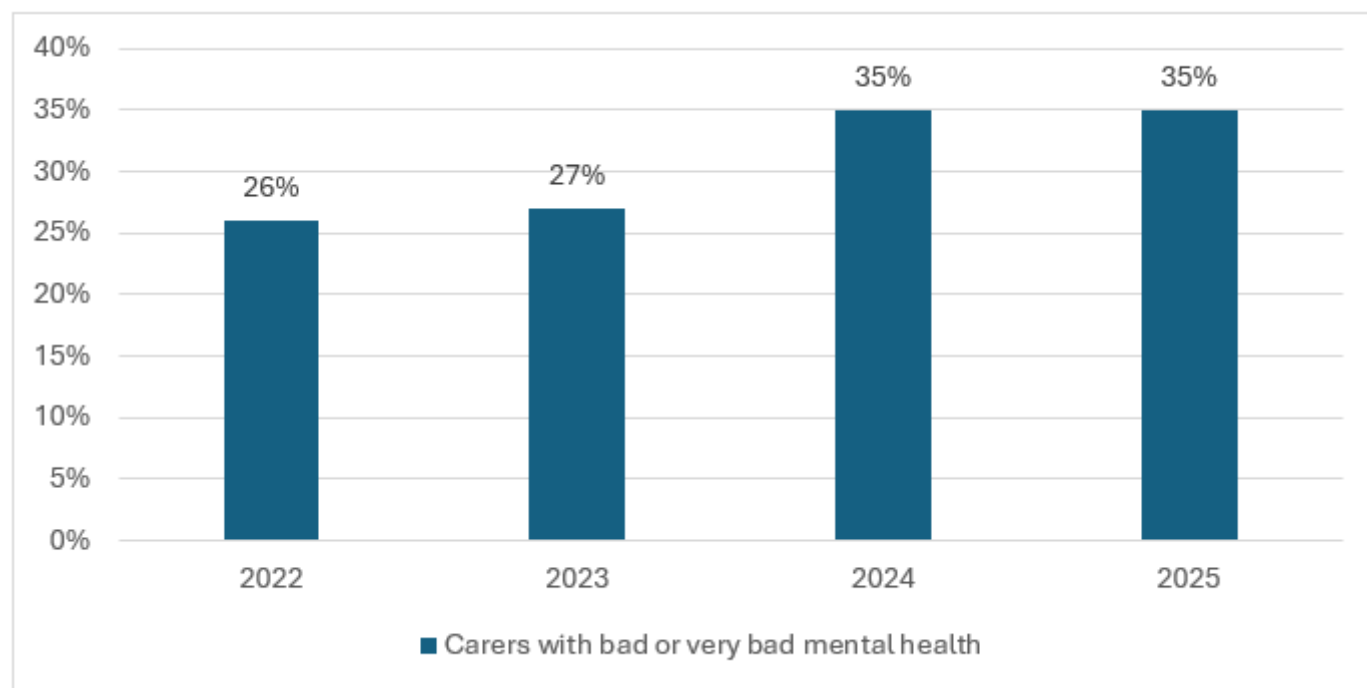
37 ONS (2023) [Unpaid care and protected characteristics](#), England and Wales: Census 2021.

38 Carers UK (2024) [State of Caring 2024: the impact of caring on employment](#)

39 Carers UK (2024) [State of Caring 2024: the impact of caring on finances](#)

40 Carers UK (2025) [The impact of caring on carers' mental health and the need for support from social care services](#).

Figure 6: How carers' self-reported mental health has changed over time – Carers UK State of Caring surveys 2022, 2023, 2024, 2025.



While the Government's focus on moving from sickness to prevention is welcome, in realising the aspirations in the NHS 10 Year Health Plan, consideration must be given to carers' own needs, as they are more likely to experience poor health than those not caring. In particular, carers would like to see a range of additional support, as detailed below.

### Easier access to medical appointments

Carers often tell us how difficult it is to make and attend medical appointments for their own health. Many carers find it hard to manage first-come first-serve GP booking systems when they are time-poor and busy caring, while others are unable to book advance appointments and cannot attend same-day appointments when alternative care or transport needs to be arranged in advance.

- *"I have been unable to get appointments with my GP because they require me to phone for appt on the day. I can't get booked in advance appts. I'm unable to just go on day because I need to arrange alternative care for my mother. My local GP practice seems to have no awareness of the needs of carers."*

- *"[Would like to be] able to make appointments easily and quickly for my son for all aspects of the NHS, and when it suits me to attend with him."*
- *"[Would like to be able to] make appointments for the person I care for and myself in the same appointment or at least within a short time before or after."*

Some carers would like there to be more consideration of their needs within the NHS, so that appointments are given more quickly. Currently, many carers are experiencing long wait times for scans and treatment, meaning they are continuing to provide care whilst struggling with their own health conditions. Our State of Caring 2023 survey found that just under a third (30%) of carers waiting for hospital treatment or assessment for themselves had been waiting for over a year.

