



Interface Update – June 2024

Interface Queries

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- s.nichols3@nhs.net

- Write a message in the Teams chat

**Tell us about your interface
issues!**

Interface Strategy

Maximise engagement with LMC interface services

Regular practice engagement, maximising all available resource, to promote Humberside LMC's interface service and support general practice.

Prevent interface difficulties

Cultivate positive relationships with regional organisations to ensure GPs views are included when changes to healthcare processes are made.

Continue to develop mechanisms for resolving interface difficulties

When an interface issue is identified and reported to us we will help resolve it. This will save GP practices valuable time.

Interface Headlines

Reduced paper documents to NL/NEL practices by 45% in 12 months (est. ~120 hrs per week saved)



Diabetic eye screening will start communicating using e-mail rather than by post



Supporting development of consensus statement with Navigo



NLAG/HUTH consensus document launched (South Bank Currently)



New interface web pages launched



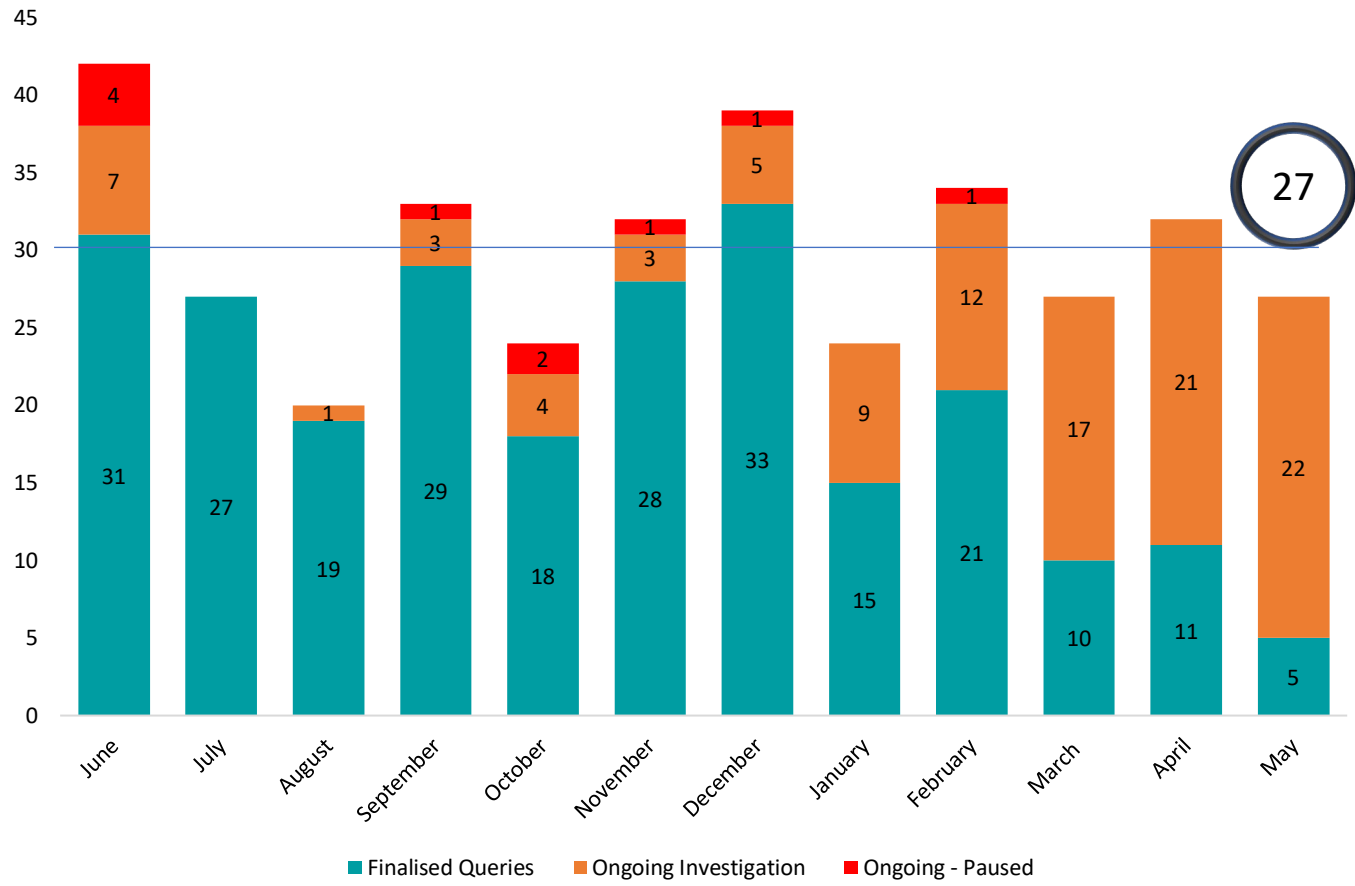
Practice visits



Attended PTLs



Current Month - Interface Queries Raised



Total queries 12 months to May = 361 (27 in May)

