

Supporting people to stay healthy and well as the cost of living rises

What are the challenges and what support will make a difference?

September 2023



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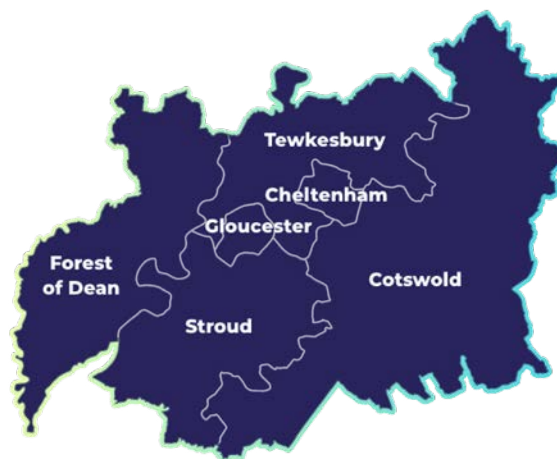
About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



Introduction

The cost of living continues to be a widespread concern both locally and nationally, and monetary strain is affecting many people's health and wellbeing, with those on low incomes being worst affected.

At present, a household is considered 'low income' if its' annual earnings are below £19,200 (60% of the median UK household income). [Department for Work and Pensions data](#) shows that around one in six people in the UK were in relative low income in 2021/22, rising to just over one in five people once housing costs were accounted for.

In recent months, many people have told us they are struggling to afford the cost of prescriptions, dental treatment, transport to get to appointments, and contact with GPs requiring internet access and mobile phone data. We therefore decided to explore in greater depth the ways that people's overall health and wellbeing are being impacted by rising costs. We invited the public to tell us about their experiences and we will use their feedback to help services understand how to better support people who are struggling financially to look after their health.

What we wanted to find out

We wanted to understand how financial barriers are affecting people's ability and willingness to access health and care services, how people are being helped during this time, and what services could do differently to better support people to look after their health and wellbeing. We also hoped to learn how people's physical and mental health might correspond to their financial situation, and what lifestyle changes people have made as a result of rising costs.



What we did

During an eight-week period, May to June 2023, we engaged with people across the county to gather their feedback. We conducted an online survey and carried out group discussions and one-to-one conversations in the community. We also met with organisations providing services and support, and we performed in-depth research.

Group discussions and one-to-one conversations

We visited coffee mornings, warm spaces/community hubs, lunch clubs, talking/community cafes, support groups, a parent carer group, and food banks/community pantries/community fridges/welcome tables across the county.

We held group discussions and gathered feedback from around 150 people. We also spoke to some people individually and used these conversations to create the short case studies that are featured in this report (see page 8).

Engaging with service providers

We visited service providers to understand how demand for services has changed in recent months. We spoke with managers and organisers at the Forest Green Food Project and Café (Cotswolds), All Pulling Together (Stroud), Priors Park Neighbourhood Project (Tewkesbury), Lonsdale Methodist Church and Longlevens Community Centre (Gloucester), Cirencester Foodbank, Gloucester Foodbank, Caring for Communities and People Pantry (Cheltenham).



Online survey

We ran an online survey, based on a questionnaire devised by Healthwatch England, which was available through our website for six weeks. To ensure that no one was digitally excluded from contributing their feedback, we offered a printable version of the survey and posted hard copies on request to ten groups. We also invited people to share their experiences by phone or email if they preferred, but on this occasion the online survey was favoured by all participants.

Volunteer research

Our volunteers carried out research to help us identify what information and signposting is accessible to the public. They explored what support is available to those whose health is negatively affected by the cost of living, and what options exist for those struggling to access health and care services due to associated costs.

Ten volunteers gave over 65 hours of their time during a six-week period. They conducted internet research and made phone calls to investigate the costs involved – and concessions available – within the project's four main areas of interest: prescriptions, dental treatment, transport, and digital options. Volunteers who researched transport were provided with a scenario in order to explore potential options (see Appendix 2).

Volunteers were encouraged to complete some of their research offline, as we appreciate that many people do not or cannot access information via the internet. Volunteers made phone calls to services and organisations to establish what they offer the public.



healthwatch Gloucestershire

Are you looking after your health as the cost of living rises?

Are you reluctant to seek the care you need because of the costs involved?

Prescription costs – Dental fees – Transport expenses – Digital healthcare charges (e.g. phone and broadband)

Share your experience to help improve support

Complete our survey by 30 June 2023:

www.smartsurvey.co.uk/s/GloucestershireCostofLiving



Scan the QR code

healthwatchgloucestershire.co.uk

Freephone 0800 652 5193

Follow us



Raising awareness

We raised awareness of the project and promoted the opportunity to be involved by:

- Sharing the survey through local networks such as Know Your Patch.
- Promoting the survey on our social media platforms.
- Including information about the project in our e-bulletin.
- Sending a poster, survey link, and detailed information to 70 contacts involved in the running of local support groups and organisations, and over 300 local schools to reach working-age parents.
- Giving presentations about the project to system partners, and asking them to promote the project and share the survey amongst their contacts.
- Speaking to the public while running stands at events such as the 'Fairer Living Festival' in Cheltenham and the 'Big Health Check' in Gloucester.

Key messages

- **Choosing between essentials:** Many people are having to choose between basic life essentials such as food, heating, routine medications, visits to the dentist, electricity to power medical devices, and care services to support a loved one. People can no longer afford what's necessary to maintain their health and wellbeing, and this has a significant impact on their mental as well as physical health.
- **Pockets of poverty in all areas:** There are pockets of poverty within every Gloucestershire district, even in the areas generally considered to be more affluent, such as Cheltenham and the Cotswolds.
- **'Working poor' are badly affected:** Those in employment who were 'just about managing' before the crisis are now struggling to make ends meet due to low household income, not qualifying for benefits, and the costs of childcare/having school-age children.
- **Lack of affordable transport is a key barrier:** Lack of patient and community transport, especially in rural areas of the county and outside of usual working hours, is a major barrier to people accessing health and care services, for example, being able to attend hospital appointments. This leads to stress, missed appointments, and wasted time for the services involved.
- **Pensioners seem less concerned than those of working age:** Despite older people more often living alone, paying for professional care or support, and managing long-term health conditions, pensioners seem far less concerned about the cost of living than people of working age. Reasons for this include having no financial dependents, being mortgage-free, receiving free prescriptions and dental treatment, having a bus pass for free travel, and taking a 'make do and mend' approach.

What people told us

Group discussions, one-to-one conversations and engagement with service providers

A number of recurring themes were established throughout our in-person conversations about the rising cost of living and its impact on people's mental and physical health.

Feeling forced to use savings to pay for private care

For many people, accessing private health and care services is simply not an option because of the costs involved, but it became clear that those who are paying for private treatment often feel this is their only option, and that they have been forced to pay privately because NHS treatment would involve an indeterminable delay. This can be a difficult and stressful decision to make, and one that leaves people far worse off financially. Several people told us they were having to spend inheritance from a loved one to pay for treatment or were using money they had hoped to leave as inheritance.



It grieves me that I've worked all my life and paid all that time, and now I'm forced to pay privately because the wait for treatment on the NHS could be three months, six months, an unknown amount of time.



Stigma stops people from asking for support

We also heard repeatedly that many people still feel reluctant to approach providers of community support, seek help from sources such as Citizens Advice, or accept assistance from food banks, because of the enduring stigma surrounding financial difficulties. People are reaching crisis point, sometimes unable to turn on their heating to keep warm, cook food to feed their family, or even pay for prescription medication to stay well, yet still feel too scared or ashamed to ask for help.



Every time the post comes you hope there's nothing in there that you can't cope with.



Lack of affordable dental care

Another topic that arose frequently was that of the current lack of NHS dentists across the county. Many people told us they are unable to find a practice taking on NHS patients, and that private treatment is unaffordable, leaving them no choice but to live with dental pain, infections and abscesses, and missing or damaged teeth. This can lead to serious health issues elsewhere in the body as well as affecting emotional wellbeing.



I paid £800 for private dental treatment using inheritance from my mother. I was told a checkup and X-rays would cost another £150, but I want some of the money to be left for my children, so I cancelled the appointment.



I cannot afford private treatment but have lost a front tooth and suffer with anxiety and depression which is being increased due to the issue. I do not want to go out of the house or even look at myself in the mirror... I don't know where else to turn.





My dentist privatised a while ago and the charges have doubled. It's over £80 now for a checkup, but I'm frightened to leave as there is nowhere else to go. I wonder whether I should make my checkups further apart because of the cost. For people on lower incomes or with families it must be impossible. It is scandalous that people are extracting their own teeth, but you can see why it is happening.



Rising cost of food is a key concern

A key area of concern that came to the forefront throughout our engagement was the rising cost of food, and the considerable impact this is having on people's health. More people than ever are visiting food banks and community pantries, and relying on FairShares and food parcels, with the expense of food having a knock-on effect on the money left for other necessities.

- Many people mentioned that because healthier foods are more expensive, they rely on less nutritious options, and a poorer diet subsequently affects their mental, physical, and oral health.
- Some people explained they can only access small local shops (because of not being able to drive, having a disability, or having children with additional needs), and this can mean spending significantly more than they would at larger supermarkets because of the reduced choice and lack of own brands.
- Some people commented that many shops have supply issues which can necessitate visiting multiple stores, adding to fuel/travel costs.
- Parents of school-aged children told us they are constantly worried about being able to feed their families, especially in school holidays when their children are at home and likely to eat more. The stress and worry considerably impact their mental health.
- People also talked about consuming less because they feel restricted in what they can buy and eat, resulting in lack of energy and even malnutrition.

We visited a number of food banks and community pantries to speak with staff and volunteers who are supporting the ever-growing number of clients.



Parents' mental health is affected by spending so much time worrying about feeding their children. Children who are at school get free school dinners, so the parents know the child has had at least one good meal that day, but for the children who aren't yet in school it can be a struggle to feed them.



My daughter will only eat salads, vegetables, and healthier foods; these are never on offer, they're more expensive, and perishable.



Many of our members are financially on the brink and experiencing food insecurity, but they wouldn't dream of approaching Citizen's Advice or a food bank.

One lady told me that she felt ashamed to be using a food bank. Most times I visit the food bank I see at least one client in floods of tears.

Despite the repercussions of food inflation being felt universally, and many people having reached crisis point, there still seems to be a need to destigmatise support so that people do not feel embarrassed or ashamed to seek help.

Organisations and schemes offering support include the NHS Healthy Start scheme, Holiday Activities and Food Programme, Household Support Fund, and local Long Tables/Welcome Tables (see Appendix 3). In addition, many food banks now offer 'financial inclusion,' where qualified financial advisors support members to manage their outgoings, prioritise their debts, and apply for grants and social tariffs to ensure they're receiving all possible benefits.

