## Summary of WebEx Topic: Interface Working in Primary Care – Part 1

### "Silver Livings" – the potential of interface working for ensuring quality care - Dr Carey Lunan, Chair, RCGP Scotland

An **interface 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"*

**Interface Challenges and why does it matter**
There are many challenges with interface working and ultimately they are not as good as they could or should be. With an estimated **50% of medical errors occurring at the interface; 30% of which occur at the primary-secondary interface**, it is important that they are treated as a collective responsibility to prioritise, understand and improve.

**The COVID-19 effect**
The RCGP have done a lot of work in the past 8 years on interface working however pre-COVID-19, the interface between primary and secondary care was variable, stressed, disconnected and siloed. Since March, COVID-19 has brought with it an enormous **collaborative approach** with commitment given to the whole system from the start.

A lot has been learned and the joy of inter-professional working has been rediscovered with respect, support and power of **collective clinical voices**. Growing awareness of this at Scottish Government level has seen recommendations that Boards establish interface groups with primary/secondary care involvement to support **whole system recovery**.

*"a healthy, high-functioning interface is all about building good relationships "*

### Example of interface working between primary and secondary care - Reviewing the orthopaedic patient pathway – Lech Rymaszewski, Clinical Advisor, Modernising Patient Pathways Programme, Scottish Government

*"the best way to relive anxiety and uncertainty for patients is for clinicians to follow their best instincts and communicate directly with each other and patients"*

**Orthopaedic Outpatient Pathway**
A virtual fracture clinic which started in Glasgow Royal ten years ago has now been widely adopted, with 60% of unnecessary attendances avoided by **triaging at first point of contact**. This enhanced vetting is the most powerful tool in the elective process.

Communication between GPs and patients is essential. These are some of the varying ways this has been done:

- **Standardised clinical information** to allow patients to reflect and discuss treatment with friends and family. The patient is then better informed and the consent process is enhanced.

- Using an **opt-in system** patients are sent clinical information booklets on advice and treatment management, with a clear message that there is **no need to go back to the GP to be re-referred**.

- Since COVID-19, some orthopaedic units have **discharged selected patients**, **putting them in charge of contacting the service if and when they need** it instead of remaining in the system with no added value.

*"COVID has provided a huge opportunity to improve simply by communicating effectively with patients and GPs to avoid duplication and waste."*

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

Dr Carey Lunan
Chair, RCGP Scotland

Click image to play this session in YouTube.

Example of interface working between primary and secondary care - **Reviewing the orthopaedic patient pathway**

Lech Rymaszewski
Clinical Advisor, Modernising Patient Pathways Programme, Scottish Government

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## Summary of WebEx Topic: Interface Working in Primary Care – Part 2

### Supporting primary care interface working – where it's working well and why - Dr Elaine Turner, Clinical Lead for Interface, RCGP Scotland

**Overview**

- RCGP Scotland set up a three-year interface project to support Health Boards develop interface groups with a view to reducing harm and increasing efficiency and effectiveness of care.
- Project support offered included development of support materials and sharing of learning through newsletters and webinars.
- **Key findings:**
  - existing interface and communication structures needed improved,
  - recognised need for a mechanism to report Significant Event Analysis's
  - inter-professional relationships were poor.

**Interface Group Activities:**

- **Communications**: Immediate Discharge Letters, referrals, clinic letters, prescriptions
- **Interface work**: clarification of roles and responsibilities
- **Management of test results**: for example, who is responsible
- **Methods of communication**: dedicated phones, email, Gateway advice
- **Patient Safety**: significant event analyses, prescribing
- **Relationships**: staff engagement, opportunities to meet

**Future Work**

To rebuild connections with interface groups; have a wide consultation for future need and support and share report with Scottish Government and partners of project outcome.

Supporting primary care interface working – where it's working well and why

Dr Elaine Turner
Clinical Lead for Interface, RCGP Scotland

Click image to play this session in YouTube.

### Example of interface working between primary and secondary care – OOH Interface – Dr Lorien Cameron-Ross, Clinical Director (Out of Hours) NHS Highland

The **Highland urgent care service** covers a vast remote and rural area which doesn't come without it's **challenges**, including: professional and patient isolation, IT/phone signal, transport links and clinical staff availability.

To counteract these challenges, some of the **solutions** include:

- flexibility in how and where care is delivered and who delivers it;
- centralised Hub with expert staff & knowledge base; centralised Professional-to-Professional line and
- centralised Palliative Care Helpline and Covid Hub GP.

