Introduction and Scene Setting

Jill Gillies
Portfolio Lead, Primary Care Improvement Portfolio,
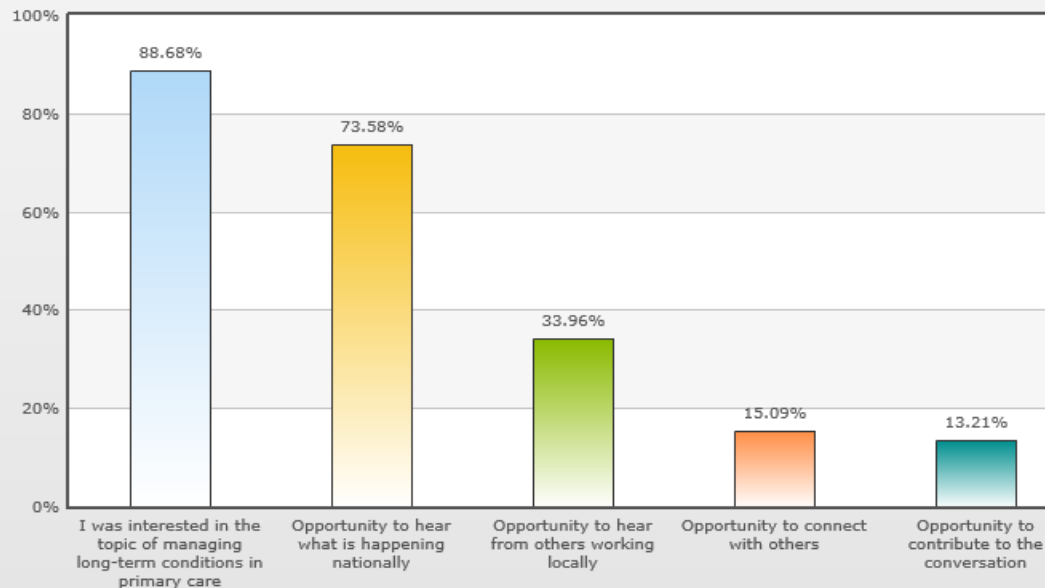Healthcare Improvement Scotland

Aims of the WebEx Series

1. Reflect on what we have learnt from the response to COVID-19

2. Explore what changes we have made and what we need as we move forward

3. Connect and learn from each other

**TODAY –
Interface Working in Primary Care**

Feedback from previous Primary Care Resilience Series WebEx

What made you attend today's WebEx? (Please select all that apply)

- I was interested in the topic of managing long-term conditions in primary care — 88.68%
- Opportunity to hear what is happening nationally — 73.58%
- Opportunity to hear from others working locally — 33.96%
- Opportunity to connect with others — 15.09%
- Opportunity to contribute to the conversation — 13.21%

General feedback

- "Enjoyed the session today with the short presentations. Good pace and very interesting. Helpful session."
- "Great webinar - short and snappy presentations, gave enough information to trigger discussion and interest."
- "I find theses sessions very useful and great to hear about the work going on but also that others are finding navigation difficult."
- "Much work taking place across Scotland, it would be good of course to get some data on patients and types of consultations and outcomes."
- "Chronic disease management is moving away from the rigidity of the contract, becoming more tailored to the individual."

- "Sorry - but I feel that there is a disconnect between the Primary Care coalface and HIS aspirations."
- "Wonderful though Link Workers… and group consultations are, I heard no discussion of the risks of medicalising things that are not medical."

WebEx Resources on Improving Together interactive

<u>Dedicated WebEx Page:</u>

- Slides and Recordings

- Summaries

- Q & A Documents

- Upcoming dates

- Links to additional resources

Primary Care
Improving Together Interactive

Home / Improvement programmes / Primary Care / Improving Together Interactive (ITi) / Learning from others / Primary Care Resilience WebEx Ser...

Primary Care Resilience WebEx series:

Connect, rebuild and move forward together

The response to COVID-19 has led to a rapid change in how general practice operates. To support the sharing of learning, we have developed a Primary Care Resilience WebEx series in collaboration with colleagues from Scottish Government and the Royal College of General Practitioners.

In these WebEx sessions you will be able to connect with peers, take part in discussions on current topics and reflect on what this could mean for the future of primary care.

Topics will change each session and will be based on your feedback. This is to ensure that we are focusing on the most current and relevant topics in primary care and your practice.

Find out about upcoming WebEx dates.

Visit: bit.ly/PCSeries

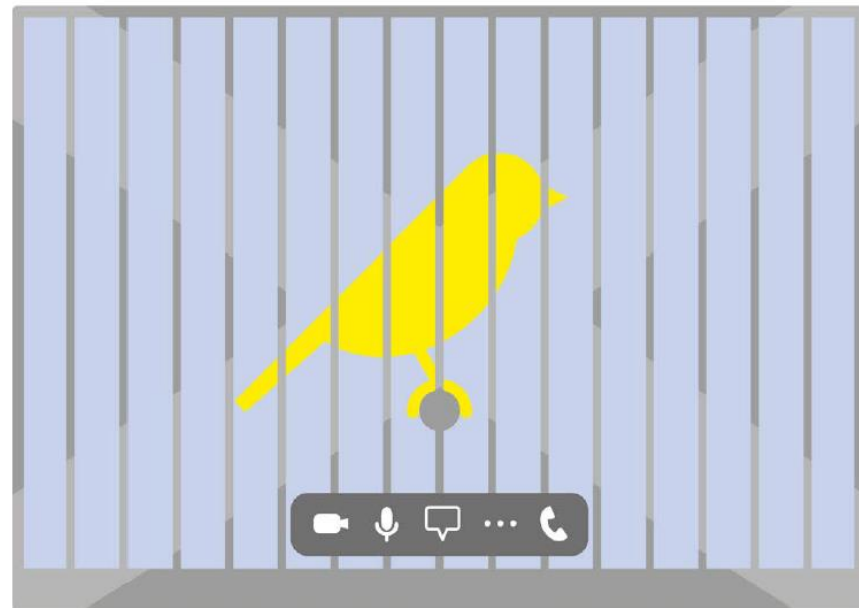# Interface Working

Enablers:

- Communication method across interfaces
- Common purpose and parity
- Data sharing and collection
- Direct primary-care-to-clinician contact
- Third sector community support
- Digital enablers to streamline process
- Changing the narrative –
  - people's stories are key

"COVID rules applied to everything, so there was one singular focus"

HEALTH AND SOCIAL CARE SCOTLAND

BMA Scotland

Is primary care the 'canary in a coal mine'* of our health and social care system?

