

The country is getting sicker

The urgent need to address growing health inequalities and protect our health in the face of an economic crisis

This report contains anonymous testimonials from doctors, patients, and carers across the UK about their experiences of a country that is getting sicker in the face of an economic crisis. Doctors may or may not be BMA members, but the patients and carers featured are all members of the BMA's patient liaison group.

While this document and its recommendations are primarily aimed at government policy in England, the issues reported by doctors occur across the UK and the issues raised affect us all.



Introduction

Before anyone had even heard of COVID-19, the nation's health was already deteriorating. In 2011, long-term gains in life expectancy [began to stall](#), and since then, a decade of austerity has widened health inequalities. The amount of time that people spend in poor health has also increased, and the gap in healthy life expectancy between the most and least deprived areas is now almost 20 years. The UK has a higher amount of preventable illness than [comparable European countries](#), and the number of working-age people reporting multiple health conditions has [skyrocketed](#) in recent years. Many of us can now expect to live with ill health for longer periods during our shorter lives. The pandemic made matters [substantially worse](#), and the current cost-of-living crisis will also have [considerable implications](#) for people's health.

The UK Government has taken some recent actions, such as uprating benefits in line with inflation, but they have limited the success of these policies by failing to protect the country's health elsewhere. The NHS will continue to struggle unless the Government takes measures to reduce the high rates of ill health experienced by the British public.

Things are only going to get much worse. The NHS is facing its worst winter on record due to a combination of seasonal illness, the ongoing impact of backlogs worsened by COVID-19 and increased rates of chronic illness since the pandemic such as mental illness and long COVID. The NHS is simply not prepared for increased levels of ill health which will be made worse during a cost-of-living crisis, a period of increased energy costs, and a weakened economy.

Doctors have told us they feel powerless to help their most vulnerable patients and unable to cope with the existing pressures let alone what is being stored up because of the Government's continued failure to protect our health. Doctors have been trying to pick up the pieces but can no longer do so.

'My personal experience of working with health inequality is an increasing sense of sadness and frustration. You essentially listen to patient suffering and that is the most you can do for people.' (GP, Sheffield)

'The government just does not GET the whole picture. This is not about one thing at a time --- energy OR food- OR rent, it is about what happens when ALL these come together for one family.' (Member of the BMA patient liaison group)

The BMA is calling for the UK Government to act to protect the nation's health in the following ways.

- 1. We want to see people's economic security protected.**
No one should be left unable to afford a healthy life.
- 2. We want to see our public services protected.**
Public services must be properly funded, not eroded.
- 3. We want to see the protection and introduction of policies that keep us well.**
There must be no more delays to the policies that prevent and tackle ill health.

The country is facing multiple threats to its health, and the Government is failing to respond.

The UK Government policy agenda is deeply concerning to doctors. It has failed to protect the public services that keep us healthy against cuts and seems unwilling to address the consequences. It has failed to provide bold enough measures to protect people's economic security and reduce health inequalities. And it has signalled an intent to erode the laws that keep us all healthy.

Doctors are extremely concerned about what they are seeing in their day-to-day work. Patients are coming to them in very difficult circumstances that cannot be solved by medical care alone. Poor housing, lack of good-quality employment, and money worries are all social determinants of poor health. While doctors can treat the symptoms, they are often powerless to address the underlying causes of the mental and physical ill health that patients experience.

Doctors are already unable to cope with the current demand for their services, let alone more people needing help because of a failure to fund national and local public services properly. We can't afford the cost of preventable illness caused by economic insecurity and the unacceptable conditions in which too many people must live.

The harm to our health and economy will be significant, and doctors cannot continue to pick up the pieces of governmental failure to protect our health.

...a sense of futility [is] felt by me and my co-workers day upon day as we struggle to meet a need greater than any one service can provide.' (Acute care physician, North West England)

Living standards are [predicted](#) to fall by 7% over the next two years, and the proposals in the UK Government's 2022 [Autumn Statement](#) did not go far enough to address this. Around [one in six people in the UK](#) are in relative poverty (meaning they have a household income below 60% of the median household income) before housing costs, rising to around one in five once we account for housing costs. The rise of the 'gig' economy over the past decade has resulted in precarious employment and insecure lives for many, who are uncertain from one month to the next whether they will have sufficient income to afford food and housing. This isn't sustainable.

