**Why is the primary-secondary care interface a priority?**

The Royal College of General Practitioners (Scotland) has been reviewing the Primary-Secondary Care Interface since 2016 and their research, along with others, has shown that:

* The primary secondary care interface is an area of high risk for patients and clinicians.

A significant number of routine significant event analyses done in primary care highlight adverse events occurring at the interface – these are not routinely escalated, collated, analysed or shared to inform the improvement of systems.

* A dysfunctional interface not only impacts on patient safety, but also on efficiency, patient experience of the healthcare system and inter-professional relationships and morale.
* Many health board areas do not have a well-functioning dedicated interface forum, that allows two-way learning, feedback, and suggestions for improvement.

**Why has this group been established?**

It is felt that a primary-secondary interface group could act as a forum to discuss, better understand and suggest solutions for the many challenges that arise at the primary-secondary care interface, within our wider complex NHS system.

Previously there has been no real forum to do so, with most issues from primary care being “referred” to the LMC, if escalated at all. There is not generally the capacity within busy LMCs to be able to give these issues the time needed to understand the factors leading to breakdown, or to understand what is needed to change systems and culture around this.

**Who’s involved in the local Interface Group?**

The [*insert Health Board*] Interface Group was established in [*insert date - month/year*] and comprises members from Primary and Secondary Care [*insert any additional members such as IT leads, non-clinical members etc*]. The membership of the Group is as follows:

|  |  |
| --- | --- |
| *Name* | *Roles* |
| *Name**Name**Name* *Name* *Name**Name* | *Role**Role**Role**Role**Role**Role* |

*\*Others may be invited to the group depending on the issues being discussed*

**What will the Interface Group do?**

The aim of the Primary-Secondary Care Interface Group is to foster closer working relationships between primary and secondary care, facilitate shared identification of interface challenges and the development of solutions thereby improving joint working and providing better care for patients.

The main role of the group will be to re-establish strong and supportive inter-professional working relationships across primary and secondary care. In addition to this, intended roles would be:

* Facilitation of two-way learning and information sharing.
* Understanding of key common interface issues from review of adverse events.
* Act as a forum for clinicians to feed in interface related issues.
* Solution-finding for issues raised.
* Cascading of information via established networks.
* “Sense-checking” of new processes prior to roll-out.
* Onward delegation of specific workstreams once potential solutions identified.
* Supporting Work Shadowing between primary and secondary care professionals.
* Advocating shared learning opportunities.

The remit of the group would be to consider any interface issues that are identified as in need of improvement These would be considered using a themed approach at each meeting (e.g. prescribing issues, IT issues, discharge planning issues). A “triage” process will be developed to consider which items are suitable for the group to discuss to ensure time is used efficiently.

**How will the work be carried forward?**

Interface issues will be identified through a variety of routes, including review of SEA’s and patient feedback. Clinicians in primary or secondary care are welcomed to raise any interface issues they have experienced, with the Interface Group to take forward. We aim to consider any interface issues that are agreed to need improvement. These will be considered using a themed approach at each meeting (e.g. prescribing issues, IT issues, discharge planning issues). A “triage” process is in place to consider which items are suitable for the group to discuss to ensure time is used efficiently. There will also be a role for clinical development fellows for more detailed quality improvement work.Proposed solutions for improvement and change will be delegated to the appropriate operational groups. Please contact a member of the group, listed above.

**Who does the group report to?**

The Interface Group will report to [*insert group*] who in turn report to [*insert group, if applicable*].

**How will others be kept up to date about planned pieces of work?**

Minutes will be available on the intranet and will also be shared with:

* GP subgroup
* Clinical Management Group
* Medical Directors Group
* Health and Social Care Partnerships

Any key outcomes will also be shared via existing communication networks for primary care [*insert local primary care examples*] and secondary care [*insert local secondary care examples*] and out of hours *[insert OOH examples*].