Case studies

The following case studies are just some of those we took from people during our community engagement. They illustrate many of the key themes identified, such as feeling forced to pay for private healthcare, lack of transport options and struggling to afford dental treatment.

Steven: A 'frightening' choice between spending savings on living expenses or much-needed surgery

Steven from Gloucester is 67 and retired. He lives alone but has a sociable weekly routine involving visiting friends, writing letters to loved ones, having befriending calls, and attending warm spaces and coffee mornings. Steven describes the cost of living crisis as 'terrible and really frightening', and says he worries about finances on a daily basis.

In recent months, Steven's outgoings have increased by around 50% to more than double his monthly income. If he hadn't inherited a significant sum from his late mother, Steven says he would currently be struggling to survive.



I have a lot of savings, so I don't qualify for benefits, but the cost of everything means I'll work through those savings very quickly. It's going at such an alarming rate; a couple of years and I could be broke.

Steven has made various adjustments to his lifestyle to lower his spending, such as ceasing to use his heating earlier in the year than he usually would, attending warm spaces and lunch clubs to enjoy free meals, and cancelling regular charity donations. He has even taught himself new habits and now resists things he always enjoyed.

I used to like mooching around for a bargain, but I've taught myself to window shop; I don't actually go into shops because I might see something I want.

Steven expects such caution to continue.

All you do is cut, cut, cut. You've got to be so careful. I'll check the next couple of bank statements and look through carefully, and then there'll probably be more cuts.

He has attempted to learn to use a computer to access online services and make things like banking easier, but has struggled to master using the internet.

Steven also has health and mobility issues, the most impactful of which is a hip problem that makes it difficult for him to walk, stand, or sit for long periods. After waiting for three years to have his hip replaced, Steven was recently diagnosed with diabetes and told he was no longer eligible for the procedure. With exercise proving almost impossible due to his pain, Steven began medication, and he is now awaiting a blood test to determine whether it is safe to go back on the waiting list. However, he has been advised that he might face another five-year wait for surgery.

The NHS isn't what it was, it is broken. I don't know whether to go private, I've been considering it, but it would cost about £20,000.

It is only thanks to inheritance that Steven can contemplate paying for private treatment, and although it would improve his life dramatically, he's reluctant to spend so much on an operation when he's already using that money for daily expenses.

Layla: Risking going into debt to be able to pay for child's dental treatment

When Layla's young son cracked two of his teeth, she approached his NHS dentist but was told they had no emergency appointments. However, when she said that she was willing to pay privately, if necessary, Layla was offered an appointment within a few days. The private treatment plan cost £400, and Layla's son was seen within a week. His appointment was with the same dentist who had been unavailable to provide the treatment on the NHS.

Layla has since received a letter informing her that the surgery is closing, and this is especially upsetting as their current dentist has worked very well with her son's sensory issues, so finding a replacement is more daunting. Like many parents, Layla says she is putting her children's health and wellbeing before her own.

I will go without and go into debt to get my kids seen.



Milly: Struggling to arrange affordable transport

Milly is 67, lives in Wotton-under-Edge, and has several health conditions. Recently one of Milly's medications caused terrible side effects, resulting in her tearing a muscle in her leg. Urgent physiotherapy was required to help alleviate the pain and prevent irreparable damage to the muscle.

Milly was referred to a physiotherapist in Dursley, around seven miles away, which was difficult given that she relies on public or community transport and with the local bus service being cancelled. Hiring a taxi was not an option for Milly as she lives in a rural area and taxis often have a starting charge of £20, making the journey incredibly expensive.

When Milly approached her GP practice for advice, they seemed not to be particularly knowledgeable about transport options. They simply stated that Milly wasn't eligible for non-emergency patient transport and gave her the phone number of a local volunteer transport organiser.



Carol: Paying for private treatment means there will be no inheritance for her loved ones

Carol lives in Fairford and has been suffering from chronic pain for the last two years. She has been referred to numerous consultants and prescribed various medications, but professionals are yet to determine the cause of her pain or identify anything that helps. At one point Carol was advised to self-refer for physiotherapy, but she was informed that appointments would be conducted over the phone and didn't feel this would be helpful. Carol then learned she could face a two-year wait to see an NHS neurologist.

With the pain 'blighting' her life, Carol felt she had little choice but to seek private treatment, but feels she is only able to do so due to not having children and the associated costs.

I told my sister that I'm having to spend all my nieces' and nephews' inheritance; there won't be anything left for them. I have spent more than I could tell you.



Survey

242 people completed our survey to tell us about their experiences of the cost of living crisis and its impact on their health and care.

Respondents answered eight questions about how the cost of living has affected their physical and mental health and wellbeing, and their access to health and care services, over the past six months. They were then invited to share any further feedback, before being presented with demographic questions and asked to consent to their comments being shared in this report (see Appendix 1 for full survey data).

Demographics

- We received responses from people living across 23 of the 27 Gloucestershire postcodes.
- People were aged between 18 to 80+. The majority were working age, with 26% aged 65+.
- Of the 239 people who declared their gender, 81% identified as women, 18% as men, and 1% as non-binary.
- 40% of respondents stated that they have a disability.
- 53% of people said they have a long-term health condition.
- 27% considered themselves to be a carer.
- Of the 213 people who stated their ethnicity, 94% were White British, 2% White Other, 1% Black British, and the final 3% Mixed, Indian, or Pakistani.

Behaviour changes

One of the most pertinent survey results was that over half of all respondents said that as a result of the cost of living, they had made the following changes:



- Not turning on the heating when they usually would (66%).
- Cutting down or stopping spending on social outings or entertainment (65%).
- Putting on more clothes than usual to stay warm at home (54%).
- Turning off or avoiding using essential appliances to save energy (53%).



Mental health



What also became apparent was the extent of the impact on people's mental health:

- 72% of respondents stated that hearing about the rising cost of living is causing them to worry/feel anxious more often than before.
- 65% said their mental health has worsened a little or a lot in the last six months.
- 58% felt their mental health has been negatively impacted.



Compared to the findings of Healthwatch England's country-wide tracker poll in October to December 2022 (healthwatch.co.uk/news/2023-01-09), these numbers are considerably higher. This might suggest that the effects on people's mental health are greater in Gloucestershire than elsewhere in the country, or that these negative impacts are continuing to increase over time.

 **The negative impact on the person I care for is stressful and adds stress to both of us.** 

 **Has made me worry about being able to keep myself well both physically and mentally.** 

 **I wake at 3am stressing about my financial situation and knowing I am unable to do anything more to alleviate it.** 




Stress about money. Cancelled all things that help with mental health as can't afford - Headspace, gym membership, Spotify for music, less petrol to see friends. Stopped chiropractor even though it was helping manage my health condition.


Areas of investigation

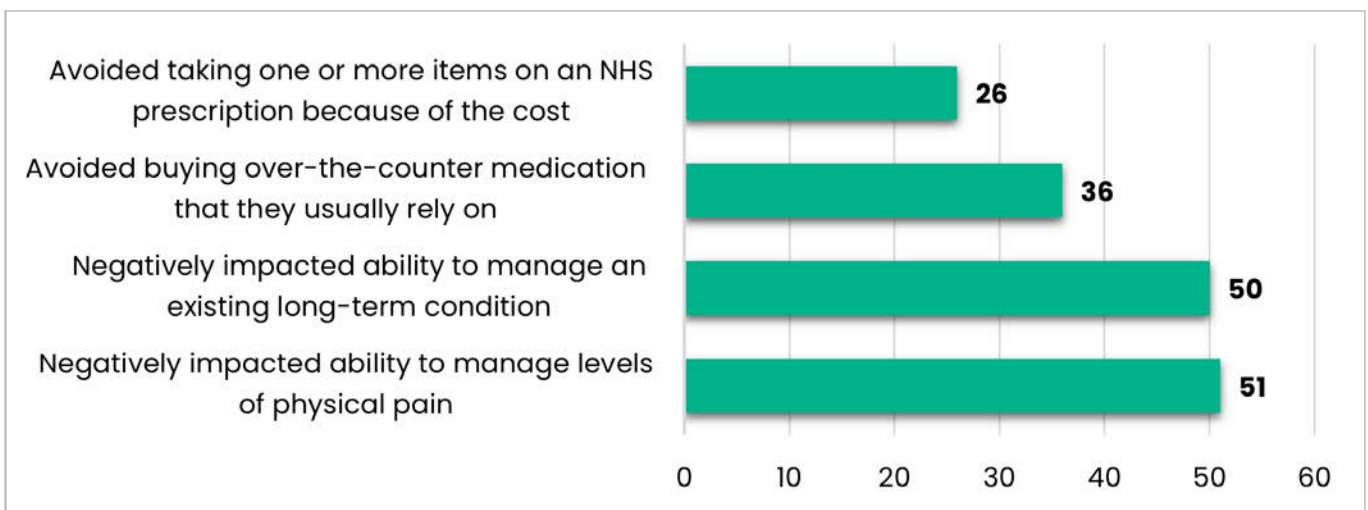
The survey findings below relate to the areas we investigated: prescriptions, dental treatment, transport, and digital options - with the addition of food which emerged as a key theme.



The graphs portray the number of respondents (out of a total of 242) who stated that each issue had affected them personally as a result of the cost of living.

We have also included relevant findings from the research carried out by our volunteers.

Prescriptions

Over a fifth of respondents said the cost of living has negatively impacted their ability to manage their physical pain level, and over a fifth said that it has affected their ability to manage an existing long-term condition. Significant numbers also said that cost has prevented them buying medication, either prescribed or over the counter, which they need to help manage their condition.




My GP surgery closed and reopened miles across town. There's no direct bus route and I can't drive due to my epilepsy. If I didn't have exemption for my anti-seizure meds there's no way I would be able to afford them.


Prescription costs and exemptions

Our volunteers established that the cost of a prescription in England has risen gradually by just over £1 in the last five years, increasing most recently in April 2023 to £9.65.

They easily identified the many [exemptions to paying this cost](#), including being aged under 16, 60+, 16–18 in full-time education, or under 20 and in receipt of certain benefits; being pregnant or having had a baby in the last 12 months (MatEx certificate); being an NHS inpatient; living with a specified medical condition or continuing physical disability that prevents you from going out unassisted (MedEx certificate). Other exemption certificates relate to war pensions, tax credit exemption, and eligibility for full or partial help with health costs (HC2 and HC3). Those from low income households receiving means-tested benefits such as Universal Credit, income-based Jobseekers Allowance, income-related employment and support allowance, income support, or pension credit are entitled to full help with health costs.

