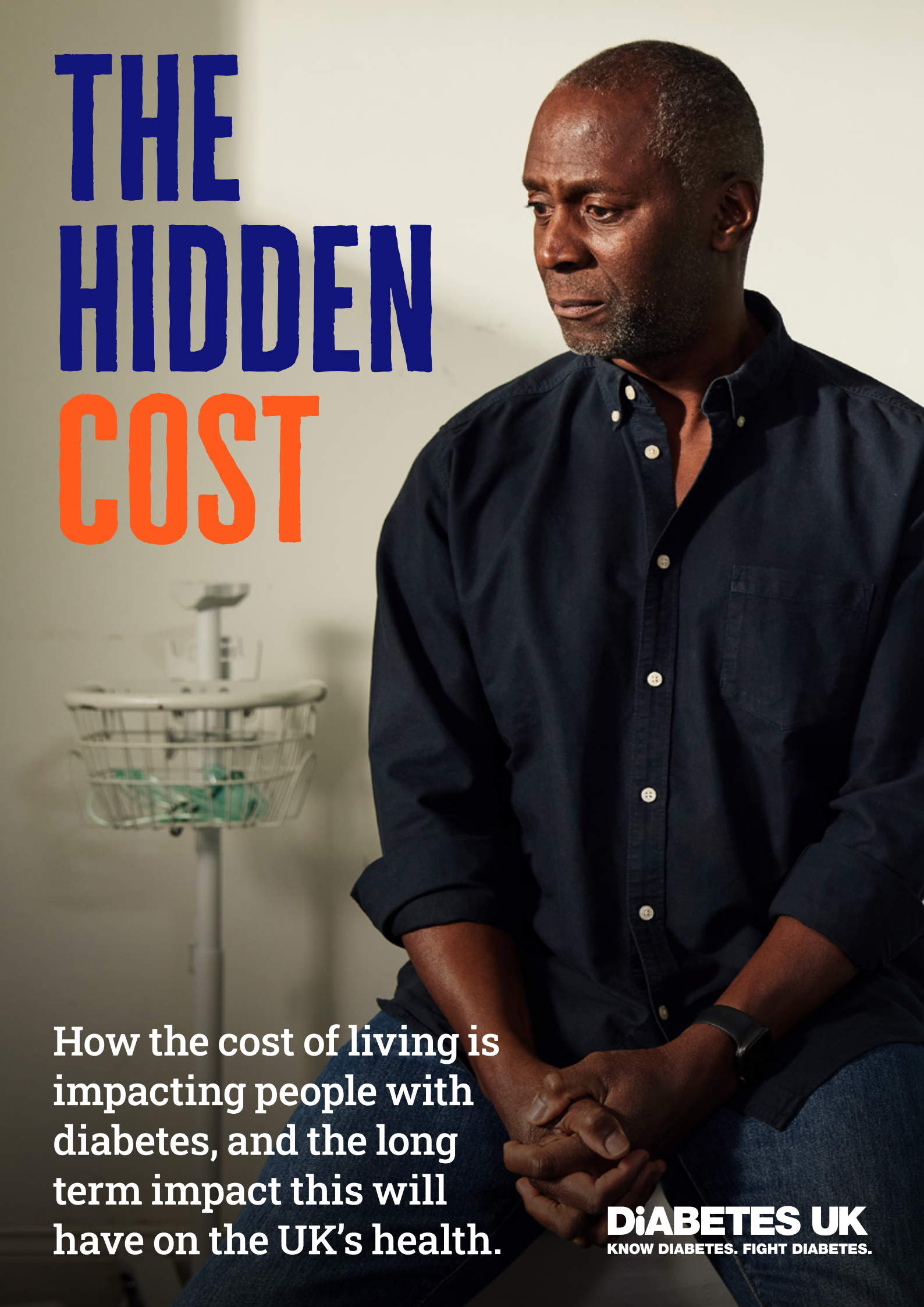
THE HIDDEN COST



How the cost of living is impacting people with diabetes, and the long term impact this will have on the UK's health.

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

CONTENTS

INTRODUCTION

Diabetes is one of the fastest growing health crises in the UK.

Over 5 million people are now living with diabetes in the UK, that's equivalent to one in 14 people. And the number of people with type 2 diabetes has almost doubled in the last 15 years.

Nearly 2 million people in England alone are considered to be at high risk of developing type 2 diabetes.[1] And, every week, diabetes leads to more than 190 amputations, 770 strokes, 590 heart attacks and more than 2300 cases of heart failure across the UK, the majority of which can be prevented with proper care and support.

Diabetes is serious. But the rising cost of living is creating a public health emergency.[2,3] It's creating a perfect storm putting more people with diabetes at increased risk of complications, and means more people already at high risk will go on to develop type 2 diabetes. This is at the same time as healthcare systems are struggling to keep pace as they recover from the coronavirus (covid-19) pandemic.

Health inequalities drive the extent that people can manage their diabetes and live well with the condition. Responses to our 2022 'Diabetes is Serious' survey found that people from the most deprived areas of England were more likely to have experienced difficulties managing their diabetes, with 56% saying they had experienced problems compared to 44% in the least deprived.

At Diabetes UK, we've been calling for the UK Government to take action to address and reduce these inequalities. With the cost of living increasing, it's more important than ever to understand the impact this is having on people with diabetes, and the consequences of the government failing to act. We know the cost of living crisis isn't being felt equally, and that people with health conditions like diabetes are particularly vulnerable as bills and prices continue to rise. We want to see an end to people with diabetes struggling to get by, and having to sacrifice their health in the process.

Supporting people through the cost of living crisis is vital to prevent people from developing type 2 and gestational diabetes, reduce health inequalities, and stop people with diabetes from developing serious complications. If nothing changes, these inequalities will become further entrenched, leading to significant **long-term impacts** affecting the nation's health for years to come.

Our latest research

In November 2022, we launched a UK-wide survey aimed at people living with diabetes and people who have been told they are at high risk of developing diabetes. This survey was also answered by healthcare providers and families and carers of people living with diabetes. The survey aimed to identify the impact the rising cost of living is having on people's ability to manage their diabetes, and the support that they would like to see from us.

We received 6,490 responses from people living with any form of diabetes, or who have been told that they are at high risk of developing type 2 diabetes or have received a diagnosis of non-diabetic hyperglycaemia (NDH). All references to our survey or research in this report are in relation to these results.