While these actions are being taken in the name of growth, the irony is that the high rate of ill health is already [affecting our economic prosperity](#), as more and [more people leave the labour market](#) and the productivity of those in work falls. This is against a background of stagnating productivity over the last decade. What the government is failing to grasp is what others have long known. Our economy is dependent on a healthy population, and without action to improve health, [the economy will remain sick](#).

The threat of the cost-of-living crisis

Poverty kills, and the cost-of-living crisis is plunging ever more people into poverty and making the lives of those already living in poverty even more untenable. Fuel poverty is a significant area of concern. Cold homes are [associated with](#) reduced resistance to respiratory infections, including bronchiolitis, and respiratory illnesses are over twice as high in children who live in cold, damp homes. In 2019, it was [estimated](#) the NHS spends at least £2.5bn per year on treating illnesses that are directly linked to cold, damp, and dangerous homes. While doctors can treat a patient's respiratory symptoms, too often they must send them back to the cold, fuel-poor homes that made them sick in the first place. Last year, [4.5m UK households](#) didn't have enough money to heat their homes, with children the most likely group to be affected. [Half of local councils](#) have plans for so-called 'warm banks' to shelter people from the cold this winter.

The UK Government's 2022 Autumn Statement promised a much-needed inflationary rise in benefits for people, but this still represents a [real-terms cut](#) since before the pandemic and rates of poverty are still set to [remain at record levels](#). The additional payments also won't be available for struggling families until after the winter. Additionally, the Local Housing Allowance, which sets the amount of housing benefit private renters can receive, will stay frozen again next year. There needs to be a stronger response to support the large number of people still struggling with the cost of living.

Another missed opportunity to protect and improve public health is the failure of the UK Government to widen the criteria for free school meals. Currently, [800,000 children](#) living in poverty in England do not qualify for free school meals. The BMA and others have called for the expansion of criteria so that we are more able to protect children from ill health.

Citizens Advice has reported a tripling of people seeking help because they couldn't afford both food and energy, highlighting the tough choices households face between heating and eating. Doctors are seeing this too.

'[We're seeing] patients actively skipping meals and omitting medication to make ends meet.' (GP, London)

In September 2022, [18% \(9.7 million adults\) of all households](#) were food insecure – meaning they ate less or went a day without eating because they couldn't access or afford food. This has more than doubled since January 2022. People are also having to compromise the quality of their diets: among those experiencing food insecurity, 58% say they were buying less fruit and 48% were buying fewer vegetables. This is even worse for the millions of people already struggling and paying more for their food because they cannot store or cook fresh food. [Research in 2020](#) showed 4.8 million people were living without at least one essential household item, such as a cooker or fridge. Living without a fridge/freezer, and therefore having to shop every day, is 43% more expensive – this adds £1,365 a year to an average family food bill.

[Polling by The Inequalities in Health Alliance](#), of which the BMA is a member shows that more than half of British people (55%) feel their health has been negatively affected by the rising cost of living.

'Recently in my job I had a patient attend with pain. Unfortunately, despite all investigations I could not find any source and during my communication with this patient, they broke down and started to tell me about being unable to cope, having no money, and being in despair because they had paid for transport to the hospital, was leaving still in pain, and having to put out more money to get home with no answers. They reported that they weren't sure where their next meal was coming from and suicidal ideation due to bills.' (General surgeon, Scotland)

Those with existing health problems are at considerable risk of worsening health.

'The rising cost of energy is a real worry for my husband. Having recently had a stroke, he is aware the house needs to be kept warm [on the advice of the Stroke Association] but whilst having concerns over his ability to do his job, is acutely aware of the need to prepare for the future financially. The risk of a further stroke however or other complications needs to be balanced and the cost of energy is a real worry...' (Member of the BMA patient liaison group)

'We also know that disabled people, those living with ill health, cancer, and other long-term conditions face increased (disease related) expenditure, ranging from, for example, additional energy costs for running expensive life sustaining equipment at home &/or a clinical need to heat homes, to travelling to frequent hospital treatments, and covering care costs. For increasing numbers of people these cumulative costs now exceed their financial means.' (Member of the BMA patient liaison group)

The cost-of-living crisis is affecting families in broader ways beyond not being able to afford sustenance, with negative implications for mental health and putting barriers in way of patients' access to essential care.

