

SEL primary and secondary care interface for staff activation webinar

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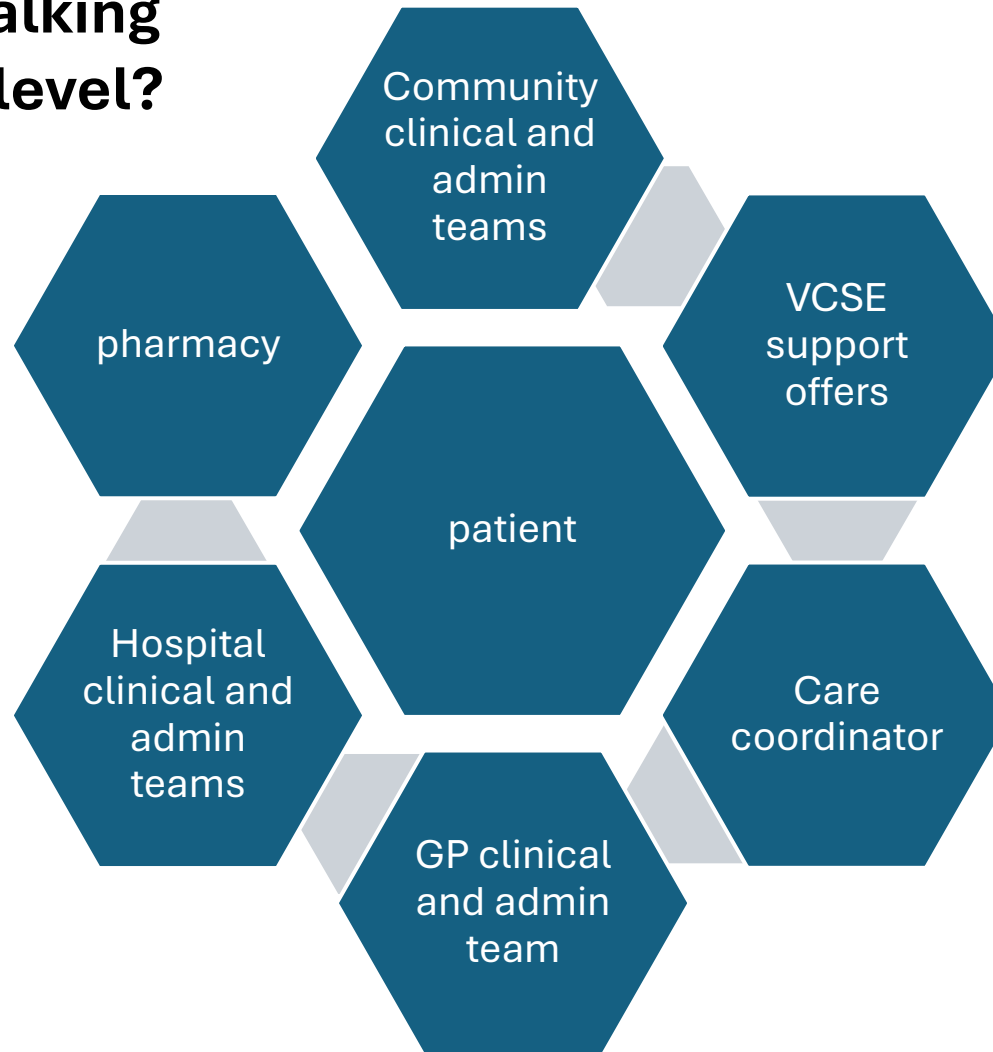
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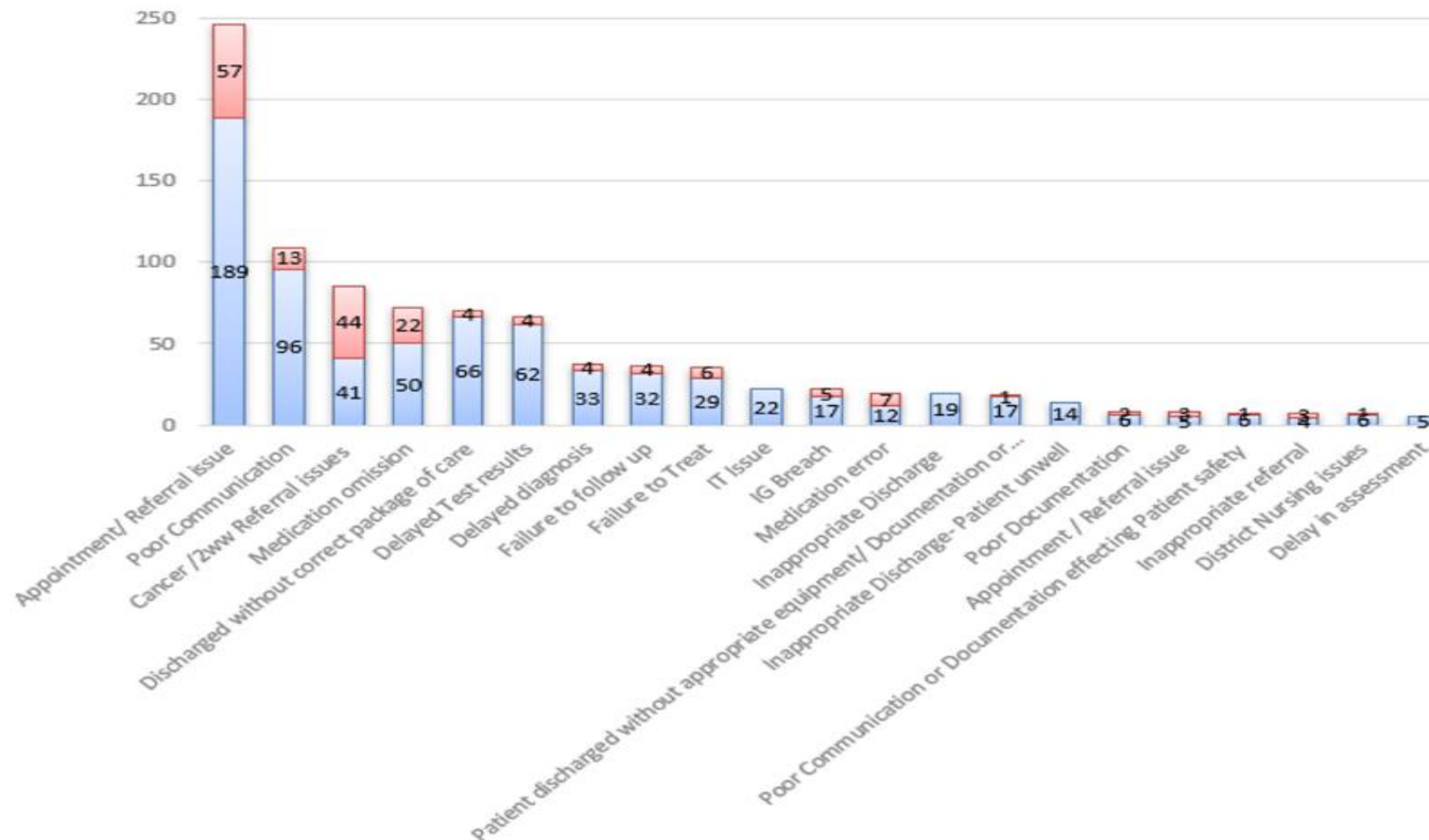
Challenges at the interface