**Importance of networking**

The HUB has been critical in tracking where assets are and ensuring the transfer of information to relevant people. OOH teams need to be plugged into their locality services where staff feel empowered and confident to make appropriate local decisions without waiting for centralised decisions.

"*two things central when trying to provide clinical direction is clarity of purpose and a culture of trust*"
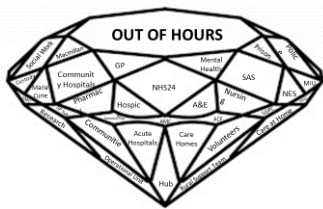
"*the cut of the diamond determines its brilliance… interfaces are our facets; by working at each one we have a better chance of brilliance*"

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

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

Click image to play this session in YouTube.

## Resources raised during the WebEx

- [Primary / Secondary Care Interface Working](#) (RCGP Support Resources)
- [Effective Interface](#) (RCGP Module)
- [Medical Appraisal Scotland – reflective questionnaire templates](#) (NHS Education for Scotland)
- [Community Health Services Explained](#) (The King's Fund)

- [The interface between primary and secondary care - Key messages for NHS clinicians and managers](#)

**Primary Care Resilience Series Resources**

- [WebEx #5 Slides](#)
- [Resources from previous WebExess](#)

## Themes from the chatbox

**Huddles**

"Our board started a weekly huddle for all senior clinicians in primary and secondary care, using Microsoft teams. This has persisted and has now morphed into a remobilisation and interface group. As time is going on, though, most of the clinicians attending are primary care. The last meeting was a goodie, we had the A&E clinical lead talking about the management of acute and urgent care and how the new flow hubs will allow us to manage the interface between primary and urgent care. ."

**Mutual Understanding is required**

"Best interfaces are when there is a GP With a Specialist Role in the system."

"Best interface when there is some mutual understanding of roles. All GPs have done hospital work during their training, but few Consultants have worked in Primary Care. "

**Shadowing – a challenge currently**

"Foundation Year 2 training increase in placements in primary care was due to ramp up this year..."

"Work shadowing is a bit of a challenge at the moment - we have put a hold on all visiting clinicians.

"agree work shadowing is a little tricky just now! but so much potential when we are more back to normal (or perhaps we could shadow virtual clinics?)...and accredited for appraisal! really positive feedback from those who have taken part in this"

"I was going to do this this Easter - got cancelled! I was going to do a week of general medicine."

**Shadowing for CPD**

"Ask to work shadow for some of your CPD next year! should work both ways across 1ry/2ry care interface."

"I have done this with Paeds and Cardiology, was a great experience and Cardiologist came and sat in on my surgery.

**System fatigue**

"sadly, one does experience (and offer) "reflexive antagonism" as a BMJ Comment called it. An intolerance born from Covid-strain, fatigue and workload resentment; the interface is quite fragile just now..."

"Anyone from 2ry care here who can discuss challenges from that end? I would imagine Job Planning will need reviewed to incorporate time for this work?"

"Our admin teams are getting overwhelmed with emails that are hard to get into patient records, and by all of the emails that are hiding in our GP in-boxes, in between all of the other emails."

**Effective pathways / Interface at a patient level**

"Interface at a patient level takes a lot of effort - to think about what colleagues can contribute to a patient's care, and to take time to engage with and communicate with colleagues to make bespoke, effective pathways."

**Clinician-to-clinician relationships and communication**

"Where dedicated peer to peer support pathways already exist (for example Transient Ischaemic Attack phone lines, gynae advice lines) these are incredibly useful. and valued we would like to see these established and resourced for every speciality, in every Board. embedded within existing software systems, gives audit trail, enables equity of workload -and rapid access to vital decision support :)"

"Dedicated prof to prof lines - ambulance, consultant connect (recorded phone call) all important. I like the cc letters too."

"We GPs are often not as easy to get a hold off as we could be too with our jammed phone lines, does anyone have a dedicated inter-professional line in their practice? be interested to hear thoughts on that?"

"I am a fan of clinical dialogue and wish all specialties would be added to this in our health board. It has taken 6yrs for us to get this after the need was highlighted by a Rapid Process Improvement Workshop led by our CEO in 2014."

"Best relationship locally - with A&E and with general medicine, closely followed by rheumatology."