'Due to financial pressures, families and the general population are struggling, leading to increase in mental health presentation. Young people are unable to seek support from parents as they are stretched to make ends meet, which increases presentation like self-harm or the use of drugs and vaping to cope with life pressures. This also brings grooming into the picture as young people become vulnerable.' (Psychiatrist, Birmingham)

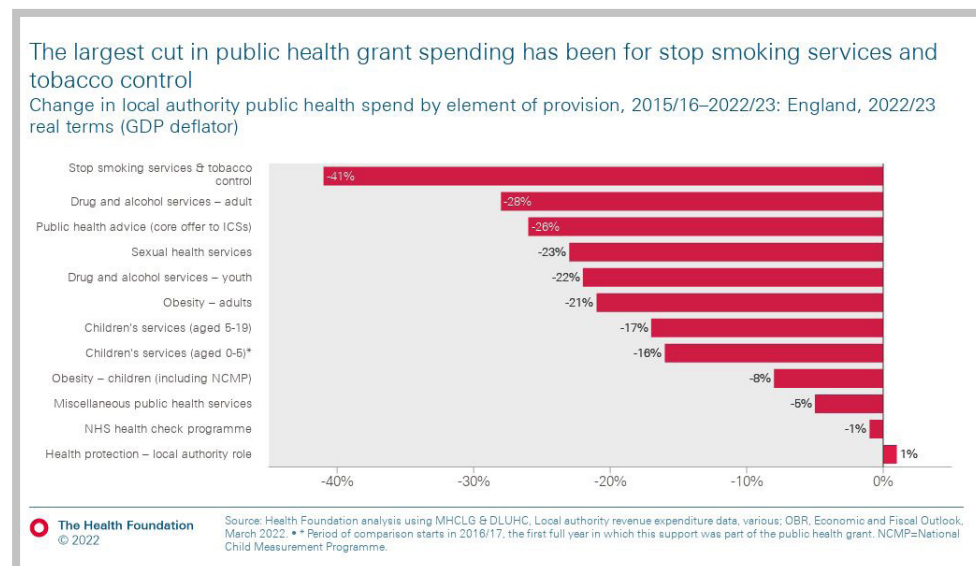
'One case that haunts me is a worker from an upmarket store who presented with sepsis and bilateral foot infections. When taking their history, they recounted that their feet had been worsening and in agony for quite a while, but they were unable to take time off work to attend the GP, as their income was precious.' (General surgeon, Scotland)

The threat of cuts to public services

People are dying younger because of cuts to public spending. In 2011, life expectancy – a key indicator of the nation's health – had [started to stall](#) for the first time in a century and in England life expectancy in the most deprived areas is now at its [lowest levels since records began in 2011](#). In some areas, and for some groups, [life expectancy has declined](#), something not witnessed outside wartime for 120 years. The [Glasgow Centre for Population Health has linked](#) an additional 335,000 deaths to austerity in the five years before the pandemic – more than from the first two and a half years of COVID-19.

Billions of pounds have been [cut from public services](#) and social security since 2010, leaving us without services that are essential for our health. In 2021/22, budgets for day-to-day spending in local government, which funds many of the vital determinants of health, such as housing services for vulnerable families, [were just 41%](#) of what they were in 2007/08 in real terms. Since 2015/16, the local authority public health grant has [been reduced](#) by almost a quarter (24%) per person in real terms, resulting in drastic cuts to vital services (Fig 1.). The [cuts have been largest](#) in places with the greatest need. Furthermore, the public health grant does not account for [increased need](#) in some areas with a larger proportion of vulnerable populations, such as the elderly. Between 2010 and 2021, [cuts had taken £14bn out of the welfare system](#), drastically reducing the value of working-age benefits.

Figure 1.



The 2022 [Autumn Statement](#) promised additional funding to health, social care, and schools but left other departments to absorb the effects of higher inflation within unchanged allocations. Additional pressures on the budgets of these departments [could fall](#) anywhere between £5 and £15bn by 2024-25 depending on which measure of inflation is used. That is a significant cut to public services which although delayed, is still coming, and will result in further negative impacts on people's health.