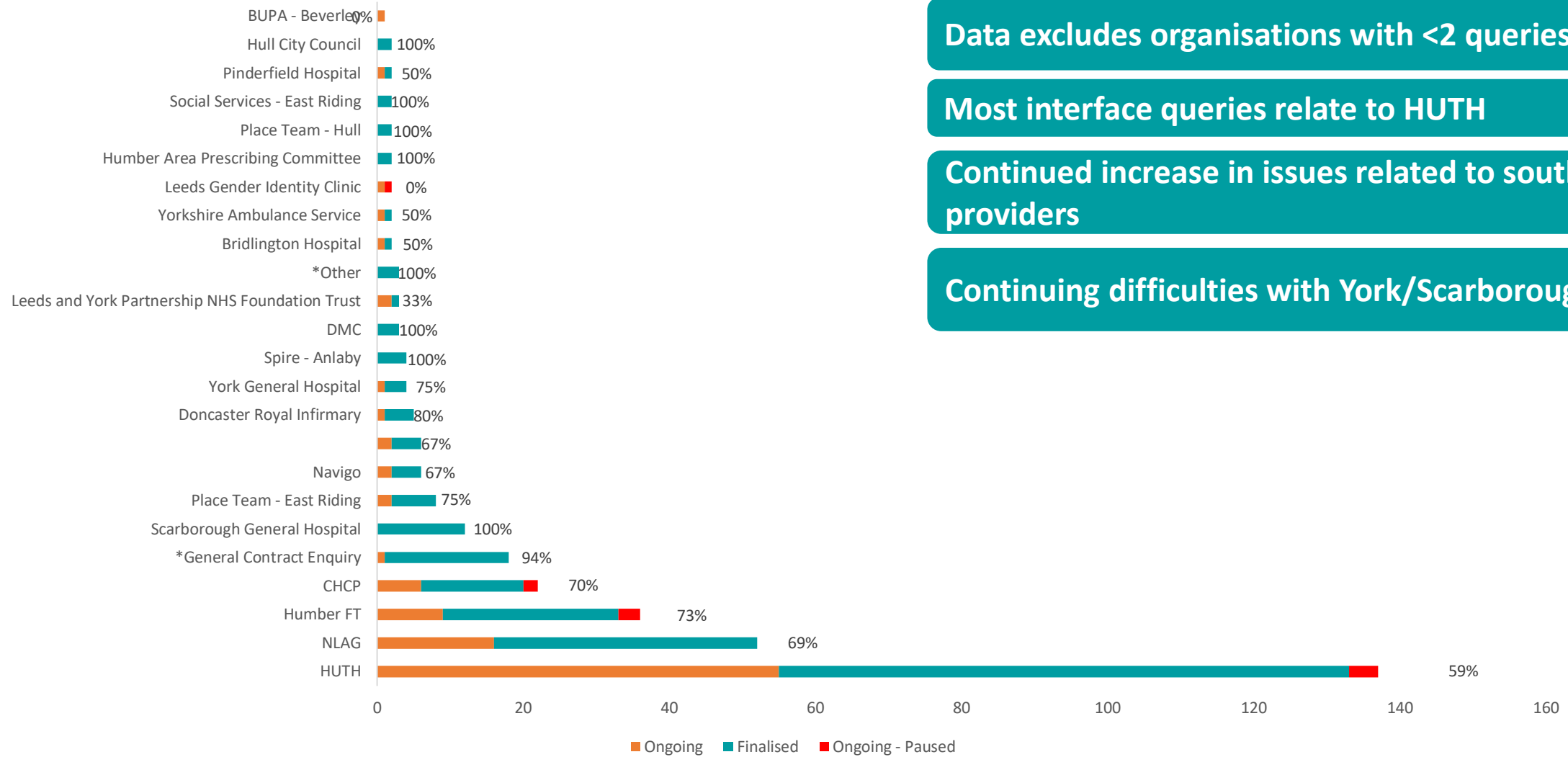
Average monthly queries increased = 30/month (grey line)

