

Stories from the Frontline: the impact of the cost-of-living crisis on our patients

As GPs working at the Deep End, we see and hear about the impact of the cost-of-living crisis on our patients' lives and health every day. We felt it was important to capture a few of these. In the stories narrated by the GPs, names are changed, and locations not given, to protect identity. One especially powerful story is told by the person themselves, with full permission given to share. She says, *"It is important we share our stories and keep sharing in an attempt to get those who can change it to listen and take notice. Thank you."*

Story 1

"I care for a young single mum who was just about managing financially until the cost of living crisis. She now struggles to heat her house and often skips meals herself so her daughter can eat. She receives the maximum amount of benefits available to her but it is not enough, and we have spent a lot of time trying to access grants for food, fuel and winter clothes. Prior to the cost of living crisis you could usually rely on one of the grants paying out, but so far none have, and have stated they are inundated with applications. Annie's shower broke last year and she has been unable to afford to have it fixed as she has to prioritise food, fuel, rent and transport over house maintenance. Since this has happened her daughter has developed a scalp condition and not having proper washing facilities has made it difficult to administer the shampoo to treat it. Annie messages me on a regular basis asking if I have any access to food or fuel vouchers to help her get through the month. She has very poor mental health as a result of her situation and feels she is not being a good mother to her daughter".

Story 2

"I look after a middle aged man who had open heart surgery last year and is attending cardiac rehab. He also has very poorly controlled diabetes. He used to be able to get by if he shopped in Aldi or Lidl but now he can't afford this with food and energy prices rising so much. He has been visiting the food bank weekly for provisions to get him by, but most of the food he is given is high carb/sugar/processed food as opposed to the healthy fresh choices he is being encouraged to make to help manage his conditions. He is attending the GP regularly for appointments due to feeling poorly and he worries he is wasting their time. He thinks if he could eat more healthily his body would heal faster and he would eventually be able to look for employment. He finds his situation very frustrating and his mental health has been negatively impacted"

Story 3

"For many years, I have looked after a woman in her sixties, who works full time and cannot afford to pay her outgoings. Because she is in employment she is not entitled to a lot of the financial aid available. She is well known in the local areas because she works in the school, and she often supports parents, bringing them to register at the local food pantry/food bank. What they don't know is that she also has to use the food bank to help feed her family. She used to be in a lot of debt and in the past had to declare bankruptcy because she couldn't afford the payments. The debt is now creeping back up as she struggles to pay rent and utilities. She feels she can't break the cycle because the cost of living keeps rising. She has panic attacks in work thinking about money and is too frightened to let her loved ones know the full extent of the situation"

Story 4

"I recently saw a young man who has a pre-payment meter. His children stay with him at the weekends. Due to him not having enough money for the meter/heating he could not have them over for a number of weekends as he had prolonged periods of no electricity - and when he did, he had very little heating on due to the costs. The children stay with their Mum during the week and had started staying at Mum's at the weekend too. His mood has really dipped as a result. The children's routine of seeing and staying with their Dad regularly has been really disrupted which cannot be good for them either. I'd imagine the situation wouldn't be that easy for Mum either. The Link Worker and Financial Support Worker at the Practice have become involved which has really helped. I feel this whole situation has really impacted on his mental health, on his ability to work and function and has impacted on his children/family too"

Story 5

"I look after a young woman with asthma. She was seen once three weeks ago, and given antibiotics and steroids, and had been requesting sick lines since. She had requested a further line so I phoned her up to see how she was; she was still coughing, and feeling no better. I recommended that we arrange a face-to-face appointment to assess her, but she refused because she was not able to get there. She couldn't afford a taxi or bus as she had no money left. Her gran is only person she knows who drives and she was out of the country. She had no other friend or family who could help. She wasn't able to walk to the surgery (at least 30 mins) due to shortness of breath. She felt a review may have been helpful but was adamant she could not get down and did not feel she was unwell enough to justify (and refused when I offered) a housecall. She just wanted the sick line to get "work off her back", and to rest as she hoped that would settle things.