The rise in council tax also announced in the Autumn Statement is intended to contribute towards local government public services. However, poorer areas with lower house prices will struggle to raise the tax to pay for public services, and as a result services in poorer areas will be less well-funded, or people in these areas will see larger bill rises. Inequalities are likely to be worsened as a result.

'Cuts to public services always hit those who need them the most the hardest.'
(Member of the BMA patient liaison group)

Doctors are left to pick up the pieces of the failure to fund public services properly.

'We have spent much time advocating for better conditions and in particular for a new one stop health hub in the city centre that would transform care and tackle inequalities. Funding has recently been withdrawn by central government.'
(GP, Plymouth)

'The elderly population are being failed by lack of social support and isolation. It exhausts me to deal with these growing health inequalities.' (GP, London)

The threat of erosion of policies that protect the public's health

Finally, there is a real threat to the implementation of the UK Government policies that protect public health. Smoking and obesity remain the [two biggest immediate causes of preventable ill health](#) and death in England and Scotland. In recent years rates of people living with obesity have risen, and smoking remains stubbornly high in deprived areas. The environment in which we live makes it hard to keep a healthy weight and stop smoking, but laws that would make it easier are now under threat. Not only is the Government not acting to prevent harm to our health, but it is planning to make it worse.

The UK Government's July 2020 obesity strategy included some ambitious policies that the BMA and other public health experts had long called for, such as junk food marketing restrictions and sugar and salt reduction in our foods. However, more than two years later, the introduction into law of some of those policies – which have already been passed by Parliament – is under threat. This is despite the risk of obesity [more than doubling](#) amongst children in deprived areas compared to their wealthier peers.

Meanwhile, policies that seek to reduce the harms of smoking and tobacco use are also under threat. There is no word on when the updated tobacco control plan for England will be published, despite the UK Government repeatedly promising to publish it in 2022. It has also thus far failed to respond to the independent review of tobacco by Javed Khan published in June 2022, that set out a series of recommendations to prevent people taking up smoking and to support people to quit. Again, the poorest are most affected by this. In 2021, an [analysis](#) found that one in five (21%) of smoking households in the UK were living below the poverty line, amounting to a million households.

By refusing to pursue policies to support people to quit or not begin smoking and to support people to keep a healthy weight, the Government is failing to protect the public's health and is perpetuating and worsening health inequalities. It is setting itself up to fail on its targets in England to both halve childhood obesity and make England smoke-free by 2030.

The impact of this is already being seen by doctors, who report seeing increased rates of diabetes and other preventable long-term conditions

'[We're seeing] massive rates of diabetes and fatty liver and obesity...How can we advocate lifestyle changes to patients who have a highly processed diet and can't afford healthy food and haven't got time to do exercise because the demands of juggling family and work. [These are] essentially issues that they have no control over.' (GP, Sheffield)

Doctors are speaking out because they can no longer pick up the pieces of the Government's failure to respond to these threats

Doctors are experiencing high levels of burnout and stress, and one of the key reasons is having to respond to unsustainable levels of demand for the health services in which they work. In the [NHS Staff Survey 2021](#), 33% of medical/dental respondents reported feeling 'often' or 'always' burnt out because of their work. 45% of medical/dental respondents said they had felt unwell because of work-related stress in the past 12 months, an increase of 5.2 percentage points from 2020.

Beyond burnout and stress, doctors have told us of the personal impact and distress of not being able to help patients who are ill because of the social and economic conditions they experience (or because of non-clinical issues such as poverty, poor housing, or financial insecurity). The toll such demand takes on doctors and other healthcare staff could be mitigated if the UK Government took steps to protect the nation's health. Doctors can no longer continue to pick up the pieces caused by government failure to stem the rising tide of ill health.

'I have not had any time off since I became a doctor and ended up off for 4 weeks in June 2021. In part this was due to workload but also it was difficult carrying the suffering of so many patients.' (GP, Sheffield)

'The emotional toll these types of patient interactions have is unmeasurable, and since starting as a resident doctor, has exponentially worsened.' (General surgeon, Scotland)

The government cannot achieve its objectives for the health service and economy if it doesn't protect public health

Our health service is being failed

The treatment and care of people living with often preventable, long-term conditions already account for around [50% of GP appointments and 70% of hospital days](#). GPs and other healthcare professionals also report that they spend around 20% of their time dealing with issues that are non-medical but related to social or economic pressures.