Of respondents who are living with diabetes or who have been told they are at high risk of developing type 2 diabetes:

77%

say that the rising cost of living is negatively impacting how they manage their diabetes or risk of diabetes.

66%

have cut back on essentials like food or energy, or have gone without entirely. Like switching off the fridge – impacting both food and medication storage – eating cheaper but less healthy food, cooking less, or having to use a food bank. 93% of people who cut back on essentials said the rising cost of living had negatively impacted how they manage their diabetes or risk of diabetes.

45%

said that stress and anxiety from the rising cost of living has negatively impacted how they manage their diabetes or risk of diabetes.

23%

have cut back on costs related to managing their diabetes or risk of diabetes, such as hypo treatments, self-funded diabetes technology or travel to appointments. This rises to:

- **29%** of people who live in the most deprived areas.
- **32%** of people from a Black or South Asian background.
- **36%** of people who receive means-tested benefits.

Among people living in the most deprived areas:

- **11%** have been unable to afford to travel to medical appointments.
- **21%** have borrowed money to pay for food or energy bills.
- **51%** have cooked less to reduce energy costs.
- **69%** have eaten cheaper food which is less healthy.

Supporting people with diabetes

Managing diabetes is a full-time job meaning you need to make countless decisions every single day as part of staying well.

The Real Cost

Short-term, struggling to manage your diabetes by skipping meals or using insulin which hasn't been stored properly, can lead to blood glucose levels, also known as blood sugars, becoming too low or too high.[4] These are known as hypos and hypers respectively. If these aren't treated quickly, they can result in life-threatening conditions such as diabetic ketoacidosis.

Long-term, it's important people living with diabetes can keep their HbA1C levels – their average blood sugar levels over two to three months – within their target range. If they become too high, this can lead to chronic complications such as heart disease and strokes, nerve damage known as neuropathy, eye damage known as retinopathy, and a higher risk of developing certain cancers. Many of these complications worsen over time if left unchecked and untreated.

But the steps people must take to manage their diabetes often come at a cost. This can include additional costs such as self-funding diabetes technology not covered by the NHS, spending a greater proportion of income on healthy or specialist foods, or needing to pay for transport and parking to attend appointments.

Some people with diabetes also face higher household bills. That's because cold temperatures can worsen neuropathy and affect insulin absorption[5] meaning some people with diabetes need to use more energy to stay warm. The impacts of rising costs can be even greater where people have reduced incomes from taking sick leave, or where living with diabetes or related complications means having to leave the workforce altogether.

This means the cost of living crisis poses its own specific risks for people with diabetes. But our research is finding too many people with diabetes are being left making impossible decisions about where to cut back – and are risking their health in the process.

3 IN 4

living with diabetes are worried about food or energy costs.

NEARLY 1 IN 10

have used a food bank.

1 IN 5

people who live with type 1 diabetes have cut back on hypo treatments and nearly 1 in 10 have cut back on self-funded diabetes technology. People who said they have cut back on hypo treatments are more than twice as likely (2.7x) to say that the cost of living has negatively impacted how they manage their diabetes to "a great extent" than people who have not cut back in this way.

Having to make cutbacks like this can cause serious and life-threatening complications which no one with diabetes should have to contend with, and which create avoidable costs for the NHS. People with diabetes cannot be left struggling to access vital care or having to cut back and put their health at risk because of rising costs.

Preventing type 2 and gestational diabetes

Rising bills and costs won't just impact people living with diabetes now. There's also a serious risk that existing health inequalities will be made worse by the crisis. This will put more people at risk of developing type 2 and gestational diabetes, and put the NHS under avoidable strain.

While some risk factors for type 2 diabetes such as age, ethnicity and family history can't be changed, a number of risk factors associated with type 2 diabetes are modifiable. These include:

- physical activity
- stress and depression
- living with obesity and overweight.

The likelihood of having all the modifiable risk factors is greater for people living in poverty. Evidence also suggests that poverty and obesity are risk factors for gestational diabetes. Making healthy choices doesn't happen in a vacuum. It's shaped by factors outside of our control which affect how able we are to do things like access fresh and nutritious food or take part in physical activity near where we live and work.

The prevalence of type 2 diabetes is over twice as high for people living in the lowest income households compared to those with the highest incomes, and they are less likely to receive all of their essential routine health checks.[6] People of Indian, Pakistani and Bangladeshi ethnicity are also more likely to develop type 2 diabetes and Black African and Black Caribbean people are 1.5 to 3 times more likely to develop type 2 diabetes than White Europeans.[7] These groups are also disproportionately likely to be experiencing deep poverty, and at a greater level than white people.[8]

MORE THAN HALF

of people at high-risk of developing type 2 diabetes bought food that is less healthy because it's cheaper.

MORE THAN 2 IN 5

people have cooked less to reduce energy costs.

1 IN 5

have cut back on sports or fitness activities.

People also need access to care and support to prevent and treat diabetes as easily as possible. When people can't afford to take time off work, pay for petrol or public transport to travel to appointments, afford hospital parking, or attend sessions to help understand their risk or manage their weight, they miss out on valuable support and care which can prevent them developing diabetes in the first place.

Long-term impacts

Widespread discussion about the long-term financial scars likely to emerge from the rising cost of living must also account for the risk of wider scarring to people's health and the implications this has for the NHS. We are already seeing this emerge for people with and at high risk of diabetes as:

1

The rising cost of essentials is forcing people to cut back on food and energy in ways which negatively impact how they manage their diabetes.

2

A wider squeeze on disposable incomes triggered by rising costs means people have less money available to live well and remain healthy, and are borrowing money to survive.

3

People are cutting back on costs relating to managing their diabetes and are struggling to access care, risking entering the health system at a "sicker" point.

This health scarring will arise through the cost of living embedding poor health outcomes across the UK and widening existing inequalities. At Diabetes UK, we're concerned that this will look like more people with diabetes developing potentially serious complications, and more people put at risk of developing diabetes in the first place. This will place additional strain on the NHS, force more people out of the workforce, and, crucially, put people with diabetes lives at risk.

Government must take urgent action to tackle the drivers of health inequality and close these gaps amidst the cost of living crisis. Otherwise inequality will being compounded for years to come in a way which will have a long-term impact on the nation's health and economy.