Primary care, taking the next steps in a COVID world: virtual workshops
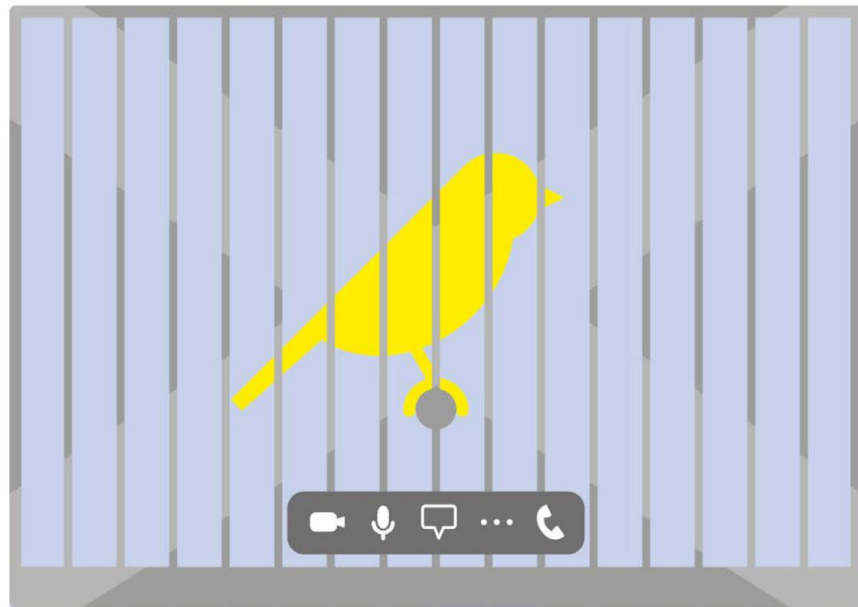
August 2020

Interface Working

Barriers:

- Different definitions of whole system working
- Pre-COVID19 behaviours & silo working
- Continued national focus on acute service and hospital as default
- Target and number driven messaging

"An interface should merge, not collide!"
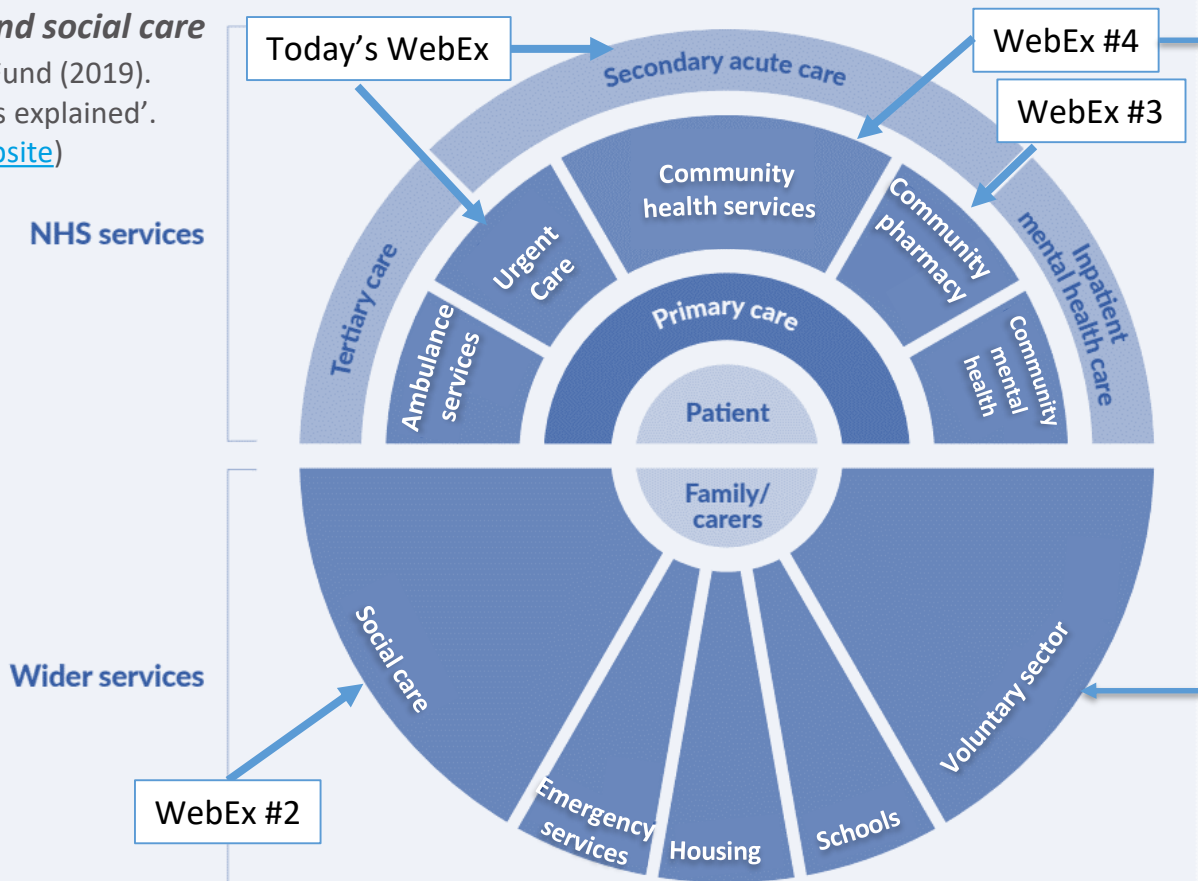
Available at: https://hscscotland.scot/

Primary Care Resilience WebEx Series - Interfaces

Interfaces within health and social care (adapted from The King's Fund (2019). 'Community health services explained'. The King's Fund website)

"Silver Livings" – the potential of interface working for ensuring quality care

Dr Carey Lunan
Chair, RCGP Scotland

Interface: a definition

"The point at which two systems come together, be it primary and secondary care, in-hours and out of hours care, health and social care, or within primary care itself across the multiple interfaces of extended multidisciplinary teams"

Chapter 5: The Interface (From the Frontline.
The Changing Landscape of Scottish General Practice

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2019

My interest in interface…

- Clinical lead for ACP

- GP appraiser (SEA discussions)

- Interface Executive Officer for RCGP

- Co-founder of Lothian Interface Group

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Interface challenges

- Independently complex systems
- Don't always relate or communicate
- Different systems
- Different priorities
- Different cultures

- …

Why does it matter?

