

Article

The impact of winter pressures on different population groups in Great Britain: 15 to 26 February 2023

In-depth analysis on how increases in the cost of living and difficulty accessing NHS services have impacted people's lives during the winter period.

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1 . Main points

When comparing the latest period (15 to 26 February 2023) with the period from 22 November to 18 December 2022, we found the following.

- New data (15 to 26 February 2023) showed that 16% of adults reported experiencing very low or low food security, that is, they were unable to afford enough food to lead a healthy life (food-insecure).
- Adults significantly more likely to be classified as food-insecure included those who had moderate-to-severe depressive symptoms (42%), were economically inactive but not retired (35%), were unemployed (30%), or had at least one dependent child (26%).
- This period, significantly more adults (21%) were eating food past its use-by date (previously 18%) to save money on food because of increases in the cost of living.
- This period, there was a drop in those reporting being occasionally, hardly ever, or never, able to keep comfortably warm in their home in the past two weeks (20%, previously 24%).
- However, as in the previous period, those experiencing moderate-to-severe depressive symptoms (47%, previously 44%), living in the most deprived areas in England (37%, previously 36%) or aged 16 to 29 years (30%, previously 33%) were significantly more likely to report difficulty keeping warm.
- Among adults taking prescription medication and paying for it, 10% reported taking less medication to save on prescription costs (previously 7%), with those aged 16 to 29 years (24%), those economically inactive but not retired (20%) and those experiencing moderate-to-severe depressive symptoms (19%) significantly more likely to report this.
- Around 1 in 5 (19%) adults reported needing to contact their GP practice but deciding not to, with adults experiencing moderate-to-severe depressive symptoms (37%), those living in the most deprived areas in England (30%) and women (23%) significantly more likely to report this.
- Among those who decided not to contact their GP practice when needed, the most common reasons given were thinking the wait for an appointment would be too long (56%), being unable to contact their GP practice at the times required (26%) and being worried about the burden on the NHS (24%).
- The most common actions adults took after deciding not to contact their GP practice were managing the condition themselves (57%), seeking advice on the internet (22%) and seeing a pharmacist (14%).

2 . Overview of the impact of winter pressures

As the winter comes to an end, this article examines how increases in the cost of living and difficulties accessing NHS services have affected adults in Great Britain in this period (15 to 26 February 2023), compared with the period from [22 November to 18 December 2022](#), overall and across population groups.

In this article, we use quotes from respondents to illustrate our findings and [confidence intervals](#) to assess whether two comparable estimates are [statistically significantly](#) different. Where we find a significant difference, this is explicitly stated. In certain cases, we are unable to draw out existing differences between some groups because of small sample sizes. See [Section 7: Data sources and quality](#) for more information.

3 . Impacts of the increase in the cost of living

This has been the toughest and most worrying winter of my life so far, [I] have never been this poor and cold and hungry before and really worried things will get worse and I will lose my home as bills will increase too much for me to afford

(Male, age 53 years)

Food insecurity

My general anxiety has got worse, possibly because I've been skipping meals. I feel trapped in poverty despite working long hours and it's frustrating to be like this at my age. As a single person supporting my ill daughter, the emotional and financial strain is immense

(Female, age 54 years)

Food insecurity is the inability of households to acquire enough food to lead a healthy life. This period, we adapted the six-item module of the [United States Department of Agriculture's food security survey \(PDF, 214KB\)](#) to identify adults experiencing food insecurity. This module measures households' ability to afford enough food and balanced meals (see the [Glossary](#) for a detailed description of the module).

Among all adults, 84% were classified as food-secure (high or marginal food security), while 16% were classified as food-insecure (7% very low and 9% low food security). Adults who were significantly more likely to be food-insecure included those:

- experiencing moderate-to-severe depressive symptoms (42%)
- economically inactive but not retired (35%), or those unemployed (30%)
- living in the most deprived areas in England (31%)

