

There are around 40,000 excess winter deaths in the UK every year and the underlying cause is exposure to cold.

Most of these deaths are unnecessary and can be prevented if people keep warm both indoors and outside. **Keeping warm outside** needs a combination of warm clothing and being physically active. **Keeping warm indoors** needs a combination of adequate heating, insulation and ventilation to ensure comfortable temperatures and humidity levels.

**Thousands more people could survive the winter if they no longer lived in cold, damp homes.** Illness, mainly from cardiovascular and respiratory diseases, could also be substantially reduced. Those living in the private sector can now be helped by generous grants that are available to improve heating and insulation of the poorest homes. However, those most in need are often the least likely to know about the grants and the least likely to claim them.

The average household can achieve savings of around £250 a year by a combination of energy efficiency measures including **improved heating, insulation**, and using **energy efficient appliances**.

# You can help!

Reproduced from the *Fuel Poverty and Health Toolkit*, produced by the **National Heart Forum**, the **Eaga Partnership Charitable Trust**, the **Faculty of Public Health Medicine**, **Help the Aged** and the **Met Office**.

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**Fighting fuel poverty ...**

# Helping people stay warm

**fuel poverty**  **health**

# How you can help

You can help fight fuel poverty simply by:

- **knowing** which diseases and conditions are related to cold homes
- **recognising** who is vulnerable
- **listening** to what your patients tell you, and
- **using** your own observations about their home.

You can then refer your patients (or they can self-refer) to your local home energy efficiency scheme which will give them advice on how to reduce fuel bills and whether they are eligible for a grant. Grants are available for cavity wall insulation, loft insulation, draught-proofing, high efficiency gas boilers, and energy-saving heating controls.

“It’s great to be able to offer practical assistance in this way. Previously I would visit homes and think, ‘If only these were warmer, my clients would feel a lot better.’ Now I can make a long-term difference to their living conditions.” **Health visitor, Birmingham**

# Fuel poverty checklist

Use this *Fuel poverty checklist* to look for signs of fuel poverty among your patients.

## Diseases and conditions related to cold homes

- Asthma
- Chronic bronchitis or emphysema
- Coronary heart disease
- Stroke and TIAs
- Worsening of long-term conditions in the winter
- Falls and accidents
- Slow recovery from illness

## Increased vulnerability to the cold

- Older people
- Children
- Disabled people
- Those with a long-term medical condition

## What your patients tell you

- Home is usually too cold.
- Home is draughty.
- Says that fuel bills are too high.
- Owes money for fuel.
- Uses prepayment meter to avoid running up debt.
- Stays in bed to keep warm.
- Sits with hot water bottle to keep warm.
- Wants to stay in hospital because it is more comfortable.

## What you notice when you visit

- The home feels cold.
- The home feels draughty.

- The home smells of damp.
- No visible form of heating.
- The only heating is electric fires, fan heaters, oil-filled radiators or bottled gas.
- Only one room is heated.
- Home-made draught-proofing.
- Ventilators have been blocked up or covered.
- The person wears lots of clothes indoors.
- Curtains are closed in the day to keep in the heat.
- There are signs of damp such as:
  - pools on window sills
  - mouldy patches around windows, outer walls, ceilings or upper corners of upstairs rooms.

## Action

- ✓ Fill in the one-page referral form. (Or the patient can self-refer.)
- ✓ Leave a thermometer card for your patient.
- ✓ Leave a customer leaflet from your local scheme for their information.
- ✓ It may be helpful for your patient to know that referral to the scheme does not affect their eligibility to state benefits.

## What happens next?

- The local scheme will make contact with your patient to assess the level of assistance that can be given.
- The scheme manager will let you know the outcome of the referral.

The *Fuel Poverty Checklist* is based on a checklist produced by Warm and Well.