



Tackling Loneliness

A Community Action Plan



always or
often lonely

Loneliness and social isolation can be as bad for patients as chronic health 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 medicines, 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 social and psychological health of patients as well as their physical symptoms. GPs and their teams are an important cornerstone of the community, with 85% of the population visiting their GP in any given 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.



Each day,
a GP sees
1-5 patients

because they
are lonely

All too often, GPs are the only human contact which chronically lonely patients have. Three out of four GPs 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 that is why we are launching our action plan. We need an action plan to ensure GPs and their teams are able to work with the wider community to provide the most appropriate care to lonely patients.

Action Plan



It can be hard for people who are lonely to know where to turn for support. That's why we want every GP surgery to be able to access a **“social prescriber”**, so that people who are lonely or are at risk of becoming lonely are supported to make the right connections.



To help make the right connections we want to see local authorities, the voluntary sector, and GPs working together to ensure that there are directories of voluntary sector projects and schemes which highlight opportunities that could benefit those who are suffering from loneliness. Where provision of such schemes is limited, efforts should be made to fill these gaps.



We need to make sure lonely people don't get lost in the cracks of our services, so we need the NHS, local authorities and others to develop better information sharing protocols to ensure that concerns are followed up, and to make connections with services that can help lonely and potentially lonely people.



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, and better supported before they become chronically lonely.



As this is about so much more than medicine, GPs and practice teams can't beat loneliness 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.

#RCGPLoneliness

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