Royal College of General Practitioners

SCOTLAND

Tackling Loneliness

A Community Action Plan

are always or often lonely

The Royal College of General Practitioners is increasingly concerned by evidence which shows that loneliness and social isolation can be as bad for patients as chronic long-term conditions. Loneliness puts people at a 50% increased risk of an early death compared to those with good social connections, and it is as bad for health outcomes as obesity.

Worryingly, loneliness has become a public health epidemic. GPs across the UK see millions of lonely and socially isolated patients each year. Loneliness and social isolation cannot be treated with pharmaceuticals or referred for hospital treatment, yet they must be addressed if GPs are to deliver the best care for patients.

visit their GP in a given year

We believe that treating patients means listening to them and understanding their concerns. It means asking **'what matters to you'**, not **'what's the matter with you'** - focusing on the emotional and spiritual health of patients as well as their physical symptoms. GPs and their teams are an important cornerstone of the community, with 88% of people in Scotland contacting their practice every year. They therefore have a key role to play in identifying people who are chronically lonely or who are at risk of becoming lonely.

Loneliness is the unpleasant feeling we can experience when there is a mismatch between the social relationships we have and those we would like to have.

because they are lonely

All too often, GPs are the only human contact which chronically lonely patients have. Three out of four GPs across the UK say they see between 1 and 5 people a day who have come in mainly because they are lonely. These moments of meaningful connection matter.

Tackling loneliness is about more than medicine and this is why we are launching our action plan to help tackle the problem. We need to ensure GPs and their teams can provide the best possible care to lonely patients.

Scotland Action Plan

GPs need time to care and to deliver person-centred medicine. We're calling for an end to 10-minute appointments, so that GPs can spend a longer, more appropriate time with patients and get to know what really matters to them.

We want to see further high quality, long term analysis undertaken of the Community Links Worker programme, to build on that provided by NHS Health Scotland. Community Links Workers are based in GP practices situated in areas with high levels of deprivation and provide an important link between the GP practice and services within the local community. Social isolation was the second most prevalent issue encountered in Links work, in the pilot managed by the Health and Social Care Alliance Scotland (the ALLIANCE). Only the generic term 'mental health' ranked higher. The rollout of 250 Links Workers across Scotland should be of practice embedded social practitioners with a generalist approach, rather than sole issue workers such as those limited to, for example, welfare rights. Evidence suggests that this programme is effective in combatting social isolation through social prescribing (community based alternatives to medication to improve wellbeing) and building relationships of trust, and that it has marked and measurable positive impact on patients' health and wellbeing. If this evidence continues to prove such efficacy following the currently planned expansion of Link Worker positions, we want to see the programme rolled out to all GP practices across Scotland.

To help make the right connections we want to see a national wiki-style database of voluntary sector projects and schemes to tackle loneliness, to ensure people are matched to the best schemes for their needs. This database needs to be centrally managed, regularly updated and quality assured to ensure clinicians' confidence in the system.

We need to make sure lonely people don't fall through the community's cracks, so we need to develop ways that GPs and their teams, with colleagues in the voluntary sector, can communicate easily and learn from each other.

We want to see sustainable and reliable funding of appropriate third sector organisations within the community. These services are vital to addressing the issues of social isolation and loneliness in communities, however all too often they are funded on a short-term basis and have uncertain futures.

We need to ensure that GPs have the time within their working week to develop and foster relationships with local organisations, for the benefit of their patients. We are calling for increased levels of protected time for Continuous Professional Development (CPD) within GPs' working weeks to help GPs carry out this important work.

We will engage our members in tackling loneliness by providing educational and professional development resources for their practice teams that are relevant to their local area, meaning that people at risk of becoming lonely are identified earlier and are better supported before they become chronically lonely.

As this is about so much more than medicine, GPs can't beat loneliness on their own. We need a national public health campaign to raise awareness of the issue and to encourage everyone to take action to tackle loneliness by checking on their neighbours and getting involved in their local community.

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