Government must prioritise reducing barriers to care and living well and make sure that the social security system is set up so households, particularly those in the most deprived areas, have the support they need to survive.

Recommendations

Guarantee that people do not go without essentials

By making sure that means-tested benefits always rise in line with inflation, raising the base rate for Universal Credit to make sure that essentials can be paid for, and banning the force-fitting of energy pre-payment meters.

Too many people with diabetes are struggling to afford essentials and are cutting back on energy, food, and diabetes care. This is putting their health at risk, and leading to people having to borrow money to cover basic costs. Our research has identified that people receiving benefits and who live in the most deprived areas are disproportionately likely to be struggling in this way. Social security must therefore be enough to cover the cost of essentials and ensure that people with and at high risk of diabetes don't have to make impossible choices over what to prioritise.

The practice of forcibly fitting pre-payment meters where people haven't been able to pay their energy bills is also disproportionately impacting people with long-term health conditions and putting people with diabetes at risk. We welcome Ofgem suspending this practice and exploring ways energy providers can support people struggling to pay. But the extent that people are struggling with skyrocketing bills and the disproportionate impact this practice has on people with disabilities and long-term health conditions means forced pre-payment meter installation must be banned outright.

Ensure people have access to well-resourced care

By guaranteeing workers a right to paid time off to attend appointments, and ensuring the NHS has the funding and workforce plans it needs to support people living with or at a higher risk of diabetes.

As costs increase, people living with or at higher risk of diabetes are struggling to afford essentials and to stay well. It is vital that in these circumstances people can access healthcare which can identify and treat potential complications, and that the NHS has the resources and motivated workforce it needs to provide much needed support to help people remain healthy across all four nations of the UK.

Commit to measures to help prevent diabetes

Living with obesity or overweight is a significant modifiable risk factor for developing type 2 diabetes. But rising costs make it more difficult for households to be able to afford to eat well, particularly for people living in the most deprived areas.

Governments across the UK can support these households by expanding on the success of the Soft Drinks Industry Levy, ensuring free school meal provision is widened and consistent across the UK, and increasing and expanding Healthy Start. Governments should follow Wales and Scotland's lead in expanding free school meals to all primary school aged children, and at a minimum widen free school meals access to all children living in households receiving Universal Credit rather than the current limits on income in place in England and Northern Ireland. This will ensure an additional 800,000 children living in poverty in England alone have access to a free and nutritious hot meal.

By incentivising industry to reformulate food and drink it will make it easier to eat healthily without paying more. Free school meal provision must also be widened to all children in households receiving Universal Credit, and governments should investigate using industry levies as revenue for this.

DRIVING FORCE

The impact that rising costs of essentials are having on people with diabetes.

Rising costs

9 in 10 people with or at high risk of diabetes are worried about food, housing or energy costs. The rising cost of essentials has laid bare existing vulnerabilities affecting people with and at high risk of diabetes, and made it even more difficult for people to have the money they need to live a healthy life.

In the first 3 months of 2023:

- inflation stands at 8.8%.[9] This is affecting the cost of groceries and household essentials.
- Food inflation reached a record 16.7%. This is equivalent to an extra £788 on an annual shopping bill.[10]
- The average energy bill increased by 54% between October 2021 and April 2022 before rising by a further 27% in October 2022. They are predicted to rise by another 20% in April 2023.[11]
- Rent represents 28% and 25% of household incomes for private and social renters respectively.[12]
- Mortgage and Bank of England rates have been rising since the start of 2022, with the latter Bank Rates expected to peak at 4.8% in late 2023.

Rising costs of essentials have grossly exposed the extent that different groups are able to withstand expenditure shocks, and how people with disabilities and long-term health conditions such as diabetes are particularly vulnerable. On average, people with a disability or health condition earn 30% less than people without health conditions,[13] but need to spend a greater proportion of their budget on essential bills such as energy and groceries to effectively manage their condition, or any complications that they may be living with.[14]

For people living with diabetes, the need to spend a higher proportion of their budget on essential bills can stem from:

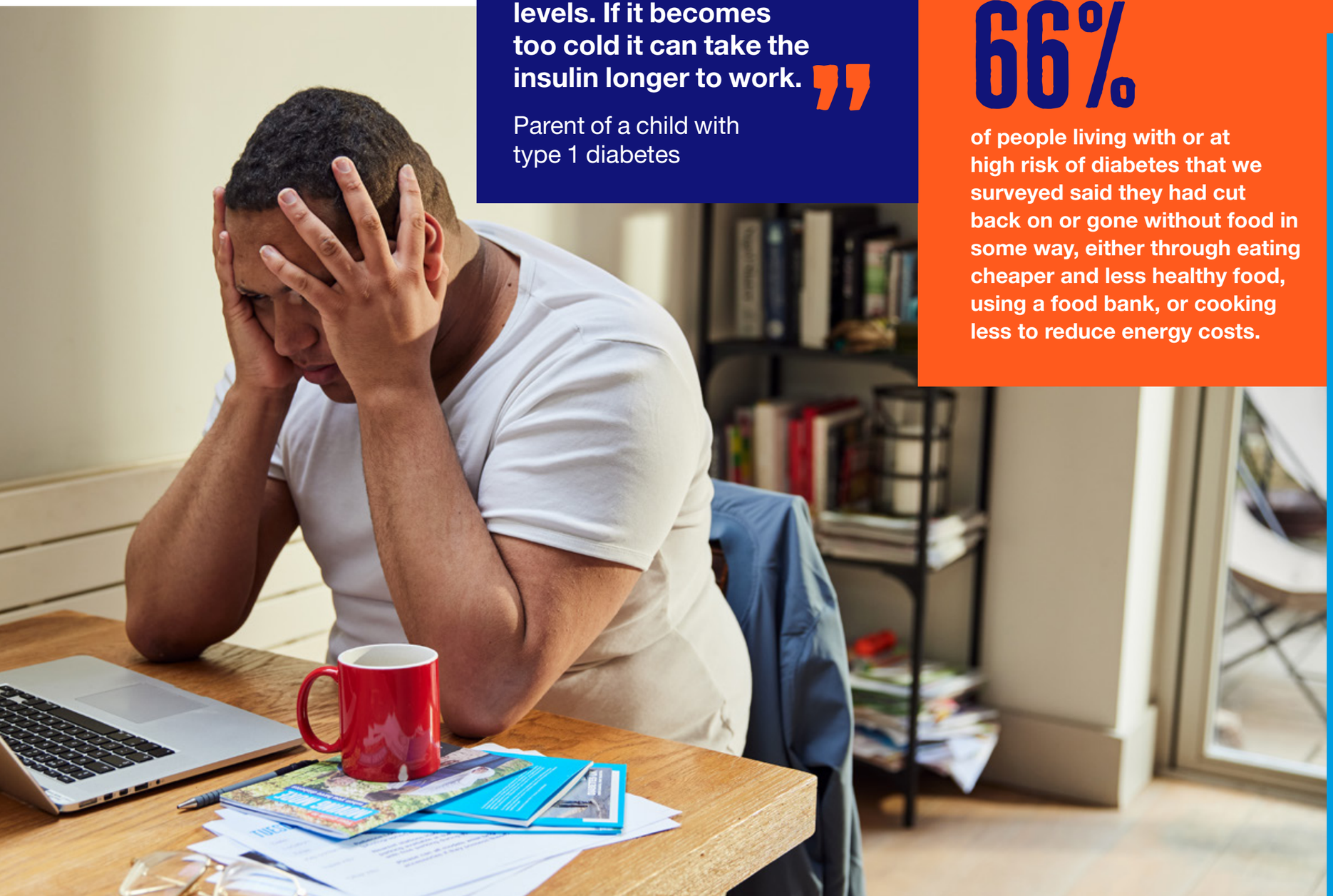
- Needing to stay warm to avoid and manage complications. Diabetes increases the risk of heart attacks and strokes, but cold weather slows blood flow around the body, raises blood pressure, and can increase the risk of these conditions. Complications such as heart disease and neuropathy also get worse in cold weather as it affects how the blood flows around the body and circulation to hands and feet can slow down. This can make neuropathy more painful in these areas.
- Cooking from scratch and buying healthy food, which is three times more expensive per calorie than less healthy food.[15] Diets lower in saturated fat, sugar and salt can help manage blood sugars, blood fats, blood pressure, and weight. This can also help to reduce the risk of diabetes complications, including heart disease and stroke.