- *"When receiving treatment in hospital, I tell them I need to get home quickly, but I'm routinely left till last on their day list and then I've to wait hours to be discharged. When someone is a carer, they can't be sitting all day waiting for a planned procedure whilst everyone else is taken first. We are needed at home."*
- *"I have Osteo-arthritis, and still waiting for hospital referral, unable to push my husband's wheelchair very far."*

- “[Need to be] able to get fast track care/ treatments so that I’m not away from my partner too long and that I can access backup care when I’m in hospital.”
- “My physical health has plummeted and I’m in need of surgery but the waiting list to be assessed is over 9 months. I’m exhausted, in pain, can’t do paid work and coping with my caring role has become impossible.”

Carers Week 2025 research found 24% of current and former carers who had developed a health condition since caring said that being able to contact the NHS more easily and speaking to a healthcare professional sooner would have prevented this condition from developing<sup>41</sup>. It is vital that carers get the healthcare support they need as quickly as possible, as carers’ poor health can make it more challenging for them to provide care, and increase the likelihood of them having to give up paid employment due to poor health. Our State of Caring 2023 report found that nearly three quarters (73%) of carers who had bad or very bad mental health said that they continued providing care even though they felt they were at breaking point<sup>42</sup>.

Carers also struggle to attend medical appointments when they are unable to take a break from caring. Without sufficient support from social care services, carers often struggle to undergo their own medical procedures, and many have to cancel appointments. Carers Week 2025 research found that 40% of carers said they had postponed or cancelled a medical appointment, test, scan, treatment, or therapy because of caring, and the main reason for this was not being able to find an appointment they could attend<sup>43</sup>. As a result, carers are unable to get the help they need, potentially resulting in their health issues worsening.

- “[Need] someone to be with the person I care for when I’m offered (and have to travel long distances to attend) routine medical examinations outside my local area or risk being taken off the waiting list.”
- “I needed a care package for my mother and brother as I need to go into hospital, but they cannot promise me that date, I have already cancelled my surgery, and it is looking like I will have to cancel next month’s op.”

## Carers being valued more within the NHS

Carers would like more recognition from the NHS about the importance of their role, so they no longer feel invisible and undervalued. When carers feel ignored, not consulted with, and not respected, this has a significant impact on their wellbeing. In our State of Caring 2024 survey, we asked carers what impact, if any, a lack of recognition or support from the NHS has had on them. Many carers said that the lack of support was demoralising, and made them feel undervalued, which affected their wellbeing.

- “You are made to feel like a problem or like your opinions are wrong. It makes you feel deflated”
- “It makes me feel worthless.”

## More recognition of the impact of caring on carers’ own health and wellbeing

As mentioned previously, caring can have a significant impact on carers’ own health and wellbeing and has been recognised as a social determinant of health. Despite this, many carers would like more recognition within the NHS of the link between caring and their own health, and more proactive support such as carer health checks.

- “My husband is deteriorating, but we have no contact with our GP unless I initiate it. I think there should be an annual review for both of us, as nobody monitors the stress it has on my health.”
- “[Should be] proactive encouragement of carers to seek assistance and support in relation to their mental health as, although the support may be accessible, carers may not consider themselves in need of such services, particularly if they have always been quite self-sufficient.”
- “Despite being clearly distressed and articulating that distress to healthcare professionals when discussing my mother’s care no one ever asks me how I am (despite having an existing diagnosis of depression).”
- “Whilst our GP surgery deal with me as my mother’s carer, they have never asked about my needs or if I am coping, nor offered any support or guidance.”

<sup>41</sup> Carers Week (2025) [Caring about equality](#).

<sup>42</sup> Carers UK (2023) [State of Caring 2023: the impact of caring on health](#).

<sup>43</sup> *ibid.*



Many national and local organisations, including local carers' services, are already supporting carers with their own health and wellbeing. However, carers would benefit from more investment in programmes which improve carers' mental health and prevent issues like anxiety and depression from developing.

- *"I suffered with anxiety in relation to my caring role and also was forced to make difficult choices around prioritising my own physical and mental health and treatment and supporting my teenage children alongside providing care for my parents."*

### **More support with caring, so caring does not become overwhelming**

Caring can become stressful when carers are not getting enough support. Our State of Caring 2024 survey found that over half of carers (57%) feel overwhelmed often or always<sup>44</sup>. Many carers would like more information about caring, so they feel more confident about caring at home. In particular, carers often need more help with managing complex conditions and carrying out clinical tasks, yet many find it difficult to access advice and guidance from the NHS. This can cause carers' significant stress and anxiety.