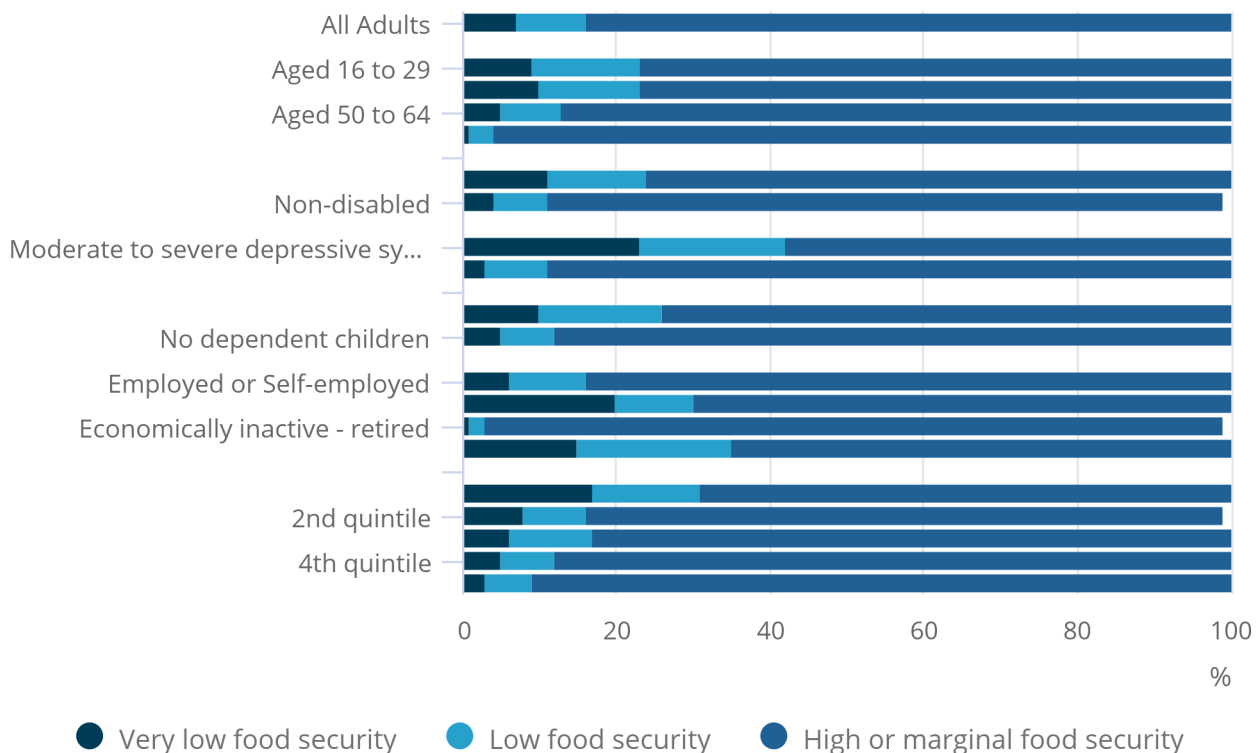
Please note, the present analysis does not allow us to ascertain causality. For example, we are not able to determine whether experiencing food insecurity causes depressive symptoms or the other way around.

Figure 1: Around 1 in 4 (23%) adults experiencing moderate-to-severe depressive symptoms reported very low food security

Proportion of adults across sub-groups, food security, Great Britain, 15 to 26 February 2023

Figure 1: Around 1 in 4 (23%) adults experiencing moderate-to-severe depressive symptoms reported very low food security

Proportion of adults across sub-groups, food security, Great Britain, 15 to 26 February 2023



Source: Winter Survey from the Office for National Statistics (ONS)

Notes:

1. Question: Food security six-items scale (see questions in [Glossary](#)).
2. Base: All adults.
3. See [the related dataset](#) for further breakdowns and all response options.
4. Percentages may not sum to 100% and food security totals may be different from the sum of "very low" / "low" food security estimates because of rounding.

As part of the six-item food security measure, we asked adults if they were cutting down the size of meals or skipping them entirely in the past month; 14% of adults were. We also found that some groups were significantly more likely to report this, including those:

- experiencing moderate-to-severe depressive symptoms (38%)
- living in the most deprived areas in England (27%)
- with at least one dependent child (22%)

This period, significantly more adults (21%) were eating food past its use-by date (previously 18%) to save money on food because of increases in the cost of living.

We also found that less than half of adults reported eating five portions of fruit or vegetables every day (13%) or most days (35%), while over half said they had done this some days (40%) or never (13%). Some groups were significantly more likely to say they never ate five portions of fruit or vegetables a day, including those:

- experiencing moderate-to-severe depressive symptoms (24%)
- living in the most deprived areas in England (19%)
- aged 16 to 29 years (18%)

Some adults also reported that in the past month, not being able to afford enough food had a negative impact on their mental health (13%) or physical health (8%).