it is estimated that around 50% of medical errors occur at the interface…

...and that 30% of these occur at the primary-secondary care interface

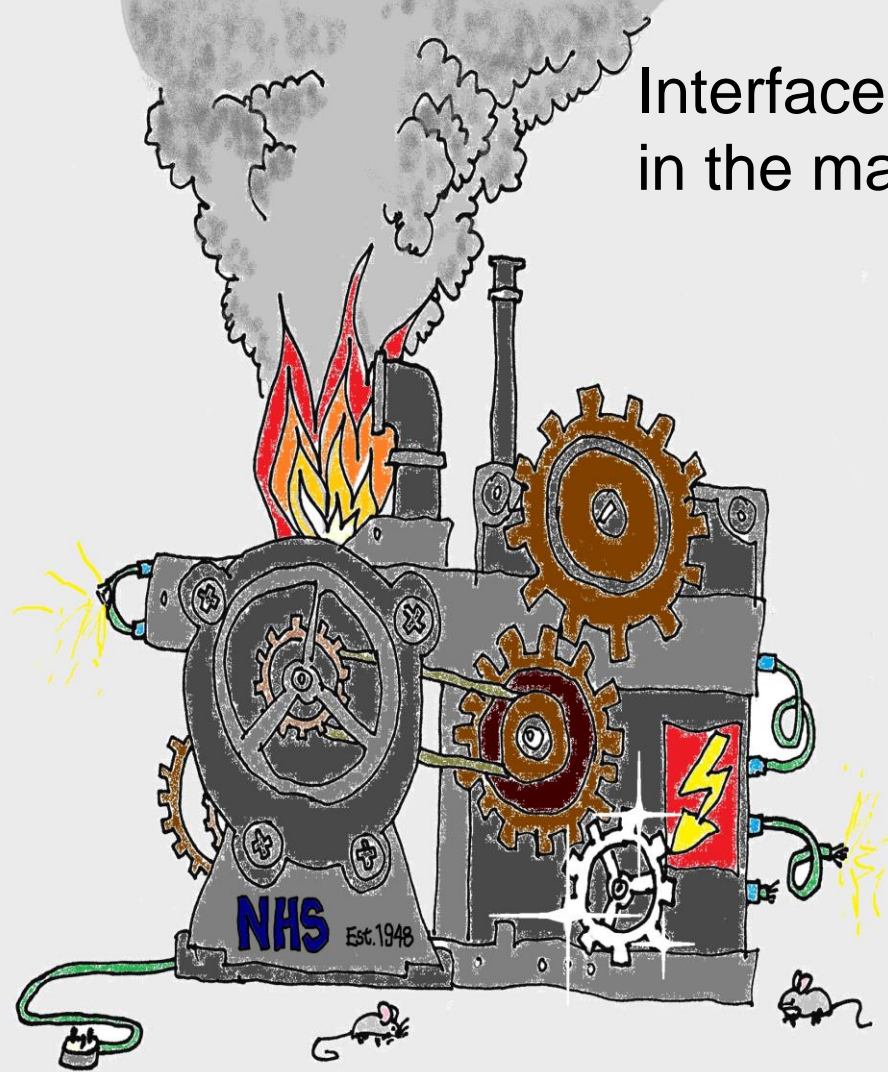# And in addition to safety….

Consistency

Efficiency

Relationships

Patient experience
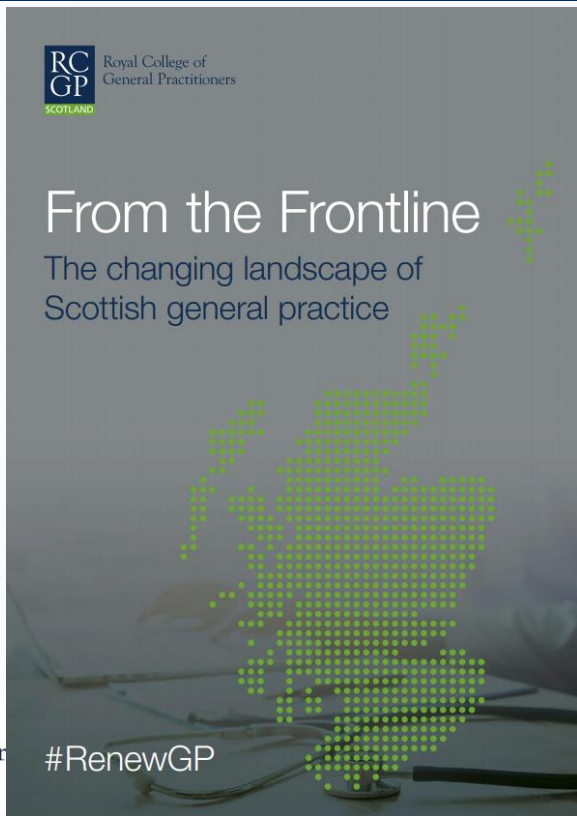
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Interfaces = the oil in the machine.

Interfaces: What do we know?

- Professional conversations
- Patient narratives
- Work shadowing
- Complaints
- DATIX
- Patient safety work streams
- Referral analysis

- SEAs
- Board Surveys
- Interface Groups
- Cross-College group

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RCGP Interface work (2014- 2020)

From the Frontline

The changing landscape of Scottish general practice

#RenewGP

Dedicated roles

Cross-College working group

Learning shared: SG, HIS, NES

Work shadowing
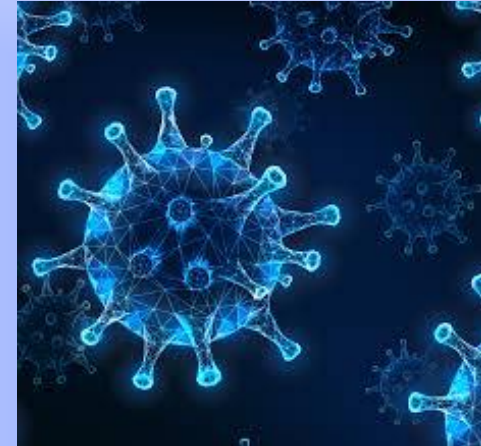
Effective interface module

Workshop delivery

SG-funded IG project

Beyond 1-2 interface

RCGP interface resources

Interface and Covid19

- Interfaces pre-Covid?
- Approaches during Covid?
- Learning and silver linings?
- Looking to the future…

Interfaces pre Covid

Relationships between 1- 2 care:

- Variable

- Stressed

- Disconnected

- Siloed.

Despite recommendations from 2016 SLWG and inclusion in the 2018 GMS contract

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Approaches during Covid

- Collaborative approach
- Priority to meet, discuss
- Facilitated by technology
- Whole-system approach
- Clinically-led solution finding
- Local and national work

Learning and Silver Linings

- Inter-professional respect and support
- Rediscovery of collective voice
- Better interfaces = safer healthcare
- Guideline development

  caring for patients and family after death

  equal access for families to visit dying relatives

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Reconnect
One Team

Connecting, Communicating, Collaborating

The Lothian Interface Group (LIG)

Established to help improve the interface between primary and secondary care in NHS Lothian, the Lothian Interface Group aims to improve patient care , increase efficiency and reduce clinician frustration.

We welcome suggestions for our consideration. Contact the group by email:

interfacegroup@nhslothian.scot.nhs.uk

Interface Groups

- Local interface groups
  - Shielding work
  - Recovery of referral pathways

- National interface groups Academy of Medical Royal Colleges and Faculties in Scotland
  - https://www.scottishacademy.org.uk/nhs-scotland-after-covid-surge-now-and-next-year

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"*A new culture of cooperation has led to better communication across the interfaces of care between hospital and the community and between other clinical teams. There has been an increased readiness to use cross specialty collaborative working and systems of interprofessional decision support such as Clinical Dialogue*"

Scottish Academy of Medical Royal Colleges

Looking to the Future

It is strongly recommended that all Boards establish interface groups with primary/secondary care involvement to support whole system recovery…"

John Connaghan, Interim CE.

Letter to Boards, 14 May 2020

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Key recommendations

- Formal dedicated interface groups, based on Joint Interface Principles
- Maximise digital opportunities
  - Investment in IT infrastructure & support
  - Clinical decision support pathways
  - Three way consulting options
  - Improved information sharing
- Shared learning events
- Pan-NHS approach to recovery

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Digital opportunities?