Prepayment Prescription Certificates (PPC)

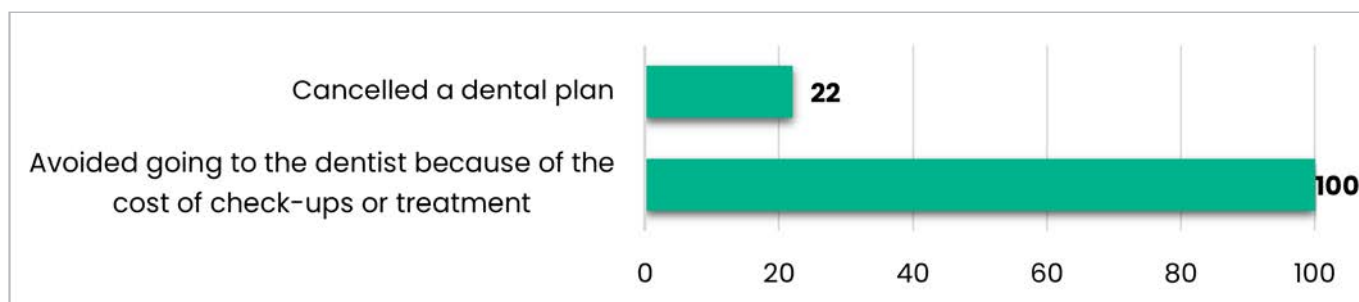
Volunteers were able to find ample information about the PPC. For those who are not exempt and require more than three items every three months or 11 items every 12 months (including dental prescriptions), the PPC can be a more affordable option. This can be purchased online or from certain pharmacies for a set price of £31.25 (three months) or £111.60 (12 months). The yearly PPC may be paid in 10 installments, and the only criteria are that you live in England and are using the PPC to cover your own NHS prescriptions. There is also a Hormone Replacement Therapy (HRT) PPC which covers certain HRT medicines for 12 months regardless of why the medications are prescribed.

Prescription delivery

Another option that can reduce costs related to prescriptions is to have them delivered. Our volunteers found that pharmacies including Boots and Lloyds, and organisations such as [Well](#) and [Pharmacy2u](#), offer a free prescription delivery service, saving time and money if it is difficult to get to your pharmacy, if you need to make repeat visits because of multiple medications, or – as we have heard more often in recent months – if your pharmacy struggles to fulfil your prescription (necessitating return trips or visiting alternative places).

Dental treatment

41% of respondents had avoided going to the dentist because of the costs involved.



Have an untreated root canal as I can't find an NHS dentist or afford a private one, causing me endless gum/jaw infections.



Dental charges

Our volunteers reported that NHS dental charges increased by 8.5% in April 2023, in line with UK inflation rates of around 8.7%. Band 1 treatment increased by £4.20 to £25.80 per treatment, Band 2 by £11.60 to £27.70, and Band 3 by £50.30 to £59.80.

Comparing NHS prices to those of local private practices, volunteers found that paying privately could cost around £34 more for a routine checkup (£60 versus £25.80), £59 more for an extraction (£130 versus £70.70), and up to £460 more for dentures (£855 versus £306.80). One volunteer considered the charges of four nearby private dentists to find that a new patient examination would cost up to £85, a filling up to £250, and a crown up to £1,180. BUPA charges significantly more again, with centres stating 'price on consultation' for most treatments. Another volunteer found that the cheapest private dental plan currently available costs £22.50 per month, to cover two examinations and two hygienist appointments per year. A patient would therefore pay an annual fee of £270 for four visits (£67.50 per visit).

NHS service finder website

The volunteers' experiences of the [NHS service finder website](#) were largely negative. One volunteer attempted to locate a dentist in the Cirencester/Tetbury area, and of the 25 NHS dental practices listed, three were in Wiltshire. They checked every day for a week, during which time the number of available NHS spaces remained the same, with the nearest practice around 34 miles away. The volunteer contacted half of the practices listed and none were able to take on new NHS patients. It was also noted that many practices had neglected to update the website for months or even years.

A second volunteer focused on Gloucester, Coleford and Dursley. No practices had an NHS space for an adult, and some stated that it was necessary to have a referral from another dentist. They checked the site every working day for over a week and observed no changes, with the nearest available spaces appearing to be in neighbouring counties such as Worcestershire and Oxfordshire. This volunteer also reported that the distance calculator on the site was flawed; for example, a Lydney practice was listed as eight miles from Dursley when in fact it is a 34 mile drive and a Stroud practice was listed as 17 miles from Coleford when it is 29 miles by road.

A third volunteer based their search around Stroud. They accessed the website on three separate days over a five-week period and at no point were any dental practices accepting new NHS patients. They also consulted [Dental Choices](#) but the nearest practice was 34 miles away and none were in Gloucestershire.

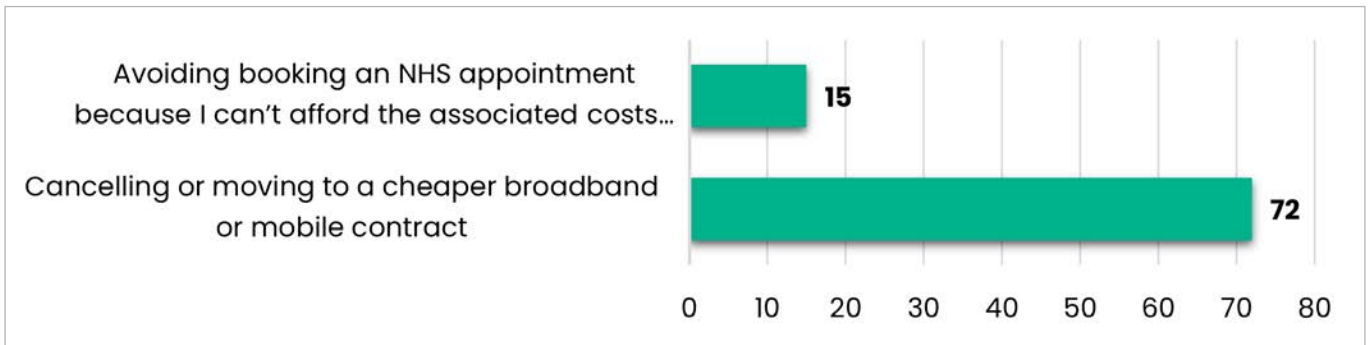
Gloucestershire Community Dental Service

Volunteers who explored the [Gloucestershire Community Dental Service](#) (previously the Dental Access Hub) found their website to be clear and comprehensive. They identified that a wide range of services are available at standard NHS prices, primarily for patients who cannot be treated in general dentist practices, for example those with sensory issues, learning difficulties or physical disabilities. When they called to speak with the service, volunteers were told these services include, for patients deemed eligible: home visits from a domiciliary dental service; hospital transport; emergency dental appointments (though these could be scheduled for anywhere in the county). They were informed that people can access the Specialist Dental Service without already being registered with an NHS dentist, and that referrals can be made by NHS 111, GPs or healthcare workers, aside from dentists. The following dental clinics are included: Springbank, Cheltenham, Cirencester, Dursley, Gloucester, Lydney and Stroud.





Digital options

Almost a third of respondents had cancelled their broadband or mobile contract, or moved to a cheaper option, because of the cost of living.



After investigating for a considerable time, one volunteer found that the [Money Helper](#) website provided some useful links to broadband social tariffs available to those in receipt of certain benefits. Only one mobile provider with a similar offer was listed, Voxi, with a package costing £10 a month. The site also promoted a voucher available to jobseekers which entitles them to six months free broadband. Despite using a variety of search terms and exploring a total of 13 websites, very little aside from this was discovered.

 **It didn't feel easy to find information online. If I had been doing it for myself, I think I would have given up much earlier!** Healthwatch Gloucestershire Volunteer 

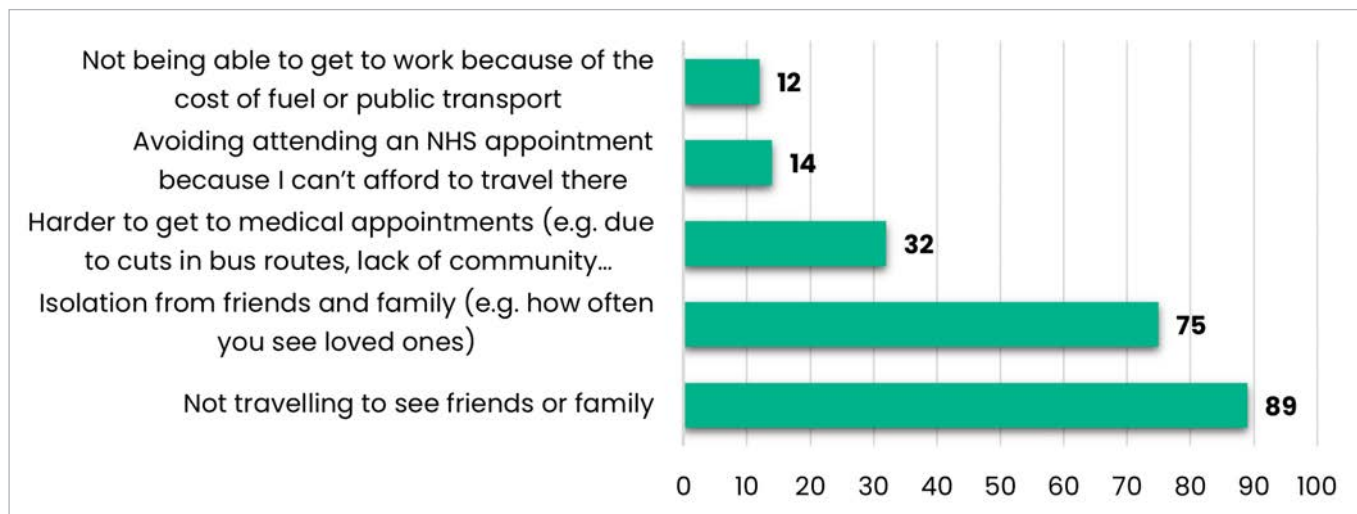
A second volunteer discovered that Gloucestershire Rural Community Charity (GRCC) has linked with the Gloucestershire charity 'IT Schools Africa' to reuse ex-corporate IT equipment. Their [DAISI](#) (Digital Accessibility and Inclusion Support and Innovation) project provides refurbished laptops to people in hardship who need a computer to study, access benefits and services, or search for employment.

Other volunteer findings reflected those presented in Healthwatch Gloucestershire's [May 2023 report](#) on people's experiences of digital health and care options. The survey for that project found 35% of respondents struggled to afford a device to access digital services and this contributed to one of the report's key recommendations for providers: "to signpost those on low incomes to organisations who can supply devices, SIM cards, and financial support." Such organisations include GLI Community Hub, Age UK, and Creative Sustainability. National charity the Good Things Foundation was also credited, as its [National Databank](#) provides free mobile internet data, texts, and calls to those from low income households unable to afford internet connectivity data.



Transport

Over a third of respondents said the cost of living had affected how often they'd travelled to see friends or family, and just under a third felt isolated from their loved ones. A number of people also said they have found it harder to get to medical appointments because of the availability of affordable transport.



