**Interface Groups – Potential Initial Activities**

Below are some examples of activities undertaken in Boards where dedicated Interface Groups have been successfully established, to give insight in to activities your Interface Group could achieve.

**Promoting opportunities for two-way learning and, thus, wider system improvement**

* **Two-way learning from significant events**
  + Share emerging themes from a formal review of primary care adverse events with an interface theme to help identify common issues. This information can be used to inform future work streams and facilitate direct communication with specialty departments or practices. Information on recording and reviewing SEA’s can be found on the [appraisal website](http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/toolkits/scottish-gp-appraisal-toolkit/domain-2/significant-event-analysis.aspx)
* **Facilitation of work shadowing schemes**
  + One Board ran a “speed dating” event, with pairs of GPs and consultants, who subsequently took part in work shadowing. Materials have been developed by RCGP Scotland to support Interface Groups establish work shadowing, which are included in this support pack.
* **Shared Learning Events**
  + Series of “Clinical Conversations” bringing together a group pf GPs and Consultants from a specific specialty to discuss how they could work together to improve care and communication. The intention is that these conversations are then fed in to existing mainstream local redesign work.
  + [A Practice Based Small Group Learning (PBSGL) module](https://www.pbsgl.co.uk/modules) entitled ‘Us and Them’ has been developed by primary and secondary care clinicians with the aim of helping to improve understanding of each other’s roles at the interface and explore factors that impact on patient care at the interface. Groups are permitted to use this module, as long as it is delivered by a PBSGL member who is comfortable facilitating and all participants complete the evaluation log at the end and these are compiled and emailed to [euan.bailey@rcgp.org.uk](mailto:euan.bailey@rcgp.org.uk) (PBSGL has requested that we receive copies of the logs and submit to them so that they can monitor use and refine the module accordingly).
* **Joint GP and Consultant induction**
* Involvement of the Interface Group in providing a joint induction for new senior clinicians, resulting in improved relationship building at an early stage and a sense of shared vision.

**Clinical Expectation Management**

* **Referral Wording to secondary care**
* Letter from Interface Group to primary care requesting more explicit wording in referral about their expectations (develop example letter)
* **Prescribing requests to primary care**
* Letter from Interface Group to secondary care recommending appropriate timescales for requesting prescriptions following outpatient attendance, use of standardised wording on envelopes to be handed in to surgeries.

**Sense-checking prior to roll-out**

* **Update referral guidance resource**
* Interface Group consulted on updates to the referral guidance resource on the local intranet, in terms of structure and content
  + **Consult on models and processes**
* Interface Group consulted by outpatient working group on appointment allocation models, management of DNAs and options for re-referrals to minimise GP workload

**Local IT improvements**

* + Improving communication and clinical decision support options
    - Modification of TRAK patient record software to include the contact details of secondary care departments in all correspondence to GPs
    - Consultation with Interface Group on recommended format and wording of Immediate Discharge Letter (IDL) to facilitate easy communication about medication changes and follow up actions to GPs
    - Recommendation to develop dedicated email advice options for every specialty (in progress)
    - Recommendation to offer professional-to-professional phonelines for every GP surgery (in progress)
  + Virtual clinics and community phlebotomy for secondary care
* Interface Group explored options for streamlining community phlebotomy blood results returning direct to managing specialty and made recommendations.

**Improving GP Practice Sustainability Group Recommendations**

In addition to these examples from Health Boards, the Scottish Government Improving GP Practice Sustainability Group has developed five recommendations that they would like Primary-Secondary Interface Groups to achieve. Interface Groups may wish to consider some or all of the following recommendations:

* Consider how to change the process for routine follow-up out of hospital procedures and results of tests, removing the need for GP involvement when not necessary
* Consider how to change the process so that specialists within secondary care can refer a patient onward to a related specialty, rather than going back through the GP
* Consider how to change the process within secondary care so that Fit Note certificates are issued at OPD or at time of discharge, where the condition being treated by the specialist is the cause of the temporary disability.
* NHS Boards to communicate how secondary care staff should request a patient to be visited by the most appropriate professional for their condition e.g. social care or district nurse rather than automatically requesting a GP visit
* Consider how to change the referral pathway of patient who do not attend (DNA) hospital appointments to remove the need for GP re-referrals.