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

GPs at the Deep End

GOVAN SHIP Getting Us From H1-H3

Navigating Horizon 2

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 , JTS, 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

KF June 18
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

Social Care Worker

Mental Health

As Required
- 2y care
- Education
- Housing
- Carer Support
- Welfare
- Well being
- Social isolation

District Nurse

Health Visitor

Rehabilitation/Physiotherapist

FOCUS Patient / Client Child/Parent /Family unit

Links Worker

General Practitioner (GP)

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%
SHIP Project Patients - Cumulative Totals

MDT Activity

Not SW Related
- Referred to Social Work
- Known to Social Work
GP Demand – Still Registered – SHIP

Govan SHIP Project GP Demand

- Average SHIP cohort Demand
- Average comparator SHIP Demand

899 People in 4 x six month cohorts

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

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
The Final Destination

Thankyou! Any Questions?

GPs at the Deep End

THANKYOU! ANY QUESTIONS?