Dear Clerks to the Committee,

Thank you for meeting with us on 10 May 2016. During the meeting, problems at the interface of care were discussed in some detail and you asked us to expand upon our concerns through this letter. The interface between primary and secondary care is an area of high risk for patients and clinicians. A significant percentage of medical errors happen at the interfaces of healthcare, with a large proportion of these happening between the primary and secondary care systems.

Supporting statements & evidence:

- A considerable number of routine Significant Event Analyses undertaken in primary care relating to the interface between primary care and other areas of the healthcare system are not routinely escalated, collated, analysed or used to inform the improvement of systems.
- The majority of Health Board areas do not have a well-functioning, dedicated interface forum that allows two-way learning, feedback and suggestions for improvement.
- Even where interface structures exist, these are currently not seen to be effective because GPs often do not feel that their concerns are acknowledged or acted upon.
- There is a sense of disconnect and isolation at the loss of inter-professional relationships across the interface because of competing pressures and lack of opportunities to meet. This creates more siloed and less streamlined working, and can result in less functional communication between primary and secondary care.
- Current IT systems are a significant factor in a dysfunctional interface; unreliability, inflexibility, incompatibility and restricted functionality impact on the ability to share clinical data across the interface safely and efficiently.

Areas RCGP Scotland believes warrant the Committee’s scrutiny include:

- That each Health Board be supported, via their Chief Executives, to establish rigorous ways of being able to systematically collect and meaningfully analyse data around adverse events occurring at the primary-secondary care interface, be this from Significant Event Analyses, patient complaints or DATIX reporting;
- Increased resourcing of IT structures to improve the interface, for example:
  - Generic email addresses for all specialities so that clinical advice may be sought formally and easily.
  - Improved functionality of SciGateway for email advice.
Dedicated professional to professional phone lines in primary and secondary care.
Improved IT interface between the Key Information Summary (KIS) and secondary care systems.
Option of GPs having access to secondary care systems (e.g. TRAK).

That each Health Board be supported, via their Chief Executives, to establish clinical lead interface roles for both primary and secondary care and an appropriately resourced Interface Group. This should comprise the interface leads and other frontline clinicians from primary and secondary care with an interest in the interface to allow a dedicated forum for discussion, learning and problem solving of key interface issues. Its function should not just be reactive to the issues referred to the group but also proactive, with a “sense-checking” remit prior to any major changes in systems or processes that are likely to affect the other side of the interface. An educational remit, with the facility for dissemination of two-way learning is recommended. This group should have a clear reporting structure, and links to the Quality Improvement Teams within the health board, to allow proposed solutions to be carried forward.

Yours faithfully

Miles Mack
Chair, RCGP Scotland