

# The Govan SHIP project

With Dr John Montgomery and Vince McGarry

## Background

The Govan SHIP project is an example of integration from the ground up. It includes:

- Social care worker involvement (they are less constrained than social workers and able to see patients without crisis. Social worker numbers have reduced by around 50% in the last 10 years)
- Links workers
- MDT (see below)
- GP leadership activity (extended consultations, IT, case conference attendances and collaborations with other sectors such as A+E)
- Additional benefit of retention – 2 locums now partners

## Redirection policy

An A+E Redirection policy has been piloted for patients that present to A+E at QEUH, are triaged and deemed to be more appropriately managed in primary care. An electronic letter is sent to the practice involved in the Project with the patient's contact details, and their GP will then contact the patient the following morning. The policy has not been widely implemented in practice, partly because only a small number of practices in the area (the SHIP practices) are involved, so it is difficult for A+E staff to remember about the policy. It is also easier at times just to treat a patient, particularly if they have been waiting some time to be seen, rather than telling them that their GP will contact them in the morning. There followed a general discussion about the potential for general practice to contain problems in the community. Research from Helene Irvine, PH Consultant, has showed that the number of A+E consultants in GGC has trebled yet 4hr waiting times have gone up, suggesting that yet more A+E doctors are not the solution.

## Challenges with coding

GPs have coded their activity since day 1 of the SHIP project, though some are better than others at doing this and diaries over a fortnight period were used to demonstrate overall activity (see Deep End Report 29). Activity coding is variable; demonstrating the complex needs of this patient group. There are no inclusion criteria for patients in the Govan SHIP Project.

## **MDT template and case examples**

- 2 monthly meeting with a 2 hours slot to discuss patients (usually about 20 pts)
- Now for every new case they are discussing 2 returns
- Use of a proforma to be completed prior to MDT
- Chaired by GP
- Approximately 20 cases are discussed at each MDT
- Involves GP, DN, HV, Mental health, SW and Links workers as required
- After the meeting the outcomes are READ coded and eKIS updated if relevant.
- Hoping to get COTE representative on board and 3<sup>rd</sup> sector such as Housing, Carer support, welfare, social isolation though potential issues with confidentiality.
- IT set up in meeting for real time sharing of data on EMIS, EMISweb, Care First
- Additional benefit found by GPs that learn about legislation in social care

Moving forward they are planning to roll out the format to their cluster, and are working on producing an MDT Toolkit so others could use it. With the SNP manifesto commitment to expanding the number of community link workers to 250, it is hoped that more practices may have access to this valuable resource.

## **Data Gathering - Vince McGarry and Dr Brian Milmore**

Review of patient characteristics in the SHIP Project showed a higher percentage of:

- Those under 14s and over 65s
  - Females of working age
  - Multimorbidity (excluding cancer and using 39 common conditions based on Stewart Mercer's Multimorbidity paper - [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60240-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/abstract)).
- Of the 877 patients they had an average of 2.6 conditions v 1.25 conditions in non-SHIP patients.
- Reviewed data for unplanned admissions to hospital and GP demand

Found that EMISWeb better than EMIS PCS for data extraction

- With PCS there is no way to extract quantity without individually going through records (e.g. lists patients who have had MI, not how many times)
- PCS also doesn't include patient CHI
- EMISWeb is like icloud and can provide quantitative searches, more user friendly as more similar to Microsoft tools and allows you to search for multimorbidity in a single search.