Energy insecurity

I'm fed up of being cold at home and in work. When I see the media talking about another Beast from the East I feel distressed

(Female, age 27 years)

Energy insecurity is the inability of a household to meet its basic energy needs, such as heating their home. There was a statistically significant drop in those reporting being occasionally, hardly ever, or never, able to keep comfortably warm in their home in the past two weeks (20%, previously 24%), possibly because of warmer weather in February when the latest survey took place.

As in the previous period, adults significantly more likely to find it difficult to keep warm included those:

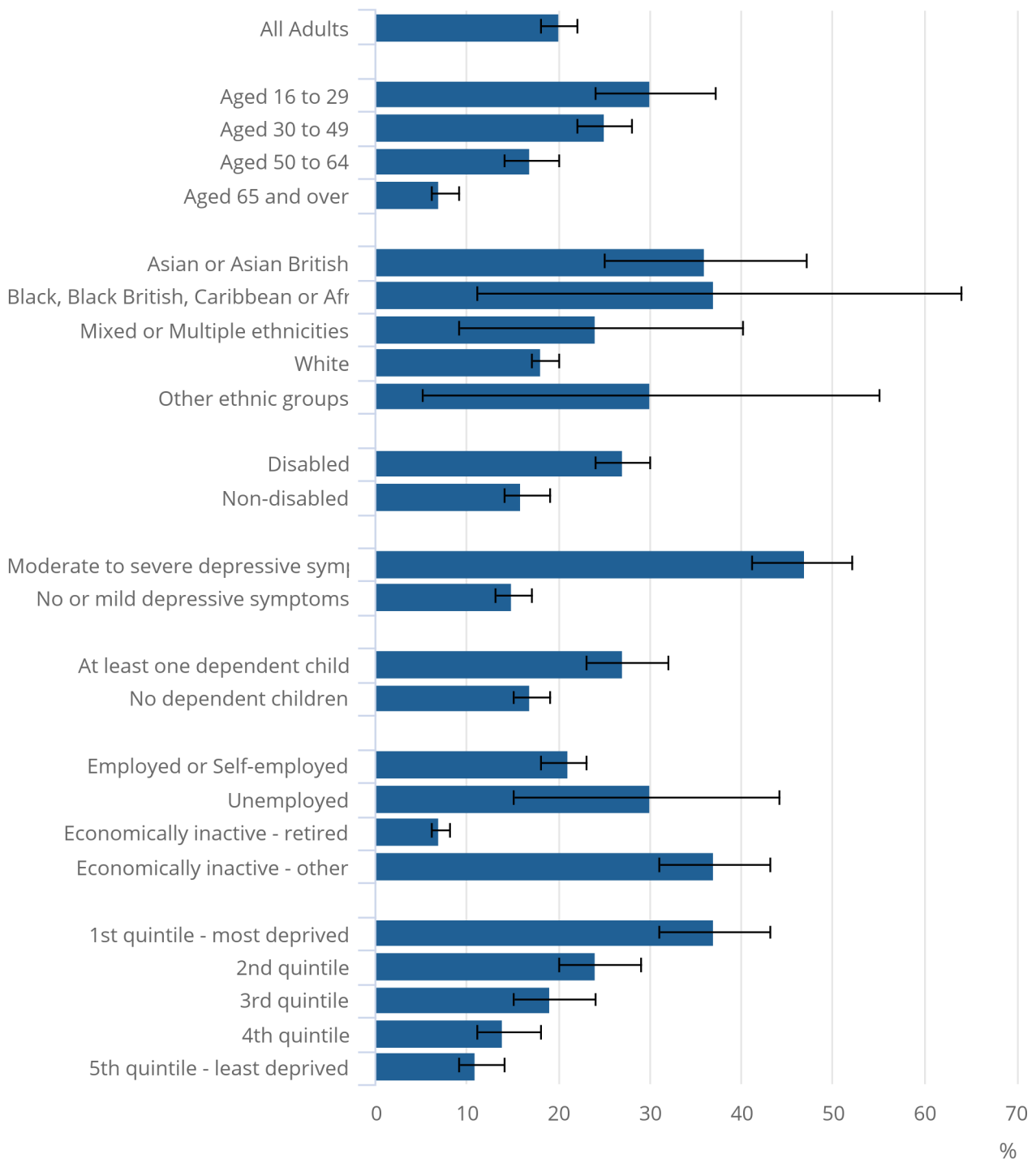
- experiencing moderate-to-severe depressive symptoms (47%, previously 44%)
- living in the most deprived areas in England (37%, previously 36%)