This lady ended up being seen when her gran got back from holiday the next week by my colleague, and despite further oral steroids her asthma continued to deteriorate, and she ended up in A/E three days later and had a two day hospital stay. Her asthma has now settled but, due to the time she took off, work is refusing to let her take further time off to come to asthma review appointments. We are carrying these out over the phone but this is clearly sub-optimal. On the one hand she does understand that a chronic disease like asthma requires monitoring and review to stop exacerbations getting out of hand, but she just doesn't feel she has the luxury to do that at the moment."

Story 6

"I've been supporting a young woman with a traumatic background, involving court proceedings against a parent. She has already been on the waiting list for trauma psychotherapy for one year, and has been advised that it will be at least another year before she is seen. She moved out of her family home aged 15 in response to this. At the age of 19, she got into a (in her words) "bad relationship", which she managed to leave but had nowhere to go. She refused the emergency hostel accommodation that was offered as it did not feel safe. The local council therefore advised she was intentionally homeless and could not help her. She moved back in with her abusive parent as she had nowhere else to go, but left this situation as it was untenable. By January she was living in her car, trying to work and to find somewhere to stay. At this time she was attending me with ongoing respiratory problems, in large part related to sleeping in car overnight in very cold conditions. A routine question about something else led her to disclose all the above, and she was in tears, telling me I was the first person to say this was hard, and not her fault. Together with our Community Link Worker, we advocated to the housing department for someone safe for her to stay. It was a long process, with our Community Link worker keeping up the pressure, but eventually we

got her somewhere more stable to stay. She is just one of many who are slipping through our safety nets, services are just so overstretched. Being able to clearly articulate on her behalf how her accommodation situation was impacting on her health did help. But I worry that as the people needing support increases, there is not enough capacity and flexibility in the system to catch the most vulnerable who don't fit into our simplistic support systems”.

And a reflection:

“We did a quick search of the internal referrals made by clinicians to our Practice Financial Support Worker. We found that so far this year (search done in early March 2023) we have made more referrals to the Financial Support Worker than we did for the whole of last 2022. I found this a very sobering exercise. My ‘feeling’ is that this could well be a reflection of the level of Financial problems that our Patients are suffering from. Worryingly, I understand that our Financial Support Worker’s Service (GMAP) is only funded until 2024. Whilst I hope more funding comes for this service (and the Link Workers - they work in real partnership in the Practice) it does remain a real worry for us.”

This final story is narrated by the patient themselves.

Cost-of-Living: my story

“When people talk about the cost of living they talk about fuel poverty and food poverty etc but what does that actually mean to the average person?? I am gonna give you all a little insight to my life in the middle of the cost of living crisis.

I get paid every fortnight which is every second Tues. This has always made it difficult for me to plan and budget, skills I have had to learn from scratch again on my recovery journey. I currently spend over a third of my benefit every fortnight on gas and electric. I spend over 35% of my benefits on fuel. They say if u spend over 10% of Ur money on fuel Ur living in fuel poverty so what is my situation then?? And even though I put in over a third of my benefit to gas and electric I spend approx 3 days before I get paid with no heating or hot water. I run out of gas. In general my gas cuts out on the Saturday night and I am left to the Tues morning to cope with this. This happens every single fortnight.

The effects on me is far reaching. I have chronic psoriasis. Not having hot water means I cannot clean my skin properly. I use boiled kettles but I need several to wash my skin and even though I do try to keep up with this routine wither I have hot water or not, the fact is that there is nothing more depressing and challenging than facing a freezing cold bathroom and trying to be thorough with my skin care two or three times a day. The fact is my skin has been getting worse this winter and I am now battling daily infections and escalating painful weeping sores. So much so I now have had to be referred to dermatology. A prime example of how the cost of living directly impacts the NHS.