'I cried after having to turn a patient away from A&E because there were no beds, and their condition was chronic and so not an emergency requiring admission. It was winter, and they were wheelchair bound.' (General surgeon, Scotland)

Higher levels of fuel poverty and food insecurity will make matters worse as the NHS will likely incur greater demand from the effects of more people being forced into increasingly precarious lives. Mental and physical health is at risk; [Bristol University](#) has projected that the cost-of-living crisis is likely to lead to a 10% increase in inpatient mental health admissions and above 5% increases in outpatient mental health contacts, 111 and 999 calls.

The UK Government has also set out ambitions for the health service to reduce backlogs, shorten waiting lists, and improve ambulance waiting times, many of which are at record levels. This will not be achievable if the Government continues to enact policies that lead to, or fail to prevent, more people falling ill and needing treatment and care.

While the 2022 Autumn Statement provided £3.3bn of additional funding for the NHS next year, this is not enough to fully cover inflationary pressures. Overall, even with this increase, funding in 2023/24 will be 2% lower than what was promised in November 2021. Demand and pressures in our hospitals, GP practices and across the system have never been greater. This failure to match spending with the cost of providing care means services will inevitably be impacted and patients will suffer further.

Patients and carers too should not have to continue to tolerate the impact of these failures. Some will get sicker because of economic insecurity and their social conditions, some will get sicker because of longer waiting times in the NHS, and some will get sicker because of limited doctor numbers due to extra pressures on the health service. These factors often collide – the areas with the longest waiting times and the highest doctor vacancies are often the most deprived. [Last year](#), waiting lists increased by more than half (55%) in the most deprived areas, compared to a third (36%) in the least. Those in the most deprived areas are now almost twice as likely to wait more than a year for treatment. A GP working in a practice serving the most deprived patients in 2019 was, on average, responsible for [almost 10% more patients](#) than a GP in the most affluent areas. A GP working in a practice serving the most deprived patients in 2019 was, on average, responsible for [almost 10% more patients](#) than a GP in the most affluent areas. By 2020, there were 1.4 fewer full-time equivalent GPs per 10,000 patients in the most deprived areas compared with the least deprived areas. None of this should be acceptable.

Our economy is being failed

The UK Government is almost entirely focused on the need for economic growth, but it cannot hope to achieve its growth agenda without a healthy population. [The evidence is clear](#) that action to improve both public health and climate change is essential for sustainable economic growth. The high rate of ill health is already affecting our economic prosperity, as more and more people leave the labour market, the productivity of those in work falls and fewer people are in good quality and secure work.

There is now clear evidence that our significantly worse health is holding back our economic recovery in the UK. Economic inactivity in the UK has [increased](#) by 700,000 since 2020, and the UK remains the only developed country in the world where the share of working-age people outside the labour force has kept rising after the initial phase of the pandemic.¹ Britain will next year be the only developed country with [fewer people in work](#) than before the COVID crisis after a surge in [early retirement and ill health](#). Over the last two years, the number of people living in the UK unable to work due to chronic pain has [risen](#) by almost 200,000 more than expected according to pre-pandemic data, and there has been a 40% rise in economic inactivity explained by mental ill health.²

The inability of the Government to ensure financial security for people is also harming the economy, with some unable to afford to participate in the job market. The issue is compounded by cuts to public services, with transport budgets facing the largest cuts.

'[I have] patients attending with stress. One is living in a caravan as they can't afford the petrol to get to work...One is unable to afford their car and has no good options for public transport to get to work and so is threatened with job loss. One is struggling to pay for petrol to get to work contributing to suicidal presentation.'
(GP, Sheffield)

Equally, the UK Government ambitions to 'level up' (a [policy](#) which claims to spread opportunity to those areas of the UK with lower economic growth and living standards) will fail if health inequalities are not addressed and public services are not adequately resourced. There is [little evidence](#) that health is seen as a key criterion for the success of levelling up, with financial and physical infrastructure capital being prioritised instead. Whilst the Government's levelling up [White Paper](#) included an ambition for the Government to improve healthy life expectancy in England by 5 years by 2035, there seems little resource or plan in place to achieve such an ambition. Given the [current trends](#) for improvements in healthy life expectancy, reaching the Government's target for increased healthy life expectancy is expected to take 192 years without ambitious action. Endemic ill health in England's 'left behind' neighbourhoods is costing the country almost £30bn a year because people are often too ill to work and die earlier.