Median days for initial query response = 2

Median days to finalise a query = 53 (0 to 331 days)

Current longest running issue = 331 days (Duplicate Paperwork)

Interface issues by Organisation (last 12 monts)



Percentages show queries resolved

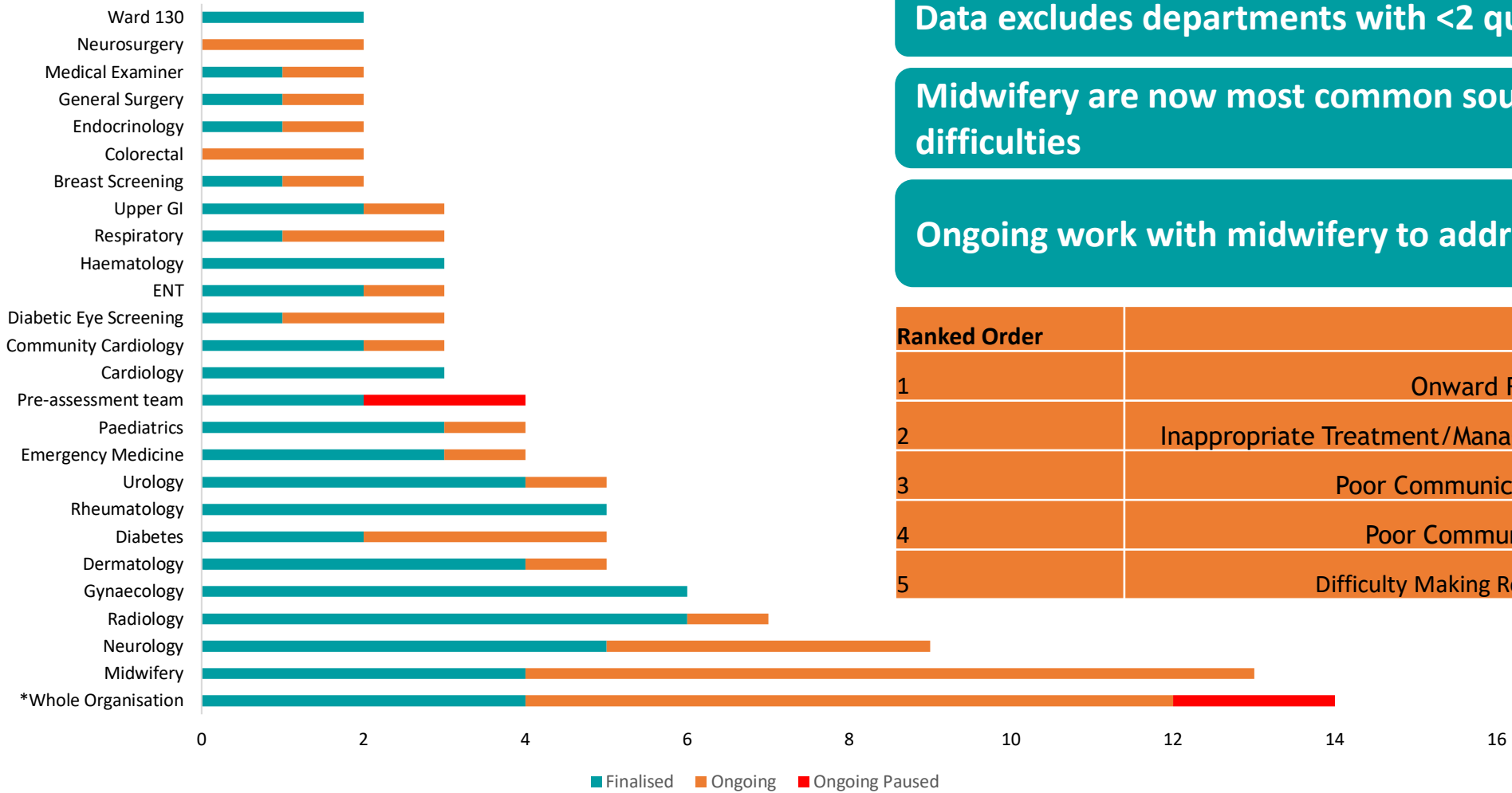
Data excludes organisations with <2 queries

