Scottish Parliament Consultation on Age and Social Isolation

RESPONSE FROM RCGP SCOTLAND

The Royal College of General Practitioners (RCGP) is the academic and representative organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

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 over 5100 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.

Comments

RCGP Scotland would like to highlight two of our pilot projects which were supported by the Scottish Government. The final reports for these projects were published in 2014. These projects were Improving Links in Primary Care and Engaging Community Assets. We believe these reports would be of great assistance to you in your consultation process.

There is increasing support for an assets-based, co-produced approach to health and wellbeing in Scotland. General practice is ideally placed as the hub of such a collaborative approach, due to the universal coverage that is unique to general practice (almost all people in Scotland are registered with a single practice). The core remit of general practice is to provide primary medical care and so practice staff are in a prime position to link people to support in the community, whether to combat social isolation or to provide support to access other community services such as walking groups.

1. Prevalence of social isolation in urban and rural settings

RCGP Scotland believes that social isolation can be experienced in both urban and rural areas, and that it is not limited to older members of the community.

During the Improving Links in Primary Care project, the GP practice in Nairn experienced significant challenges due to the rurality of the practice’s location. This presented particular issues for involving patients in community groups. Travelling
to meetings was difficult as not everyone had cars and local public transport was sparse and expensive. Our research also shows that internet access is lower among people who are elderly, socially deprived or based in Scotland’s more remote and rural areas. These issues pose challenges in publicising community support services to combat loneliness and social isolation in remote and rural areas, irrespective of the age of the community member.

The *Improving Links in Primary Care* project also found that those in urban areas were just as likely to experience social isolation due to social, medical or financial issues as rural areas. Financial difficulties could lead to a lack of computer and internet access in both urban and rural areas, limiting access to information resources. Access to community services could also be an issue as although transport may be easily available, a lack of money in the household could limit access to transport and, so, to services.

2. Impacts of social isolation, for instance loneliness, ill-health

The findings of a six-year study recently published in the *Guardian* found that ‘loneliness can be twice as unhealthy as obesity’. Regarding the same research, the *Independent* reported that ‘extreme loneliness can be worse than obesity in terms of increasing the potentially lethal health risks that lead to premature death’. The *Guardian* also refers to similar studies that have ‘linked loneliness to a range of health problems, from high blood pressure and a weakened immune system to a greater risk of depression, heart attacks and strokes’.

3. Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)

The *Engaging Community Assets* project started in June 2012 with the aim of improving GP engagement with their communities by getting both the GP and community to identify local issues and improve some of these using existing social enterprises within the community. Research indicated that there is a connection between a person’s involvement in their community and their wellbeing.

One of the main findings from the *Engaging Community Assets* project was that there was an **underlying issue of social isolation** within all of the issues identified by each of the pilot communities. The project team developed a **model** that could be adopted by other practices in Scotland which could assist them to engage local community assets, focusing on this universal issue initially.

“It’s all part of improving health, getting people who are the sickest more socially active, eating better; it’s just a social health rather than a specifically medical model. It’s more of a biosocial model than a biomedical model, and I think that’s got to be the future. I mean, when you look at the big challenges, chronic illness, ageing, obesity, isolation, we’ve got to look and adapt accordingly” GP Site 4

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), *Improving Links in Primary Care and*
During the Engaging Community Assets project, RCGP Scotland identified that social isolation was a universal issue in the majority of communities. This is not the only issue but it is an issue resulting from or leading to a spectrum of issues. It was realised that social isolation underpinned all of the issues that were identified from both practices in the project. A small number of appropriate social enterprises in each community could then be identified or developed and patients signposted to them. Once this was successfully implemented and the practice was comfortable with the model, they could then consider expanding to different issues and services models.

“I’ve had a chronic illness for years and it means I have ups and downs with my health. I was told about a group for older people like me with health problems. It’s great. I go twice a week, there are a variety of light exercises, from chair exercises to breathing exercises through to walking on a treadmill. It’s good for my health and it gets me out the house. It also means I get to chat with other people and we can share our experiences. Before I was only going to see the doctor or nurse. Now there are other options which are very helpful.” Patient Site 4.

4. Potential ideas for improvement and influencing policy

With the UK’s aging demography, social isolation and loneliness will present an increasing amount of related health and wellbeing issues, and the shift in focus to care in the community demonstrates a need for social enterprises to tackle social isolation.

Patients interviewed during the Improving Links in Primary Care and Communities project spoke of benefits of being signposted to local support, such as reduced social isolation, access to information about child support, financial and benefits advice and an increase in confidence. Patients thought that if a GP spoke about a service and provided clear information about who the group were, what they did and who to contact, they were more likely to make contact. A patient spoke about getting information about a local exercise group from a friend:

“My neighbour was at our GP recently and they spoke again about her weight problem and gave her information on a local Zumba class. She thought this was a bit strange but decided to give it a go as the GP suggested it, so it must be a good thing. She now goes every
week as she really enjoys the class; she has lost weight and feels she has more energy, but the best thing is she is having fun. So I’m going to go along with her.” Patient Site 3.

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), Improving Links in Primary Care and Communities, Edinburgh, Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), September 2014.

5. Effective awareness-raising within communities
During the Improving Links in Primary Care project, practitioners recorded that approximately 15% of consultations identified a patient with a support need who could potentially benefit from local resources. The type of support need identified changed substantially during the course of the project, with increases in identified support needs for mental health, addiction, social isolation, and carers throughout the life of the project.

At the start of the Improving Links in Primary Care project approximately 50% of patients accepted the recommendation of signposting to a local resource but this had increased to 80% six months after the end of the project.

"The big challenge in my experience isn’t necessarily getting people interested in doing things to improve their health…The big challenge is getting them to attend the group in the first place. That challenge lies in the fact that they don’t know about that group or the GP doesn’t know about that group so doesn’t refer. The other big challenge is, a lot of people we see here may be isolated and lack a bit of confidence. In my experience, in the main, once they are there, you’ve got them. Then you can then talk with them, support them and encourage them”. GP Site 4.

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), Improving Links in Primary Care and Communities, Edinburgh, Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), September 2014.

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References

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), *Improving Links in Primary Care and Communities*, Edinburgh, Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland), September 2014.

Royal College of General Practitioners (Scotland), *Engaging Community Assets*, Edinburgh, Royal College of General Practitioners (Scotland), May 2014.