- Investment in IT infrastructure & support
- Clinical decision support pathways
- Three way consulting options
- Improved information sharing

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Near **Me**

**Click Here to Start
Video Consultation**
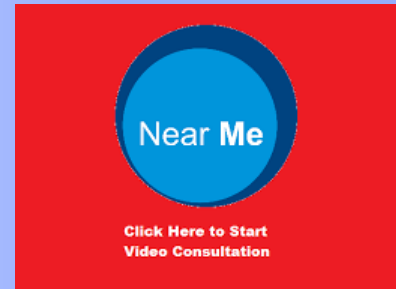
Interface Resources

- RCGP interface webpage webpage
  - Useful reading material
  - Effective interface module
  - Interface group toolkit
  - Contact: **scotland.interface@rcgp.org.uk**
- SOAR template for work shadowing QIA
- PBSGL module 79 on 1-2 care interface

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A healthy, high-functioning interface is all about building good relationships (and having decent IT!)

Sorted.

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Everything is cool when you're part of a team.

the
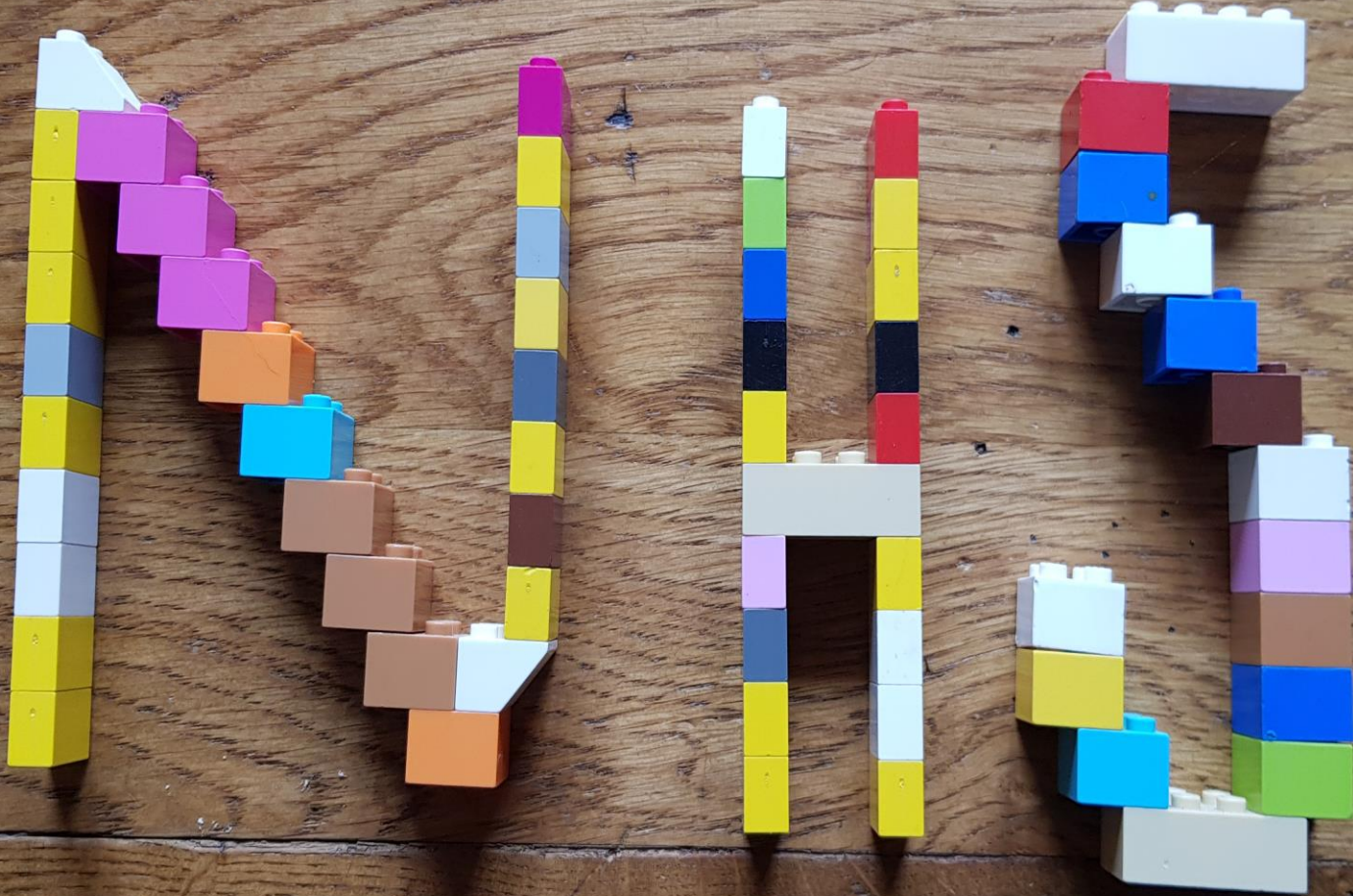
movie

INTERFACE WORKING BETWEEN PRIMARY / SECONDARY CARE

- THE ORTHOPAEDIC OUTPATIENT PATHWAY

Lech Rymaszewski

Clinical Advisor Scottish Government - OP redesign 2014-20

Consultant Orthopaedic Surgeon, Glasgow Royal Infirmary 1988 - 2017

HOW CAN WE

- Relieve anxiety & uncertainty?

GLASGOW ROYAL INFIRMARY FRACTURE CLINIC REDESIGN
- a major decrease of new *face-to-face* OP attendances
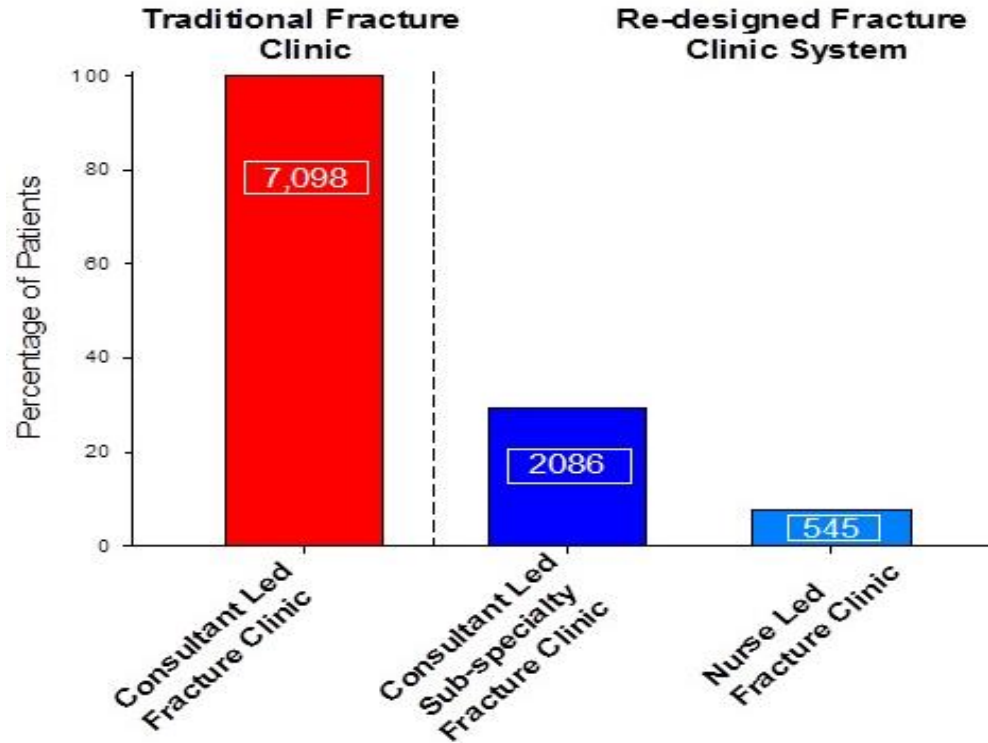
1st year - Oct 2011 – Oct 2012