This is on top of navigating additional costs to manage diabetes, such as paying for hypo treatments or travel to and from appointments. This disability price tag means that many people with diabetes will have begun this crisis with less financial resilience to navigate the increasing costs of essentials than people without a health condition, and is compounded by type 2 diabetes being more prevalent in the most deprived areas.[16]

While genetic factors such as ethnic background can play a non-modifiable role in the likelihood of developing type 2 diabetes, the link between poverty and diabetes is also highly racialised. Research by the Runnymede Trust has found that Black and South Asian people experience poverty on a deeper level than White people, and make up a disproportionate share of people on the lowest incomes. This is most pronounced amongst Black people, Bangladeshi people, and Pakistani people.[17] The prevalence of type 2 diabetes is also higher for people from these ethnic backgrounds than it is for White people.

Households in the most deprived areas also spend a larger proportion of weekly expenditure on essentials such as energy and food compared to the least deprived households, so are more affected by price increases.[18,19] These broader inequalities mean that many people with type 2 and gestational diabetes are in a particularly vulnerable financial position due to prevalence being higher within the most deprived areas.

This is leaving too many people with diabetes having to make impossible sacrifices and cutbacks on essentials just to survive – sacrifices which mean putting their health at immediate and long-term risk if their blood sugar levels fall out of range. Like needing to switch off the fridge to save energy or because of a disconnection after being unable to pay a bill which could result in your insulin becoming damaged during hot weather and cause higher blood sugar levels.



> **We went from having a reasonable amount of money to no money at all. We can't cut back on things like heating as it's so important with our son's diabetes to keep the house warm, as that can affect his levels. If it becomes too cold it can take the insulin longer to work.**
>
> Parent of a child with type 1 diabetes

Eating well

Eating a healthy balanced diet with food from every food group is important for everybody living with diabetes. But rising food prices mean that too many people with diabetes are going without and having to turn to food banks, and are unable to access the nutritious food they need to stay well.

This reflects broader trends across the UK amidst record food prices. 18% of households in the UK were experiencing food insecurity at the end of 2022, the equivalent of 9.7 million adults and 4 million children. This rises to 54% of households in receipt of Universal Credit.[20] Black households are also disproportionately likely to be experiencing "high" or "very high" levels of food insecurity.[21] Our survey data echoes this for people with and at high risk of diabetes.

66%

of people living with or at high risk of diabetes that we surveyed said they had cut back on or gone without food in some way, either through eating cheaper and less healthy food, using a food bank, or cooking less to reduce energy costs.

12%

of people living in the most deprived areas have used a food bank – this is four times more than people in the least deprived areas.

21%

of people receiving means-tested benefits have used a food bank.

42%

have cooked less to reduce energy costs.

55%

eating cheaper and less healthy food.

