Assembling the right team to improve patient care

Experience of NHS Grampian's Clinical Interface Group (CIG)

May 2021

In early 2020, NHS Grampian identified an opportunity to improve a patient's transition from primary to secondary care. Read how they implemented a new approach.

Project start-up

In early 2020 (prior to lockdown) staff within NHS Grampian identified an **opportunity to improve a patient's transition from primary to secondary care**. Due to their different ways of working, the interface between primary and secondary care was not always smooth and straightforward. As a result, the full efficiency of referral systems, and shared care opportunities, were not fully being realised and leading to possible treatment delays for the patient.

To improve current processes, NHS Grampian decided to set up a new way of joint working known as the Clinical Interface Group (CIG). With membership open to all staff, the CIG provides an opportunity for issues across primary and secondary care to be raised and actioned either within the weekly meeting, or in subsequent sub-group meetings. The CIG includes, but is not limited to, GPs (many of whom who sit on local committees such as the GP Sub Committee and Local Medical Committee), consultants, and eHealth colleagues.

> **Make things happen by linking people.**
>
> Head of Transformation for Acute, NHS Grampian

Project aims and ways of working

The three key aims of the CIG are to:

- reduce waiting times
- provide clarity of pathways, and
- tackle COVID-19 related issues.

Some key decisions were:

- That weekly (one hour long) meetings would be most convenient given the necessary pace of the work. However, this would be reviewed regularly to ensure it still suited the needs of the group as it became more established.
- That group membership should be flexible, and not all members are expected to attend each week.

> **One really good thing about the interface group is that it is really collaborative amongst the attendees of the group that go to it. […] The group are collaborative in bouncing ideas off each other.**
>
> Medical Director, Grampian Local Medical Committee

The weekly meeting provides the necessary space and time for communication and decision-making at pace. The group identified a number of key improvements that could be made, both at the service level, and the wider organisational level. A number of rapid improvements are currently being tested.

Example 1: GI Coeliac disease specialty review of current practice

Whilst work has been completed to streamline the pathway and improve access in conjunction with the Modernising Patient Pathways Programme, the **service is experiencing an increasing number of new referrals**. This has led to increased waiting times for new patients and a delay to annual review of return patients. From reviewing the current processes in place for returning patients, and highlighting unwarranted variation across the pathway, the team are currently working with the speciality to change catch-up appointment structures in line with national review guidelines. This will help **free up capacity to see new patients sooner and ensures annual follow-up reviews are on time**.

> **The CIG focus on problem identification, and are solution orientated, and action focussed.**
>
> Head of Transformation for Acute

Example 2: Improvements to cardiology clinic waiting times

Waiting times for cardiology clinics and diagnostics have historically been a challenge for NHS Grampian and as a result of the response to COVID-19 waiting times for cardiology diagnostics have lengthened considerably. The cardiology team had been considering increasing the number of investigations a GP could refer to for patients with palpitations. At that time, a GP could refer a patient for an ECG holter monitor test or refer them directly to cardiology who would then decide if the patient needed a different type of rhythm monitor. This meant that patients could be in long queues only to be informed that they required another type of monitor and then have to wait on another list for that test.

> **The thinking was in that journey, [when] the patient gets referred to secondary care if there is a long wait their symptoms can often change or they might need investigations repeated by the time they get to secondary care and its seeing if we can streamline that journey.**
>
> Medical Director, Grampian Local Medical Committee

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After discussing this approach with other GP colleagues, the CIG GP team member identified that having the option to refer to other investigations was positively received. However, they identified a need for additional support around the interpretation of these new test results especially for those results that were abnormal. It was suggested by the cardiology service that cardiology registrars had the capacity to provide this clinical interpretation support before returning the results to the GP. If the result was very clearly abnormal the result would be discussed with cardiology immediately yet for those results that were slightly abnormal, having this clinical interpretation support would be highly valued by GP colleagues.

> **It was felt that if the GP could refer directly to other monitors that were more suited to their patient's symptoms that it would reduce that pathway of having to wait for cardiologists. It would mean less waiting times for the patients that GP's referred to cardiology who really needed that cardiology input rather than other investigations first.**
>
> Medical Director, Grampian Local Medical Committee

Cardiology next steps

This clinical interpretation would provide advice of next steps in terms of other symptoms the patient was showing and possible actions that could be taken within primary care such as blood tests. This new approach to the referral pathway between primary and secondary care has been approved by the GP Sub Committee, Local Medical Committee and the cardiology consultant group. The team are currently finalising the necessary referral forms required for GPs to start implementing this new way of working.

> **"They would give their interpretation so that we [GPs] would have a better idea of what to do with the report because the reports tend to be very technical so it is out with our area of expertise […] It was felt that also perhaps this would also be beneficial to their [registrar] training to have these [reports] to look at as well"**
>
> Medical Director, Grampian Local Medical Committee

> **"It is about getting the right information to the right people**
>
> Head of Transformation for Acute, NHS Grampian

Example 3: Improvement in patient communication

Acknowledgement that there is not a standard approach to written communication between primary care, secondary care, and patients, led the CIG to start a review of the existing model in order to identify improvements. Establishing consistency across services would reduce the risk of miscommunication and clinical information being missed. The team have now reviewed current communication, prediction and waiting list data, and letter templates. They have also engaged with NHS Lothian who have undertaken similar work. Additionally, they have consulted with psychology colleagues and sought advice regarding the potential to use eConsult for digital triaging to enhance the pathway. They have since designed and shared a letter templates and presented on this work to raise awareness of the new outpatient communication model across both primary and secondary care.

Conclusion

Project such as these examples have helped ensure that a **more streamlined approach to the transition from primary care to secondary care** is being designed across NHS Grampian. As a result, the work has been continued throughout COVID-19 to help ensure equity of care across services.