ENHANCED VETTING
ACRT (ACTIVE CLINICAL REFERRAL TRIAGE)

A SENIOR CLINICAL DECISION MAKER

- Reviews the electronic patient records
        - including imaging, lab results

- Triages using evidence-based, locally agreed pathways

SUSTAINABLE OP SERVICE
- COVID *AND BEYOND*

Modernising Patient Pathways Programme

Clinical information supplied - Opt-in

NEW REFERRALS + OP WAITING LIST

Enhanced Vetting

COMMUNICATION

- Direct to patient / GP

- Recorded EPR / TRAK

Virtual Clinics Phone / NearMe

Diagnostics

F2F
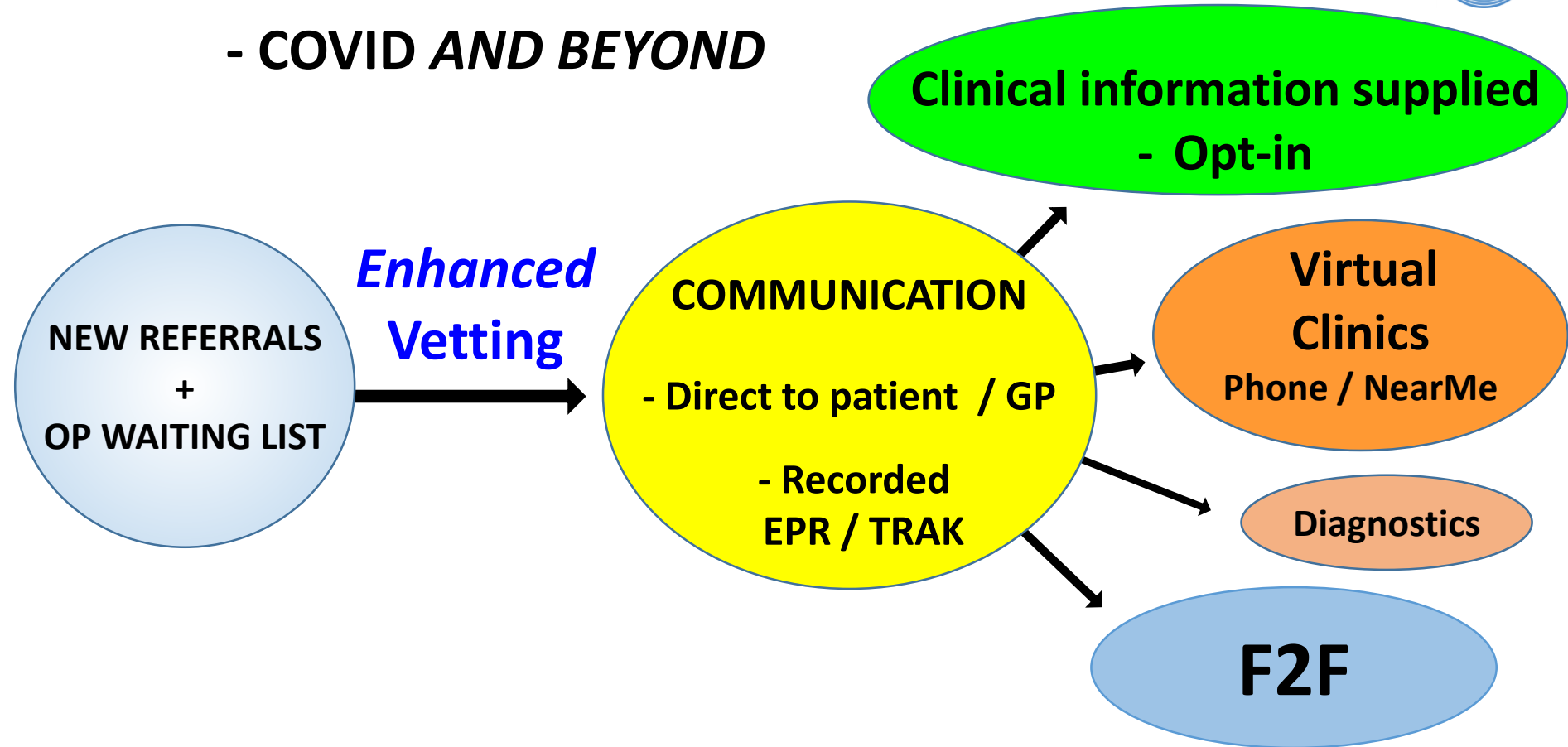
PROMPT PROVISION
OF *WRITTEN* PATIENT INFORMATION
- *key to effective pathways*

STANDARDISED INFORMATION
- *Booklet / email / web-site*

- Prepares patient for their consultation

- Enhances consent

"OPT-IN" - Orthopaedic Dept, GRI (2017 – 20)

REFERRAL

CLINICAL INFORMATION
SENT OUT
+
"Opt-in" (no time limit)
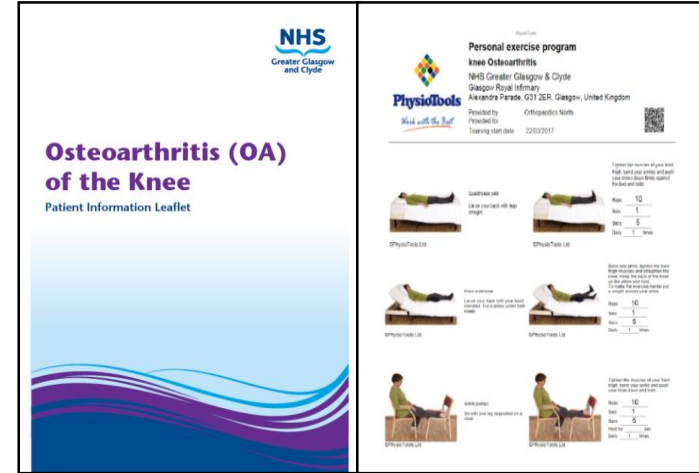
"**It is entirely your decision when you access the Orthopaedics Service.**