- *"It's causing so much emotional and physical distress within the house, I'm just lost as to where to turn to or who to go to."*
- *"I have to repeatedly ask for information which creates additional stress and hassle."*
- *"I had to manage the oxygen, controlled medication and drugs and know what to expect - I felt very out of my depth. Advice/knowledge would have helped."*

Identifying carers quickly is vital in ensuring that carers get the support they need. GPs, in particular, can play a key role by signposting carers to further support.

- *"[Would like to be] recognised as an unpaid carer on forms...Understanding appointments can be hard to attend if I have to take my daughter too due to no other care available."*
- *"Getting the help and support when it's needed. Being listened to and professionals being clear what's happening, so you can prepare the person you're caring for. In hospital, staff being aware you're a carer."*

As previously stated throughout this report, it is crucial that the Government invests in social care services, to ensure that carers can benefit from proposals set out in the 10 Year Plan. While more support for carers from the NHS would clearly be beneficial in improving carers' own health, social care services also have a vital role to play in ensuring carers do not end up reaching breaking point. When we ask carers what additional support they need to maintain their own health and wellbeing, more breaks and time off from caring is often top of their list.

- *"Our own health needs should really be looked after because we will probably be caring for a long time without time off. We need support to live normal lives or even a snippet of them, to be able to see friends and have hobbies. This is often ignored."*

<sup>44</sup> Carers UK (2025) [State of Caring: the impact of caring on carers' mental health and the need for support from social care services](#).

## 4. A more diverse and transparent NHS with a workforce fit for the future

The NHS 10 Year Health Plan outlines the Government's ambition to move the NHS away from a centralised system to a more devolved, diverse service. Providers and commissioners will be measured against clear metrics, including patient reported outcomes, experience and feedback and ranked on performance. The NHS headquarters and the Department of Health and Social Care (DHSC) will be combined: NHS England will be abolished and many of its functions will become part of DHSC, to reduce duplication. A new National Director of Patient Experience will have responsibility for collecting and distributing feedback from patients and carers to the public. A specific 10 year workforce plan for the NHS will be published later this year. AI technology, such as AI scribes and automation will be used to reduce administration and free up staff time to care. There will also be better training for staff.

### Supporting carers to have a voice within the NHS and provide feedback

Carers often feel that their complaints and concerns in relation to health and social care services are not acted on. Our State of Caring 2025 survey found that although the majority of carers said they would provide feedback if they were concerned about a health or social care service (74%), or make a formal complaint (63%), many carers did not feel confident their concerns would be acted on. Only a fifth of carers (18%) said they were confident that any feedback or complaint they made about a health or social care service would be acted on.

In our 2024 survey with carers about the NHS, we asked carers to prioritise a series of 'I Statements'. These statements are intended to help carers challenge any negative experiences within the NHS and enable them to hold the NHS to account. The five statements which carers felt were most important are below, listed in order of priority:

1. "I am recognised as an unpaid carer within the NHS and treated as an equal partner in care, with my knowledge and experience valued and respected."
2. "I can access high-quality care for myself, and the person I care for, when and where I need it."
3. "I have a life outside caring and can take regular breaks by accessing support that suits me, such as respite care."
4. "I am confident that health and social care services are integrated and work together to support our needs."
5. "I am identified as an unpaid carer on my own patient record and that of the person I care for."

These 'I Statements' should be adopted as outcomes that the NHS should seek to achieve for all carers by 2035, helping to realise our vision for the NHS to become the most carer-friendly healthcare service in the world.

We also need to see a shift in the value placed on carer feedback to help drive improvement as well as help carers feel valued. As a first step, the new Director of Patient Experience should be titled Director of Patient and Carer Experience. Carer experience needs to be collected separately, not just on behalf of the patient, to record their experiences, as a carer of the NHS. This kind of insight should help to drive positive improvement and change.

New legislation also needs to retain carers' current rights and improve them. With the abolition of NHS England, there is a risk that carers will lose their current right to consultation and engagement in relation to services, which they are currently entitled to under the Health and Care Act 2022. This needs to be enshrined in law, with the Government accountable for it. The NHS also needs to have stronger responsibilities to value and support unpaid carers, placing a duty on NHS organisations to promote the health and wellbeing of unpaid carers. Finally, new legislation needs to take a close look at integration with social care legislation to see where potential improvements could be delivered.