So I need to wash my skin at least twice a day to put all the creams and lotions on it and this is no easy task. All those boiled kettles is only adding to my electricity bill. It is continually impacting my mental health and well being. I also use the kettle to do dishes and to clean. Again adding pounds to my electric bill. Then I use a small electric fan heater in the living room. This is really expensive to run and I am only willing to put it on for twenty mins at a time. And as soon as you put it off the room cools down really really quickly. After twenty mins it is freezing again. My house is becoming cold, damp and very uninviting. Consider my circumstances; I am someone who has an unhooded mind* and am trying to gain the tools and skills to create a home. This is not the environment for me to do this. I have lived like this before but had some understanding of why I did. My chronic addiction saw me without heating, hot water and even electricity but the need to feed my habit always took

precident over these things. I am now over 3 years clean and sober. I do not understand why I am having to live like this now.

(*An unhooded mind is where a person has no skills or tools or experience in creating a home for themselves. They struggle to create a place that they feel safe, they feel settled and they feel is a base for them to go to, to relax and recuperate from the world. Somewhere they can find peace and safety and feel it is their own personal space to do so. Trying to change a mindset from high alert and feeling vulnerable and unsafe to being comfortable, relaxed and at peace. It's a work in progress for me)

I also hear people say that they cannot afford take aways or to eat out due to the cost of living. Well for me and so many others, because of over 35% of my benefits going on fuel I am struggling to spend any where near the amount I need to feed myself and my partner Steph, good food every day. I cannot afford a big shop every fortnight anymore. So, with choices limited, I have got into the very bad habit of shopping on a daily basis. Often Steph and I have to meet after our days are done and count out how much money we have between us before we decide what we can afford to eat that night. This means I cannot plan meals for the week. And when we are having to wait till half six or 7pm at night to see how much money we have, the last thing u want to do is go shopping then prepare a dinner. So we are depending more and more on poor and unsubstantial meals. Pot noodles, cheap microwave dinners, beans on toast is becoming more and more the norm for us. Steph and I spent many years hungry, choosing our habits over eating so it is very easy to slip back into old habits of going to bed hungry rather than facing the supermarkets at night with pennies in my pocket and feeling panicky and sick with anxiety. Taking so much time as I go round the isles adding up the cost of my shopping. The feeling of panic as I go through the tills as I personally find it very distressing to ask to put things back when I don't have enough cash to cover my shopping or I have added it up wrong.

To give you an example of other things that impact this, this is a typical scenario I faced a couple of weeks ago. I got home at 6pm. Steph and I put what money we had together and it came to ten pounds. That was to buy dinners, snacks etc for three days. However, we needed washing powder - a necessity as my skin is so impacted with trying to cope with my lack of washing amenities that I can only wear two specific pairs of baggy trousers which need to be washed every other day. We needed salt - my partner is already extremely thin. He is naturally thin but because of the years he spent starving himself, choosing his addiction over feeding himself, it has left him on the tipping point of being extremely underweight. It may not seem important or even healthy to some but to buy food and not have salt is just going to encourage him to not eat at all. Washing up liquid - we need to wash our dishes as we only have four plates and four bowls. It's enough for us as long as we can wash them. And lastly we needed deodorant. So this took the ten pounds down to three pounds for food for three days. This will not buy very much at all. This leads to again, buying pot noodles or cheap micro meals or toast and beans or soup. Or, what I admit is happening more and more, we are just not bothering to source dinner at all. Feeling hungry going to bed, trying to get to sleep, was a thing I thought I had put behind me in life.

My point is that it is not just lack of heating, hot water or food that is the issue, it is the impact of these things that has a huge negative effect on my ability to keep myself and my partner healthy, both physically and mentally. To provide regular washing facilities, decent food for preparing meals and to be able to plan our lives. The lack of being able to plan is very unsettling for us. Living without care for our welfare is a role that we can very easily slip back into and this could easily lead us back to chaotic and unhealthy lifestyles. This will, In the long term, make us more vulnerable and more likely to go back to old ways of living and old habits.

I am extremely fortunate to have an amazing team to support me and who carry me when I need it. However for most in my position they don't. They turn to their doctors, to hospitals to community led projects and right now these amenities are looking just as vulnerable as the people turning to them. I know that you all must be feeling the cost of living crisis both personally and professionally. It is important we share our stories and keep sharing in an attempt to get those who can change it to listen and take notice. Thank you. “

Jennifer Fulton 04/04/23