Cost of cars, repairs and petrol so I can get to appointments as I live where there are no bus services.

Changed jobs due to not being able to get to work because of the cost of fuel / public transport.

The main problem some of my patients have encountered has been access to transport to attend appointments, for example they have booked with a company and then they cancel last minute and a taxi costs about £50 which is of course quite expensive. It has caused unnecessary stress for the patient and family. I don't think transport that is available is advertised enough therefore people are not as aware.

Non-Emergency Patient Transport Services (NEPTS)

Our volunteers found that NHS NEPTS in Gloucestershire is provided by [E-zec Medical](#), a 24/7 service that caters for the entire county.

An eligibility assessment must be completed by an operator based on the fact that the NHS is responsible for ensuring that those with a medical or mobility need receive support to be able to attend secondary care appointments. When one of our volunteers called to enquire about services, they were told by the operator that if a person could do their own shopping and use a taxi they wouldn't qualify. Outpatient appointment journeys can be booked up to 6pm the day before, but the volunteer was advised on the phone that they like to have a month's notice. On the day, service users must be ready two hours in advance and be prepared to share the vehicle with a number of other passengers, with the extra collections adding to the journey's duration.

Patient Transport Access Centre (PTAC)

The NHS Gloucestershire webpage states that 'Patients are considered eligible for NEPTS if they are assessed as needing the skills of the trained staff of the service on and after the journey and if it would be detrimental to their health to travel by other means'. It also clarifies that the service is for hospital appointments only and eligibility is assessed on a journey-by-journey basis. Patients are therefore required to be assessed by PTAC and must ring within four weeks of a booked medical appointment.

Two volunteers attempted to contact PTAC. The first called on four separate occasions over two days, only to wait 20-45 minutes each time without any answer. The second made several attempts over numerous days, waiting five to ten minutes each time but never having their call answered or being advised if they were in a queue. They were able to find a link online to an information leaflet, but this had not been updated since May 2019. One of our staff made a final attempt on a Monday afternoon and after being advised by the automated response that this was their busiest day, they held for 20 minutes without an answer.

As it was not possible to speak with anyone at PTAC, we investigated further online, but found nothing particularly helpful. The NHS website advised contacting the PALS team for transport advice, but on the list of services presented on the PALS website, transport was not mentioned. Another link took us to Bath, Gloucestershire, Swindon and Wiltshire NEPTS, all run by E-zec Medical, but this page reinforced that 'All patients who wish to be considered for the NEPTS are required to be assessed by PTAC', directing us back to the phone number that went unanswered.

Community transport

As an alternative to patient transport, there are a number of community transport options available throughout the county. However, our volunteers discovered that many of these services operate only within normal working hours Monday-Friday, have limited availability due to reliance on volunteer drivers, cover only certain districts, have eligibility criteria, require advanced notice, involve membership and a registration fee, and/or only offer transport for particular activities, for example, to medical appointments or social groups (see Appendix 2 for details of local community transport providers).



One provider of community transport that has no discernible eligibility criteria is Community Connexions, as they state they will help any vulnerable person finding it difficult to make a journey. Our volunteers found that the Community Connexions vehicles are wheelchair accessible, assistance is offered and if the person has a carer, they can travel with them for free. However, services are not available on evenings and weekends, and ideally require four weeks' notice. In addition, volunteers reported that it can be difficult to get through on the phone, there is an annual registration fee of £24 and that North Cotswolds and the Forest of Dean are not covered.

Further research identified other organisations advertising assisted transport services as Red Cross, People First, Age UK, and Royal Voluntary Services. We called Red Cross who explained they do not offer transport; People First and Age UK clarified their transport services have not run since the pandemic; and Royal Voluntary Services seem not to offer transport within Gloucestershire.

Assisted transport

[Driving Miss Daisy](#) is an example of a private assisted transport option. Their cars are wheelchair accessible and all drivers are dementia friendly and highly trained. The service generally only runs Monday–Friday, 9am–5pm, but when transporting clients to medical appointments they are happy to support the person inside, accompany them to the appointment, and even take notes to share with family members if requested. Costing is based on the overall time spent with a client as well as the drive time, and mileage if outside of the primary Gloucestershire base of Cheltenham. As an example, a return trip from Cheltenham to Gloucestershire Royal Hospital (GRH) would cost around £88, and from Tewkesbury around £110 return.

Reimbursement of travel costs

Our volunteers found that the cost of journeys to medical appointments can be reclaimed through the Healthcare Travel Cost Scheme (HTCS), however this can be a complicated process.

You can make a claim if: you attend a medical appointment having been referred by a doctor, ophthalmic practitioner, or dentist; you make an extra journey to go to hospital or another place to receive NHS care; and you travel by the cheapest method of transport reasonable for you to use (it is recognised that some patients cannot use public transport, but use of taxis must be discussed with the hospital before the journey and a confirmation letter obtained). You must also be receiving certain benefits or hold a valid NHS tax credit exemption/HC2/NHS Low Income Scheme certificate. In addition, your assets must be under £16,000 (£23,250 if permanently residing in a care home), and you must pay for the costs upfront and include any tickets or fuel receipts in the claim, which should be made within three months of the appointment.

A volunteer who looked over the refund claim form commented that it was 'likely to be off-putting to some', and found that even if a person is eligible and manages to complete a claim, a refund can take several weeks.

Transport scenario

82 year old woman travelling to Gloucester Royal Hospital (GRH) for a Wednesday afternoon/Saturday morning appointment.

Volunteers researching our transport scenario encountered various difficulties. In terms of bus services, it was found that journeys from the Cotswolds, Stroud, and Forest of Dean would involve two stages, necessitating separate buses. Travelling from these areas to GRH could take up to two hours and would cost the passenger if it was too early to use her bus pass (before 9.30am). Most options involved the woman arriving at the hospital far too early and having a considerable wait, or cutting it very fine (arriving within 10 minutes of the appointment).

When considering travelling by taxi, it was acknowledged that the driver likely wouldn't be able to wait while the woman attended her appointment or be able to offer her physical assistance. Because taxis charge by time, the cost of the journey would increase if there was traffic or a delay (common in and around Gloucester), and it would be difficult for the patient to prebook her return journey as she wouldn't know how long she'd be waiting for her appointment or how long it might last.

Community Connexions promised to be quicker than a bus journey and cheaper than a taxi journey, as well as offering assistance. However, potential issues included the service not covering North Cotswolds or Forest of Dean and only being available during normal working hours.

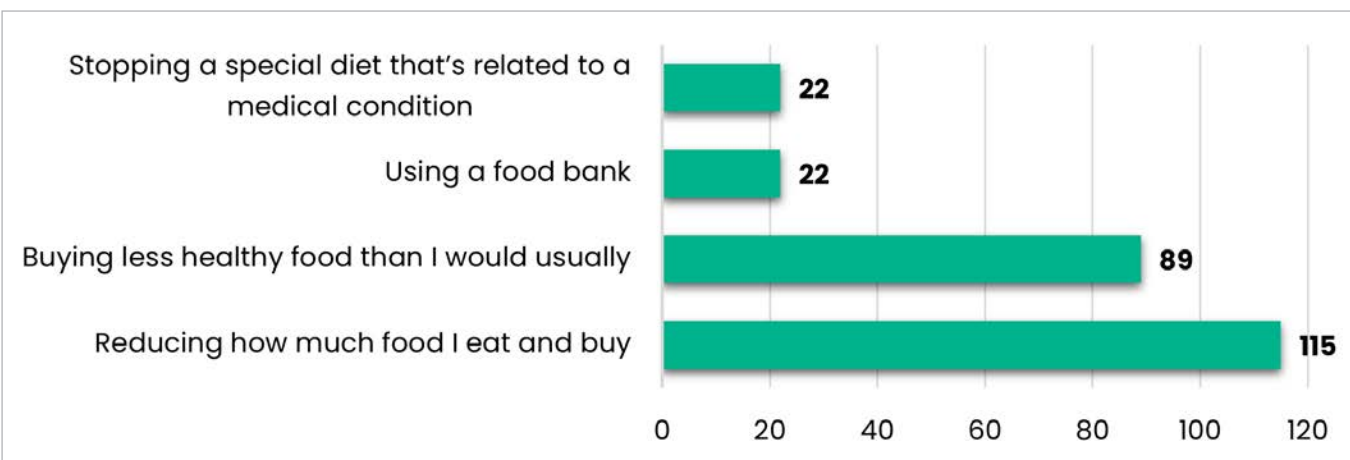
Community transport providers in Gloucestershire

Area	Bus	Taxi (round trip)	Community Connexions (round trip, weekdays only)
Gloucester (outskirts)	Very regular bus service Duration: Around 30 minutes	£20	£12
Cheltenham	Very regular bus service Duration: Around 30 minutes	£34	£19
Tewkesbury	Half-hourly bus service Duration: Around 40 minutes	£56	£26
The Cotswolds (Cirencester)	Potentially 2 separate buses Duration: 1-2 hours	£80-£90	£20
Stroud (Dursley)	Potentially 2 separate buses Duration: 1-2 hours	£80-£90	£21
Forest of Dean (Coleford)	Potentially 2 separate buses Duration: 1-2 hours	£116	Not covered

Food

Almost one in 10 respondents had used a food bank, and the same number had been forced to stop a special diet that helped them to control a medical condition, with potentially dangerous repercussions for their health. Well over a third of respondents said they had been buying less healthy food than they usually would, and almost half said they had reduced the amount of food they were buying and eating.

These results suggest that people are struggling to put enough food on the table, occasionally relying on charity to be able to eat and consuming less nutritional meals, which could all have a significant impact on their overall health.



The cost of eating healthy food items, it's cheaper to eat less healthy items, more bread, carbohydrates, less meat and fruit.



Disproportionate impact of the cost of living on those of working age

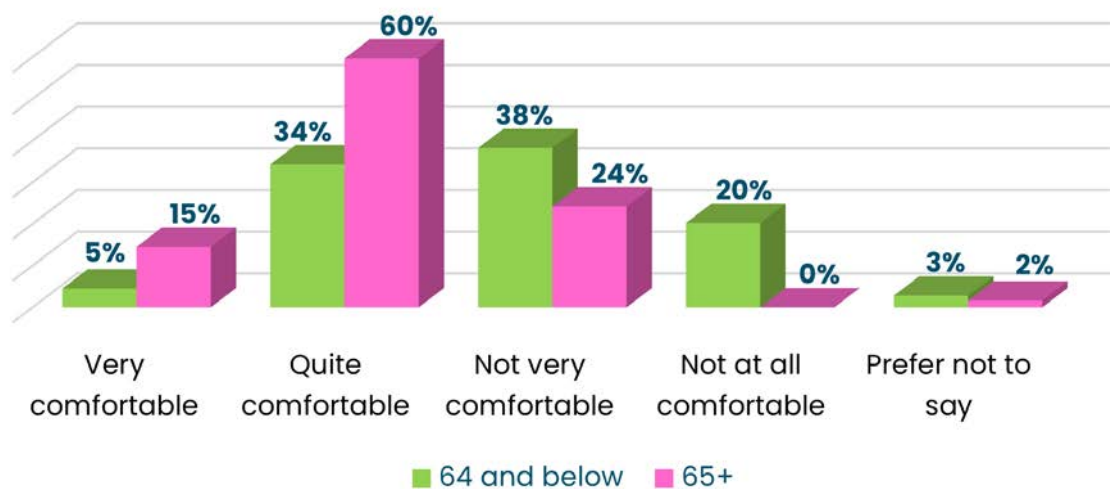
The survey results strongly reflect the finding from our face-to-face conversations and group discussions that the experiences of older people (aged 65+) of the cost of living are very different to those of working age people (aged 64 and under). Younger respondents expressed greater concern during conversations, and noted greater impact through their survey responses.