## Themes from the chatbox

### Referrals - SCI Gateway

"I have just had an email requesting referrals to TIA clinic by email using a specific form. I fear 2ry care colleagues are unaware exactly how many services we refer to and how time consuming the proposed referral process is. Much better to use SCI referrals." *NOTE: SCI Gateway, a national system that integrates primary and secondary care systems using familiar yet highly secure Internet technology*

"Emails good for non patient communication but advice letters via SCI gateway are best for patient info so all info goes into patient record at either end. Specific advice rather than referral letters - are dealt with quickly.

"Does lack ability to 'discuss' on sci-gateway. especially things like oncology/Macmillan nurse/palliative care where management is much more 'shared' end up doing a print off/copy/paste into docman..."

"SCI gateway good- whatever medium, it needs to be reliable, and agreed with all parties. Ideally it should also allow the patient to comment/participate??

"There is functionality in SCI Gateway called Clinical Dialogue which allows dialogue between Primary and Secondary Care. It needs properly set up and implemented at the Health Board with input from NSS."

### Patient Copy Referrals – SCI Gateway

"If we as GPs like patients being sent letters directly from secondary care with a copy to the GP, is there an argument that we should copy referral letters to patients too? And does SCI gateway have the capability to add an appointments number to allow the patient to follow up directly if necessary?"

"The SCI Gateway Protocols may need changing to add more content.  This can be done by the health board. Sending copy referrals to patients is an interesting question - it would likely require further development of SCI Gateway.

### Letters to patients – copying clinicians

"I like when secondary care write their letters to patients and copy that to us as GP - means we know exactly what patient had been told."

"Also helps with compliance and understanding, I have combined with PIR - the letter includes details of how to book a follow-up appointment if required.

"We have more specialities writing directly to patients- chuck up to gynae in Tayside - they do v good letters directly to patients and cc us in and I get all I need from that. they are v well written."

### Interface Groups

"Agree that the 'right' membership on interface groups is so important;  formed part of the basis of our joint principles document with BMA, based on what has worked well and articulating what's good looks like'"

"For us, starting our interface group, getting enthusiasts in the room was the best start, with a feeling that there was benefit to meeting. It didn't matter that we didn't really have a blueprint or a lead."

"Formal interface groups are essential.   But we all have a responsibility to engage with and communicate with our colleagues across interfaces.  It is often possible to quickly resolve a potential interface problem at local practice level  between individuals rather than escalating it to an 'interface group'."

"Interface groups are ideal for clinically-led solution finding around big-ticket interface items;  interface working also happens at a much more localised level, and there is much that could be done to facilitate that...."

"Anyway, it is one of those things where starting is more important than waiting until the time is right/doing it properly/ etc"

"Important to establish links between Board interface groups and IJBs.  this hasn't happened routinely in the past, but is recognised within the Joint Principles document (which I could share)"
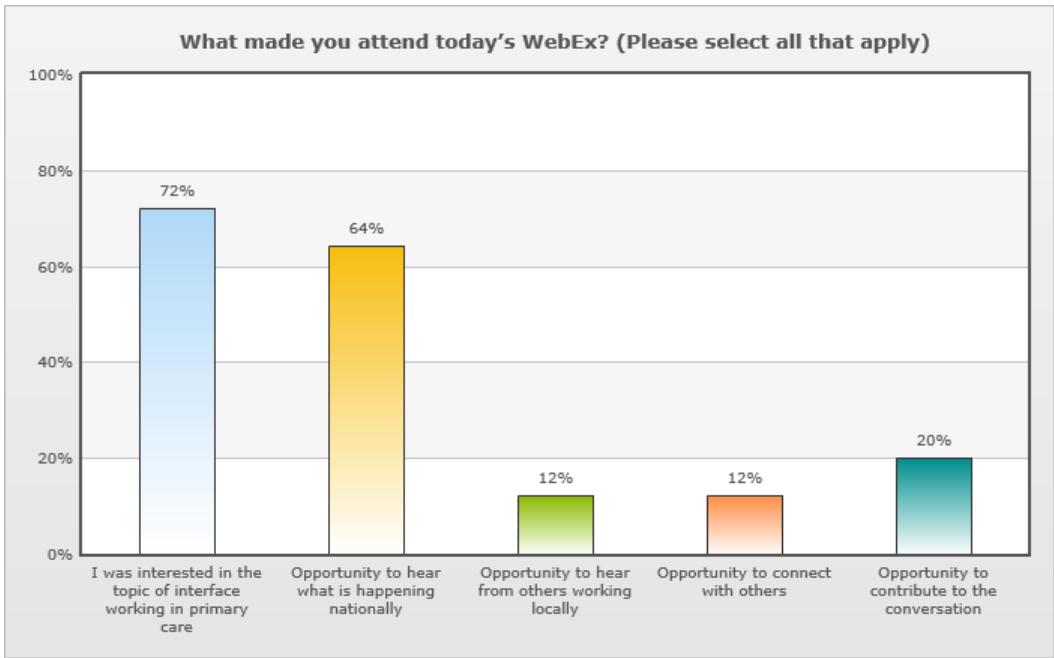
## Survey Feedback