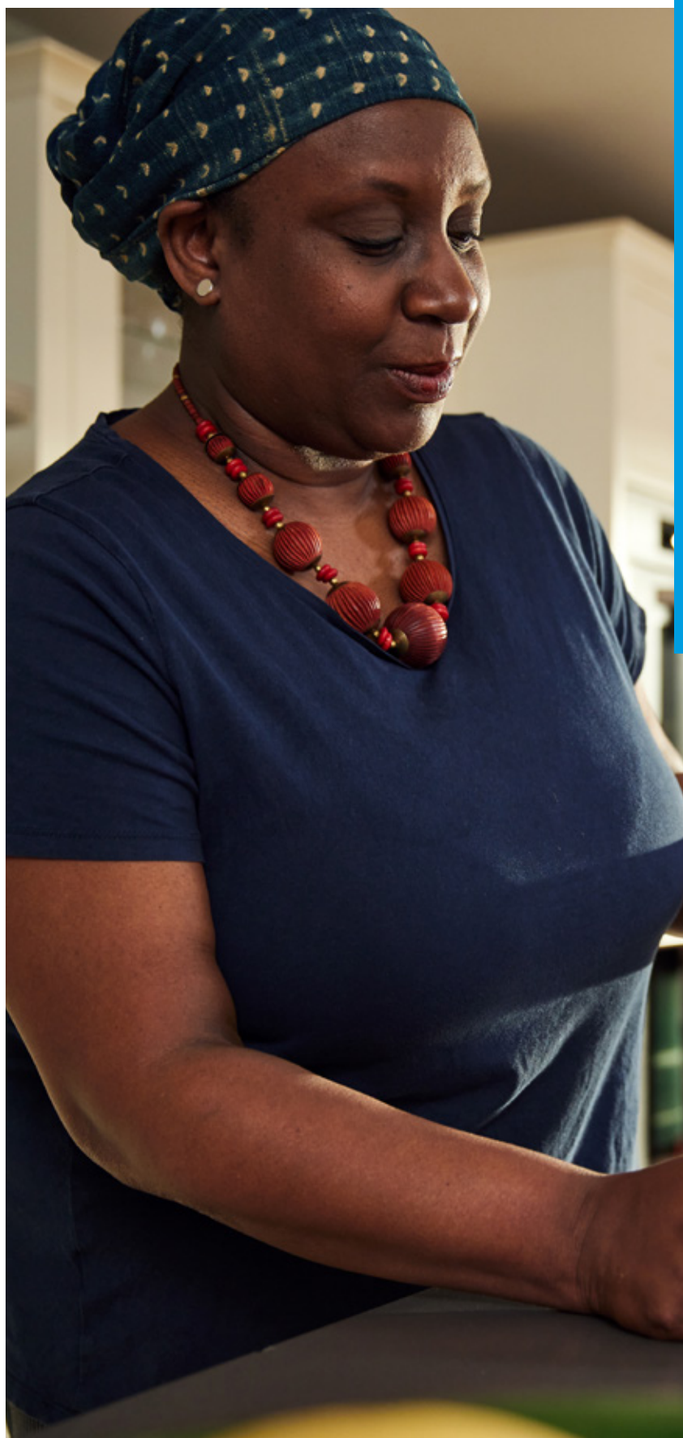
Figure 1. Proportions of people cooking less and eating cheaper food by deprivation quintile

Eating a healthy balanced diet is important for everyone living with diabetes. A healthy balanced diet that is low in saturated fat, sugar and salt with healthier carbohydrates such as wholegrains, fruit and vegetables and unsweetened dairy foods is important for managing diabetes, overall health, and reducing the long term complications of diabetes such as cardiovascular disease. Being able to cook and eat fresh and nutritious food is also a significant driver in preventing obesity and reducing the risk that people will develop type 2 diabetes.

But the amount of money that someone has in their pocket directly dictates what food people can afford to buy. Analysis of the UK Government's Eatwell Guide, the diet required to meet nutritional needs, found that households in the lowest income quintile would need to spend 43% of their disposable income on food to meet these costs in 2020-21.[22]

It's likely that even more households are now struggling to meet these guidelines and eat healthy diets which meet their nutritional needs, and that eating healthily amidst record food inflation is taking up a greater share of income. Despite the importance of fresh and nutritious food to manage and prevent diabetes, too many people are struggling to access food, and to afford to buy and prepare healthy meals when simply eating must take priority.

Without urgent and long-term intervention which supports people to afford the basic essentials of energy and nutritious food, too many people with diabetes will be left struggling to manage their condition and put at avoidable risk of developing potentially serious complications.



"We're really struggling to make ends meet and I believe the current cost of living is having a detrimental impact on my diabetes, which is why my blood sugars are going up. The easiest way to save money is to start buying more basic food, which often has more fats and sugars in it. You can't afford to pay attention to food labels when you're watching the pennies."

Diabetes UK supporter living with type 2 diabetes

FEELING THE SQUEEZE

How rising prices are squeezing budgets and reducing people with diabetes' ability to live well and stay healthy.

With the costs of essentials increasing, too many people with and at risk of diabetes are facing a budget squeeze which is reducing their capacity to live a healthy life.

Many households around the country are now finding that once they have paid for their essential bills there is nothing left to give. 10.9 million people are behind on household bills, an increase of 3 million people since March 2022.[23] In the financial year ending 2022, the median household disposable income fell by 0.6%. This fall was even starker for the poorest fifth of people, who saw their disposable income fall by 3.8%.[24] People living in the lowest income groups are now spending two-thirds of their income on essentials such as food and energy, compared to people in the highest income groups who are spending half of their income on essentials.[25]

For people living with diabetes struggling to make ends meet, this is money which could otherwise be spent to help manage their condition and live healthy lives, and support people to manage their risk of type 2 diabetes. Where people can't make ends meet, they're having to turn to borrowing to make up the shortfall and adding an extra burden to their health.

> **"Most of our income is going on fuel at the moment. Due to my health problems, I'm home all day and wrapped up in blankets to cut back on the heating. The only heating in the house is a gas fire, so we usually just stay in the one room to keep the cost of that down as well."**
>
> Diabetes UK supporter living with type 2 diabetes

Compared to people who haven't cut back, people with or at high risk of diabetes who have cut back on essentials are:

7.8x

more likely to have borrowed money to pay for food or energy bills.

4.5x

more likely to have also cut down on sports or fitness spending.

2.1x

more likely to be worried about the cost of transport.

2x

more likely to be worried about their job security.

Living well

Rising costs are causing people to cut back on wider measures which can help manage their diabetes or their risk of developing type 2 diabetes, particularly for modifiable risk factors. For instance, being able to participate in sports clubs, join a gym or travel to spaces such as parks and leisure centres where access and cost are a barrier.[26,27] Our survey has shown that physical activity is a significant area where people with and at risk of diabetes have been cutting back.

1 IN 5

people at high risk of developing diabetes have been worried about sports and fitness costs.

1 IN 6

people with diabetes have had to cut down on or stop spending altogether on fitness and sports activities.

Being able to engage in physical activity such as structured fitness and leisure activities, or living in an environment with easy access to green spaces such as parks can support people to manage their risk of developing type 2 diabetes.[28] There is also evidence to suggest that exercise can help manage type 1 and type 2 diabetes.

