

UNISON Car Mileage Survey Report – October 2022

Introduction

Over the summer UNISON conducted a survey of members working in community health trusts around required workplace car mileage and their reimbursement rates. This was in response to the cost-of-living crisis and members raising fuel costs and static car mileage reimbursement rates as a major factor causing increased financial burden.

This complemented a survey we also undertook directly with branches to establish how frequently our activists are being approached for support and where employers were willing to enter in to local negotiations.

Summary

Numerous responses described members having to make savings in other areas of their lives to fund necessary workplace mileage; that mileage reimbursement is failing to cover fuel costs, let alone wear and tear; members considering leaving or changing their jobs, so they no longer have to bear the cost of workplace mileage; and the impact on the whole team as inadequate car mileage reimbursement schemes are contributing to the recruitment and retention issues in community roles.

91% of respondents said they are being impacted by increases in the cost of driving and 94% no longer feel that their car mileage reimbursement rate is covering the cost of driving. Members feel so strongly about this that 95% of respondents took the time to describe in feedback boxes the how they are being affected.

What it means for members

“I am losing money by using my own car – petrol prices have risen so much my mileage [rate] paid does not cover it. Therefore, I am struggling to afford food, bills & petrol.

I am starting to feel that I should find work elsewhere so that I am not losing money to be at work.”

This response from a low paid member illustrates the situation for many members who completed our survey. She is using her own car to drive between 3,000-4,000 miles per year for work, as it is a requirement of the job.

Our member survey showed that the overwhelming reason for members using their own car is because it is a requirement of their job (95%) to do so. People also said they use their

own car because public transport was not available either at suitable times or in the required areas (24%) or they need to carry heavy or dangerous equipment (18%). For some it was about personal safety (8%) and only 1% said it was because purely because they prefer to do so.

Some respondents gave answers related to their health and workload pressures – using a car enables staff to travel more quickly and see more patients:

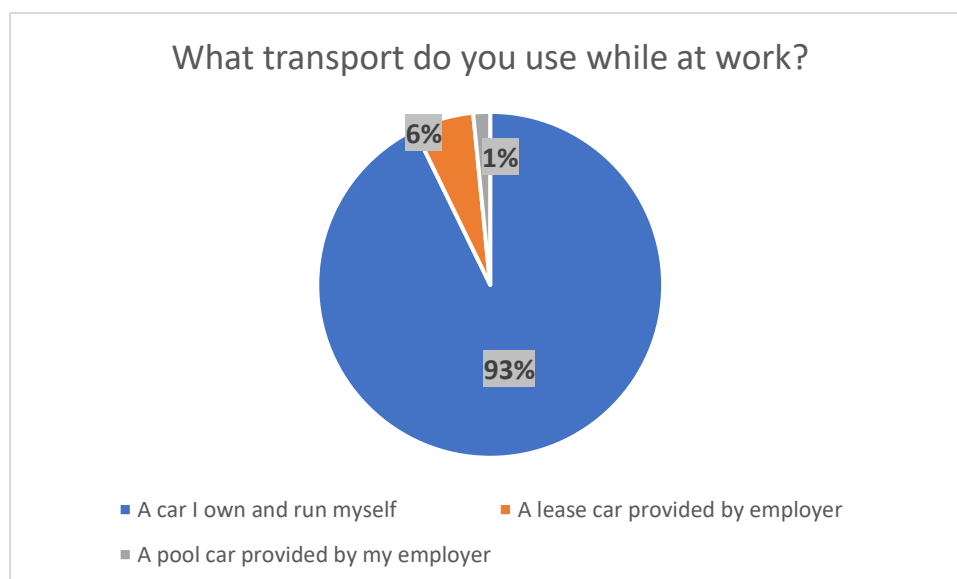
“There are times when I need to travel to get to patients with very little notice, crisis intervention”

“I wouldn't have time to do my visits if I didn't use a car”

The scale of the impact of using a car for work is clear from our branches, two thirds of which who are hearing from upset and anxious health workers at least once a week. Nearly 8 out of 10 branches are in active discussions with employers to seek solutions.

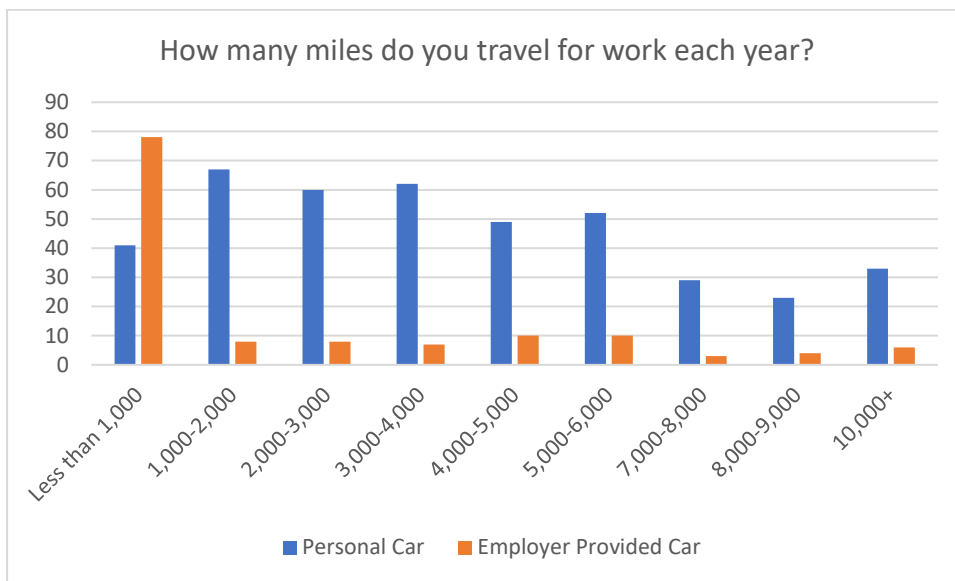
Currently, 46% of our branches told us that their trusts do not provide any alternative travel options leaving staff with little choice but to use their own cars for work. More positively though, some employers (43%) now provide access to pool cars and/or staff travel passes for some staff.

