A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections

RESPONSE FROM RCGP SCOTLAND

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. Its objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

In our following response, we have opted to provide broader comment on the initial three questions posed within this consultation paper.

Question 1: What needs to change in your community to reduce social isolation and loneliness and increase the range and quality of social connections?

Loneliness and social isolation cannot be addressed by 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 the profound impact that loneliness and social isolation can have on a person’s health and wellbeing. We also recognise that when a person is experiencing social isolation and loneliness, they are less likely to access services that are available in their communities. GPs and their teams, alongside other community stakeholders, can play a vital role in helping those experiencing loneliness and social isolation.

GPs and their teams undoubtedly provide a crucial community touchpoint in Scotland, with 88% of respondents to the Scottish Government’s Health and Care Experience Survey 2017/18 reporting that they had contacted their GP practice in the last 12 months. They therefore play an important role in identifying patients at risk of loneliness and social isolation. However, in many cases it is not immediately evident that a patient is lonely and indeed this information is often only disclosed after a relationship of trust is established between a GP and their patient. Such relationships take time to develop and often cannot be established in a ten-minute consultation period. RCGP Scotland has consistently called for an end to 10-minute consultations, which in many cases are not fit for purpose, to ensure
that more time is available, if required, for these important conversations to develop. In terms of the general practice community, we believe that abolishing 10-minute appointment times will help to allow these often difficult, initial conversations to take place and vital relationships of trust to be formed.

Although providing enough time for GPs to spend with their patients within a consulting room is an important step to identifying those patients who are suffering from loneliness and social isolation, we recognise that prescribing medication will never serve as an ultimate solution to social isolation and loneliness. In GP practices situated in areas with high levels of deprivation, the introduction of Community Links Workers has provided an important link between the GP practice and services within the local community. Community Links Workers are placed within GP practices and GPs can refer patients to them in order for the Community Links Workers to help patients connect with local services. Community Links Workers are able to spend more time with patients than GPs and can provide more holistic support to those who require it. For instance, Community Links Workers can carry out activities such as accompanying patients to an initial meeting of a local support group, if it is felt to be beneficial. Feedback from the GPs working within Deep End practices who have Community Link Workers based within their practices has been extremely positive. RCGP Scotland would like long-term analysis to be undertaken into the effectiveness of the Community Links Workers programme on patients’ wellbeing. If this programme is found to have a positive impact on improving wellbeing and reducing social isolation and loneliness, the programme should be rolled out to GP practices across Scotland for this purpose. We believe that analysing the effectiveness of programmes that are already in place before radical changes are implemented within communities.

RCGP Scotland recognises that a cultural shift is required in terms of the way in which society considers the problems of loneliness and social isolation. These experiences are often considered as issues which primarily affect older people, however recent research has shown that this is not the case. A study from the Office for National Statistics (ONS) highlights that in England, those in the 16-24 age group are most likely to experience loneliness and social isolation. Other groups in society also have a higher chance of experiencing loneliness and social isolation, such as young mothers and those living in areas of high deprivation, and local service provision must be reflective of those groups who are most in need. We would also like to see the establishment of a national database of voluntary sector projects and schemes to tackle loneliness, to help ensure people can access relevant information and support for their needs.

**Question 2: Who is key at local level in driving this change, and what do you want to see them doing more (or less) of?**

RCGP Scotland has consistently called for improvements in the interfaces that exist within and between different areas of health and social care. These transition points are recognised as being areas of high risk for patient safety and often lead to increased levels of frustration for clinicians and patients alike. RCGP Scotland recognises the important role that GPs play within communities and understand that staff working within GP practices can act as a key source of information for patients who are experiencing loneliness and social isolation. However, we also recognise that many of the same problems that exist at the interfaces within health and social care also exist in many communities between local services and GPs. Both GPs and local services have a role to play in improving the quality of these relationships, however in order for GPs to work closely with local partners and
develop these relationships they need protected time within their working week to do so. The new General Medical Services Contract (nGMS) promises one session, equating to five hours, per month for each practice as protected time for Continuous Professional Development (CPD) activities. While any protected time for CPD activities is to be welcomed, it is clear that GPs are experiencing considerable pressure and require more protected time for their own development and enhancement of wellbeing. RCGP Scotland would like to see enough time built in to a practitioner’s week to ensure that they can carry out all CPD activities and their appraisal requirement and paperwork within their working week. Increasing the protected time available to GPs for CPD would be of advantage to GPs, their patients and local community services as time could be spent fostering important relationships within the local community.