The survey was completed by 68 older people and 174 working age people, and by percentage almost twice as many older people lived alone, compared to working age people who more often lived with other adults and/or dependents. Other demographics were fairly well matched between the two age groups: prevalence of disability was similar; long-term health conditions were reported by 69% of older people compared to 48% of working age people; and unpaid carers made up approximately one quarter of respondents in both groups. This implies that age was a strong determining factor in the differences observed between their responses.



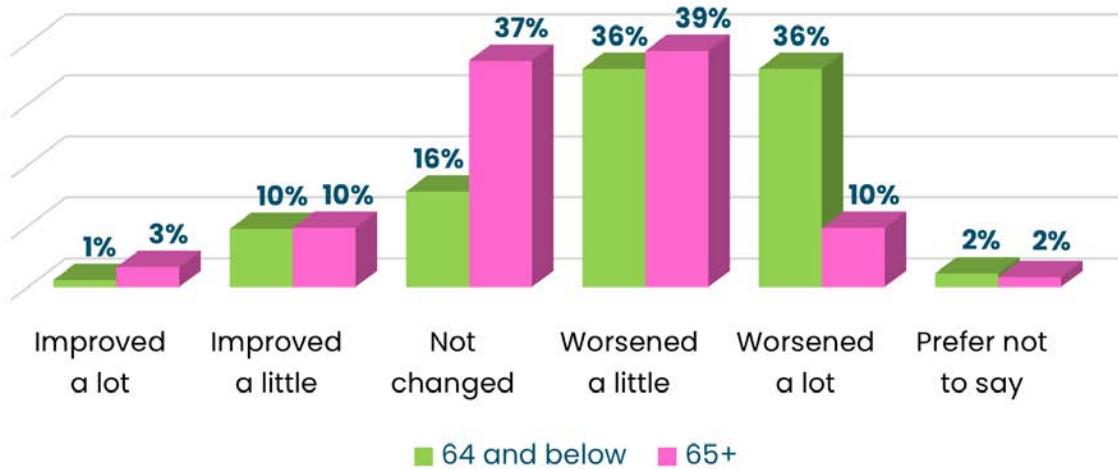
This is important on a larger scale for two primary reasons. Firstly, the number of adults aged 65+ in Gloucestershire is expected to increase by over 52% between 2018 and 2043, higher than the national trend for England (gloucestershire.gov.uk). Secondly, it is known that older people are more likely to vote in elections than younger people, so it is the views and experiences of this age group that are most likely to influence the way the country – including the health and social care system – is run.

How would you describe your current financial situation?



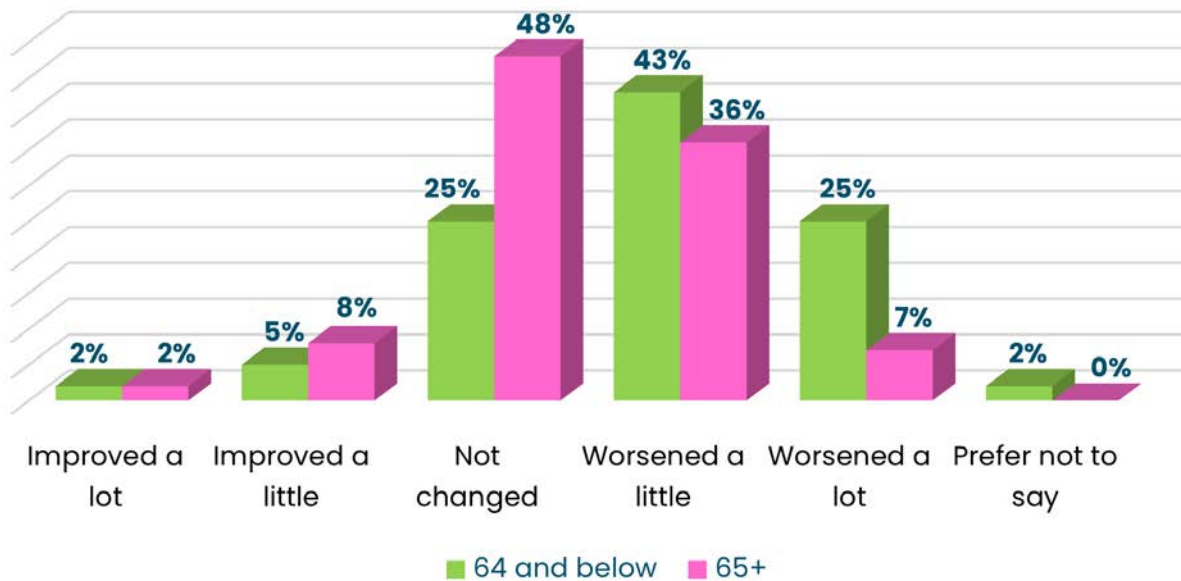
75% of older people said they were very or quite comfortable financially, whereas 58% of working age people were financially uncomfortable.

In the past six months, your financial situation has...



Three quarters of older people had experienced no change in their financial situation, or felt it had worsened only a little, whereas three quarters of working age people felt their situation had worsened a little or a lot.

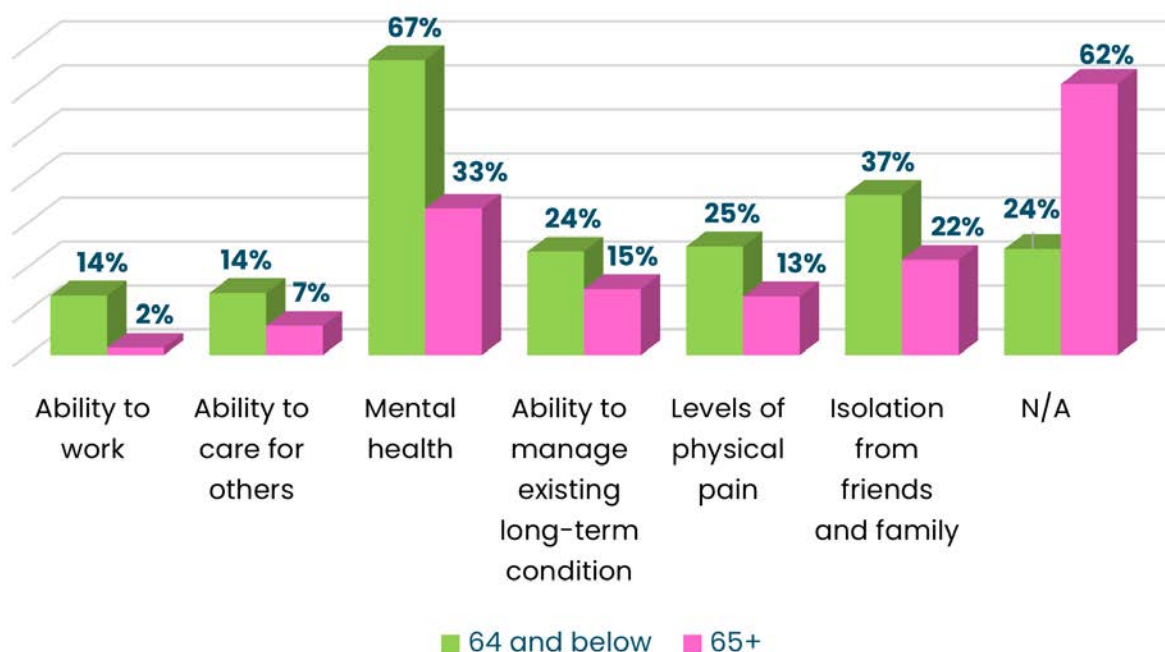
In the last six months, your mental health has...



43% of older people had experienced a worsening of their mental health in the last six months, compared to 68% of working age people. Half the percentage of working age people compared to older people felt their mental health had not changed over the last six months.

Half the percentage of working age people compared to older people said the cost of living had had no negative impact on their mental health.

Have these changes had a negative impact on any of the following areas of your life?



Out of 15 possible lifestyle changes, such as using a local warm hub or food bank, going to bed earlier than usual, or not turning on the heating when they usually would, around 75% of older people said they had made changes as a result of the cost of living, compared to 94% of working age people.

When asked about 12 possible changes to their health and social care, such as avoiding booking appointments, cutting down on the use of medical equipment, or avoiding buying/taking prescription medication, 37% of older people had made changes, compared to 72% of working age people.

When asked 'Is there anything else you would like to tell us about the cost of living and how it is impacting your life, health, and care?', 61 respondents gave feedback. Only four commented that they had not been badly affected, and all of these were aged 65-79.



I don't feel it's affected me much and definitely not enough to worry about.



As a pensioner who lives on a state pension only, I have received all the extra benefits available. These have been more than enough.



I am a pensioner and can cope quite well with the cost of living.

I think people are getting much more negative than we used to be. Always look on the bright side of life!

The other 57 comments paint a bleak picture of just how difficult the cost of living crisis is making many people's lives.

 I have two jobs just to cover everything and I am still dependent on overdrafts and credit cards. I can't work any more than I am working, and I still can't afford to live. 

 I have noticed recently that a food shop for myself and my partner has rocketed in price, which has a knock-on effect on the amount of money I have left over for other commitments. This in turn has brought me financial worry, stress and anxiety, questioning if I will be able to pay for everything that I need to and if I will get blacklisted, effecting my credit score, my eligibility to get a mortgage - chain of worry goes on and on. 

 I am scared for myself, but mostly I am scared for my loved ones. I see my mum not eating, sitting in the dark, put the heating on for only ten minutes a day even on the coldest of days and it terrifies me. She doesn't deserve to have to live like that, she works hard but it's just not enough anymore. Yet I don't know how to help her because the bills are piling up for me too. We aren't asking for crazy luxuries. I just want to know my mum and all my family are safe at home. Don't we all deserve to have that, and not be forced to choose between warmth or food? 

