The Govan SHIP Project is funded by the Scottish Government to improve integrated care for patients living in a very deprived area.

It is based on a general practice cluster comprising the four general practices at Govan Health Centre and serving the 16th, 28th, 30th and 32nd most deprived practice populations in Scotland, with a combined list size of 18,139 patients.

The project involves additional GP and social work capacity, plus support for monthly multidisciplinary team (MDT) meetings to review vulnerable families and frail elderly patients.

Two of the practices also have an embedded community links practitioners (CLP).

The additional GP capacity comprises a 0.5 WTE salaried GP (SHIP locum) for each of the four practices and is used to provide one session of protected time per week for each of the 15 GP partners.

During February 2015, 82% of all patient contact in the practices involved general practitioners (64% by GP partners, 19% by GP registrars, 6% by GP retainees and 11% by SHIP locums).

In 25 protected GP sessions during two weeks in February 2015, 13 GP partners reported 136 activities, including 76 extended consultations with the patient present and 14 sessions viewing 25 case records with the patient absent (an average of about four cases reviewed per GP per week).

Other activities included correspondence, reports, contacts with professional colleagues and attendance at a range of meetings, including child protection case conferences.

The content of extended consultations displays the nature, severity and complexity of physical, psychological and social problems within families and households, which is typical of patients in very deprived areas.

Annex A of the full report (available at http://www.gla.ac.uk/deepend) describes the content and outcomes of the extended consultations and should be read by all who are unfamiliar with the nature of general practice in very deprived areas.

Extended consultations, case record reviews and contact with professional colleagues provided opportunities to take stock, plan and coordinate care, and were hugely valued by the GPs.

The range and complexity of cases required generalist clinical care. Only two cases were referred to a Community Links Practitioner.

Ten months into the SHIP Project, the study shows that addressing unmet need remains the dominant use of additional GP time. Other uses of GP time are developing.

The extended consultations not only provide better planning and coordination of individual patient care; they also provide a basis for driving change through local arrangements for integrated care, based on the needs of patients.

The long term outcomes of extended consultations in the SHIP Project are not known, but are likely to be similar to the outcomes and cost-effectiveness of the Care Plus Study.

It is not known whether, or how often, extended consultations need to be repeated.

This small study provides a snapshot of the use of additional GP time as part of the Govan SHIP Project. Follow up and further evaluation are needed.