## Supporting NHS staff with caring responsibilities

Millions of people in England are now combining paid work with their unpaid caring responsibilities, and this is particularly true for staff working in the NHS. The latest NHS Staff Survey 2025 found that a third (32%) of NHS staff have unpaid caring responsibilities. Many are in crucial roles across the NHS: those working in social care are most likely to be caring (41%) followed by nursing and healthcare assistants (38%). However, concerningly, a significant proportion are struggling with stress and burn-out. The survey found that staff who have caring responsibilities were more likely to say they felt unwell with work-related stress (47%) compared to those not caring (39%), and more likely to say they have gone to work while feeling unwell in the last 3 months (62% vs 53%). Staff with unpaid caring responsibilities were also more likely to say that they have felt burnt out because of work ‘often’ or ‘always’ (32% vs 29%) and worn-out at the end of a day/shift ‘often’ or ‘always’ (45% vs 41%) than non-carers.

There is a clear need to support these members of staff to continue juggling work and care, otherwise there is a risk that they will give up work to care full-time. Carers UK research in 2019, based on polling, found that a staggering 2.6 million people – over 600 people every single day – have given up work to care, while an additional 2 million people have reduced their working hours.<sup>45</sup> This presents significant risks for the NHS, and could have a disproportionate impact on female staff, and staff aged 51-65, who are more likely to be caring. In addition, long-term staff are more likely to be caring, with 42% of staff with more than 15 years’ service having unpaid caring responsibilities, compared with 24% of staff with less than a year’s service – thereby risking a loss of expertise and knowledge if carers were to leave the workforce.<sup>46</sup>

There are many benefits to employers like the NHS in supporting carers to juggle work and care. Our evidence shows that providing the right support can lead to increased productivity, lower recruitment costs, higher staff retention, reduced absenteeism, increased worker loyalty and satisfaction, improved employee wellbeing, a positive contribution to diversity and inclusion, and being an employer of choice when looking to recruit new employees.<sup>47</sup>

Evidence also shows that supporting carers to stay in work makes economic sense and presents a significant opportunity for the UK economy. For example, Centrica, a founder member of Employers for Carers, estimates that UK companies could save up to £4.8 billion a year in unplanned absences and a further £3.4 billion in improved employee retention by adopting flexible working policies to support those with caring responsibilities.<sup>48</sup>

## Additional training for NHS staff

The evidence carers have provided demonstrates that there is a clear need for more training for NHS staff about unpaid carers and the challenges they face. Compulsory carer-awareness training for all healthcare professionals would help ensure that staff are aware of the law on carers’ rights; currently the provisions for carers in the Health and Care Act 2022 are not being enacted in full, with carers not being sufficiently consulted at hospital discharge. In addition, more carer-awareness from professionals would ensure carers are treated with respect and empathy, and signposted to the relevant support that is available, improving carers’ wellbeing as a result.

- *“Hiring carers and post-carers in the NHS in key roles [would help] to bring their perspectives to the role and teams.”*

<sup>45</sup> Carers UK (2019) *Juggling work and care: a growing issue*.

<sup>46</sup> Carers UK analysis of the NHS England Staff Survey 2024.

<sup>47</sup> Carers UK (2024) *Taking the next steps for working carers*.

<sup>48</sup> Centrica and Carers UK *Supporting carers in the workplace*.

# Carers' vision for the NHS in the future

## “I want to see an NHS in the future which supports unpaid carers by...”

In our 2024 survey, we asked carers to complete the sentence “I want to see an NHS in the future which supports unpaid carers by...”. It is clear from carers' responses that they would like to:

- be identified as a carer within the NHS more quickly
- be able to contact NHS professionals more easily
- receive more joined-up support within the NHS, and across health and social care services
- to be given a choice about whether to care, and for their concerns about caring to be listened to and addressed
- be valued more, consulted and respected by healthcare professionals, and treated as an equal partner in care
- receive more support with their own health and wellbeing within the NHS.

Given the Government's statutory duty to review the NHS Constitution every 10 years, there is an opportunity to update the policy including carers' 'I Statements'.

### Identifying carers straight away and providing information/advice more quickly

Some carers said they would like to be identified as a carer within the system quicker, and to be signposted to further information and support more efficiently.

- “I want to see an NHS in the future which supports unpaid carers by recognising who the unpaid carers are straight away. Offering unpaid carers dedicated phone numbers to call.”
- “I want to see an NHS in the future which supports unpaid carers by immediately identifying their role, having understanding of what it means to be an unpaid carer.”
- “I want to see an NHS in the future which supports unpaid carers by developing an NHS Carer Card...to clearly identify unpaid carers and would serve as a basis to a better cooperation between NHS staff and carers.”