Aside from GPs, local Government and Integrated Authorities (IAs) are an appropriately placed vehicle to implement and drive meaningful change in communities. Councils and IAs play a crucial role in ensuring that the correct services and organisations exist within communities to meet local population needs. It is important that preventative action is taken to deal with loneliness, although we recognise that a ‘one size fits all’ model is wholly inappropriate considering that the experiences and causes of loneliness differ from one person to the next.

GP surgeries undoubtedly provide an important community touchpoint. However, staff working in other services such as local businesses, Post Offices and pharmacies also provide vital interactions for those who are experiencing loneliness and social isolation. It would be helpful to develop a ‘gold standard’ for staff working in these organisations, in terms of identifying and dealing with social isolation and loneliness. Promoting a ‘gold standard’ of dealing with loneliness and social isolation across all organisations functioning as community touchpoints, would help to empower those working within these services to help those experiencing loneliness and social isolation.

**Question 3: What does Government need to do nationally to better empower communities and create the conditions to allow social connections to flourish?**

We recognise the link between living in poverty and feelings of loneliness and social isolation, as highlighted in this consultation paper. RCGP Scotland is committed to improving health inequalities and we have been clear GP practices based in areas of high deprivation should receive proportionately higher levels of funding. We believe that this will go some way to help tackle the inverse care law, which means that those living in higher levels of deprivation are less likely to be able to access the health care that they require, and ensure that those who most require health services are able to access them.

Third sector organisations provide a huge source of support for many patients and clinicians alike, particularly those working in deprived areas, yet their funding is often not sustained over time. RCGP Scotland is committed to tackling the inverse care law and has consistently called for practices serving populations with higher levels of deprivation to be provided with proportionately higher funding. However, we also recognise that GPs alone cannot provide the solution to tackling burgeoning health inequalities, and that we are heavily reliant on our third sector colleagues to provide support to our patients, particularly around issues such as literacy; debt and employment advice; benefit appeals; counselling services and many more crucial areas.
We have been clear that the funding cycles of third sector organisations should be reviewed to ensure that these organisations are put on a more financially stable footing, allowing them to more easily recruit and retain staff, and build on the often, long-established relationships of trust within marginalised communities. By ensuring the longer-term stability of crucial community organisations, the Scottish Government will enable these organisations to continue to provide vital support within communities across Scotland.

The ability to access local services is a challenge for many groups in Scotland. A well serviced and accessible transport network is key to promoting social inclusion and has a major role to play in tackling loneliness. The Scottish Government must do all that it can to ensure that the ability of older and disabled people, the frail and those living in socio-economic deprivation to travel freely is protected and where possible, enhanced. As well as providing access to local community and healthcare services, transport also allows people to access Scotland’s natural resources, such as forests and beaches. The health benefits that come from spending time in these free, community assets are considerable and must be promoted. The easy availability and accessibility of transport is of course also a key concern of those living in remote and rural areas.

Engaging in social interactions online is a major source of support for those who are socially isolated and experiencing loneliness, as well as for those working to support these groups. RCGP Scotland recognises the problem of poor connectivity which blights many areas of Scotland. From a general practice perspective, there are still many instances of doctors working on the ground without internet access or mobile phone signal when visiting often vulnerable and patients with complex needs in the community, meaning that it is impossible for them to access even the simplest online tool to assist with those patients. The issue of poor connectivity is not one that is limited to rural communities, with colleagues working in towns and cities also citing similar problems. RCGP Scotland recognises that in order for socially isolated people to participate in online social interactions, basic broadband infrastructure must be available to all communities.

Finally, the Scottish Government must ensure that at a national level, the development of policies in all areas takes into consideration the impact on loneliness and social isolation. Impact assessments across policy areas should be considered as a means by which to achieve this and would be reflective of the need for a societal response to be implemented to address the problems of loneliness and social isolation.

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