Most interface queries relate to HUTH

Continued increase in issues related to south bank providers

Continuing difficulties with York/Scarborough

Interface Departments - HUTH



12 month “rolling data”

Percentages show queries resolved

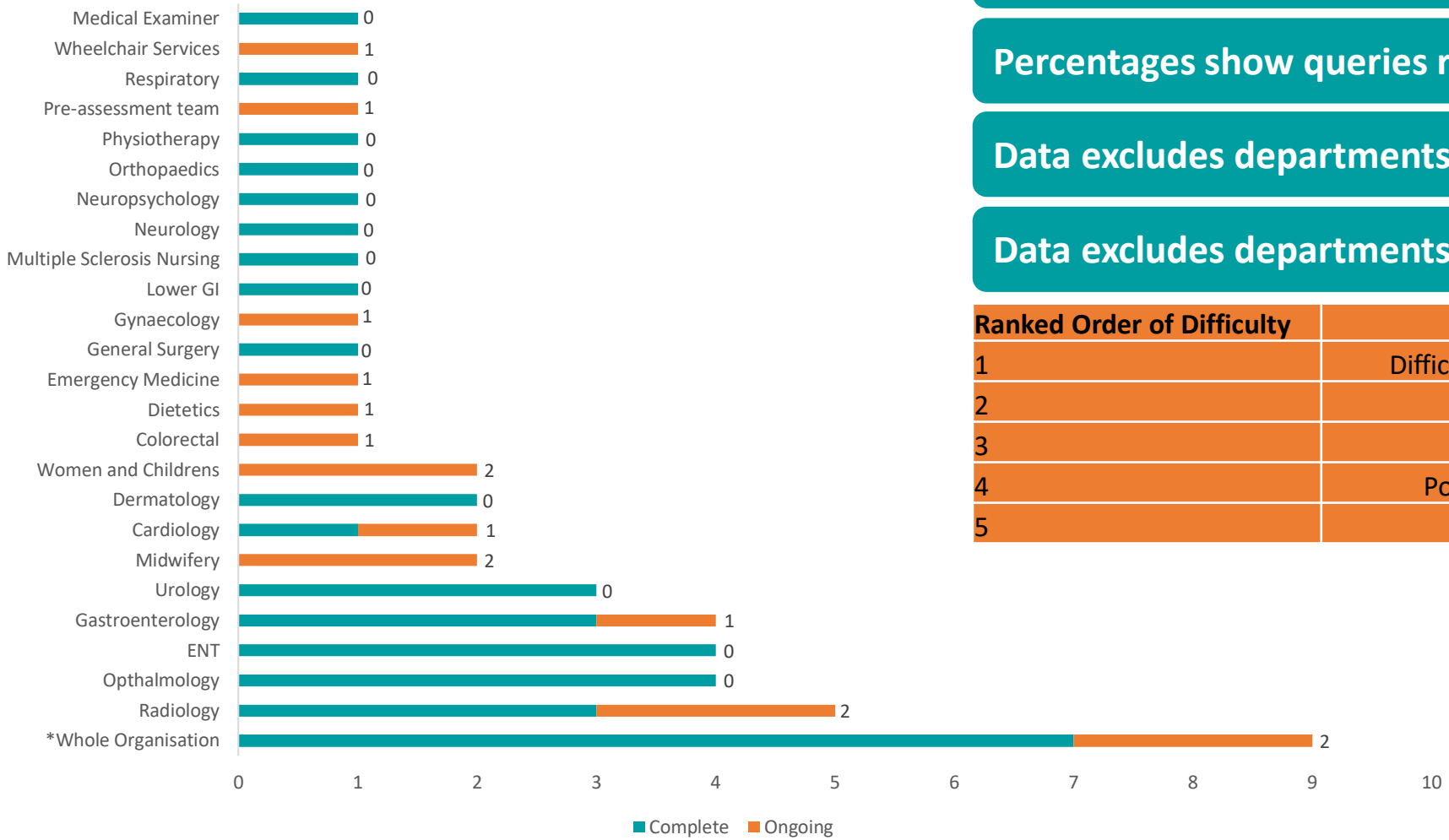
Data excludes departments with <2 queries

Midwifery are now most common source of interface difficulties

Ongoing work with midwifery to address workload transfers.