### Making it easier for carers to contact NHS professionals

Several carers said they would like more opportunities to speak to NHS professionals without feeling they have to battle through the system to get support. In particular, carers wanted shorter wait times for GP appointments, and more flexibility with making appointments so they could attend at a time convenient to them.

- “I want to see an NHS in the future which supports unpaid carers by relieving the unpaid carer of some of the responsibilities and bureaucracy that's involved in trying to navigate systems for appointments and prompt access to actually speak to someone. We don't all get on very well with technology as we age and it's a very frustrating experience.”
- “I want to see an NHS in the future which supports unpaid carers by being there with advice, making it easier to make appointments locally, not have to keep chasing things.”
- “I want to see an NHS in the future which supports unpaid carers by providing appointment times and locations which accommodate the needs of the patient and carer.”
- “I want to see an NHS in the future which supports unpaid carers by making it quicker and easier to get GP appointments - with actual GPs not 'clinicians' and not having to go via computerised systems such as 'Anima'.”
- “I want to see an NHS in the future which supports unpaid carers by communicating with them more clearly (eg sending clear texts or emails telling them about appointments)”
- “I want to see an NHS in the future which supports unpaid carers by providing a better way to access services and help, as at present there are so many people to contact for various things it can get confusing.”

## Providing joined-up support

Several carers felt that more joined-up services would reduce the amount of time they need to spend contacting the NHS and dealing with NHS-related admin.

- *“I want to see an NHS in the future which supports unpaid carers by providing faster systems that are linked so I don’t have to go out of my way to get copies of health records from a hospital to take to the GP...”*
- *“I want to see an NHS in the future which supports unpaid carers by [providing] joined up thinking, departments talking to each other and the patient/carer.”*
- *“I want to see an NHS in the future which supports unpaid carers by recognising and acknowledging unpaid carers consistently across all NHS services and settings (eg not requiring unpaid carers to repeat the same information).”*

In particular, some carers wanted to see more joined-up working between health and social care services.

- *“I want to see an NHS in the future which supports unpaid carers by [being] fully integrated with social care. And I would like this to happen in the next two years, not another 10 years which it is far too late.”*
- *“I want to see an NHS in the future which supports unpaid carers by being completely integrated with social care so that people work together and budgets are aligned so that we can receive the help & support we need without being at the mercy of different budget considerations.”*

## Listening to carers’ concerns and recognising where more support is needed

Many carers said they wanted NHS professionals to listen to their concerns, offer further support with caring when required, and to ask whether they felt able to provide care.

- *“I want to see an NHS in the future which supports unpaid carers by asking if I can continue and at a later date checking to see if I can...”*
- *“I want to see an NHS in the future which supports unpaid carers by assessing whether the carer can cope, especially at hospital discharge... Providing clear and accessible options to support where the carer can’t cope and being taken seriously when raising concerns to healthcare providers.”*
- *“I want to see an NHS in the future which supports unpaid carers by ensuring diagnostic & treatment processes are explained properly both to help manage expectations & provide reassurance for those involved - important to know what to say when dealing with patients living with dementia and for family members to have clarity on what is done & why/when.”*

Some carers felt that more personalised support would better address their needs, or the needs of the person they cared for.

- *“I want to see an NHS in the future which supports unpaid carers by seeing everyone as an individual. We can’t all be lumped into one category. What helps one might not help another.”*
- *“I want to see an NHS in the future which supports unpaid carers by [providing] more person centre care.”*
- *“I want to see an NHS in the future which supports unpaid carers by listening attentively to their needs and supporting them in a way that meets those needs in full.”*



## Valuing carers and treating them as equal partners

Several carers said they would like NHS professionals to recognise their knowledge, skills, and experience, and to value their input more. Some carers said they currently felt ignored or treated as a nuisance.

- *“I want to see an NHS in the future which supports unpaid carers by seeing unpaid carers as colleagues who are invaluable...Not treated as minders but treated as experienced health workers who have a wealth of knowledge and experience. Which prevents the person they care for having to have NHS services whether at home or at hospital, which saves the NHS a lot of money and stretch of their services.”*
- *“I want to see an NHS in the future which supports unpaid carers by listening to them & accepting their opinion even if we have no medical degree. We are not stupid just because we are unpaid, & know the person we are caring for more than any medical professional.”*
- *“I want to see an NHS in the future which supports unpaid carers by recognising ALL the hard work and time it takes to look after someone, doing tasks that professionals usually do and are paid for...and realise that the carer knows more about the cared for person than they may know and to listen and not shrug us off because we have no qualifications.”*
- *“I want to see an NHS in the future which supports unpaid carers by being collaborative and asking for our insights, listening to our views and treating us as an important part of the care system, instead of as a hysterical nuisance!”*
- *“I want to see an NHS in the future which supports unpaid carers by recognising them & their lived experiences.”*

Several carers said they wanted to be treated as an equal partner in care, with an opportunity to contribute to decisions relating to the care and treatment of the person they look after.

