Tackling Loneliness

A Community Action Plan

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.

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 provide an important cornerstone of the community. On average, patients visit their GP six times a 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.

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 medical care and this is why we are launching our action plan to help tackle the problem. We need to ensure GPs and their teams are supported to provide the best possible care to lonely patients.

NI Action Plan

GPs need time to care. 10-minute appointments are unfit for purpose, but the extreme pressures on general practice means it can be impossible for GPs to spend longer with patients, getting to know what really matters to them. Northern Ireland should address workload pressures and make longer appointments an option.

It can be hard for people who are lonely to know where to turn for support. That’s why we want to see a dedicated professional for every GP surgery, a “social prescriber” or community navigator so that people who are lonely or are at risk are supported to make the right connections.

We want to see Councils establish a regularly updated database of community and voluntary sector projects and schemes in their area. This will support patients, community navigators and carers to ensure that people are matched to the best schemes for their needs.

We need to make sure lonely people don’t get left behind, so we need to develop links for working between GPs and their teams and the voluntary sector.

We will engage our members in tackling loneliness by providing educational and professional development resources for GPs, meaning that people at risk of becoming lonely are identified earlier.

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

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