Recommendations

We believe that health and social care providers can best improve services by listening to people's experiences. Having analysed what people told us and what we discovered about how the cost of living is affecting people's mental and physical health, and their ability and willingness to access services, we recommend the following actions to improve support for those who are struggling to keep healthy and well.

Support and signposting

- Training could be provided to frontline staff to increase their awareness of issues surrounding the cost of living and how these impact people's health. This would enable staff to initiate personalised care conversations with people who might not be forthcoming about their money-related health issues.
- Staff to be trained in how to appropriately signpost to relevant support and advice and encourage uptake to these services, for example the NHS Low Income Scheme (HC2 and HC3 certificates), PPC options, and the Healthcare Travel Costs Scheme

Prescriptions

- If a healthcare professional determines that a person's health is likely to deteriorate because they cannot afford medication, therapy, etc. services could look at subsidising elements of prescribed treatments to make them affordable, in order to reduce the likelihood of hospital admission. For example, looking at how a scheme like the warm home prescription pilot could be expanded into other areas, contributing towards the cost of therapy sessions, particular foods for a specialised diet, or energy to run medical equipment at home. If this is not possible within NHS legislation then accessing charitable funds might be an option.

Dental

- Improved availability of NHS dentist spaces and appointments is required, and the Gloucestershire Community Dental Centre should be supported to accommodate people most in need of urgent treatment.

Digital

- Services to regularly review information provided for patients and the public to ensure it is accurate and up to date, for example, the NHS service finder website and the Gloucestershire County Council community transport page.
- Availability of 'care navigators' could be increased in health and care facilities to support people to access online services. People who choose not to use digital services, and those who are unable to due to associated costs, should be treated inclusively.
- To echo Healthwatch England's recommendation ([January 2023 report](#)), hospital and GP phone numbers should be part of a Freephone service, to remove the barrier of cost from contacting health services.

Transport

- Consideration to be given to commissioning more reliable and affordable transport services, especially around rural areas and out of hours. For example, working with the VCSE sector to enhance ways that patients can arrange transport to and from medical appointments. Increased availability of transport for non-medical purposes would also help tackle social isolation and resulting mental health issues.
- Services to identify ways to work more collaboratively with patients to book appointments that are more convenient and affordable. For example, to consider booking appointments during off-peak travel times; offering phone or e-consultations so that the patient can remain at home; and scheduling face-to-face appointments for locations that are close and convenient for the patient.

Food

- Given the importance of a healthy diet to people's physical and mental health, healthcare professionals could look at how they can increase awareness and uptake of the NHS Healthy Start scheme.
- Greater promotion could be given to the additional services offered by food banks, in particular financial inclusion services.



Stakeholder responses

**NHS Gloucestershire Integrated Care Board:
Becky Parish, Associate Director, Engagement and
Experience, NHS Gloucestershire**



NHS Gloucestershire Integrated Care Board (GICB) values the opportunity to gain feedback collected by Healthwatch Gloucestershire (HWG) from people and communities who live and work in Gloucestershire and who access local health and care services. This report is wide-ranging and we have divided our response under the four headings below.

Working with the voluntary community and social enterprise sector to reduce health inequalities

The report clearly outlines the negative impact that rises in the cost of living are having on both mental and physical health and the difficult choices facing individuals under monetary strain. The report also helpfully shows the hugely important role that the VCSE sector play in supporting people and communities across Gloucestershire.

As a member of the One Gloucestershire Integrated Care System, GICB is committed to working alongside our colleagues in the VCSE sector, building on the commitments set out in our Memorandum of Understanding¹ to create the best possible network of support for Gloucestershire residents collectively. Key to creating a flourishing and sustainable VCSE sector is supporting the development of the infrastructure that enables a thriving ecosystem of VCSE organisations across the county. We are working collectively with our VCSE colleagues to understand and build on the infrastructure support already in place. This in turn builds a network of critical VCSE organisations, who are already providing more holistic 'wrap-around' support to residents in times of need, such as the food pantries and Long Tables mentioned in the report.

The report also outlines the stigma attached to accessing support. We recognise the role health and wellbeing services can play in supporting people to seek help and are working closely with the VCSE sector to invest in more grass roots organisations that are embedded within their communities, enabling them to reach out to people in ways that normalise the support that is being sought. We know that these organisations understand their local area and can uncover the hidden pockets of poverty referenced in the report and highlight where service provision is lacking so that support can be given. Commissioned services such as our Community Wellbeing Service are reporting an increase in support for working-age people who are experiencing financial difficulties due to the rise in cost of living. They are locally based and take a relationship based approach to understanding the individual, their needs and context, which enables them to feel supported to access the various supportive services available. We have 90 social prescribers across the county, many of them embedded in healthcare settings such as GP Practices, which is helping healthcare staff understand the importance of issues such these on people's health and wellbeing and gives them an easily accessible route to refer people to for help and support.

Patient transport

Overall, the report lends weight to the current view that people are finding it more difficult to get to and from medical appointments in hospitals and other settings, both under their own steam, or via NHS funded transport.

¹ More information about the MOU between The Voluntary Community and Social Enterprise (VCSE) Sector in Gloucestershire and the public sector partner organisations in One Gloucestershire can be found here: glosvcsalliance.org.uk/docman/news/40-4753-g-vcse-oneglos-report-a4p-4pp-v6-web/file

We fully accept the booking issues identified with the Patient Transport Advice Centre (PTAC) and are already working with them to make dramatic improvements. Through this response, we would like to apologise for the issues your volunteers found. The level of service they experienced isn't acceptable and PTAC are currently working to develop a better service for everyone.

We would like to confirm that the ability to use a taxi, or even to pay for a taxi, is not a criterion used in eligibility assessments. The NHS is responsible for ensuring those with a medical or mobility need receive support to be able to attend secondary care appointments. We have commissioned Emed (the new name for E-Zec) to undertake this work. The support they provide may be in the provision of oxygen on route, the support of a crew member to enter or exit vehicles or could be to meet the need to lie down on a journey.

Regarding the reimbursement of travel costs, regrettably, this is a national process and one that we have very little scope to improve. We agree with your findings though and have pushed NHS England to review the claim process.

Dental transformation

This report provides further evidence of the difficulties people are having accessing NHS dental treatment in Gloucestershire. Whilst this is a known issue to us, we would like to thank HWG volunteers and respondents for taking the time to provide specific examples and case studies for us including the differences between the costs of NHS and private treatment in different parts of the county.

GICB took responsibility, from NHSE, from 1 April 2023 for the planning and commissioning of NHS dental services and has been working with a range of stakeholders including HWG and two volunteers nominated by HWG to develop and implement plans in both the short and longer term to increase access to dentistry. Most immediately, we have written to all holders of NHS contracts in the county to seek expressions of interest to provide urgent appointments for people not known to an NHS dentist; to provide a course of treatment following an urgent appointment for people not known to an NHS dentist and to offer a service to people living in care homes. GICB is assessing responses currently. In the medium term we are planning to procure a Centre of Dental Excellence from which urgent and routine appointments could be provided and in the longer term this facility would be used to train dental care professionals.

As an ICB we are actively working to build relationships with our NHS dental practice providers and will remind colleagues of the need to include update information on their websites. GICB is hosting an event for providers of primary dental care in early October 2023 in conjunction with Gloucestershire Local Dental Committee and will take this opportunity to ask providers to check and update their online information.

We note that the NHS Service Finder website² offers people in Gloucestershire the opportunity of travelling to dental providers in neighbouring counties. Unlike General Practices which have catchment areas, people can access NHS dentistry anywhere in England. It might therefore be an option for some people to travel across geographical borders to access NHS dental care; although we accept there will be costs and barriers involved in doing this and it won't be an option for many people. Whilst the NHS Service Finder is a national tool, we will feed back to our NHSE colleagues that the distances quoted do not reflect actual road distances.

² More information about where to find NHS services can be found here: nhs.uk/nhs-services/services-near-you

Access to medications

The report describes how some people across Gloucestershire are finding the costs of prescribed or Over-The-Counter (OTC) medications are increasingly prohibitive. We recognise that this can affect how people take medicines to manage their long-term conditions. Prescription charges are determined nationally and there are exemptions to these charges. We were pleased to hear that people found it straightforward to find information about prescription charges, exemptions and pre-payment certificates which can help reduce costs for some patients and allow for planning to pay for them. Details can be found on this NHS website³.

With respect to accessing prescribed medicines, there are several pharmacies across Gloucestershire which can deliver medicines directly to patient's own homes if collection is a significant issue for the individual. It is worthwhile patients discussing this with their local community pharmacy. Alternatively, there are many on-line pharmacies that can deliver directly to patients' homes. This option is available via the NHS App⁴ or in discussion with a patient's community pharmacy or GP practice.

Gloucestershire County Council:
Colin Chick, Executive Director
Economy, Environment and Infrastructure



Thank you for sharing your report on the cost of living. There are some interesting findings which we will note and consider as we deliver and continue to develop our services for residents in Gloucestershire. As the local transport authority, we know from the 2011 census that almost 20% of households in Gloucestershire do not own a private vehicle, and approximately a third of the population can not drive. We therefore take your finding that “lack of patient and community transport, especially in rural areas of the county and outside of usual working hours, is a major barrier to people accessing health and care services” very seriously.

Our [Local Transport Plan](#) (LTP) states that Gloucestershire County Council (GCC) recognises the need to improve rural connectivity and that the LTP seeks to strengthen the overall mobility offer in rural areas, including conventional bus services on key routes, demand responsive bus services and wider mobility solutions. GCC provides £0.5 million per year in annual grants to support community transport providers, as this is often the last line of access to public transport for vulnerable people. You can find more information on Gloucestershire's community transport offer here: [Community transport - GCC](#).

The cost of delivering public transport services has grown significantly in the last three years, with GCC's subsidy budget growing from £3m to over £5m annually to provide largely the same level of service. This is due to the impact of inflation on the cost of providing transport, and the long term effect of the COVID-19 pandemic on passenger numbers, where on average we still see only 70-80% of pre-Covid passenger trips made on bus services. GCC has also supported the bus operators of Gloucestershire by continuing to pay them for the concessionary bus pass at pre-Covid rates, despite the fact that use is still only at approximately 65% of the pre-Covid level. Without this ongoing financial support we would have certainly lost a large section of the public transport network, particularly in rural areas.

³ More information about prescriptions can be found here: nhs.uk/nhs-services/prescriptions-and-pharmacies

⁴ More information about the NHS App can be found here: nhs.uk/nhs-app

We are, however, aware that the current community transport offer was often not sufficient in the cases you highlighted in your report. GCCI is therefore piloting a demand responsive transport solution in both the south Forest of Dean and the north Cotswolds, which will help to fill the gaps in provision you identified. Our new demand responsive transport service, The Robin, is designed specifically to provide transport links from close to people's homes (for example, known bus stops) to either locations for onward travel, for example, to connect with the fixed route bus network, or to services at times when there is no other transport option. The service will improve connections between rural areas which often have infrequent or no fixed routes available, increasing access to services and the wider transport network of our county, expanding access to employment, education, healthcare and shopping. You can find more information on The Robin here: [The Robin - GCC](#). The first few months have been very successful with almost 1,000 trips made a month. There may be opportunities to expand this service in the coming months.