For people with type 1 diabetes, physical activity has been shown to improve cardiorespiratory fitness, insulin sensitivity, lipids, endothelial function, strength and well-being and reduce insulin requirements.[29]

For people with type 2 diabetes, research has shown that regular exercise training reduces HbA1c,[30,31,32,33] with the reduction comparable to that observed with the addition of noninsulin antidiabetic drugs.[34] Regular exercise training has also been shown to improve insulin sensitivity, lipids, blood pressure, other metabolic parameters, and cardiorespiratory fitness, even without weight loss.[35]

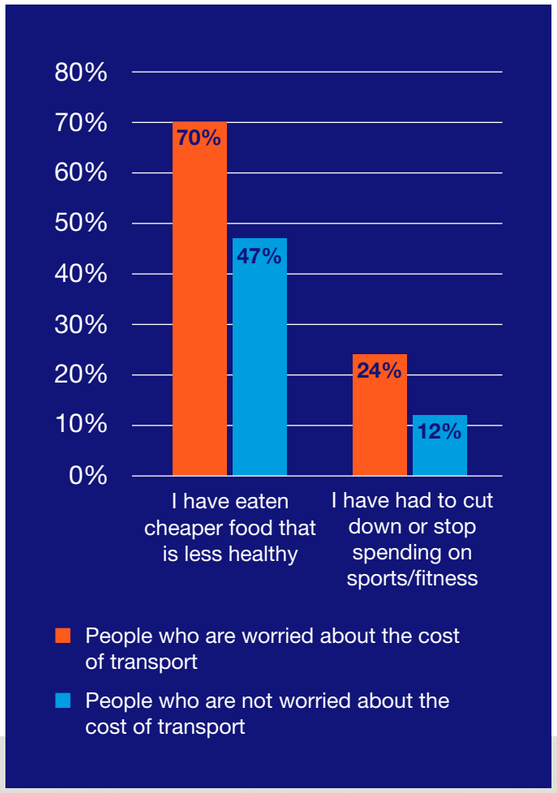
People living in the most deprived areas are already less likely to have sufficient access to green spaces where they can engage in physical activity.[36] This means that being able to participate in sports clubs, join a gym or travel to spaces such as parks and leisure centres can be vital in helping people, including those at high risk of developing diabetes, to stay healthy.[37]

Staying active isn't the only area where we are seeing a lack of disposable income stop people from living well. Being unable to afford to travel entrenches inequality and impacts health. For people living in the most deprived areas who are less likely to be in walking distance from green spaces, travel costs represent a significant barrier to being able to participate in physical activity and access healthy food.

1 in 3 people said that they're worried about the cost of transport, rising to nearly 2 in 5 people living in the most deprived areas and 2 in 5 people receiving means-tested benefits.

People who said they were worried about transport costs are also more likely to have purchased cheaper and less healthy food, and to have cut down on fitness and sports activities – painting a wider picture of these broader circumstances.

Figure 2. Proportion of people who are worried about transport costs who are also cutting back on healthy food and fitness



People living with diabetes are already two to three times more likely to experience poor mental health than the general population.[38] Having a mental health problem in addition to a physical health problem has been shown to worsen health outcomes, increase the risk of complications and can increase the cost of care by an average of 45%.[39]

Poverty also worsens mental health.[40,41] This is reflected in our research finding that that 54% of people living in the most deprived areas said that stress and anxiety has negatively affected how they manage their diabetes compared to 35% of people in the least deprived areas. Directly supporting people with the rising cost of living is vital to addressing the wider economic conditions which can worsen mental health and make it more difficult to manage diabetes.

3 IN 5

people with or at risk of diabetes said that they had experienced stress and anxiety which either worsened their mental health or made it harder to manage their diabetes.

Income and borrowing

There is a two-way relationship between health and debt, and research has found that debt can exacerbate health problems.[42] 22% of UK adults reported borrowing more money between January and February 2023, up from 17% between December and January.[43] And concerningly, the rising cost of essentials is also pushing people with diabetes towards borrowing as a way of making ends meet, while simultaneously putting pressure on people's ability to manage existing debt repayments.

Falling behind on payments can have serious health impacts. People with disabilities and health conditions are disproportionately likely to be forcibly moved onto a pre-payment meter by their energy supplier due to energy debts and to experience disconnections as a result. This impacts whether people with diabetes can access refrigerated medication, maintain their blood sugars in the cold, or cook fresh food.[44] When people are left with no choice but to borrow to afford essentials, this further reduces the wider income they have to live a healthy life and entrenches inequality. People who earn less than the living wage, in receipt of means-tested benefits, or who are from a Black or South Asian background are more likely to have had to borrow to make ends meet.

Of people living with and at risk of diabetes:

1 IN 5

are worried about making debt repayments.

1 IN 10

said they have borrowed money to pay for food or energy bills.

3 IN 4

people who have borrowed to afford essentials also said that stress or anxiety related to the cost of living has negatively impacted how they manage their diabetes. This is 1.8 times higher than for people who have not had to borrow money.

Figure 3. Proportion of people who have borrowed money to pay for food or energy by wage, benefit receipt, ethnicity, and deprivation

People with long-term health conditions such as diabetes also often find it difficult to get out of debt due to the impact debt has on health, as well as wider economic barriers. For instance, if it becomes more difficult to work full-time because of worsening health. Having less income available to manage debt repayments can also mean needing to continue borrowing to cover income shortfalls, which means debts which may feel like a small amount can easily spiral out of control.[45]

No one should be in a position where they have no choice but to borrow just to get by, especially when it can mean risking your health. People need adequate support during the cost of living crisis to ensure they have enough money in their pockets to remain healthy.

COSTS OF CARE

Difficulties that people with and at risk of diabetes face accessing diabetes care during the cost of living crisis.

The cutbacks that people are making because of the rising cost of essentials mean it's more important than ever that people with and at risk of diabetes have access to routine care and support from healthcare providers to manage their condition, avoid complications such as diabetic foot disease, strokes, and heart attacks, and receive appropriate support.

But people are struggling to manage the added costs involved in diabetes care at a time when squeezed incomes make it more difficult to live well. NHS treatment, and prescriptions in Wales, Scotland and Northern Ireland, may not come with a cost, but travelling to appointments, paying for parking, buying supplies, and self-funding diabetes technology can all cost money. Even where diabetes technology may be funded by the NHS, it can still come with costs such as requiring a Bluetooth enabled smart phone to check readings, or needing internet access to use all the features of a device such as sharing readings with a family member or carer.

These costs add up, and can quickly become out of reach when budgets are tight and bills become a priority.[46]

Costs associated with diabetes care

1 in 5 people with diabetes or who have been told they are high risk of developing diabetes said they have had to cut back on costs directly linked to managing their diabetes day-to-day. This includes cutting back on self-funded tech, hypo treatments, and avoiding appointments due to the cost of travel.