Figure 2: Younger adults were significantly more likely to report difficulty keeping warm (30%) than those aged 65 years and over (7%)

Proportion of adults across sub-groups, occasionally, hardly ever or never able to keep comfortably warm in their home in the past two weeks, Great Britain, 15 to 26 February 2023

Figure 2: Younger adults were significantly more likely to report difficulty keeping warm (30%) than those aged 65 years and over (7%)

Proportion of adults across sub-groups, occasionally, hardly ever or never able to keep comfortably warm in their home in the past two weeks, Great Britain, 15 to 26 February 2023



Notes:

1. Question: "In the past two weeks, how often were you able to keep comfortably warm in your home?"
2. Base: All adults.
3. See [the related dataset](#) for further breakdowns and all response options.

Adults also reported that in the past month, not being able to afford to heat their home or having to cut back on energy use had a negative impact on their mental health (24%) or physical health (19%).

Medication adherence

Over half (54%) of adults said they were taking prescription medication. Among those who pay for their prescription, 10% reported taking less medication to save on prescription costs, previously 7%.

Adults who were significantly more likely to take less prescription medication included those:

- aged 16 to 29 years (24%)
- economically inactive but not retired (20%)
- experiencing moderate-to-severe depressive symptoms (19%)

4 . Access to NHS services

Because of delays with GP and Hospital I am still suffering with my illness and have got into trouble with my employer because of my sickness record. I have had to resort to borrowing money to pay for private consultation to see if I can resolve the pain I am in...

(Female, age 31 years)

NHS waiting lists

NHS waiting times [or] lists are too long. I am waiting for skin cancer surgery, it has taken me 6 months to get on a 6 to 8 months waiting list

(Male, age 52 years)

Around 1 in 5 (21%) of adults reported they were waiting for a hospital appointment, test, or to start receiving medical treatment through the NHS (previously 21%). Among these, 20% reported waiting for over a year (previously 19%). Adults significantly more likely to report waiting for NHS treatment included those:

- with a disability (41%)
- experiencing moderate-to-severe depressive symptoms (35%)
- economically inactive but not retired (33%)

Additionally, 20% of adults reported having had a medical appointment cancelled or delayed in the past month.

Most commonly, those waiting for NHS treatment reported that, in the past month, waiting had negatively affected their:

- well-being (61%)
- ability to exercise (41%)
- mobility (36%)

Moreover, 19% reported that waiting for NHS treatment had affected their work. Among these adults:

- 51% reported changing the tasks they do
- 25% reported reducing their working hours
- 19% reported not going for promotion or training opportunities

Adults also reported waiting too long for a hospital appointment, test, or treatment had a negative impact on their mental (10%) and physical health (10%) in the past month.

Please note, our estimates are based on self-reported data and may therefore differ from other data sources. For administrative data on NHS waiting lists, visit [NHS England](#), [NHS Scotland](#) or [NHS Wales](#).

GP practice access

I've tried to make an appointment for my son's pre-school injections but I've been unable to contact the GP surgery as the phone lines are too busy and the online system is always temporarily unavailable when I try to access [it]

(Female, age 39 years)

In this period, we asked adults about their experiences of trying to make an appointment with a General Practitioner Medical Doctor (GP), a Practice Nurse or other member of the practice team.

Around a third (35%) reported needing to make an appointment at a GP practice in the past month. Among these adults, 37% said it was easy or very easy to make an appointment and 43% reported it was difficult or very difficult.

Adults also said that in the past month, waiting too long for a GP appointment had a negative impact on their mental health (12%) or physical health (13%).