'North West [England] has some of the highest areas of deprivation in the country and is an area that has consistently been forgotten about and let down by consecutive governments. Patients from these deprived areas often lack an advocate to help them navigate the nebulous health care system, which has negative effects on their healthcare outcomes and experience.' (Acute care physician, North West England)

Finally, the economic benefits of implementing and maintaining laws and policies that protect and promote the public's health are clear. For example, [research](#) suggests that the cost benefits to society of implementing the obesity strategy in full are estimated to be £76bn over the next 25 years. The [cost of smoking](#) to society is estimated at £17.04bn per year in England.

1 Financial Times analysis of OECD figures (behind paywall)

2 Financial Times analysis of Labour Force Survey (behind paywall)

We are calling for urgent action to halt the decline in the country's health

We want to see the UK Government change course and take action to improve the country's health. Doctors take up medicine to relieve suffering. We cannot stand by while government policies make the people we serve ill. Ministers must urgently introduce policies to address the immediate crisis and reverse the trends of the last decade.

We want to see people's economic security protected. No one should be left unable to afford a healthy life.

Everyone should have access to an income that allows them to live a healthy life, yet the value of both wages and social security is [failing](#) to keep up with the rising cost of living. The Government has uprated benefits in line with inflation, as is the convention, but that still leaves people worse off than they were before the pandemic. Disposable incomes are due to fall by 7% over the next two years. Wages have been [flatlining](#) for a decade, and the value of social security has declined over this period. Moreover, the uplift in benefits will not reach struggling families until after winter.

The Government must respond to the huge demand for a stronger financial security net as a matter of urgency. A failure to do so will likely incur unpalatable costs for both the health service and those struggling to make ends meet. More needs to be done to stop people from falling into poverty.

Over the long term, **the Government should explore reforms to ensure that both social security and wages guarantee everyone can access the income they need to stay healthy and well.**

We want to see our public services protected. Public services must be properly funded, not eroded.

Alongside a sufficient income, public services such as social care, housing, and transport play an essential role in meeting our needs and keeping us healthy. Yet budget cuts have severely impacted their ability to do so. After a decade of austerity, high inflation rates, the slashing of funding in real terms, and the Government now pursuing further cuts on top, the public's health will get worse without action.

As a minimum, the Government must ensure that all public services can cope with the pressure of inflation over the coming years. And it must restore the public health grant to at least 2015/16 levels, so local government can expand vital preventative services.

Beyond this, **the Government needs to plan for reversing the damage done over the last decade** by expanding budgets to meet the growing need. Without this, people will continue to lack access to the essentials necessary for their health – be it social care or housing services.

We want to see the protection and introduction of policies that keep us well. There must be no more delays to the policies that tackle ill health.

Eroding public health policies that are known to be effective, at a time when the country is getting sicker, will cause serious harm. In the short term, **the Government must commit to keeping in place popular and successful policies** – such as the soft drinks levy – and **follow through on pledges to act on the immediate drivers of ill health** – including smoking and obesity.

To drive action on health over the long term, **the Government should publish and implement a health inequalities strategy that makes health a cross-government priority.** The last health inequalities [strategy](#) is known to have made a difference – it was strongly associated with a reduction in inequalities. Yet this strategy ended and instead, there was the introduction of austerity in 2010, and shortly after health inequalities began to rise again. A firm commitment to, and accountability for, improving health at the highest levels of government is necessary to stop the decline in health and grow the economy. With health-promoting policies being abandoned and no strategy in place to make a difference, the Government is sending the message that it doesn't care about our health.

BMA

British Medical Association, BMA House,
Tavistock Square, London WC1H 9JP
bma.org.uk

© British Medical Association, 2022

BMA 20220587