THERE IS NO NEED TO GO TO YOUR GP TO BE RE-REFFERED BACK TO THE ORTHOPAEDIC DEPARTMENT – JUST CONTACT US DIRECTLY."
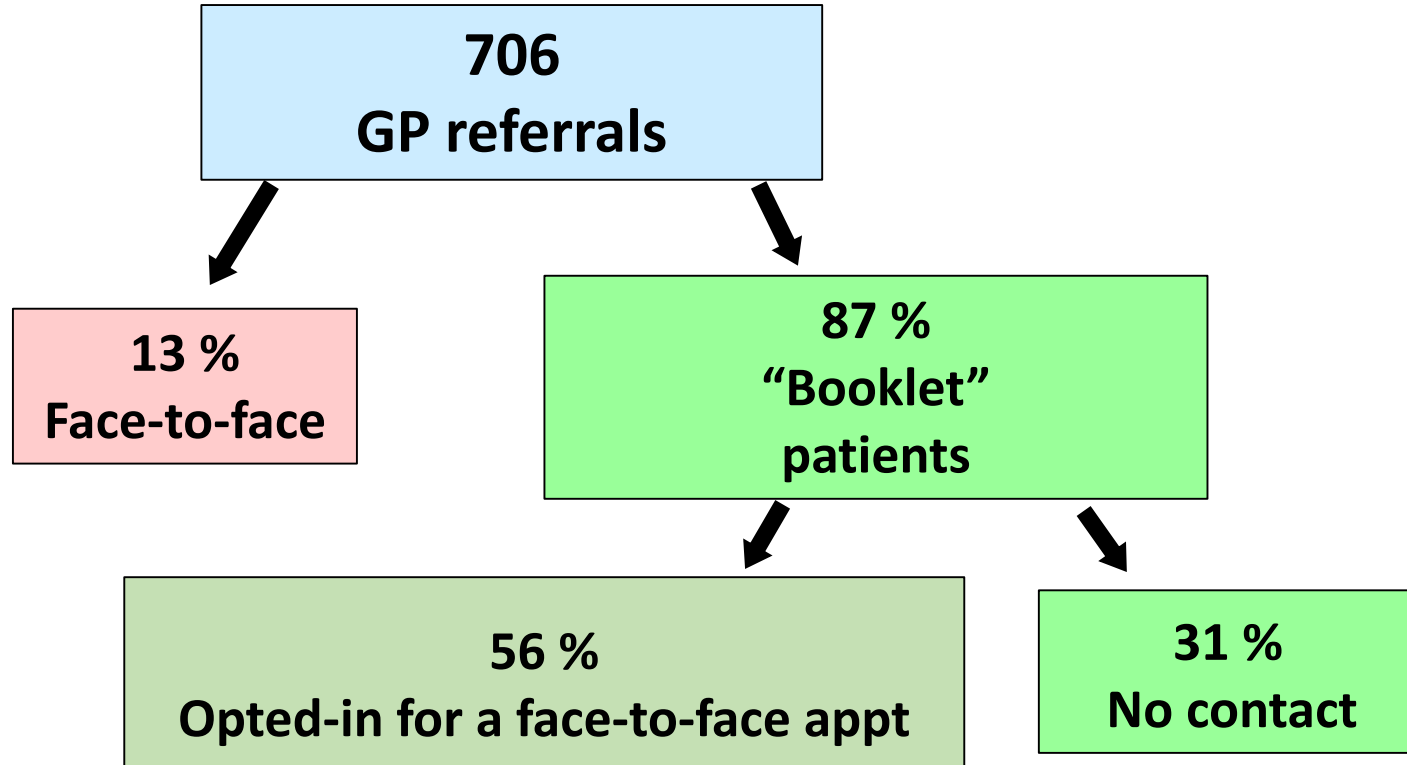
PATIENT QUESTIONNAIRE (n=150)

approx 90% were satisfied with information / process

- no statistical difference between patient groups (Scottish Index of Multiple Deprivation)

TRADITIONAL OP MODEL

NEW OP REFERRALS
(> 12 weeks)

RETURN OUTPATIENTS
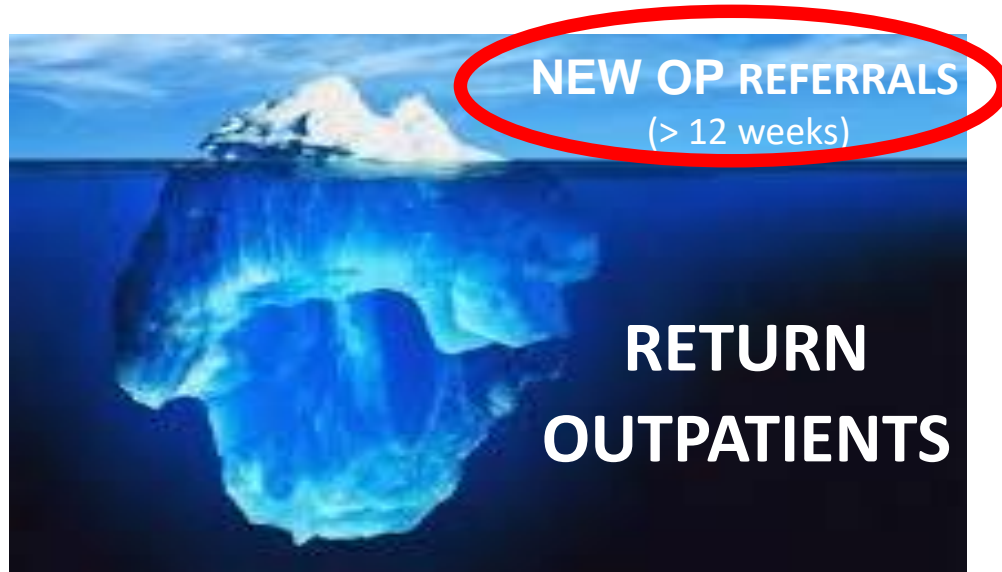
Many patients attend for routine "check-ups" with no added value

Urgent appointments often difficult to obtain as no extra OP capacity

DISCHARGE – PIR (PATIENT INITIATED REVIEW)

Selected patients ***discharged*** with an explanation how
- PIR puts them **"*in charge*"**

Verbal / written information provided
- how to self-care / self-refer using a helpline
(without seeing their GP)

PATIENTS / STAFF / SERVICE / TAX-PAYERS

BENEFIT FROM REDUCTION OF UNNECESSARY INTERACTION

- Discharge PIR for Hip / Knee Replacements adopted across Scotland

    - CMO endorsed consensus statement Dec 2019

- Potentially > 30,000 unnecessary appointments can be avoided in 1 year

IMPROVED COMMUNICATION WITH PATIENTS

Discussion on interface working – Part 1

Dr Michelle Watts
Medical Advisor (Primary Care Division),
Scottish Government

Summary

- **Principles of Interface project**
- **Practical examples**
- **Support from RCGP**
- **Enablers and barriers**
- **Other support**
- **Future**

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Crossing over – a risky business

Rod Sampson: Patients' perspectives on the interface

Principles

- RCGP Scotland work by Dr Carey Lunan, Executive Officer (Interface) 2015-2017

- 3 year project: RCGP Scotland Clinical Lead and project manager to support development of Interface groups within Health Boards

- Rationale for groups
  - ➢ To reduce risk of errors, improve services and patient care
  - ➢ To reduce risk of professional friction at interfaces of care