Our findings align with research conducted by HealthWatch finding that people are increasingly avoiding appointments because of costs.[47] Being unable to travel to appointments is disproportionately impacting people living in the most deprived areas, who are also three times more likely to use public transport for essential travel.[48,49]

"The cost-of-living crisis has really affected us as a family, especially with the food bills going up and the additional costs around caring for our son. His pump needs adhesive patches and he's had awful skin reactions over the last month or so, as he's allergic to plasters. The money I'm spending on different creams and sprays to help with this are all little things that mount up and add to that extra expenditure."

Parent of a child with type 1 diabetes

9%

of people with type 1 diabetes and 7% of people with type 2 diabetes are no longer able to fund diabetes technology.

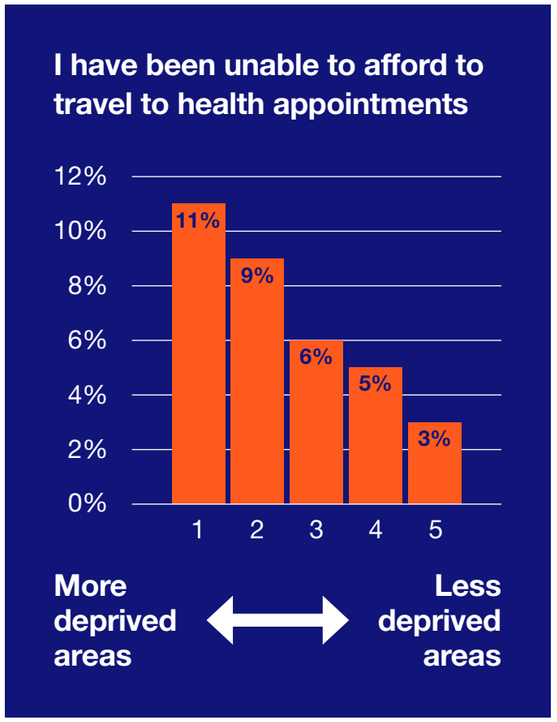
11%

of people in the most deprived areas have been unable to attend medical appointments because of the cost of travel.

20%

of people with type 1 diabetes have cut down on hypo treatments.

Figure 4. Proportion of people unable to afford to travel to appointments by deprivation quintile



People with diabetes living in England, Wales and Northern Ireland should receive the eight 'care processes' recommended by The National Institute for Health and Care Excellence (NICE) and the nine Scottish Intercollegiate Guidance Network (SIGN) processes in Scotland, including blood sugar measurement (HbA1c), foot checks, and blood pressure monitoring.[50,51] These regular checks are crucial for early identification of risks and informing the care and treatment required to prevent devastating and costly complications. Not being able to afford to attend appointments means going without vital care while already struggling to manage living with diabetes.

Compared to people living in the least deprived areas, people living in the most deprived areas are more than twice as likely (2.2x) to say the cost of living is negatively impacting their ability to manage their condition to a great extent. And 1.7 times more likely to say they cut back on a cost directly related to managing their diabetes such as hypo treatments or funding technology.

It's therefore particularly vital that people living in the most deprived areas can afford to attend health appointments so that they receive support to manage their condition, and so any complications can be identified early and treated.

Compounding inequality

Diabetes does not affect people equally. Inequalities are evident in the care and treatment options to people living with all types of diabetes and their health outcomes. The prevalence of type 2 diabetes is higher among people in more deprived areas, who also experience poorer access to care and treatment, and therefore worse outcomes.

In 2022, 71% of people living in the most deprived areas of England who faced difficulties managing their diabetes attributed a lack of access to care and support with their diabetes healthcare team as the reason for this, compared to 63% of the general population of people with diabetes surveyed.[52] In Scotland, compared to people living in the least deprived areas, people living in the most deprived areas are more likely to have no record of retinal screening or HbA1c testing in the previous 15 months, and people with type 1 diabetes spend fewer years free from complications.[53,54]

Care processes dropped off significantly under the coronavirus pandemic.[55] People living in the most deprived areas were nearly twice as likely to have had no contact with their diabetes healthcare team since the beginning of the pandemic than those in the least deprived. Data from 2021 to 2022 also shows that the proportion of people in England and Wales receiving all eight care processes, and all nine care processes in Scotland, is still far behind where it was pre-pandemic.[56,57] Additionally, there is evidence of a drop off in people being diagnosed with type 2 diabetes and consequently being "sicker" when they do receive a diagnosis, either through experiencing complications and illness or being diagnosed in an emergency state in hospital.[58]

People not being able to access care when they are already struggling to stay on top their diabetes or manage their risk of type 2 diabetes risks embedding and compounding these problems and placing a further avoidable burden on the NHS. To prevent this from creating long-term health scarring in this way, NHS services must be able to signpost patients to support such as travel reimbursement schemes, and have the support to do this properly through an adequate workforce and proper funding. The NHS must also have the resources to provide adequate care and outreach to withstand any long-term increases in the rates of diabetes complications and diagnoses as a result of the cost of living crisis.

CONCLUSIONS AND RECOMMENDATIONS

Income adequacy lies at the heart of the issues which we are seeing people with and at risk of diabetes struggling with.

The cost of living crisis isn't only going to create financial scarring. There is a serious risk it will also create long-term health scarring as rising bills and reduced disposable incomes make it harder for people to manage their diabetes, and more people experience the deprivation which can increase their risk of developing type 2 diabetes.

Too many people with and at high risk of diabetes cannot afford to cover the cost of essentials. This is coming at the cost of cutbacks which immediately impact their health – like sacrificing food to afford to keep the heating on or switching off fridges containing insulin. And rising household bills also mean that people have less disposable income available to spend on living well. This is being further squeezed where people are left with no choice but to borrow to afford essentials.

Many people with diabetes are also having to to cut back on other essentials for managing their condition, such as hypo treatments and travel to appointments due to costs and becoming more unwell in the process.

The people who are particularly struggling to manage their diabetes and are subsequently seeing their health impacted are disproportionately likely to be living in the most deprived areas, be earning below national living wage, and to be in receipt of means-tested benefits. Without urgent intervention, these health inequalities will be entrenched even further, worsening the nation's health.

We need action to ensure everyone with and at risk of diabetes has the money in their pockets to afford the essentials and live healthy lives – not just simply survive.

