**Background**

At a time when all doctors are working harder and under more pressure than ever before, there is a need and a desire to improve the relationships, communication and joint working between primary and secondary care, through better understanding of each other’s roles, remits and challenges.

The NHS (Health Board name) Primary-Secondary Care Interface Group is dedicated forum to allow interface issues to be identified and offer a clinician led, solution-focused approach to addressing these issues. It is hoped that having a formalised process in place to analyse these issues and make suggestions for change will bring about improvements in inter-professional working, efficiency and safety in patient care and also in patient experience.

**Membership**

The core membership will be small and will consist of equal numbers of key GPs and consultants. Meetings will be co-chaired by one GP and one consultant to support joint ownership of discussions, decisions and actions. A member with a role in IT development is advantageous, as many interface solutions require IT knowledge and influence. The most important thing is for all members to be enthusiastic about making improvements across the interface. Other key people will be invited to attend as appropriate, depending on the topics chosen for any particular meeting (for example nurse colleagues, AHPs, colleagues in education, lay representatives).

*Recommendations: The membership should aim to represent, where possible, different hospital sites and different HSCPs. It is also recommended that the GP membership represents both in and out-of-hours general practice and the LMC/GP sub-committee and from secondary care, the consultant committee. A clinician member with a training and education role can facilitate collation of identified projects and linkage with existing development opportunities, such as clinical development fellows and quality improvement teams. Involvement of the Medical Director on the group helps lend credibility. Including a non-clinical manager (e.g. from modernisation teams, quality improvement teams) can enable linkage with the workstreams within the wider organisation. A dedicated administrator can provide support such as formulising project plans and the onward delegation of identified workstreams.*

**Aim**

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.

**Roles and remit**

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.

**Reporting structures**

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

**Cascading structures**

Minutes will be shared with: (list e.g. LMC, GP Sub committee, Consultant committee, Clinical Management Group, Medical Directors Group, HSCP)

Any key outcomes will also be shared via existing communication networks for primary care (the PCCO weekly distribution email) and secondary care (the acute sector newsletters) and out of hours (the LUCS monthly update)

**Frequency of meetings**

The group aim to meet \*\*\*\*. There will be the option of virtual interim meetings if felt necessary for more urgent topics needing decision. Involvement in this initiative should be considered a quality improvement exercise in terms of appraisal.

*Add any detail relating to backfill/inclusion in job plans*