**“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 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/adverse event analysis relating to the interface
    - GP Quality Cluster work
    - Inequitable healthcare
* 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 develop terms of reference with a shared vision and direction. It should include:
  + - The route for escalation of an issue if the Interface Group is unable to reach consensus. This should fit into existing organisational and governance structures.
    - Clear and transparent mechanisms by which the group operates. For example, there should be clear pathways to raise issues, record outcomes, and communicate Interface Group decisions.
* Interface Groups should have a culture that is collaborative and focused on outcomes that keep the lived experience of patients and carers at the centre of the process.
* Interface Groups should be accessible and visible throughout the organisation with transparent information on who is in the group, how others can feed in, and where to find information about outputs.
* Interface Group Leads and supporting administration should be resourced to ensure there is time for groups to meet and action research and improvements.
* The groups should encourage innovation focused on improving patient care at the interface.