Home-to-School transport is also provided by GCC, with approximately 6,000 pupils transported every day. About 1,400 of these pupils are part of the Special Education Needs and Disability (SEND) transport network, a large network of taxis and minibuses are used to provide transport.

As highlighted in your report, access to health and care services for all Gloucestershire residents is of great concern for us, which is why we made access to health services and to "Maintain bus passenger access" one of the main targets of our LTP. This target is monitored by looking at public transport access within 45 minutes to GP surgeries. This provides a good example of accessibility to a key service as GP surgeries tend to be located close to other local amenities. Our latest [LTP monitoring report](#) shows that in 2022, 95.8% of Gloucestershire residents could access a GP in less than 45 minute, using public transport. We also monitor access to key services, such as A&E or Minor Injuries Unit, GP surgeries, libraries, pharmacies, post offices, supermarkets, and education. You can find maps showing access to these key facilities by car, public transport or walking here: [Accessibility - Transport - GCC](#).

Public transport offers an affordable alternative to owning a private car and residents of Gloucestershire who are of pensionable age, or residents who are disabled and/or cannot drive for medical reasons, are entitled to free off-peak travel on local buses anywhere in England. You can find more information on the concessionary bus passes scheme here: [Free concessionary bus passes - GCC](#).

Where it is viable to do so, our employment and skills provision is delivered countywide in order to help customers access these services in their local areas. This includes having job brokers who cover particular geographical areas; support for local jobs and careers fairs/events; adult education classes delivered through local libraries and a wide range of community/employer premises. In addition, our libraries are offering free, welcoming spaces for all people in Gloucestershire, through our [Warm and Welcome scheme](#), providing:

- Warm, dry buildings with spaces to sit and keep warm
- Free access to the internet and wi-fi
- Places to charge your devices
- Signposting to advice and support
- Free activities such as homework help, knit and natter, library clubs.

For people who are well enough to cycle, GCC has prioritised delivery of a Cycle Spine, which will provide connectivity to areas of low social mobility at Hempsted and Podsmead in Gloucester and Benhall and St Marks in Cheltenham, alongside the thriving suburbs of Quedgeley and Kingsway and areas with significant additional growth near Huntsgrove and Bishops Cleeve. The project will provide access directly to major employment and education sites such as the hospital, airport, GCHQ and associated cyber tech park, University of Gloucestershire and Gloucester College.

Thank you

Thank you to everyone who took the time to tell us about their experiences, allowed us to visit them to talk about the cost of living, or helped to promote this project. We can only do what we do because local people give us their feedback. Particular thanks go to the organisations who welcomed us to their group settings, and to our amazing volunteers for giving up so much of their time and producing such detailed research.

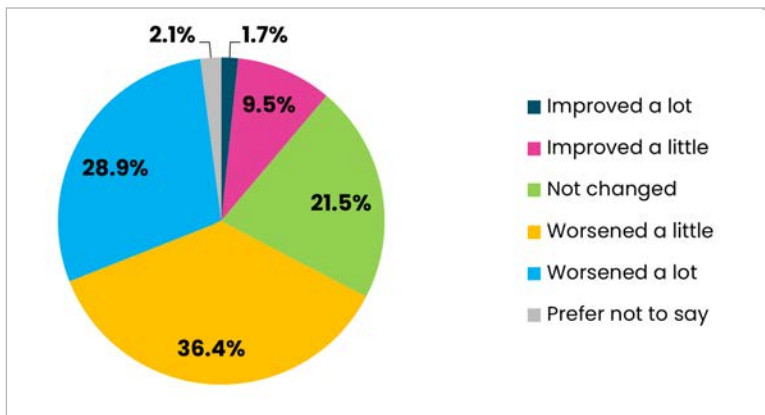
Appendices

1. Survey data

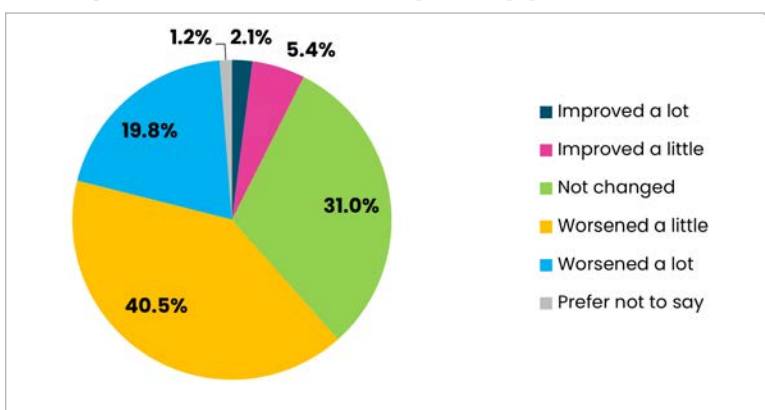
Q1. How would you describe your current financial situation?



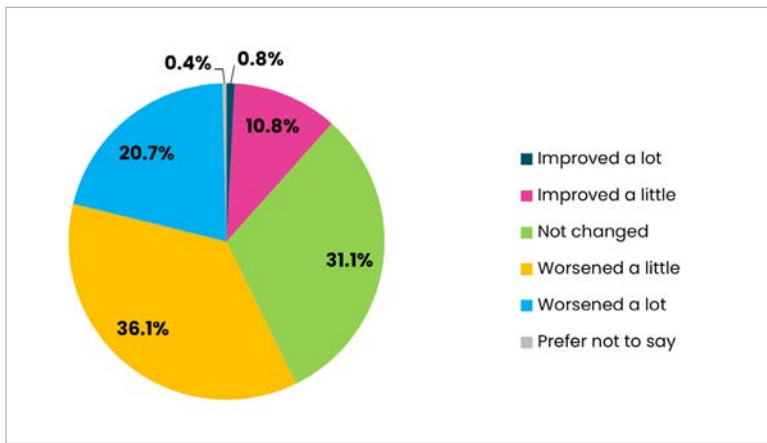
Q2. In the past six months, would you say your financial situation has...



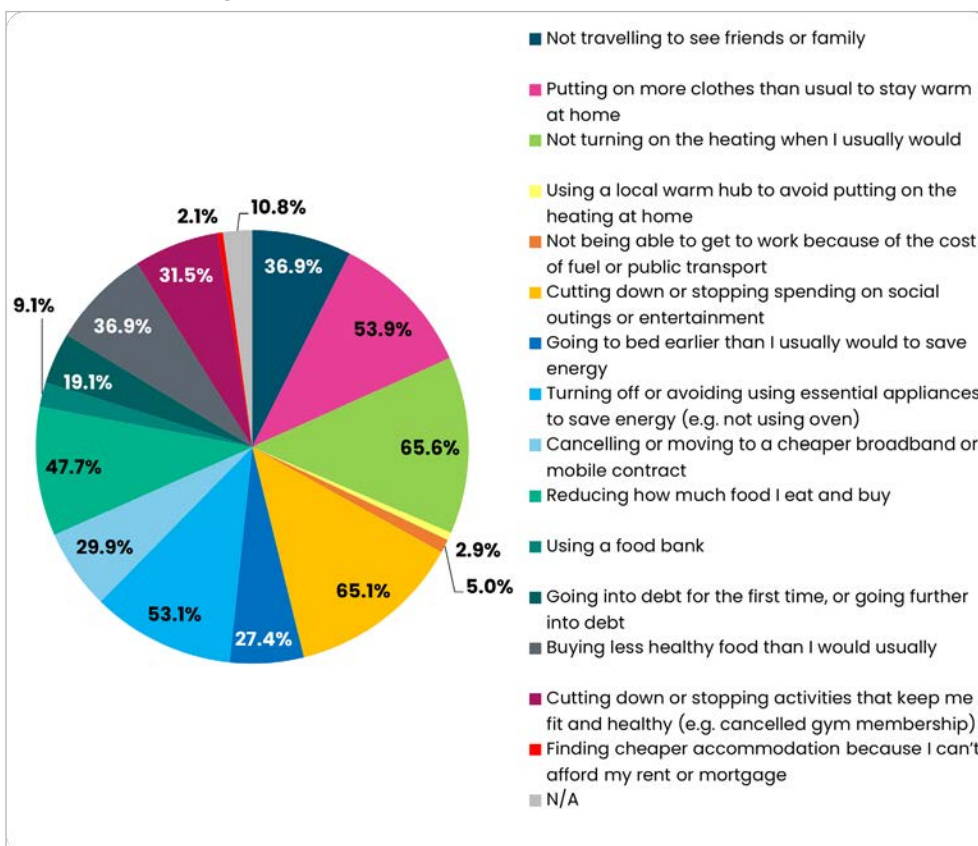
Q3. In the past six months, would you say your mental health has...



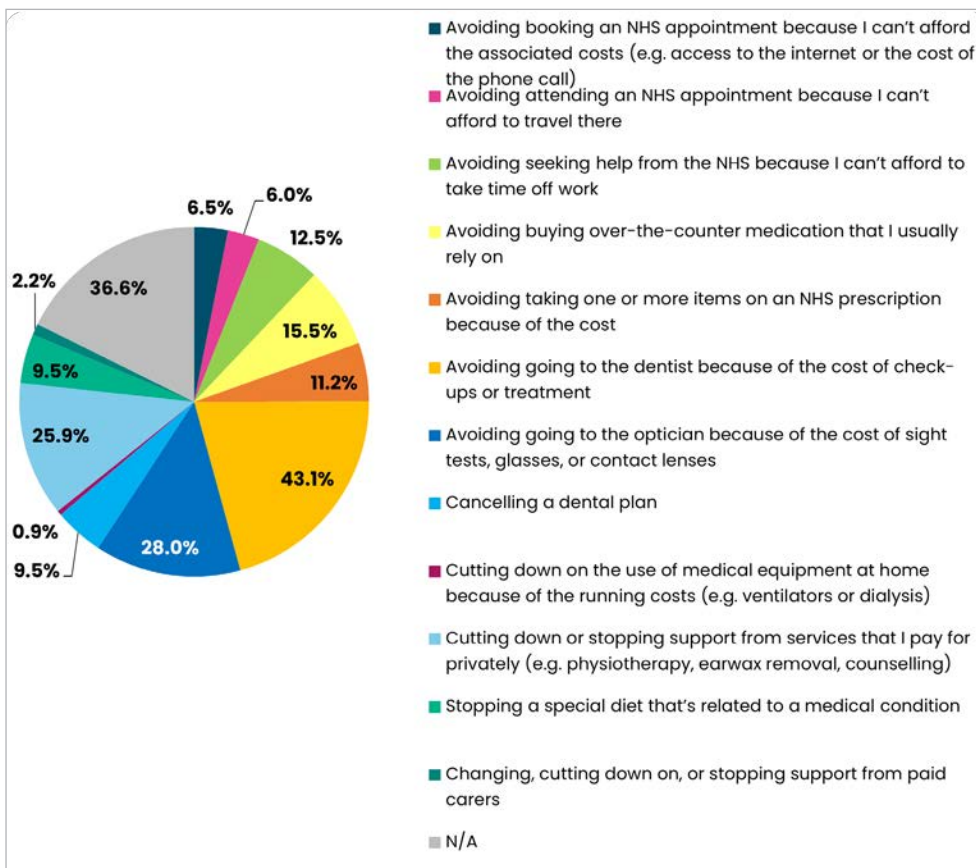
Q4. In the past six months, would you say your physical health has...