- *“I want to see an NHS in the future which supports unpaid carers by treating them as an equal partner with equal status in determining care plans...”*
- *“I want to see an NHS in the future which supports unpaid carers by fully recognising their worth, experience and expertise as equal partners.”*
- *“I want to see an NHS in the future which supports unpaid carers by recognising them as carers, the huge value they provide, and keeping them updated, plus involving them in decisions from the beginning if they want, and not expecting or assuming anything from them.”*
- *“I want to see an NHS in the future which supports unpaid carers by making them central to care plan, including them in decision making, treating them as part of the team.”*
- *“I want to see an NHS in the future which supports unpaid carers by treating them as valuable part of the team with knowledge of the individual, not just that mum or daughter. We know those we care for best. Using my name. I’m not just mum.”*

## Recognising the impact of caring on carers' health and wellbeing

Many carers said that they would like NHS professionals to recognise the impact of caring on their own physical and mental health.

- *"I want to see an NHS in the future which supports unpaid carers by appreciating the volume of emotional strain and hardship that can come with being an unpaid carer."*
- *"I want to see an NHS in the future which supports unpaid carers by valuing the extraordinary sacrifices they have made. Rather than the NHS taking advantage of the selfless compassion of unpaid carers, consideration should be made about their own rights to a fulfilling and decent quality of life."*
- *"I want to see an NHS in the future which supports unpaid carers by realising that our health is just as important as the person we care for."*
- *"I want to see an NHS in the future which supports unpaid carers by recognising them as a valuable resource but understanding we are burnt out humans and we need to be fit and well to provide the care in the first instance."*
- *"I want to see an NHS in the future which supports unpaid carers by ensuring there is a mandatory health check for unpaid carers."*
- *"I want to see an NHS in the future which supports unpaid carers by offering regular check-ups in case their own health has been neglected because of long years of caring."*
- *"I want to see an NHS in the future which supports unpaid carers by reaching out to them on a regular basis, to ensure [they're] coping and managing their health as well as the person they care for."*
- *"I want to see an NHS in the future which supports unpaid carers by getting more involved and recognising carers' extraordinary work. NHS shouldn't take carers for granted as carers are humans too and can get ill and unable to care for their loved ones."*

Many carers would like more support with their health and wellbeing, such as regular health checks. Some carers wanted NHS professionals to be more proactive in asking them whether they were experiencing any issues with their own health.

# Conclusion

Unpaid carers are the backbone of our health and care ecosystem. Across England, millions of people quietly step forward each day to provide essential care and support for family members, friends, and neighbours, often at considerable personal cost.

This report has shown, in detail, how carers' contributions sustain the NHS and social care – and yet how often they go unrecognised, unsupported, and undervalued within the very systems they help to uphold. The evidence we present makes clear that the experiences of carers are not peripheral to the NHS's future, but central to it. Carers are partners in delivering care, and without them the system would struggle to function.

Carers UK supports the call Lord Darzi made in 2024 for a “fresh approach” that treats carers as individuals with their own needs and as equal partners in care provision. We agree that reform is urgently needed. Through delivery and implementation of the NHS 10 Year Health Plan we have a critical opportunity to embed recognition, support, and identification of unpaid carers into the very fabric of health services in England.

We support many of the plans' aspirations and deliverables which will help to improve carers' lives and lead to better outcomes for the people they care for. These include the introduction of local Neighbourhood Health and Care Services and steps towards digital transformation, including the 'My Carer' function on the NHS App, the adoption of a Single Patient Record, and wider use of virtual wards. For these to succeed, carers must be actively consulted throughout implementation and delivery.

One of the strongest messages we hear from carers is the importance of identification. As such, we also warmly welcome the commitment in the 10 Year Plan to capture information about unpaid carers systematically, to ensure their responsibilities are recognised and supported. The current absence of a consistent process for recording carer status on NHS records – and ensuring this is visible across services – perpetuates a cycle of invisibility. To be embedded properly, systematic identification must become a legal and operational standard, ensuring carers' contributions are formally acknowledged from the outset.

Alongside identification, carers want to be treated as equal partners in care. Too often, their insight into the person they support is overlooked in clinical decision-making or discharge planning. This results in poorer outcomes for both patients and carers, as well as unnecessary readmissions and inefficiencies. Embedding the principle of equal partnership into everyday practice requires legislation to provide the principle and goal, leadership, training, and clear accountability. The outcome we seek is for all NHS professionals to 'think carer' by default.