Additionally, 19% of adults reported needing to contact their GP practice in the past month, but deciding not to. Adults significantly more likely to not contact their GP practice included those:

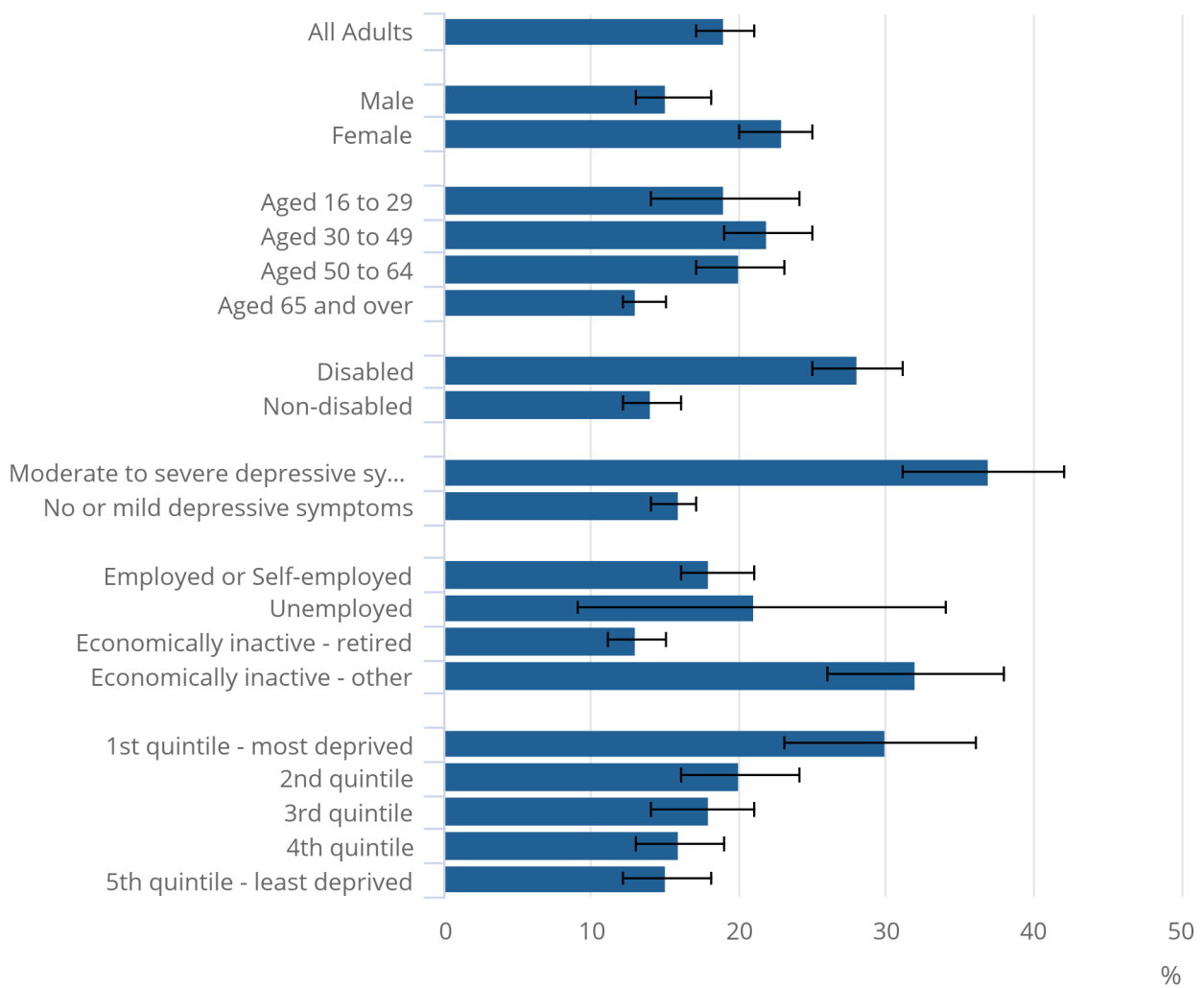
- experiencing moderate-to-severe depressive symptoms (37%)
- economically inactive but not retired (32%)

Figure 3: Women (23%) were significantly more likely than men (15%) to have not contacted their GP practice when they needed to

Proportion of adults across sub-groups who needed to contact their GP practice in the past month, but decided not to, Great Britain, 15 to 26 February 2023

Figure 3: Women (23%) were significantly more likely than men (15%) to have not contacted their GP practice when they needed to

Proportion of adults across sub-groups who needed to contact their GP practice in the past month, but decided not to, Great Britain, 15 to 26 February 2023



Source: Winter Survey from the Office for National Statistics (ONS)

Notes:

1. Question: "In the past month, have you needed to contact your GP practice to make an appointment, but decided not to?"
2. Base: All adults
3. See [the related dataset](#) for further breakdowns and all response options.

