

## Cover Sheet

Trust Board Meeting in Public: Wednesday 15 January 2025

TB2025.12

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**Title:** Update on Primary Care Interface Collaboration

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**Status:** For Information

**History:** Trust Management Executive has previously received a report on OUH Primary Care Interface Programme (2022)

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**Board Lead:** Chief Medical Officer

**Author:** Olivia Clymer, Director of Strategy & Partnerships

**Confidential:** No

**Key Purpose:** Partnership working

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## **Executive Summary**

1. The interface between primary and secondary care has been identified as an area of risk and challenge for patients and clinicians. An active focus on improvement is now being supported and promoted nationally.
2. This paper sets out how Oxford University Hospitals are responding to this within Oxfordshire and how that contributes to addressing this at a BOB ICB level.

## **Recommendations**

3. The Trust Board is asked to:
  - Note the content of the paper.
  - Support the activity in principle.
  - Advise on the scheduling of future Board reports.

## Update on Primary Care Interface Collaboration

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### 1. Purpose

- 1.1. To update Board on activity to support improvements at the interface between primary and secondary care.

### 2. Background

- 2.1. The interface between Primary and Secondary care matters to patients and staff. Evidence for this comes from their experiences captured via local Healthwatch and NHS patient experience channels; from multiple workforce surveys at local, regional and national levels; and from complaints received from both clinicians and patients. There is also evidence to suggest that approximately half of medical errors happen at the interfaces of care, with one third of these happening at the interface between primary and secondary care (*Royal College of General Practitioners, Effective Interface. RCGP Scotland. January 2017*).
- 2.2. The following data illustrate the challenges:
  - 2.2.1. From work across the Humberside ICS footprint, GPs spend 28 minutes a week resolving issues with other organisations, with 6600 interface difficulties every month. (*Humberside LMC report January 2024, shared as part of the NHS Confederation programme*).
  - 2.2.2. An estimated 43% of Emergency Department (ED) attendances could be managed in general practice. *Foundation, (March 2023) H Anderson, A Scantlebury, H. Leggit et al, 'Perspectives of GP working in or alongside emergency departments in England: qualitative findings from the GPs and Emergency Departments Study', British Journal of General Practice, (October 2022)*.
  - 2.2.3. A recent analysis of over 40,000 referrals from GP to acute medical assessments found high variation in referral rates suggesting opportunities for improvement through alignment with best practice. (*M. Lyall, D.Beckett, A. Price et al. 'Variation in GPs referral rate to acute medicine services & association with hospital admission. A retrospective study'. Family Practice, Vol.42, Issue 2, (April 2023)*).

- 2.3. Nationally these challenges have been considered through a number of reports including:
  - 2.3.1. July 2017: NHS England *The interface between primary and secondary care: Key messages for NHS clinicians and managers.*
  - 2.3.2. February 2020: a joint paper by the Academy of Medical Royal Colleges, Royal College of Physicians, Royal College of Nursing, Royal College of General Practice, British Medical Association, NHS Clinical Commissioners and NHS England, *Professional behaviours and communication principles for working across Primary and Secondary Care interfaces.*
  - 2.3.3. March 2023 Academy of Medical Royal Colleges General Practice and Secondary Care, *Working better together.*  
(Papers are available in the reading room)
- 2.4. Oxford University Hospitals committed to addressing these challenges through the appointment of a clinical Primary Care Liaison lead, working with the Director of Strategy & Partnerships and linking to the Chief Medical Officer and Deputy Chief Medical Officer. This is a 2 PA per week role, which, with the Director of Strategy & Partnership, is a key point of contact for queries / issues from Oxfordshire GPs via the Local Medical Committees (LMC) and Oxfordshire GP Leadership Group.
- 2.5. The Primary Care Liaison lead either addresses any interface issues raised either directly or in liaison with clinical colleagues. Issues coming through this channel include those in relation to investigations, prescribing, discharge summaries and clinical letters. This reflects national experience and is echoed in the above reports.
- 2.6. As part of the greater national interest in the interface, local ICBs now survey NHS providers in relation to key aspects of interface working. Surveys of providers within BOB ICB took place in 2023 and in April and September of 2024. OUH performs well amongst its peers.

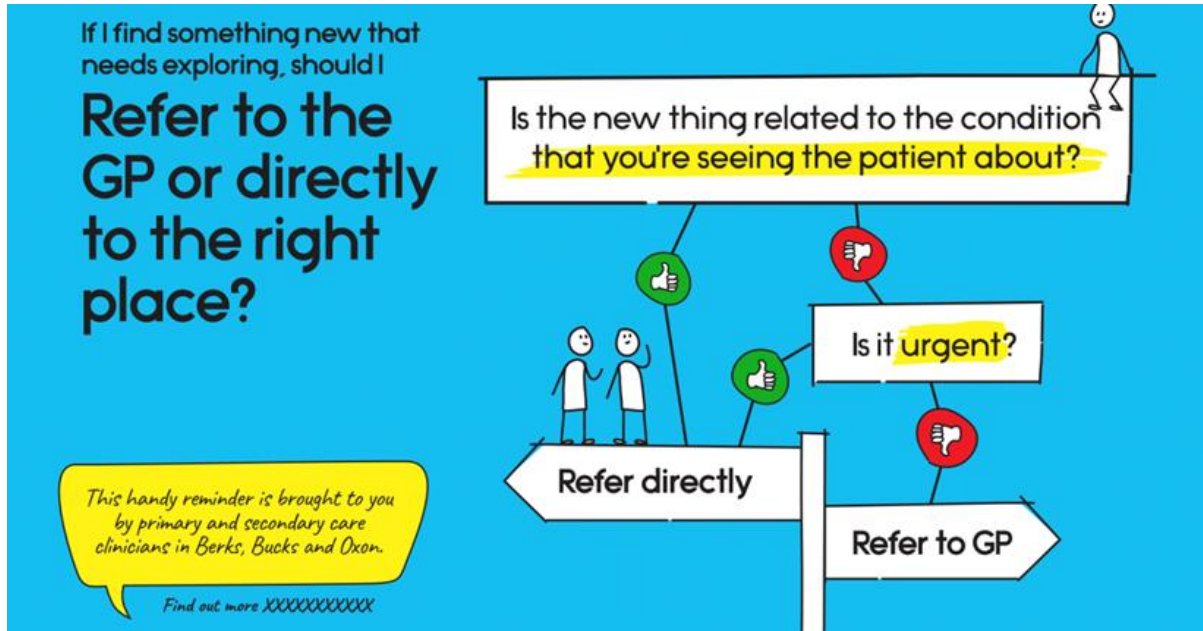
### **3. How we are working to improve the interface**