- Key channel for patient care
- Needs to deliver best possible patient (and clinician) experience and outcomes
- Inefficiency and failure demand drives 20-30% of primary care workload
 - Complex processes
 - Multiple touch points and duplication
 - Poor communication/transfer of information
 - Failure to make use of the right expertise at the right time
 - Lack of clarity of where and how to seek help
 - Not always clear where responsibilities lie

What interfaces are we talking about at neighbourhood level?



Quality Alert themes



What are the consequences of poor interface working?

- Anxiety and distress for patients
- Inappropriate workload for clinical and admin teams
- Poor use of resources
- Financial costs due to diverted staff time or repeated contacts/tests
- Poorer patient outcomes
 - E.g. due to longer waits

We need to be more patient focused – we should:

- Improve the **experience of waiting** to minimise adverse impact on patient outcomes and wellbeing
- Make it easier to **access the right advice** from the right service/provider at the right time
- Reduce adverse patient **experience of moving between services**
- Ensure patient **information moves with the patient** to minimise the need for repetition
- Ensure **patients are engaged early** in service improvement and redesign

We need our ways of working to benefit patients so we should:

- Have structures and tools which allow shared care without the need for **referrals between organisations**
- Ensure the communication between team members is **clear with clarity of actions** for named individuals
- Clearly **define responsibility** for next steps such as accessing results and starting treatments so that patients know whom they will hear from and what to expect
- Make sure **expert advice and case management are brought together** in a reliable way
- Get the best possible **value from feedback about care** so that teams identify opportunities for improvement

How did we do this improvement work?