We also highlight the profound impact of caring on carers' own health and wellbeing. Carers frequently prioritise the needs of the person they support over their own, leading to delayed treatment, missed appointments, and deterioration in physical and mental health. Caring should therefore be re-recognised as a social determinant of health, triggering proactive offers of health checks, mental health support, and respite services. Such measures would protect carers' health, prevent crises, and reduce long-term demand on NHS services.

While carers want to see, and support, care being moved closer to home, this shift into the community will inevitably increase reliance on unpaid carers – many of whom already provide very substantial levels of care. Without parallel investment in, and reform of, social care, as well as training for carers on clinical tasks, and adequate respite provision, we risk placing unsustainable strain on individuals and families. Close integration between local health services, social care providers, and carers' organisations is essential to ensure changes are safe, equitable, and sustainable.

Technology offers powerful tools to improve carers' experiences, but digital inclusion must be a guiding principle. The NHS App's 'My Carer' function and the Single Patient Record have the potential to significantly reduce administrative burdens, improve information sharing, and enable carers to coordinate care more effectively. However, these tools must be accessible to all, with non-digital alternatives for those unable to engage online. Getting delivery right, as ever, will be key.

The NHS must also look inward and support its own staff, 1 in 3 of whom are themselves unpaid carers. Many NHS employees balance demanding clinical or administrative roles with significant caring responsibilities at home. Offering flexible working, paid carer's leave, and supportive workplace policies is not only the right thing to do for staff wellbeing, but also essential for staff retention, morale, and productivity.

# Recommendations

The NHS 10 Year Health Plan represents a pivotal moment. It will set the direction for health services in England over the next decade, during which time demographic change, workforce challenges, and evolving models of care and technologies will make carers' roles even more critical. If carers are not meaningfully included in the delivery and implementation of this plan, the consequences will be felt in every hospital, clinic, and community service.

The recommendations we propose are neither marginal nor optional. They go to the heart of the NHS's mission to deliver high-quality, person-centred care. If adopted, they will benefit patients, carers, staff, and the system as a whole.

Delivering this vision will require commitment from Government, NHS England, Integrated Care Systems, GPs, pharmacies, local authorities, and the voluntary sector. But it will also require a cultural shift – one that sees carers not as an informal add-on to the system, but as essential partners without whom the NHS cannot succeed.

**Carers have been clear about what they need: to be identified, respected, supported, and included. The NHS 10 Year Health Plan offers a rare chance to turn these aspirations into a reality. If we seize this moment, we can build a health service that truly works for those who give so much to others, often with so little recognition in return. We will all benefit as a result.**

By embedding the recommendations we include in this report, the NHS in England can take important steps towards realising our vision for the NHS to become the most carer-friendly healthcare service in the world, with a clear vision for carers where:

- carers are recognised and identified as a core part of our health and care systems
- all healthcare professionals 'think carer' as a default
- care is better planned, through earlier and more systematic engagement of unpaid carers
- carers' own health is protected, ensuring they can sustain their caring responsibilities without sacrificing their own wellbeing
- service design is aligned with the reality of care at home, making integration between NHS, social care, and community support the norm
- technology is harnessed to ease, rather than complicate, the lives of carers
- the NHS leads by example in supporting its own workforce who provide unpaid care outside of work
- legislation sets clear principles for the NHS and unpaid carers, and which support social care support.

Please see our detailed recommendations in table 7 below.

Theme	Recommendations
Improving carer identification	Set clear ambitions to consistently identify unpaid carers throughout the NHS and track progress.
	Introduce new legislation requiring the NHS to systematically identify unpaid carers across all settings, proving parity with carers' existing rights in social care.
	Ensure carers are systematically recorded on both their own patient record and that of the person they care for, with this information shared across services via tools like the 'My Carer' section of the NHS App and the Single Patient Record.
	Inclusion of mandatory training for all NHS professionals on unpaid carers to help with systematic identification, signposting to support and advice.
	UK Government to take on board any findings from the COVID-19 inquiry being led by Baroness Hallett regarding the critical importance of timely and accurate identification of unpaid carers.
	Data linkage programmes, building on the work of the Health Foundation's Networked Data lab, to link carer data across health and social care using their NHS number as a key identifier.
	Legislate for a new duty on Integrated Care Boards to develop a plan to identify carers, working in partnership with relevant Local Authorities.
	A clear strategy within Neighbourhood Health and Care Services to identify and support unpaid carers.
	Funding the widespread adoption of Carers Passports starting with secondary care in the NHS, helping carers to be better identified, recognised and supported across different care boundaries.
Changing culture and embedding carers as equal partners in care	New legislative foundations which recognise unpaid carers.
	A refreshed and updated NHS Constitution which recognises unpaid carers.
	Make consultation with carers mandatory in care planning, treatment decisions, and hospital discharge processes, in line with the Health and Care Act 2022 — and ensure this duty is implemented in practice.
	Respect and utilise carers' expertise, providing opportunities for their knowledge and experience to inform care plans.
	Provide mandatory carer-awareness training for all NHS staff, including legal rights of carers, the impact of caring on health, and how to signpost to support. This could be delivered as standalone training or incorporated into wider training for staff.



