Interface Forum Event

Royal College of Physicians Edinburgh
11 September 2024

43 Attendees	95% Rated event as “excellent”	
10 Speakers	12 Health Boards Represented	**100%** Would attend future events

Overview:

RCGP Scotland invited clinical staff involved in overseeing primary-secondary care interface working, from every territorial Health Board to the Interface Forum on 11 September 2024 in Edinburgh. Encouragingly, 12 of the 14 Health Boards were represented in person. In addition, there were senior representatives from Scottish Government, National Services for Scotland, NHS Education Scotland (NES) and Health and Social Care Scotland.

The aim of the day was to share learning, demonstrate the value of Interface Groups, and provide an in-person networking opportunity for colleagues from across the country.

Overview of the Event

A range of speakers were invited to showcase some of the fantastic interface work happening across Health Boards, as well as to explore safety, efficiency and patient experience issues and how Interface Groups can mitigate these. A full recording and powerpoint slides of the day can be shared upon request by emailing scotland.interface@rcgp.org.uk.

We were delighted that the Deputy CMO Dr Graham Ellis opened the event and recognised the importance of collaborative working to improve work at the interface. In his opening remarks, Graham Ellis said “We (Scottish Government) are leaning into the space and we are really keen to transform our healthcare system to make it more sustainable and more rewarding for the staff who work in it.” Following the opening remarks, a representative from the RCGP Scottish Patient Forum, Chris Corkish, described his experience as a patient and carer and how a lack of coordination at the interface can significantly impact the patient experience. He shared a story of a patient with learning difficulties, who, because of a lack of communication and assumptions made about his abilities, was not properly referred. Chris shared that when this patient was seen and given the proper treatment, it made an immeasurable difference to his quality of life. The patient voice brings to life many challenges at the interface and is central to why this work is so important. This speech set the tone for discussions to take place throughout the event.

Next, a Practice Pharmacist, Susie Anderson, clearly demonstrated the inefficiency and safety implications that poor communication at the interface can cause. She shared a case study of one elderly patient, tracking their movements through the system with an image showing the amount of time and resources used when clinicians were not clear with each other and the patient.

Following this, Professor Paul Bowie, Programme Director for Safety and Improvement at NES, described a human factors approach to managing risk at the interface. He described the complexity in healthcare systems and suggested a new way to understand and improve safety from a human factors perspective. He introduced a tool Interface Groups could apply to their work called the ‘Care Interface Design (Cinde) Tool.’ This tool can be shared upon request by emailing: scotland.interface@rcgp.org.uk.

Overview of the Event Continued

The next three speakers were Leads representing different Interface Groups from across the country. Each speaker was invited to share benefits and challenges they have experienced and to showcase some of the fantastic achievements made towards improving interface working in their Health Board. Dr Annie Lomas spoke about the collaborative approach within the NHS Lothian Interface Group and a recent paper which clarified roles at the interface. She shared the importance of involving members from diverse professional backgrounds, and crucially, secondary care and management perspectives, to be represented in Interface Groups. Next, Dr Sue Robertson described the innovative use and application of the 'Write to Me' guidance, which has led to several clinics in Dumfries and Galloway writing directly to patients. A dynamic discussion followed among attendees who debated whether initiatives, such as Write to Me, should be mandated or voluntary among Health Boards. There was broad support for this initiative in the room but questions were raised around implementation and funding of clinical time to work on similar projects. Lastly, Dr Claire Copeland spoke on the design of the NHS Highlands Interface Group and attempts to increase engagement, with the upcoming agenda focused on improving communication between primary and secondary care, looking at topics including; immediate discharge letters, referral pathways, and live communication via the switchboard.

In the afternoon, Dr Chris Provan, Chair of RCGP Scotland, spoke about his experience in Grampian and how a clinician shadowing programme benefited local relationships there. Dr Provan strongly emphasised RCGP Scotland's support for mandating Interface Groups. Following Dr Provan, the Centre for Sustainable Delivery was represented by Dr John Thomson who shared the organisation's aims for the future including the collaborative approach with RCGP Scotland and early primary care input into National Pathway development and the Accelerated National Innovation Adoption programme. Dr Stuart Sutton, RCGP Scotland Clinical Lead for Interface Working, then spoke further on the importance of the active dissemination of new national guidelines to primary care. The role of Interface Groups in this work, via vertical communication to GPs was described to ensure that new guidelines are used in primary care consultations for the benefit of patients. Dr Robert Manson, RCGP Scotland Clinical Lead for Interface Groups, closed the event by introducing a proposed draft "Gold Standard" model for interface groups and encouraging attendees to feedback on key questions (see page 4).