- Outcomes – confident patients and happier staff
  - ➢ Reduced harm
  - ➢ Increased efficiency
  - ➢ Increased effectiveness of care

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Effective Interface Examples

- Grampian: Re-Connect - work shadowing, PBSGL

- D&G: Standard template for clinic letters, 'sorting shop'

- GGC: Clarify roles; manage transfers of workload

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RCGP Project Support

- Scoping exercise to provide current status report on Groups – 9HBs have dedicated Group, FV and Borders have other Group, Island Boards have no Group

- Baseline Board surveys on Interface working – 5 HBs

- Development of support materials for Interface Groups – On RCGP website

- Sharing of learning through Newsletter and Webinars with Lead clinicians – 2 meetings held

- Evaluation of effectiveness of Interface Groups and exit strategy – end of project

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Survey: Key Findings - Why We Need Groups

- Consistent across 5 HBs -FV, Fife, Lanarkshire, WI, D&G
- 20-25% GP response rate
- Need for recognised mechanisms to report **SEAs,** for feedback and improvement
- Existing interface **structures** need improved
- **Communication** methods need improved
- Poor **IT** interfaces for sharing all clinical information
- Reduced opportunities to **meet and learn** together
- Poor inter-professional **relationships**
- A **desire to improve** the situation

Interface Group activities

- **Communications:** IDL, referrals, clinic letters, prescriptions
- **Interface work:** Clarification of roles and responsibilities
- **Management of test results:** who is responsible etc
- **Methods of communication**: dedicated phones, email, Gateway advice
- **Patient Safety:** Significant event analyses, prescribing
- **Relationships:** staff engagement, opportunities to meet

➢ Different Board areas have different priorities

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Enablers & Barriers

- Support from HB for Groups
- Equal representation from 1° and 2° care
- IT and QI support
- Ability to resolve issues
- Clear position in governance structure
- Enthusiastic, connected membership
- **Make the Interface someone's job**

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Other relevant workstreams and support

- RCGP Effective Interface Module
- BMA/ARC Joint Principles statement
- GP Clusters and QI
- Digital Health Strategy/IT developments
- Access Collaborative and sub-groups
- Realistic Medicine
- Patient Safety and SEAs

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Future Work

- Rebuild connections with I-F Groups

- Wide consultation on future need and support for Interface Groups

- Write report to share with SG and partners of project outcome and proposals for future direction

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Example of interface working between primary and secondary care – **OOH Interface**

Dr Lorien Cameron-Ross
Clinical Director (Out of Hours), NHS Highland

NHS Highland Urgent Care Service

Dr Lorien Cameron-Ross (Clinical Director) - 1st December 2020
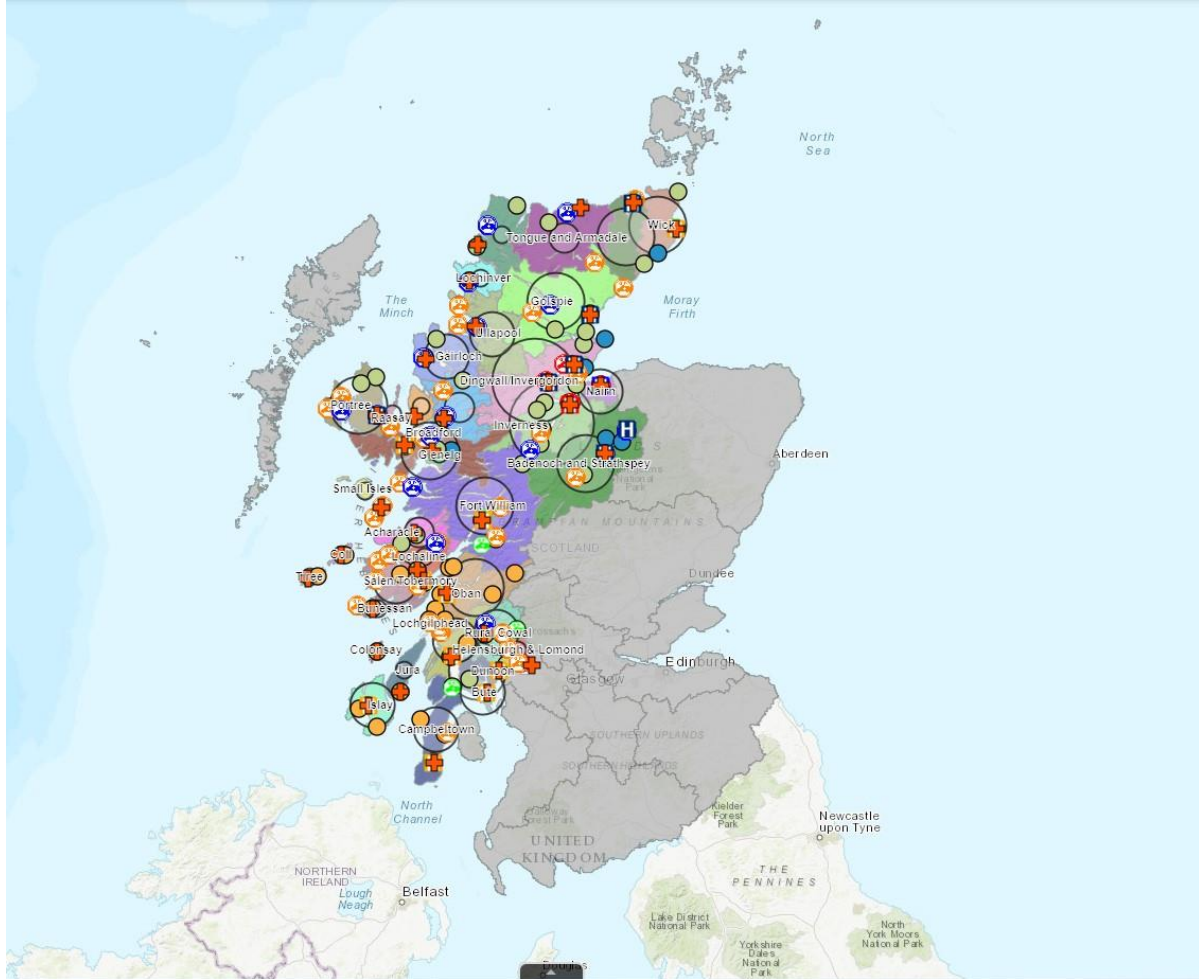
Highland Urgent Care Service

Our Challenges

- Geography (professional & patient isolation)
- Population
- Availability of clinical staff
- IT/phone signal
- Transport links
- Weather
- Seasonal increases patient population

Our solutions

- Flexibility in how/where care is delivered & who delivers it

- Centralised Hub with expert staff & knowledge base

- Centralised Professional-to-Professional line,

- Centralised Palliative Care Helpline and Covid Hub GP (often working remote which adds a variety of local knowledge)

Team of Teams; New Rules of Engagement for a Complex World - Stanley McChrystal (2015)

"Organisations must be networked, not siloed, in order to succeed."

"The key lies not in the number of elements, but in the nature of their integration – the wiring of trust and purpose."

"Sharing information would help build relationships and the two together would kindle a new, coherent, adaptive entity that could win the fight."