The most common reasons for not contacting a GP practice when needed were:

- thinking the wait for an appointment would be too long (56%)
- being unable to contact the GP practice at the times required (26%)
- being worried about the burden on the NHS (24%)

The most common actions taken instead of contacting a GP practice were:

- managing the condition themselves (57%)
- seeking advice on the internet (22%)
- seeing a pharmacist (14%)

5 . Impact of winter pressures on adults in Great Britain data

[The impact of winter pressures on different population groups in Great Britain: impacts of the cost of living on behaviours and health](#)

Dataset | Released 30 March 2023

Indicators from the Winter Survey related to the impact of the cost of living on health and health behaviours.

[The impact of winter pressures on different population groups in Great Britain: GP practice access](#)

Dataset | Released 30 March 2023

Indicators from the Winter Survey related to access to GP practices, barriers to making appointments with GP practices, and actions taken when faced with those barriers.

[The impact of winter pressures on different population groups in Great Britain: NHS waiting lists](#)

Dataset | Released 30 March 2023

Indicators from the Winter Survey related to NHS waiting lists, and the wider impacts of being on an NHS waiting list.

6 . Glossary

Dependent children

A dependent child is any person aged 0 to 15 years in a household (whether in a family or not), or a person aged 16 to 18 years in full-time education and living in a family with their parent(s) or grandparent(s). It does not include any people aged 16 to 18 years who have a spouse, partner or child living in the household.

Disabled adult

To define disability in this publication, we refer to the "core" definition set out in the [Government Statistical Service \(GSS\) harmonisation guidance](#). This identifies a "disabled adult" as a person who has a physical or mental health condition or illness that has lasted, or is expected to last, 12 months or more, and that this reduces their ability to carry out day-to-day activities.

Economic activity

"Employed or self-employed" does not include people on government training schemes. The Winter Survey does not ask whether a person is on a government training scheme, so caution should be taken when comparing these figures with other labour market sources.

The "economically inactive - retired" and "economically inactive - other" categories represent people who are not in employment but are not defined as unemployed because they have not been seeking work within the last four weeks, and/or they are unable to start work in the next two weeks. The "economically inactive - other" category may, for example, include people who are studying, have caring responsibilities, or are disabled.

Ethnicity

The ethnicity disaggregation used has been chosen to provide the most granular breakdown possible, while producing robust estimates based on sample sizes, in line with the [GSS Ethnicity Harmonised standard](#).

The five-category ethnicity breakdown includes:

1. Asian or Asian British: Bangladeshi, Chinese, Indian, Pakistani, or any other Asian background
2. Black, Black British, Caribbean or African: African, Caribbean or any other Black, African or Caribbean background
3. Mixed or Multiple ethnic groups: White and Asian, White and Black African, White and Black Caribbean, or any other Mixed or Multiple ethnic background
4. White: White British, White Irish or Other White
5. Other ethnic group: Arab or any other ethnic group

If respondents answered "Don't know" or "Prefer not to say" to the question, they are excluded from this analysis.

Food security

We adapted the six-item module of the [United States Department of Agriculture's food security survey \(PDF, 214KB\)](#) to measure food security.

The module comprises the following questions:

1. In the past month, how regularly have you or your household run out of food and could not afford to get more?
2. In the past month, how regularly have you or your household not been able to afford to eat balanced meals?
3. In the past month, did you or other adults in your household ever cut down the size of your meals or skip meals because there was not enough money for food?
 - 3.1. In the past month, how many days did this happen?
4. In the past month, did you ever eat less than you felt you should because there was not enough money for food?
5. In the past month, were you ever hungry but did not eat because there was not enough money for food?

Respondents were told "A balanced meal can include a combination of fruit, vegetables, pulses, meat or fish, starchy foods such as pasta or rice, and dairy".

Responses of "often" or "sometimes" on questions 1 and 2, "yes" on 3, 4, and 5 and responses of "3" or more on 3.1 are considered affirmative. The sum of affirmative responses to the six questions in the module is the household's food security score. A score of 0 to 1 is categorised as high or marginal food security, 2 to 4 as low food security and 5 to 6 as very low food security.