Feedback

As well as the event evaluation, we wanted to gain clinician's' views on some key questions. We did this by asking them to write their answers on post-it notes at the event. These answers will help to shape our future work and priorities at RCGP Scotland (see page 7 to learn more).

What's the biggest barrier you've found to interface working?

- **Attitudes:** Lack of understanding and empathy. Poor attitudes.
- **Resources:** No answer to the "how is work funded or supported?" Question makes realistically stepping back from clinical work difficult (if not impossible). Predominant local consultant workforce in NHS make regular and meaningful engagement challenging.
- **IT:** Poor IT structures, multiple IT systems that don't talk to each other.
- **Time**: Lack of time, pressured work, concern about creep in workload.

What would make your group more effective?

- Protected time for engagement.
- Fostering a safe place for candid discussion and clear decisions.
- Financial support for Interface Group meeting attendance (therefore board support).
- Need to share ideas of best practice better (a national interface forum). We don't need to reinvent the wheel - scale and spread good ideas.

Feedback

We also asked attendees to feedback through a post-event survey.

What topic/presentation did you find the most relevant to your work?

- CfSD was really interesting to learn more about, especially its practicality.
- Local presentations on interface working in practice.
- Presentation from practice pharmacist.
- National Pathways what the future should look like?
- Human Factors.
- DCMO presentation on national picture.
- Lothian, Dumfries and Galloway, and Human Factors.
- Hearing from those leading Interface Groups and the patient voice.
- Interface Group case Studies.
- Everything!
- Pharmacist; identifying present behaviour that impacts on others and is inefficient and possibly harmful. Could be amenable to improvement and cost neutral.

Feedback

Was there any topic you felt was missing from the day?

- Some specifics and support on how to establish Interface Groups where they currently do not exist would have been really helpful.
- It would have been useful to have further discussion around technology and how this could be an enabler.
- More secondary care clinicians.
- How to engage with hard to reach colleagues?
- The impact of other healthcare professionals.
- It would be good to hear more broader examples of where things worked well and where they did not.
- Broader planning of service discussions, breaking down barriers rather than interface between silos.
- More from what the different teams look like, funding and job planning, what has been tried and found to be unsuccessful elsewhere.
- A bit more clarity surrounding expectations of Interface Groups - membership, workstreams etc. Always needs to be an element of autonomy but basic guidance would be welcome to ensure addressing correct topics.

Is there anything else you would like to share with us?

- So good to give the teams from across the country the opportunity to meet and make human connection.
- I really appreciated the invitation, thank you. I would have really like to have seen a stronger position from those in RCGP Exec roles by challenging the SG representatives to respond to some of the more challenging questions.
- I really enjoyed the day thank you so much for organising, I would have liked more interactive sessions in the afternoon rather than more lectures and did not feel the CFSD contribution (whilst interesting) was very relevant to community care.

Conclusion

The attendance at this event of senior leaders is a testament to the importance of interface working and the need to further support Interface Groups. With appropriate resource and backing from leadership, these groups can provide a vital service that can improve safety, efficiency, and the patient experience. Focus on the interface can, by clarifying interactions and enhancing communication, also help to facilitate a realistic medicine approach. RCGP Scotland will continue to advocate for mandatory Interface Groups in every Health Board and support current groups to share learning. These groups must be resourced to enable clinician participation and we will continue to advocate for funded time and resource in each Health Board for Interface Groups to thrive.

What's next?