Ranked Order	Difficulty Type	Difficulties (%)
1	Onward Referral Requests	13.4%
2	Inappropriate Treatment/Management Requests	13.4%
3	Poor Communication - Discharge	11.9%
4	Poor Communication - Results	9.7%
5	Difficulty Making Referrals to Services	9.0%

Interface Departments – NLAG



12 month “rolling data”

Percentages show queries resolved

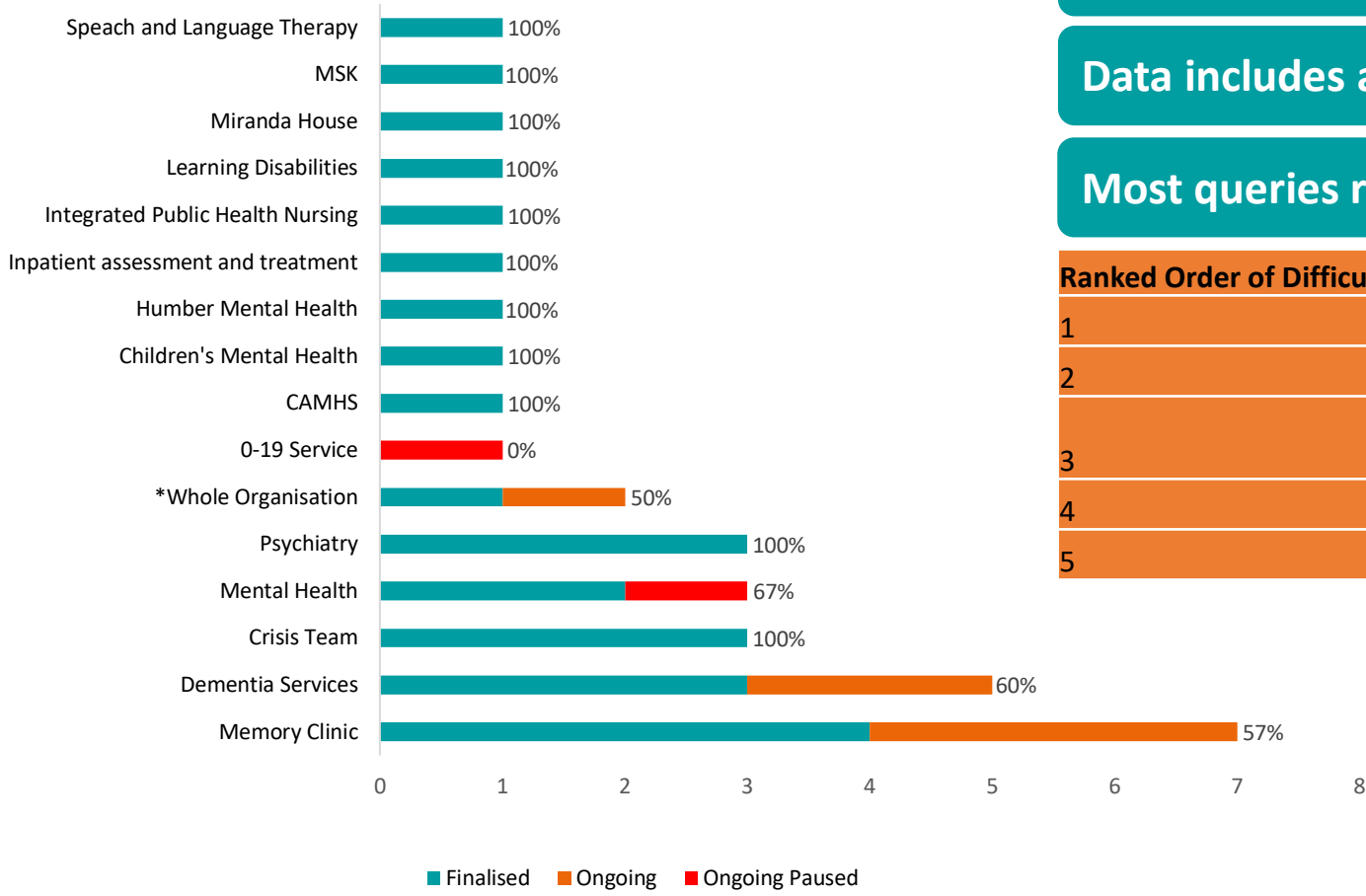
Data excludes departments with <2 queries