Furthermore, as shown in the chart below, nearly all members who need to travel while at work, have to use their own car (93%), 5% have an NHS lease car, with only 1% having access to a pool car. We did include other options (such as using a hire car, public transport, cycling and walking) but these were all lower than 1%.



We also asked how many miles members are travelling each year and split this into 1,000-mile brackets. Using their own car, 9% of members are travelling less than 1,000 miles, but the bulk of the responses are spread predominantly across the options 1,000 up to 6,000 miles per year. Almost half (44%) of members driving are more than 4,000 miles per year, taking them onto the lower NHS reimbursement rate.

As shown below, the number of miles travelled in an employer provided car were markedly lower – 54% said they do not have any access to an employer provided car. Of those that do, 27% travelled less than 1,000 miles, with responses in all higher mileage groups categories between 1% and 3%.



We asked branches if specific worker groups were disproportionately affected, almost every comment in the text box stated that it was either “community staff/workers” or “lower paid staff” – often both. This is unsurprising in the face of spiralling fuel costs, but is unsustainable, nonetheless.

This is reflected in our member survey – with more than half (54%) employed at Band 4 (£26,000) or lower – 91% of respondents said they are feeling the impact of increases in the cost of driving and 94% no longer feel that their car mileage reimbursement rate is covering the cost of driving.

“I am finding it increasingly difficult to fuel my car. My account is overdrawn as I write due to the last fuel I purchased. I have spoken to the team in charge of financial well-being. I am not able to even feed my kids, I have been borrowing from friends to put food on the table. I am finished, I work yet I cannot keep up with the running of my home.”

(Band 3 member, travelling 10,000+ miles per year in lease car, driving is a requirement of the job)

The real cost of motoring

Some member quotes were genuinely upsetting and are a very real reminder that behind these statistics are people's lives and livelihoods:

"I am getting into debt to do the job I love. I'm not sure how long I can continue to be a district nurse financially. I am having to put 75% of the cost of fuel on a credit card, [which] I don't have the money to repay. I now can no longer afford to drive for pleasure e.g., seeing family."

(Band 5 member, travelling 10,000+ miles per year in personal car, driving is a requirement of the job, there is no suitable public transport available, and they need to carry heavy or dangerous equipment)

Time and again, members said their car mileage rates are leading them to question how long they can continue to stay in their current job:

"The cost of fuel is having a massive impact of my mental health as I'm struggling to get through each month without going into my overdraft. This is resulting in me experiencing stress and anxiety. I'm looking for a new job as I can't afford to continue with my community job due to fuel going up and my fuel allowance not changing."

(Band 3 member, travelling 4,000-5,000 miles per year in personal car, driving is a requirement of the job)

While also highlighting how car mileage rates are exacerbating ongoing recruitment and retention challenges:

I am a Community Healthcare Support Worker, on a lower salary, currently working at a loss in order to keep patients safe and cared for in the Community. My petrol allowance I put aside has doubled. I love my job but unfortunately will have to leave the NHS as I can't afford to carry on working at such a loss. Also, vacancies within teams cannot be filled in community as the cost of petrol puts people off, therefore, putting added pressure on already exhausted staff to cover extra visits with more extra mileage!!!

(Band 3 member, travelling 3,000-4,000 miles per year in personal car, driving is a requirement of the job)

Negotiating for improvements

Our branches told us that 67% of employers are paying the NHS rates and 15% are paying HMRC rates. In addition, 17% of our branches said that they have negotiated a local deal to increase the NHS rate. This is a significant increase from the previously reported 8% at the start of the summer. However, it is still not enough, and is clearly leading to disparities

across the sector, both in terms of those trusts who are now implementing improved local agreements and in the varied nature of the local agreements that are being implemented.

The information branches have shared with us, shows that local agreements follow one of two models:

- the extension or removal of the 3,500-mile threshold, thus maintaining the 56p per mile for longer or indefinitely, or;
- increasing the amount paid per mile, either below and above 3,500 miles or above 3,500 miles only.

Conclusion

The results of these surveys demonstrate:

1. Mileage rates aren't covering the cost of motoring to deliver patient care,
2. It impacts on the personal lives of NHS staff who are struggling,
3. This mainly affects low paid community staff,
4. This makes recruitment and retention more difficult, which will impact on patient care,
5. Employers are struggling to implement local solutions. More is therefore needed from Government.

This supports and illustrates the importance of UNISON's call to increase the HMRC non-taxable car mileage rates and for NHS reimbursement rates to be increased nationally – rather than leaving each employer and UNISON branches to negotiate local improvements.