What can NHS Scotland do to prevent and reduce health inequalities? Proposals from General Practitioners at the Deep End
March 2015

https://www.gla.ac.uk/nstitutes/healthwellbeing/research/
WHAT DID GOVAN DO FOR US?
What is the Govan SHiP?
(Social & Health Integration Partnership)

The ‘Deep End’ - significantly lower healthy life expectancy (HLE) for patients living in the most deprived areas than in the least deprived areas; patients who have more complex and multiple conditions; higher levels of patient demand and unmet need and more vulnerable families with children.

The Inverse Care Law - the principle that the availability of good medical or social care tends to vary inversely with the need of the population served.

THE AIMS:

- PERSON CENTRED APPROACH – BASED ON ALL HEALTH & SOCIAL CARE NEEDS, NOT CRITERIA
- SHIFT DEMAND IN PRIMARY CARE
- WORK TO THE TOP OF THE LICENCE
- DEVELOP ANTICIPATORY AND PREVENTATIVE APPROACHES
  - REDUCE FREQUENCY OF USE OF UNSCHEDULED CARE, AVOID OR DELAY HOSPITAL ADMISSION
- PROVIDE IMPROVED SUPPORT FOR CHRONIC ILLNESS
- EVALUATION

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HORIZON 1 SINKING IN THE DEEP END

- Pre-established team working but no strategic support
- Collective memory of working with attached social worker – a positive experience. Loss of organisational memory
- Clunky communication systems – an ongoing frustration
- Fragmented data systems
- GP contract - minimises maternity, paediatric and family health care
- No specific role for GPS in care of vulnerable children & families despite being the ‘hub’ and point of contact for other services / outside agencies
- Vulnerable adults often don’t reach thresholds of service provision. Boundaries to service provision are barriers to access to service
- Very little research to argue our case. GPS don’t write things down, difficult to quantify ‘non events’
- Experience doesn’t seem to count

HORIZON 3 SAILING ON CALM WATERS

- Protected time - case planning
- Professional relationships – face-to-face discussions - blurring the boundaries – all working as generalists,
- Infrastructure - e.g. MDT meetings, JSTs, whole systems approach, 1Y & 2Y care interface, steering group
- Multimorbidity database
- Documentation - minuted meetings, diaries admin support
- Patient engagement
- Research that fits working practices (e.g. evaluation report)
- Bigger picture - links workers, mental health, education, 3RS sector management (understanding budgetary constraints and planning networks)
- Normalising the project work through connectivity, embedded knowledge, knowledge exchange – an ecology of learning
Resources To Get Us To Horizon 3

• Locum GPs
• Social Care Workers (funded directly)
• MDT admin (shared resource)
• Framework - processes / documents/ data (GP & project manager)
• Fusion of Academic and frontline perspectives (middle ground research)
• Core data collection essential (can customise the process)
• Professional enthusiasm! (admin, clinician, managerial, academic)
• Scottish Government support
Data & Evaluation Processes

• CUSTOMISED DATA CAPTURE / EXTRACTION / LINKAGE

• PROJECT CHALLENGES
  • CULTURES / THRESHOLDS / CRITERIA

• EVALUATION CHALLENGES
  • INFORMATION SHARING
  • MIXED ANALYSIS
  • EXTERNAL IMPACTS
  • COLLABORATIVE LEARNING
  • LONGEVITY
Putting It All Together – SHIP MDT

- Workstreams
- Children & Families
- Frail & Elderly
- Unscheduled Care
- Information Management
- Other

- As Required
  - 2y care
  - Education
  - Housing
  - Carer Support
  - Welfare
  - Well being
  - Social isolation
WHO ARE WE LOOKING AT?

- At End December 2016 = 951 currently registered (of 1208 identified) SHIP Patients in practice population of 14,200
- Characteristics, with universal selection, suggests focus is on the ‘right’ people when comparing to the rest of the practice population:
  - Age - greater numbers in 0-14 and 65+ age groups
  - Gender balance - more females (age 15-64), more males (age 45-75)
  - Deprivation (in SIMD1)
    - SHIP = 83% OTHERS = 73%
  - Multi-morbidity (average number of conditions)
    - SHIP = 2.6 OTHERS = 1.3
  - % with 4+ conditions
    - SHIP = 31.5% OTHERS = 10.1%
GP Demand – Still Registered – SHIP

Govan SHIP Project GP Demand

899 People in 4 x six month cohorts

GP Interactions per 1,000 patients in cohort/baseline

-12 -11 -10 -9 -8 -7 -6 -5 -4 -3 -2 -1 SHP1 SHP2 SHP3 SHP4 SHP5 SHP6 1 2 3 4 5 6 7 8 9 10 11 12

Months pre/during/post intervention

Average SHIP cohort Demand

Average non-SHIP Demand
OVERALL PRACTICE DEMAND VS COMPARATOR

**GP Interactions per 1000 patients**

**Govan SHIP practices**

**Comparator practices**
Next Steps

• Continuation

• Short term (to end March 2018)
  • Physiotherapy
  • Pharmacy

• Medium term (April 18 – March 19)
  • Time to prove more
  • Rollout of key principles (cost / no cost)

• Long term (April 2019 and beyond)
  • Wider rollout
  • New GP contract

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CONCLUSION

• SHIP DELIVERED
  • Decrease in GP Demand
  • Right people seen at right time by right person (integration)
  • Decreased patient repeat attendance
  • Incorporated new ways of understanding e.g. ACEs, trauma informed workforce (shifting the horizon)
  Improved recruitment and retention (longevity and stability of General Practice)
  • CREATED EFFECTIVE CAPACITY

• THROUGH
  • System change/ Behavioural change
  • Extended consultations
  • Pharmacy reviews
  • Multi-Disciplinary Team (MDT) working
  • Recreating connections

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The Final Destination
THANKYOU! ANY QUESTIONS?

GPs at the Deep End

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