Patterns of Health Care Use of Frequent Attenders at Very Deprived General Practices in Glasgow

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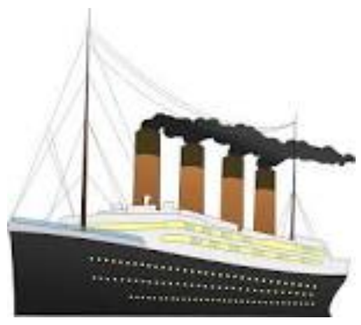

- **Glasgow has stark health inequities, both within the city and compared to other cities with similar deprivation; so called the "Glasgow Effect" [1]. The rates of multimorbidity are increasing and occur 10-15 years earlier in deprived areas [2].**
- **The Deep End Project was set up to consider what general practitioners, working in the 100 most deprived areas in Scotland, can do to address heath inequalities [3]. The Govan Social and Health Integrated Partnership (SHIP) is a Deep End Project, set up on 1st April 2015 at four General Practices which serve the 16th, 28th, 30th and 32nd most deprived practice populations in Scotland [4]. The integration is with social care and also includes hospitals and other stakeholders, such as the third sector. Patients are offered targeted interventions (table 1).**

Aims

1. To describe the health care contacts, in one year, of a representative sample of patients who are frequent users of health care at each of the four Govan Health Care Practices; including the balance of primary/ secondary and scheduled/ unscheduled care.
2. To describe the allocation of SHIP project interventions to these frequent users.
3. To assess the potential impact of SHIP interventions on health care use.

Methods

- 400 patients were sampled, comprising a representative third of those who consulted the GP 12-16 times in 2014 and were alive for the whole of 2015.
- Data from 1st January 2015 to 31st December 2015 were collected.
- Data were collected, on patient demographics, primary care contacts and extra workload and SHIP involvement, from primary care records (EMIS).
- Data were collected on scheduled secondary care, unscheduled care and community care from the secondary care records (Docman).

Results

- **40%** of patients were aged **45-64 years old** and **66**% females.
- **50%** of patients were prescribed an antidepressant.
- **72%** of health care contacts were primary care, **19%** secondary care and **9%** unscheduled care.
- **85%** of primary care contacts (n=5,462) were with GPs.
- There were on average **11** GP consultations, at the practice or home, per patient in 2015, lower than 2014 (**15**).
- Two thirds of unscheduled care required no further action.
- Separate IT systems for community care prevents information sharing about the frequency of contacts. The most common community contact was mental health services (**21%** patients).
- **50** sample patients (13%) were in SHIP, (**6%** of all SHIP patients).
- **43** SHIP patients (86%) had between **1-3** SHIP interventions.
- **6** SHIP patients (12%) had **54%** of SHIP unscheduled OOH, NHS 24 and A & E care.
- **4** SHIP patients (8%) had **66%** of SHIP unscheduled emergency admissions.
- Patients who had SHIP extended consultations had less unscheduled care (2 contacts per patient) than those who did not (4).
- **2** practices had a SHIP Community Link Practitioner and **56%** SHIP patients in those practices had 1 or more CLP contact.
- **76%** of SHIP MDTs were for patients also receiving palliative care.

Table 1: Illustrating the SHIP interventions.

SHIP Intervention	Number of patients (n= 50) **(% of all SHIP patients)**
Extended consultation	7 **(6)**
Additional house calls	3 **(6)**
Referrals (to social work, health visitor or voluntary service)	16 **(10)**
Social worker contact	9 **(8)**
Community link practitioner contact (social prescribing: improve links between practices and community resources)	15 (611 contacts)
Multidisciplinary team meeting (MDT) (with social worker)	29 (102 meetings) **(6)**
Palliative care review	7 (17 meetings) **(30)**

Conclusions

- **GP frequent attenders were most often middle-aged females with a high number taking antidepressants.**
- **"High attenders" is not a stable definition for all patients and does not predict future health care use.**
- **Majority of care was scheduled and delivered in primary care and by GPs.**
- **A small percent of these "frequent attenders" were in SHIP, demonstrating this is not the main criteria for SHIP inclusion and the importance of local knowledge of vulnerabilities.**
- **SHIP interventions have potential to affect the outcome of GP consultation rates and unscheduled care.**
- **Large workload by small number of SHIP patients, particularly unscheduled care; showing scope for targeted interventions.**
- **Community Link Practitioner contacts and the introduction of a practice based mental health worker have the potential to "task shift" [5] some GP workload.**
- **Extended consultations and MDTs have the scope to decrease unscheduled care.**
- **To assess the effect of SHIP, further study of these patients over time will be necessary.**
- **This study highlights the difficulty of drawing clear conclusions from observational data.**

References

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