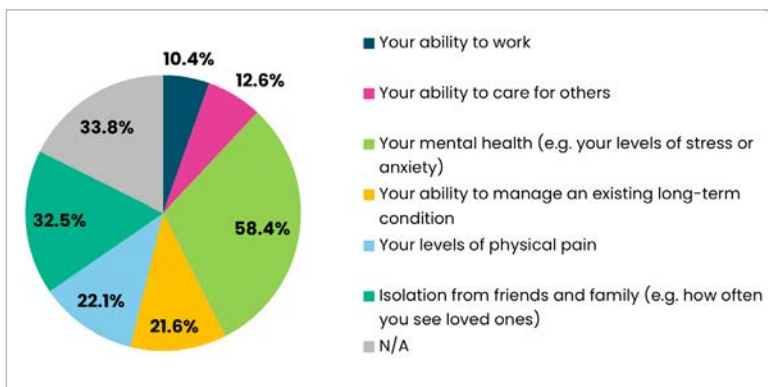
Q5. Have you made, or do you plan to make, any of the following changes as a result of the cost of living?



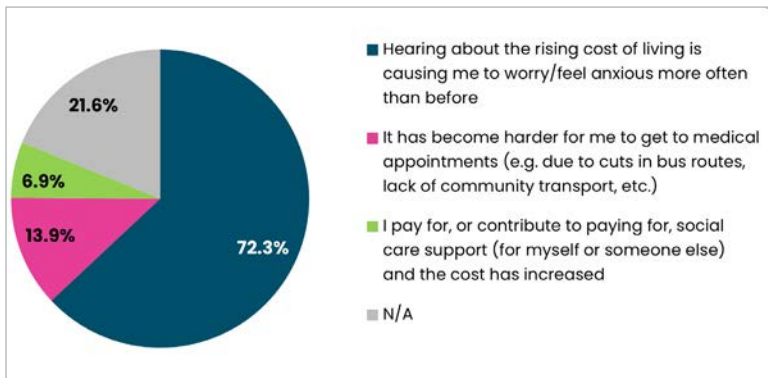
Q6. Have you made, or do you plan to make, any of the following changes to your health and social care due to the cost of living?



Q7. Have these changes had a negative impact on any of the following areas of your life?



Q8. Thinking about what else might be impacting you, do any of these statements apply?



Q8. Is there anything else you would like to tell us about the cost of living and how it is impacting your life, health, and care?

"I am disabled, I have fibromyalgia and ME. I have recently changed to universal credit and find I'm on less money than the old benefit system. I also now have to pay council tax out of benefits. I'm a single mum so have to use food banks sometimes."

"Running out of money earlier in the month."

"I worry because the cost of electricity has increased tremendously. I'm in an all electric house with storage heaters, so short term methods of saving don't help. I also find that the cost of food keeps going up and I'm having to buy less to keep my spending under control."

"It increases my loss of hope for the future because I don't know how I will be able to live in the future. I have a degenerative physical condition and the future looks bleak. I have been using up my savings to buy food and heating - when that runs out I do not know how I will manage. Food costs are often higher for single, disabled people. We may have to use the nearest shop because we cannot drive, and in these small local supermarkets the prices are higher than in the big supermarkets that drivers can access."

"My mental health has definitely been affected. I wake at 3am stressing about my financial situation and knowing I am unable to do anything more to alleviate it. I am 61 years old and have to work a full-time and a part-time job to keep myself afloat. Not sleeping has made me feel ill and I have visited the doctor regarding this and about my anxiety. I am having counselling support at work as I began crying spontaneously in the office. I constantly worry about the rent which went up by £75 a month and feel trapped as there is nowhere else to go."

"It is worrying me that I see more people being pushed into poverty and it saddens me that I wonder why our current government isn't doing more to support people below the breadline."

"Changed jobs due to not being able to get to work because of the cost of fuel/public transport."

"Seeing my wages coming in then going out straight away. Only having a 2% salary increase when everything else is going up by more than this. Despite reducing energy usage my bills have gone up £200. Grocery shopping increased despite shopping at cheaper supermarkets."

"The cost of living payment for those on PIP, while helpful, does not help much with the cost of living crisis."

"I'm worried about the current state of the NHS and what that might entail in future living with a chronic condition. I rely on medication that costs thousands of pounds and couldn't afford it if I was to have to pay for it through private healthcare. Preventive healthcare seems non-existent these days too. I have far fewer appointments to help with my ongoing condition than I used to, such as orthotics, physio and OT appointments. I used to pay for a private gym membership, so I could do regular swimming, but can't afford this now. I am reliant on my car to get around but the running costs keep going up."

"Something needs to be done now - without government support and social conscious from energy and food suppliers we won't survive!"

"I would say that the cost of living crisis is more impacting on future planning, we would like to start a family but are concerned that we cannot afford the associated costs. The cost of our mortgage going up because we needed to buy a bigger home is a stress. I am unlikely to take the same amount of maternity I would have done because we cannot afford the costs when my work would stop paying the full salary after 6 months. We have started shopping at less expensive food shops, previously we might buy things that are better for the environment (refill shops etc.) but now cannot afford that. We have started shopping more second hand, again some of this is environmental, other is cost."

"I have had to reduce savings for mobility equipment replacement."

"I feel it has impacted my mental health negatively. I'm a worrier, so it just makes me worry more."

"I am pleased to receive free prescriptions at age 60, but there is uncertainty that this may change which is unsettling."

“My partner and I work full-time and have two small children. We shop at cheaper supermarkets and constantly have to check our bank account to get through the month. We are saving a little as we know my main earner is being made redundant in a few months and we are concerned about the future. Its quite miserable, especially in school holidays when anything to entertain the children is so expensive. We have no financial help and I have a small part-time job as well as my full-time job which enables us to pay for a holiday once a year. Without my second job I wouldn't be able to.”

“There is little to look forward to.”

“Hugely impacted my family's life. Can't even afford to treat our children at all. Struggle to pay the bills on time and in full.”

“Afraid to ask for help.”

“Travel further to get to cheaper supermarket. Unable to afford babysitting for socials in evening.”

“Both my husband & I are working more hours to keep up with costs resulting in less family time. We are fairly comfortable but as we receive UC, if we earn more we lose UC, so we are only slightly better off by working more hours. It feels like a constant uphill struggle.”

“I'm a fifties born woman being made to work an extra 6 years even though I have 47 years full contributions. The cost of living means when I turn 66 I probably won't be able to afford to retire, even though I'm struggling with osteoarthritis.”

“Although personally comfortable, I am concerned for family members coping with increased costs of food, fuel, etc.”

2. Patient transport scenario

Community transport providers in Gloucestershire

Provider	Availability	Restrictions
Bledington Care Committee	Available Mon-Sat; can do medical appointments	Only for Bledington residents
Bream Voluntary Car Service	Available any day/time, to anywhere in the county	Only available for Forest of Dean; only for medical appointments
Cotswold Friends	Available any day/time; two hours wait included in charge	Only for North Cotswolds and Cirencester
Dursley & District Association	Minibus service to clubs and groups	Only for Dursley residents; not for medical appointments
Gloucestershire Befriending Services	Available to existing GBS clients	Only weekdays; do not cover the Cotswolds or Forest of Dean
Hedgehog	Minibus with set routes around the Cotswolds; Tues-Sat; available for private hire by groups	Bus service runs to Stratford, Evesham and Moreton; 16-seater buses
Lydney Dial-a-Ride	Available any day/time; can do medical appointments.	Only Lydney, Coleford and Cinderford
Newent Dial-a-Ride	Available Mon-Fri, 9am-5pm	Only the North Forest area and surrounding villages/towns
The Robin	Connects rural areas to locations for onward travel or services	Only North Cotswolds and South Forest of Dean
Villager	Available Mon-Fri; 19 timetabled bus routes	North Cotswolds villages/towns

Scenario

82-year-old female, non-driver. State pension is the only income. Uses a walking stick and is reasonably physically fit. No friends or family available to help. Has two appointments at Gloucester Royal Hospital: Saturday 9am and Wednesday 2pm.

Travelling from each of the six Gloucestershire districts:

- Is it possible for the person to get to and from these appointments?
- What are the transport options/costs/eligibility criteria?
- How long would the journey take? Are there multiple stages?
- What would the cost of a private taxi be?

3. Local support and advice

[Correct at time of publication, September 2023]

Finance

- Citizen's Advice: citizensadvice.org.uk/debt-and-money
- National Debtline: nationaldebtline.org
- NHS Low Income: Scheme: nhsbsa.nhs.uk/nhs-low-income-scheme

Prescriptions

- NHS: nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions

Dentistry

- Gloucestershire Community Dental Service: ghc.nhs.uk/our-teams-and-services/gloucestershire-specialist-dental-service
- NHS Service Finder: nhs.uk/service-search/other-services

Transport

- Gloucestershire County Council: gloucestershire.gov.uk/transport/community-transport

Digital

- Good Things Foundation, National Databank: goodthingsfoundation.org/databank
- GRCC: grcc.org.uk/digital-inclusion-accessibility-/digital-inclusion-accessibility
- Money Helper: moneyhelper.org.uk

Food

- Feeding Gloucestershire: feedinggloucestershire.org.uk/cost-of-living-support
- NHS Healthy Start scheme: healthystart.nhs.uk
- Holiday Activities and Food Programme: gloucestershire.gov.uk/education-and-learning/holiday-activities-and-food-programme
- Household Support Fund: gloucestershire.gov.uk/health-and-social-care/gloucestershire-welfare-support-scheme/household-support-fund-find-out-more-and-apply/central-fund-and-how-to-apply/#main
- Long Tables: thelongtableonline.com
- Welcome Tables: feedinggloucestershire.org.uk/the-welcome-table-cafe
- Hungry No More: neighbourly.com/project/5f8d6efa5f75b0a821b3b470



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