### How likely would you be to attend a future Primary Care Resilience Series WebEx?

- There were 24 respondents to the feedback survey. Nearly **92% of respondents said it was *likely* or *very likely* they would attend** a future Primary Care Resilience Series WebEx.

### Top Reasons for Attending

- Respondents' main reasons for attending the WebEx were an interest in the topic of interface working in primary care and hearing what is happening at a national level.

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

| Category | Value |
|---|---|
| I was interested in the topic of interface working in primary care | 72% |
| Opportunity to hear what is happening nationally | 64% |
| Opportunity to hear from others working locally | 12% |
| Opportunity to connect with others | 12% |
| Opportunity to contribute to the conversation | 20% |

## General feedback

### Content

**+**

"Great interactive conversations"

"Thanks to all speakers. And the chat was good and helpful - could see that! Thanks for sending me link to slides so could at least see the last couple of speakers slides as they spoke."

"Thank you for the opportunity of learning more."

**—**

"Very GP focused - ANPs/Dentists and many other HCPs are key to interface too"

"I found today's webex the least helpful so far. The Interface issue is important and needs to be system wide, not just clinician to clinician (medic- medic) to be effective. I did not learn much new at todays event I am afraid."

### Technical problems

"Sound was not great, can you try web based audio?"

"Not keen on this format. Sound on speaker phone not great."

"Could the slides be emailed to participants or made available on the website prior to meeting so that if we cannot see them then we can look them up - is it possible that the WebEx doesn't like old iPads I phones??"

> Note: Next webinar will be run using Ms Teams

## What will you take away from today's WebEx and apply at to your own work?

# Increased understanding / awareness

**Learning from others – ideas**

"I really enjoyed the last talk about NHS highland - learnt a lot and gave ideas of how to bring different services together."

"Good ideas from other areas in Scotland"

**Need to invest attention and effort in interfaces**

"Oil in the machine, fragile local interface group is starting on small topics, but mandation might make secondary care come to the table."

"There is still a lot to do to make this happen"

"Exciting prospect of supporting making Interface Groups mandatory with attached resourcing and funding ."

"The fact that specific work is needed on interface, rather than it being delivered as an integral component of service management."

**Importance of:**
- **mutual understanding**
- **Interface groups**
- **Communication**

"Essential to connect and network whilst keeping realistic medicine in mind. Getting yourself a bit of time in someone else's shoes"

"importance of interface groups and communication"

"Communication with different health care sectors is the key in moving forward."

**Reassurance**

"Helpful to hear that my interface issues are common to all interfaces!"

"We have actually done quite well to set up our informal interface group, but at the cost of being able to run the cluster as well."

# Encouraged to explore adoption or sharing of new practices

**Education**

"PBSGL 79, will schedule into educational diary"

**Networking / knowledge exchange**

"will share some National info with people from the attendees"

"I will continue to contribute to any group that allows networking between professionals to improve health and social care."

**Shadowing**

"In the near future, I will reinstate my plans to do some work shadowing, and to restart providing opportunities for others to shadow me."

**Local application**

"will apply some ideas to the unique position of our locality which straddles 2 boards"

**GMS Contract**

"Use knowledge for GP contract work-streams"

**Look at SCI Gateway**

"Looking into the more things available on SCI gateway"

## Other comments

"There is a will for better interface working but we haven't found the best way yet."

"Covid has made SCI Gateway mandatory for specialisms, we had asked for this for years with little interest or intention from secondary care to agree to it."

"I work across multiple health and social care interfaces and across acute, primary care and unscheduled care, supporting the safe use of medication by patients who receive social care support. I recognise that the activity of the Interface Project has been focused on clinical interfaces, in particular interfaces across primary and secondary care. It would be great to understand what plans there may be to include Social Care interfaces in future work."