Theme	Recommendations
Supporting carers' own health and wellbeing	Recognise caring as a social determinant of health and provide proactive health checks for carers.
	Improve access to timely GP and hospital appointments for carers, with flexible booking and 'fast track' options where caring responsibilities limit availability.
	Increase funding for mental health support, breaks, and respite services to help carers better look after their own health and wellbeing.
	Investment in a programme of activities to improve carers' mental health and address other factors which affect carers' mental health such as poverty, discrimination, housing, and other related issue.
	Legislative duty to be placed on NHS services to promote the health and wellbeing of unpaid carers.
	Development of a local digital carers' information prescription linked to national advice and local support.
	Development of carers' breaks on prescription through a funded programme of support, which is delivered through GP practices and neighbourhood health and care teams.
	Development of a nationally funded public health programme for carers.
	Set targets to achieve a reduction in carers' health inequalities and prevention of conditions.
	Use carer-data intelligently to tailor resources to real need. For example, those unpaid carers most at risk of carer-breakdown and hospitalisation should be matched with critical care factors (eg providing significant care whilst also having their own heart condition, arthritis, etc.)
Health and social care integration	Any shift of care from hospital to home must be matched with investment in social care, respite provision, and guidance for carers on clinical tasks.
	Involve local carers' organisations in the development of Neighbourhood Health and Care Services with sufficient funding to provide ongoing support.

Theme	Recommendations
Harnessing digital technology	Fully develop the 'My Carer' function in the NHS App to allow carers to manage health admin on behalf of the person they care for.
	Ensure the Single Patient Record is accessible across NHS and social care to reduce the need for carers to repeat information.
	Provide non-digital alternatives to prevent digital exclusion.
	Ensure the aspirations set out in the NHS England operational framework for virtual wards are delivered on the ground.
	Ensure that there are non-digital solutions for those who need face-to-face, or more direct interactions with health staff.
Supporting carers within the NHS workforce	Implement policies across all NHS settings that support NHS staff with caring responsibilities to stay in work alongside their caring responsibilities, such as enhanced flexible working opportunities, a statutory right to five days paid carer's leave, carers passports and dedicated support programmes for working carers.
	Recognise the retention, productivity, and morale benefits of supporting staff who are carers.
Strengthening accountability and carer-visibility within the NHS	Adopt the five priority 'I Statements' from carers, as set out in this report (see page 31), as measurable NHS outcomes by 2035.
	Ensure carers can give feedback about their caring role and how they were supported with confidence that it will lead to change, through the new renamed National Director of Patient and Carer Experience role and transparent reporting.
	Inclusion of visible messaging and narrative about unpaid carers – so that carers feel seen and heard - in communications from DHSC, NHS England and across all NHS settings.
	Support and promotion by the NHS of awareness campaigns like Carers Week, Carers Rights Day and other initiatives that aim to reduce the time it takes for carers to identify themselves and seek support.
Upholding and expanding carers' rights within the NHS	Upholding carers' rights at hospital discharge by funding "in reach" support at the point of hospital discharge. This should be delivered by voluntary sector carers services as a funded programme of support, sharing learning, outcomes, and developments.
	Lay the foundations for new legal responsibilities for the NHS to have regard to unpaid carers and to promote their health and wellbeing.
	Enact new legislation so that carers have a statutory right – shared with social care – to regular and meaningful breaks, alongside adequate funding through the Better Care Fund and other measures.
	The Secretary of State for Health and Social Care to require the Equalities and Human Rights Commission to undertake an inquiry into the accessibility of healthcare services for unpaid carers.
	Amend the Equality Act 2010 to include 'caring' as the 10th protected characteristic.



Across the UK today, 5.8 million people are carers – supporting a loved one who is older, disabled or seriously ill. Carers UK is here to listen, to give carers expert information and tailored advice. We champion the rights of carers and support them in finding new ways to manage at home, at work, or in their community.

**We're here to make life better for carers**

Carers UK 20 Great Dover Street, London, SE1 4LX

**T** 020 7378 4999 | **E** [info@carersuk.org](mailto:info@carersuk.org)



@carersuk



/carersuk



/carers-uk



@carers\_uk



@carers\_uk



@carers-uk.bsky.social