- Extensive stakeholder engagement, including with patients
- Established local and system interface groups
- Supported local improvement initiatives
- Developed guidance – general principles for interface working and for specific tasks and pathways
- Raised awareness and encouraged challenge to current ways of working
 - E.g. through inductions, local events

SEL Primary and Secondary Care Interface Consensus

- Onward referral
- Communication
- Call and recall
- Point of contact
- Principles of referral
- Supporting patient expectations while waiting
- Advice and guidance
- Prescribing and discharge medicines



Connected

Improving the primary/secondary care interface



South east London primary and secondary care interface consensus

Ensuring the best experience of care for our patients

August 2025



Patient charter: GP surgeries and hospitals working together for you

Ensuring the best experience of care for our patients

April 2026

We are a partnership of NHS commissioners and providers, the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and the voluntary and community sectors

South East London Discharge Summary Standards

South east London Outpatient Letter Standards

Appendix 1: Community Blood Testing – Guidance for Secondary Care in south east London

South East London Interface Working Maturity Matrix

NHS
South East London

Connected:
How does your service support
seamless and successful patient
journeys?

 Health Innovation Network South London  healthinnovationnetwork.com

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Innovation
Network
South London

General principles

1. We will see you as a whole person and join up your care across all your conditions and the services you use.

We will consider how tests, treatments, and advice interact across your different conditions, avoid unnecessary duplication, and share information so you don't have to repeat yourself. When we write to you, we will explain why tests or appointments are needed so you understand how everything fits together.

2. We will explain what happens next, why it is happening, who is responsible, and when you should expect to be next contacted.

We will communicate with care and compassion, make reasonable adjustments to meet your needs, and involve the people who support you - including carers, family, or others you trust - when you want us to. We will think about the other services and teams you are dealing with, so you feel supported rather than left to manage alone. If you're waiting for an appointment, we'll ensure you know you're on a waiting list. If we are unable to confirm a date, we will tell you how long you can expect to wait and when you will be contacted.

3. We will work together with you to make reasonable adjustments and involve carers and loved ones when you want us to.

When your care moves from one team to another - for example during referral or discharge - we will tell you what to expect, why the change is being made, when you're likely to hear from someone, and what to do if your condition changes while you wait.

General principles

4. We will explain results, medications and your care plan plainly during consultations (and in writing in some cases) avoiding medical jargon.

We will use straightforward language wherever possible, explain medical terms, and respect your preferred way of receiving information (such as phone, text, email, letter, or mixed formats). We will confirm important conversations in writing in a way that's easy to find and understand, and we will tailor the amount and style of communication so it doesn't feel overwhelming.

5. We will support you whilst you are waiting for tests, procedures, next appointment by giving you practical advice and contact details for when things do not go as planned.

We will tell you when and how your test results will arrive, what they mean, and who will explain them. We will make medication changes clear - when they are expected, why they have changed, and how to get your medicines. We will avoid jargon, let you know if a care plan is needed or needs updating, and tell you who to contact if something is unclear.

Behaviours

1. We will be honest with each other and communicate openly about what we are doing and what we need.

Staff will be transparent about pressures and limits. Patients will be honest if they are struggling with, or not following, treatment plans, medications or self-management guidance. Both sides recognise that illness affects emotions, and that staff are also working under intense pressure. Everyone commits to empathy, respect and to not blaming each other.

2. We will take shared responsibility for preparing for appointments and making good use of the time.

Patients will come prepared with questions, information or concerns, and staff will ensure complex information is backed up with a written record that patients can understand and keep. Both sides recognise that some information may need repeating and that asking for help is always acceptable.

3. Patients will attend appointments or cancel in good time, and the NHS system will make it easier to do so.

Patients commit to attending appointments wherever possible or letting services know as early as possible if they cannot. Staff commit to providing clear contact details and systems that allow cancellations or changes without unnecessary barriers. Both acknowledge that missed appointments cause delays and impact care for others. When follow up appointments or conversations are scheduled, we will do our best to accommodate these and only cancel or rearrange if necessary.

Behaviours

4. We will follow agreed care plans, treatments and tests, and tell each other when this isn't happening.

Patients will let clinicians know if they have stopped taking medications, missed tests, or chosen not to follow advice, so care can be safely adjusted. Staff will respect patient choice and avoid judgement, focusing instead on understanding what is getting in the way and what support might help.

5. We will take appropriate action if expected timelines have passed and something hasn't happened.

It is reasonable for patients to get in touch when a timeframe has passed or if they are worried something has been missed. Staff will provide clear, realistic timeframes and acknowledging when a delay has occurred. Both sides aim to avoid the feeling of being "lost in the system."

6. We will give and receive feedback respectfully and regularly, not only when things go wrong.

Patients are encouraged to share feedback early, including when things feel unclear or could work better, and staff commit to listening and using that insight to improve care. Both recognise that constructive feedback helps prevent bigger problems later.