If a respondent answered "Don't know" or "Prefer not to say" to every question in the module they were excluded from the analysis.

Index of Multiple Deprivation

The [Index of Multiple Deprivation](#), commonly known as the IMD, is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area).

Deciles are calculated by ranking the 32,844 small areas in England, from most deprived to least deprived, and dividing them into 10 equal groups. These range from the most deprived 10% of small areas nationally to the least deprived 10% of small areas nationally. For this analysis, to ensure robust sample sizes, we have further grouped deciles into quintiles (five equal groups).

Moderate-to-severe depressive symptoms

We use the two-item version of the [Patient Health Questionnaire \(PHQ-2\) \(PDF, 131KB\)](#) to identify adults with depressive symptoms, to have a better understanding of the impact of winter pressures on these adults. Respondents were asked the following questions, and were presented with four response options ranging from 0 (not at all) to 3 (nearly every day):

- Over the last two weeks, how often have you been bothered by having little interest or pleasure in doing things?
- Over the last two weeks, how often have you been bothered by feeling down, depressed or hopeless?

A "depressive symptoms" score was then derived by summing both responses chosen, resulting in a score ranging from 0 to 6. A person's PHQ-2 score sits in one of two categories:

- no to mild symptoms: this refers to a PHQ-2 score of between 0 and 2 (inclusive)
- moderate to severe symptoms: this refers to a PHQ-2 score of between 3 and 6 (inclusive)

If respondents answered "Don't know" or "Prefer not to say" to either of the questions, they are excluded from this analysis.

7 . Data sources and quality

This release contains data and indicators from the Office for National Statistics (ONS) Winter Survey. Further breakdowns, and associated confidence intervals for the estimates, are contained in our [related datasets](#).

Sampling and weighting

In the latest wave (period 15 to 26 February 2023) we sampled 5,630 adults who had previously completed the ONS Opinions and Lifestyle Survey (OPN) between 22 November 2022 and 8 January 2023 and consented to participate in the Winter Survey. The responding sample for this period contained 4,494 individuals, representing an 80% response rate. Please note, the previous period's sample was made up of adults who completed the OPN from 22 November to 18 December 2022, so some individuals were included in both samples.

Survey weights were applied to make estimates representative of the population (based on ONS population estimates). Further information on the survey design and quality can be found in our [Opinions and Lifestyle Survey Quality and Methodology Information](#).

8 . Related links

[Tracking the impact of winter pressures in Great Britain: 18 to 29 January 2023](#)

Article | Released 27 February 2023

Insights from our Winter Survey, examining how cost-of-living rises, and difficulty accessing NHS services are affecting people during the winter months.

[Characteristics of adults experiencing energy and food insecurity in Great Britain: 22 November to 18 December 2022](#)

Article | Released 13 February 2023

Understanding the characteristics associated with experiencing energy and food insecurity; logistic regression analysis using data from the Winter Survey.

[The impact of winter pressures on adults in Great Britain: December 2022](#)

Article | Released 15 December 2022

First insights from our new Winter Survey providing monthly updates on how increases in the cost of living and difficulty accessing NHS services are impacting people's lives during the autumn and winter months.

[Public opinions and social trends, Great Britain: 8 to 19 March 2023](#)

Bulletin | Released 24 March 2023

Social insights on daily life and events, including the cost of living, working arrangements and well-being from the Opinions and Lifestyle Survey (OPN).

[Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022](#)

Article | Released 6 December 2022

Analysis into the prevalence of depression among adults in Great Britain in autumn 2022. Exploring this in the context of the rising cost of living.

[Impact of increased cost of living on adults across Great Britain: September 2022 to January 2023](#)

Article | Released 20 February 2023

Analysis of the proportion of the population that are affected by an increase in their cost of living, and of the characteristics associated with financial vulnerability, using data from the Opinions and Lifestyle Survey.

[Cost of living and higher education students, England: 24 October to 7 November 2022](#)

Bulletin | Released 23 November 2022

Experimental statistics on the behaviours, plans, opinions and well-being of higher education students related to the cost of living. From the Student Cost of Living Insights Study (SCoLIS).

[The cost of living, current and upcoming work: February 2023](#)

Article | Released 8 February 2023

A summary of ONS's current and future analytical work related to the cost of living.

9 . Cite this article

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