#### ***Development of Educational Resources***

- 3.1. In March 2024 funding was secured from BOB ICB to produce educational resources that would increase understanding of the interface and associated responsibilities for clinicians. A Trust plan was developed, informed by analysis of the multiple themes arising at the interface with the aim that the resources should be concise, engaging, have a peer to peer feel, address issues related to both contractual obligations and culture, be accessible to all and easily transferable across BOB, include reminder

prompts, and editable to allow them to be updated as required. The style and tone reflects clinicians talking to clinicians with some humour in moderation. Materials will be available as video, social media collateral and posters with completion anticipated by February 2025.

3.2. An example slide is shown below:



### **NHS Confederation work**

- 3.3. In April 2024 Oxfordshire secured one of eleven places on the NHS Confederation Primary Secondary Interface project. This was *an improvement programme supporting primary and secondary care organisations to deliver solutions focused interface working in local areas* consisting of supported sessions with peers across the country and the NHS Confederation Programme organisational development team. Oxfordshire were matched with North Yorkshire but were also able to meet and learn from colleagues' experience in Nottingham and Northumbria. The programme's five sessions ran from April to December of 2024 and one of the outputs is an Interface Improvement Hub of resources available on the NHS Confederation website. Further rounds of the programme are planned for 2025.
- 3.4. The Oxfordshire NHS Confederation team consisted of the Chair of the Oxfordshire GP Leadership Group, Emergency Department, Rheumatology, Gastroenterology, ICU/anaesthetic and Pre-operative Consultants, the Primary Care lead at the ICB, OUH Primary Care Liaison lead and the OUH Director of Strategy & Partnerships. The team focused on advice and guidance, and consultant to consultant referrals but what underpinned the project this was the need to build relationships and improve communication.

- 3.5. A baseline survey among OUH Consultants, Allied Health Professionals and Oxfordshire GPs of colleagues' experience of the interface received over 150 responses. The survey, 'Interface Temperature Check', was well received, has been taken up nationally, and will be used again to gauge progress and support local and national reporting.
- 3.6. Emergency Department colleagues on the NHS Confederation project have already hosted visits from five Oxfordshire GPs with a reciprocal visit to be arranged.

#### ***Primary-Secondary Care Engagement***

- 3.7. On Tuesday evening 7 January, the NHS Confederation project team hosted the first Primary/ Secondary Care Interface networking meeting to share the Temperature Check survey findings and educational resources. This was attended by over 40 GP and Consultant colleagues from a range of specialties. The event included group work in which primary and secondary care colleagues worked together to consider a challenge each from primary and secondary care that might be addressed as a quick win, short or medium-term piece of work. The output of this is currently being analysed, based on which a report and action plan will be developed.

## **4. Next Steps**

- 4.1. ***Strengthening interface engagement and relationships:*** The Primary/Secondary Care Interface networking event on 7 January has generated valuable practical suggestions and ways of working which will be analysed and prioritised for delivery. Colleagues are conscious that across the NHS resources are very limited and there is no additional funding available to support this work. Opportunities for collaboration and improved ways of working will therefore be prioritised initially as a means of improving interface working. Informal feedback from the evening suggests that further networking events would be welcomed for colleagues to meet face to face and build relationships. Plans for this will be developed in Q4 of 2024/25.
- 4.2. ***Collaboration at system level:*** There is currently a quarterly Oxfordshire LMC Primary Care Liaison meeting with BOB ICB, at which OUH are represented by Primary Care Liaison lead and the Director of Strategy & Partnerships.
- 4.3. ***Establishment of an OUH-Primary Care Interface Group:*** We are in the process of establishing a new OUH-Primary Care Interface Group chaired by the Chief Medical Officer / Deputy Chief Medical Officer. Draft terms of reference are in development with the aim of hosting the first meeting in Q4 of 2024/25. The group will focus on issues specific to the OUH-Primary

care interface and will draw on the learning from the NHS Confederation project and the Temperature Check Survey.

## **5. Conclusion**

5.1. Whilst there are many challenges at the interface between primary and secondary care, OUH is taking a proactive approach to monitor, understand and address them collaboratively.

## **6. Recommendations**

6.1. The Trust Board is asked to:

- Note the content of the paper.
- Support the activity in principle.
- Advise on the scheduling of future Board reports.