OUT OF HOURS

Social Work · Macmillan · GP · Mental Health · Prison · Police

Custody · Community Hospitals · NHS24 · SAS · MIU

Marie Curie · Pharmacy · Nursing · NES

LMC · GP Sub · Hospice · A&E · HSCC

Research · National Ops · AMC · ACF · SGPC · Care at Home

Communities · Acute Hospitals · Care Homes · Volunteers

Operational Unit · Hub · Rural Support Team
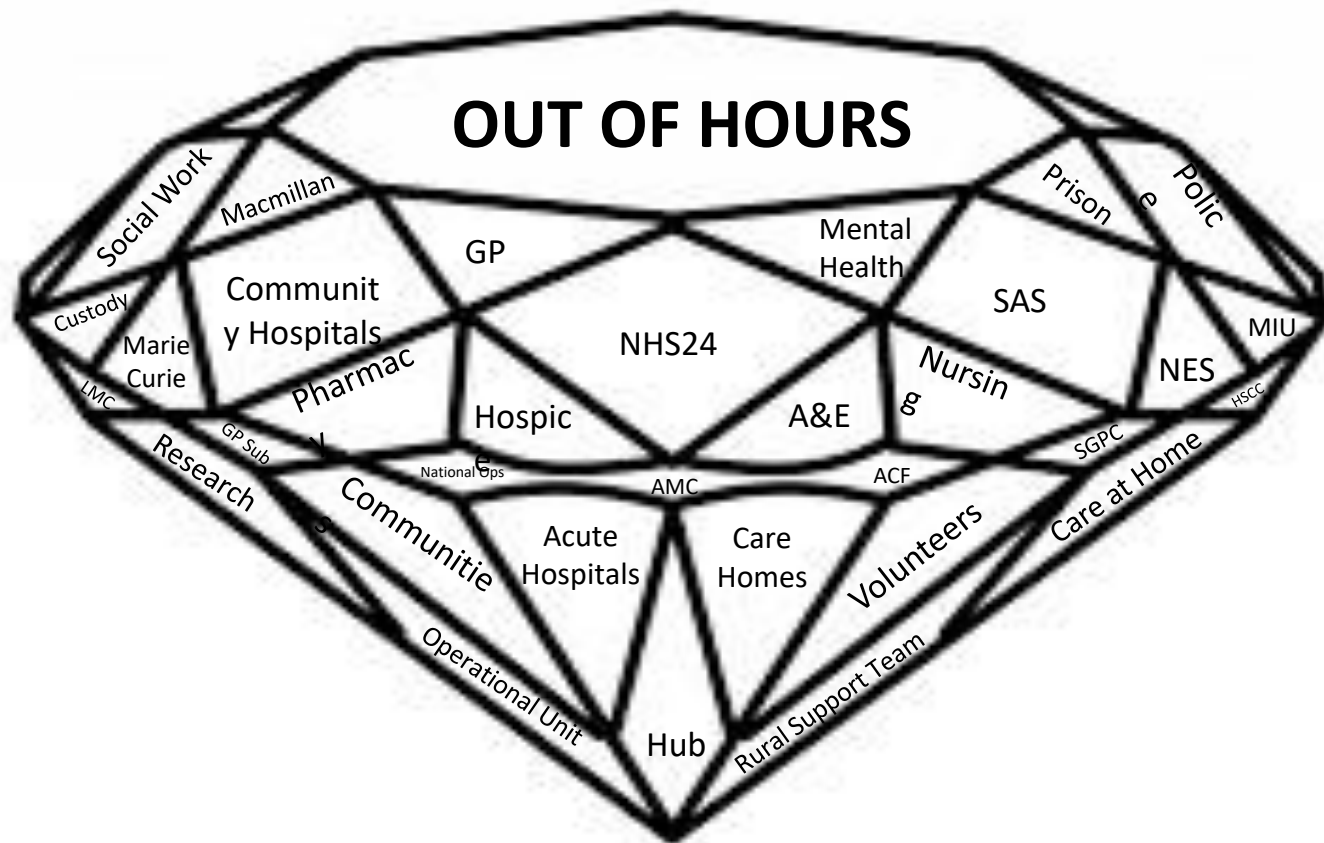
OUT OF HOURS

Discussion on interface working – Part 2

Dr Scott Jamieson
Executive Officer (Quality Improvement), Royal College of General Practitioners Scotland

Next steps

- Evaluation survey ➔ **link in the chatbox**
- Follow up email
- Next WebEx in January

- - - - - - - - - - - -
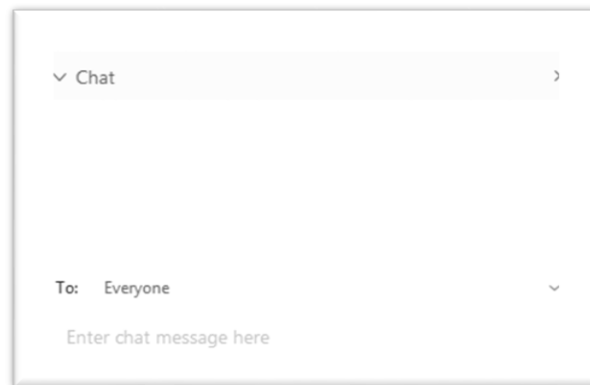
- Primary Care Improvement Portfolio Autumn/Winter Offer

Our Autumn/Winter Support Offer to Primary Care Services

In response to the COVID-19 pandemic, the Primary Care Improvement Portfolio completed an extensive review with our stakeholders to identify our priority areas for improvement and redesign support. Our aim is to support primary care services to **build resilience** and **deliver high quality** care by supporting implementation of the interventions highlighted below.

Support general practice to implement safe and effective processes for **Care Navigation**

Support general practice to implement **Serial Prescribing** safely and efficiently

Enabling improvement in **Anticipatory Care Planning (ACP)**

All activity will be underpinned by the Primary Care Learning System

Care Navigation

[Care Navigation in General Practice: 10-Step Guide](#) launched as part of the Primary Care Communications Toolkit.

To register for a 1-hour workshop, visit [bit.ly/CN10WS](#)

CARE NAVIGATION IN GENERAL PRACTICE: 10-STEP GUIDE

	02 Dec	03 Dec	04 Dec	08 Dec	09 Dec	10 Dec	11 Dec	15 Dec
Lunchtime	1 – 2 pm	1 – 2 pm	1 – 2 pm	1 – 2 pm	1 – 2 pm	1 – 2 pm	1 – 2 pm	1 – 2 pm
Afternoon	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm

Additional support available upon request, from January 2021

Find out more about our offer

Download the summary of our Autumn/Winter Support Offer to Primary Care Services.

Access the recording and resources from the Introducing our Autumn/Winter Support Offer webinar where we outlined our primary care priorities and our improvement support offer.

Read more about the programmes

Care Navigation

Serial Prescribing

Anticipatory Care Planning (ACP)

Primary Care Learning System

Keep in touch

Website: ihub.scot/primary-care

Twitter: @SPSP_PC #PCImprove

Email: his.pcpteam@nhs.scot