1. Ensure social security is enough to cover the cost of living

One of the most direct routes to addressing health inequalities stemming from insufficient incomes is government ensuring that the benefit system is fit for purpose, and guaranteeing that means-tested benefits are sufficient to cover essentials even as prices increase.

Government must also commit to investigating measures to ensure the social security system offers adequate and timely support, and explore measures to guarantee that the standard rate of Universal Credit is sufficient to cover the cost of essentials no matter what. As part of this, Universal Credit and legacy benefits must be also treated in the same way as non-means tested benefits and be guaranteed to rise in line with inflation rather than wages. This would give people struggling to get by certainty that they won't face a real-terms cut to their income, and limit the extent that their budgets are squeezed.

2. Make sure people with diabetes have protection against disconnection

Energy providers must ensure that people with diabetes are protected from disconnection, and that this information is made clear and upfront. Failure to do this is putting too many people with diabetes in dangerous positions when they struggle to afford their energy bills. The Priority Services Register (PSR) is inconsistently promoted by energy providers, and it is not made clear that diabetes is a condition which is eligible for the PSR. Energy providers must ensure they are doing all they can to support people to sign up to the PSR, and make it clear that diabetes entitles households to access to the PSR.

Too many vulnerable people are also being forcibly disconnected from their energy supply when they struggle to pay. This includes households with people with diabetes who are reliant on having heating and electricity to stay healthy. We welcome Ofgem commanding suppliers to pause forced prepayment meter (PPM) installations until they consistently obey the code of practice, but people with diabetes deserve certainty. Energy suppliers must protect vulnerable households by permanently ending the practice of forcibly installing prepayment meters. Following the announcement in the March 2023 Budget that prepayment meter customers will no longer be charged more to receive their energy, Ofgem must also investigate wider signposting and support options where people are struggling to pay, and debt advice services must be properly funded to aid this.

3. Guarantee workers a right to paid time off to attend medical appointments

Due to duties under the Equality Act, employers in the UK are not legally required to grant all workers time off to attend appointments. This means there is a patchy and inconsistent landscape of where workers with and at high risk of diabetes are able to attend appointments, and do so without missing out on vital pay.

The Equality Act means that people with diabetes are entitled to paid time off work to attend appointments as a reasonable adjustment. Likewise, anyone eligible for maternity pay is entitled to take paid time off to attend antenatal appointments

recommended by doctors, nurses or midwives. Careful diabetes management is needed during pregnancy, and all pregnant people are entitled to this vital support which can also identify gestational diabetes. But, excluding pregnancy, people who have been told or who may suspect that they are at high risk of diabetes have no such protection, and are reliant on employer discretion.

This can mean missing out on care, support, and diagnoses to avoid losing pay – but which can force people out of the workforce if their health deteriorates from missing out on care.

Workers must have the basic right to paid time off to attend appointments, and employers must be clear where people with diabetes are eligible for this under the Equality Act. This must make sure that as many people as possible can attend appointments which can identify risk and prevent diabetes in a context where less people are able to live well. This should be in conjunction with NHS services offering greater awareness of schemes such as travel reimbursement to support people with the wider cost of attending appointments.

4. Ensure the NHS has the funding and workforce available to support people with and at risk of diabetes

The long-term health impacts facing people with and at high risk of diabetes which we anticipate will come from the rising cost of living will add a significant burden to the NHS. This will require workforce and funding solutions.

Governments across all nations should publish, monitor and review their workforce strategies, as is taking place in Northern Ireland. These must include estimates of how many staff will be needed to keep pace with future demand for NHS services, alongside commitments to provide necessary funding and investment. Recovery of the NHS in England must build on the commitment made in the NHS Long Term Plan to continue to invest in and support the development of specialist inpatient diabetes teams so that all hospitals have adequately resourced diabetes specialist support.

Workforce strategy reviews must include assessing their implementation and ensuring they address the need for a sustainable skilled mental health workforce, and investing in evidence-based prevention and public health measures key for reducing both mental health problems and type 2 diabetes. This must include timely delivery of the Mental Health Workforce Plan pledged by the Scottish Government. In Northern Ireland, progress must also be made on delivering the commitment from 2016's Diabetes Strategic Framework, for a systematic and robust method of auditing on diabetes prevalence and care, to ensure workforce planning is in line with need.

Across all nations, workforce planning must also take account of the rise in the numbers and complexity of needs of people living with diabetes which we have seen in recent decades, and which we anticipate will be exacerbated by the cost of living crisis and the legacy effects of the pandemic. It must be accompanied by investment in a wide range of roles to support primary care and ensure that all health care professionals have a basic level of diabetes education.

To deliver the best outcomes for people with diabetes, care must be integrated and connected between primary care, specialist services in the community, mental health services and in hospitals.

5. Expand on the success of the Soft Drinks Industry Levy

The government should expand on the enormous success of the Soft Drinks Industry Levy (SDIL), which has reduced sugar intake across all socio-economic groups without leading to a fall in sales. The UK must expand this model to fix the broken food environment and make the healthy option the most affordable and accessible option for everyone.

We would urge the extension of the successful SDIL model to design fiscal measures that incentivise industry to manufacture healthier food and drink options. A reduction of 216 calories every day, the equivalent of a 500ml bottle of cola, would halve levels of obesity in the UK by the end of the decade. Through only small reformulations to select products, it is possible to remove 38 calories per person, per day, the equivalent of 1 billion calories across the whole UK population, a fifth of the way to the target.[59]

6. Ensure Free School Meals provision is consistent across the UK and increase and expand Healthy Start

Revenue raised from the SDIL should continue to be allocated to funding policies to make healthy food more affordable and accessible. Mechanisms should be explored about how this could be expanded in Northern Ireland, and on a UK-wide basis it must be widened to include revenue from other fiscal measures aimed at industry reformulation. This should include expanding access to free school meals, breakfast clubs, healthy start vouchers, and breastfeeding support.

At a minimum, all children growing up in households in receipt of Universal Credit must be entitled to a free school meal. Ensuring 800,000 children living in poverty in England get free access to a hot and nutritious meal would bring many benefits including helping reduce their long-term risk of developing type 2 diabetes, and relieving some of the pressure facing families trying to make ends meet amidst soaring food prices. This should form a core strategy from governments across the UK to improve on the more generous income cap in place in Northern Ireland, and keep pace with progress made in Scotland and Wales in committing to expand free school meal provision to all primary school aged children.

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