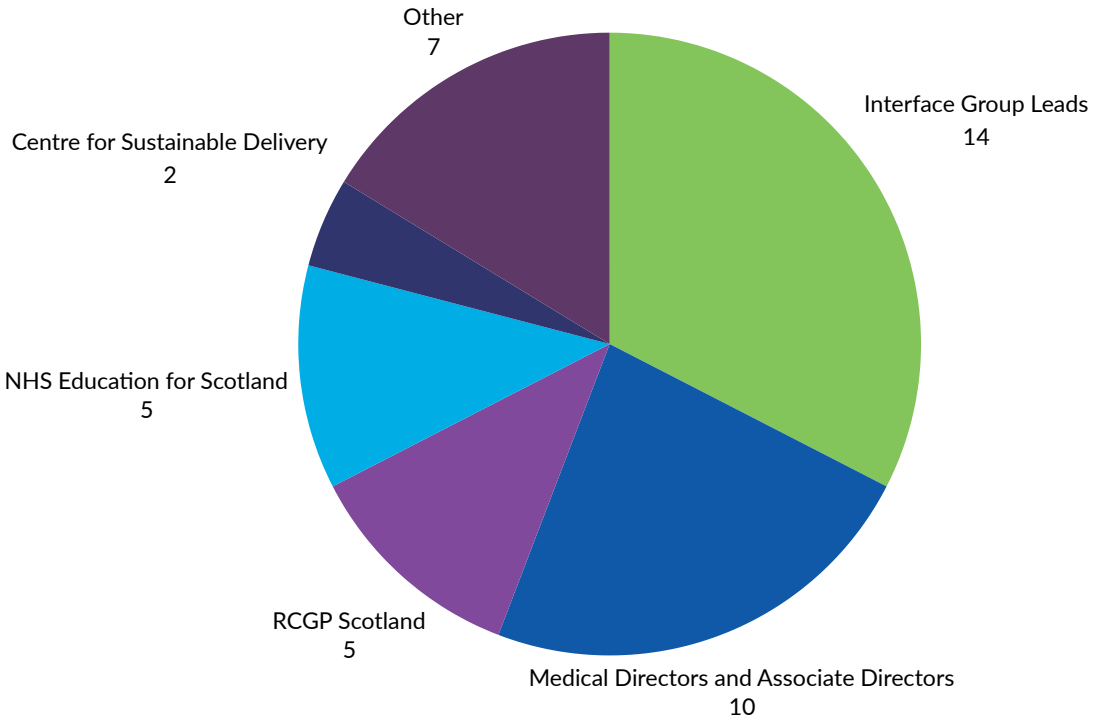
In response to the discussion and feedback from attendees at this event, RCGP Scotland will continue to support Interface Groups in the following ways:

1. Update and maintain the RCGP support pack which includes a template business case to help individuals seeking resourced time and funding from their Health Board.
2. Support individuals and Boards hoping to establish an Interface Group through our clinical expertise and advocacy.
3. Develop guidance and recommendations for what represents a functional Interface Group, inviting feedback from every Health Board Interface Group. This draft "Gold Standard Model" can be seen on page 9. We will work with Scottish Government to scope further guidance for Health Boards.
4. Create future learning events online and in person for Interface Groups to continue to develop and share best practice. This may include another national in-person event.
5. Manage a new national MS Teams Channel for Interface Group Leads to share learning and experiences on a more regular basis.
6. Scope ideas to improve the connection between Interface Groups and GP Quality Clusters to further enhance systemic quality and safety improvement.

Press:

The college received press coverage in the Pulse Today for hosting the event and highlighting the need for mandated Interface Groups. The event was also shared on RCGP Scotland's Facebook and Twitter pages.

Representation of Attendees



What to get involved with future work? Get in touch.

scotland.interface@rcgp.org.uk

Draft template: "Gold Standard Model for Primary–Secondary Care Interface Group working in Scotland"

- The aim of an Interface Group should be clear: **to improve the patient journey**.
- Each Interface Group must have organisational recognition by the Health Board. It should be embedded within existing Health Board governance structures and should be the recognised place where to bring operational issues at the interface. Examples of interface areas include:
  - Patient discharge from hospital
  - Referrals from primary care
  - Communication between primary and secondary care
  - Investigation or result handling across the interface
  - Primary care role in the provision of care
  - Prescribing across the interface
  - Significant event analysis relating to the interface

- Interface Groups should have senior representation from primary and secondary care and from Health Board management. Exact group make-up should be determined at a Health Board level.
- Interface Groups should have a culture that is collaborative and focused on outcomes.
- If the Interface Group is unable to reach consensus on a particular issue, the route for escalation of this issue should be clear. This should fit into existing organisational and governance structures.
- The mechanisms by which the group operates should be clear and transparent. For example, there should be clear pathways to raise issues with the Interface Group, recording of Interface Group outcomes, and communication of Interface Group decisions.
- Interface Groups should be visible with colleagues from across primary and secondary care with transparent information on who is on the group, how others can feed in, and where they can find information about outputs.
- Interface Group roles should be resourced to reduce turnover and to ensure that there is funded or supported time for groups to meet and action any research/improvements.
- The groups should encourage innovation which is likely to improve patient care at the interface.