The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the Department for Culture, Media, and Sport, and the Office for Civil Society call for evidence on the approach to the forthcoming Loneliness Strategy.

RCGP is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

Executive Summary

3. RCGP is increasingly concerned by the growing body of evidence around the negative health impact of loneliness. As such the RCGP recently published a five-point Loneliness Action Plan that made key recommendations of the Government including providing all GP practices with access to social prescribing, the provision of better data sharing protocols between health, local government and the voluntary sector, and the creation of databases of local projects that could help tackle loneliness.

4. Loneliness and social isolation cannot be fixed with a ‘catch all solution’ from one organisation or group of professionals; the problem requires a societal response. It is important that we do not fall into the trap of ‘medicalising’ the problems of social isolation and loneliness, however we recognise that medical conditions are linked with experiences of both.
5. RCGP also recognise that when a person is experiencing social isolation and loneliness, they are less likely to access available services. GPs and their teams, alongside other community stakeholders, can play a vital role in helping those experiencing loneliness and social isolation.

6. RCGP, through its membership of GPs has experience working with: young people (up to the age of 25); people in poor health; carers; unemployed people; bereaved people; and other groups including the elderly, vulnerable and frail.

7. RCGP further has experience of institutional and organisational changes that support social relationships in health; and the provision of education, training and evaluation of impact in primary care.

**Social prescribing and person-centred care**

1. RCGP proposes that a holistic approach to care delivery is central to effectively tackling loneliness in primary care settings. The person-centred care approach gives people more choice and control in their lives by providing an approach that is appropriate to the individual's needs. It involves a conversation shift from asking 'what's the matter with you' to 'what matters to you'.

2. Loneliness is not a medical condition, and nor is it a condition that can be treated in isolation, and it often needs to be treated in conjunction with addressing other issues that an individual may be facing.

3. Social prescribing has been shown to have significant potential for patients with loneliness as one of their issues. That is why the RCGP is calling for all GP practices to have access to a dedicated social prescriber/link worker.

4. The implementation of social prescribing requires a trained individual who can support the social prescribing and the health coaching to improve patient activation and health literacy, and therefore needs to be more than active signposting.

5. Additional funding is therefore needed to fund more staff working between primary care and the voluntary sector. New funding for infrastructure, resources and support is also required to ensure there are sufficient staff with the requisite skills in care navigation and health coaching to be able to support the individuals in need.

6. RCGP’s recent report with Citizens Advice, *Advice in Practice* found that GPs in England and Wales estimate that 19% of their appointments concern non-medical issues. Of these, 65% relate to social isolation.

7. The report focuses on the use of integrated services in primary care settings (i.e. Citizens Advice Bureau services in practices) to deal with these non-clinical issues and it concludes very positive results of this – 72% of GPs said there was a positive effect on the overall care for patients and 61% of GPs said there were positive effects on the number of repeat visits about the same non-clinical issue.

**Limiting factors on the effectiveness of social prescribing**

1. Social prescribing can only be effective when there are sufficient resources for primary care and the voluntary sector, or else social prescribing becomes active signposting and loses its impact.

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1 RCGP and Citizens Advice, *Advice in practice: Understanding the effects of integrating advice in primary care settings*, 2018
2. Without health coaching, patient activation, and health literacy, the benefits of social prescribing are circumscribed and the social prescribing may result in no improvement in outcomes.

3. If loneliness is tackled in isolation without considering the holistic care and patient condition, the patient is not fully able to benefit. Delivering care through a person-centred process includes a consideration of all clinical diseases and social conditions to fully treat the individual which has been demonstrated to have the most impact.

4. Furthermore, evidence from our recent Advice in Practice report categorised GPs into three groups based on how they referred patients to advice services: (1) using a co-located outreach in the surgery, (2) those who used referral pathways, (3) those who only signposted patients. The group of GPs who used co-located outreach advice services were more positive about the effects of advice than those who used other methods.

5. Therefore this could indicate that the co-location of social prescribers or link workers within GP practices would be the most effective way for GPs to refer patients facing loneliness to the appropriate services.

6. The biggest challenge to developing effective and integrated services within the primary healthcare setting are developing strong working relationships and a service model that works for health providers, practice staff and patients.

**Challenges of impact assessment**

1. Currently, impact measurement is isolated by geography, and poorly funded, limiting the quality of evidence that can be obtained. Timeframes for measuring impact of projects are short, thus making longitudinal impact studies impossible.