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Ranked Order of Difficulty	Difficulty Type	Difficulties (%)
1	Difficulty Making Referrals to Services	19.2%
2	Onward Referral Requests	11.5%
3	Med 3 requests	9.6%
4	Poor Communication - Clinic Letter	9.6%
5	Poor Communication - Results	9.6%



Interface Departments – Humber FT



12 month “rolling data”

Percentages show queries resolved

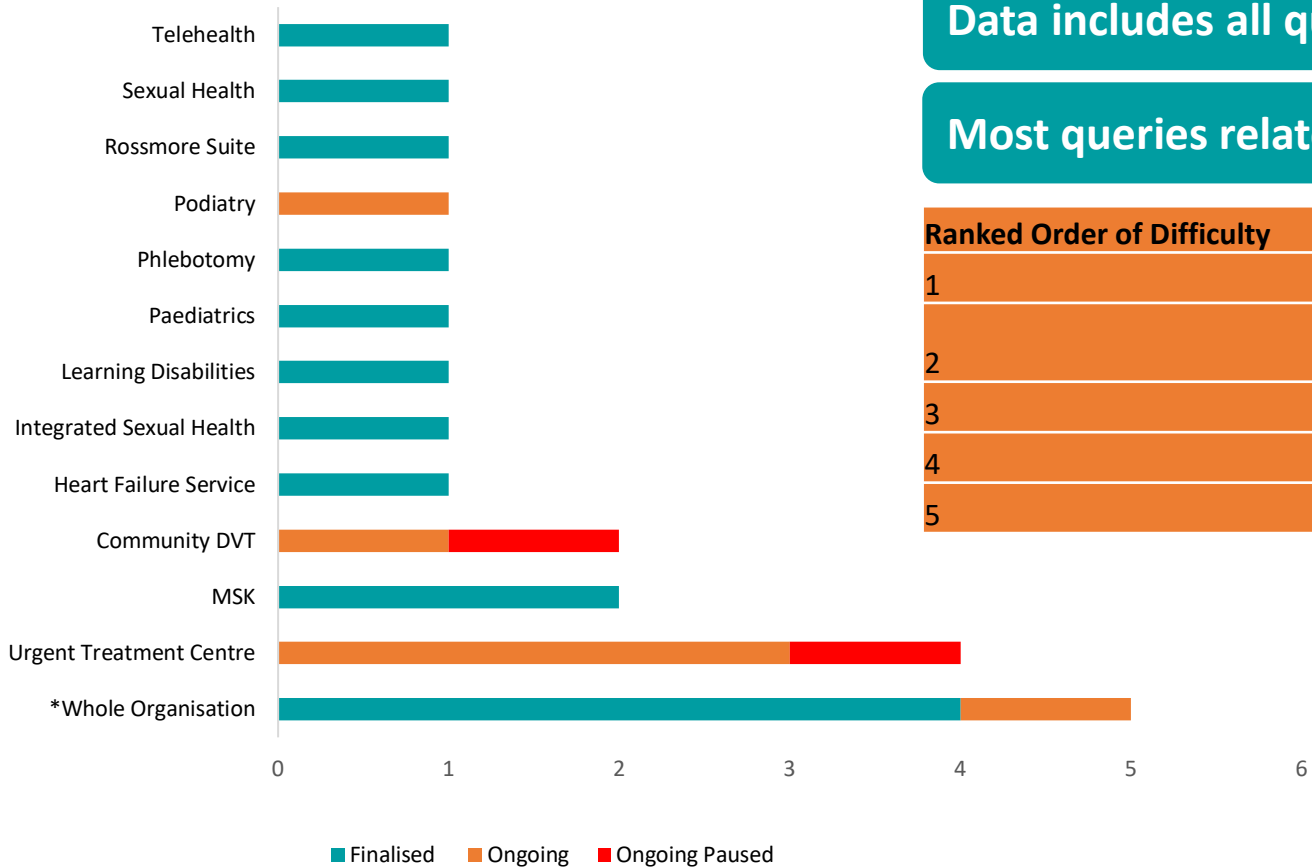
Data includes all queries

Most queries relate to dementia and memory services

Ranked Order of Difficulty	Difficulty Type	Difficulties (%)
1	Difficulty Making Referrals to Services	30.3%
2	Shared Care	21.2%
3	Inappropriate Treatment/Management Requests	12.1%
4	Poor Communication - Clinic Letter	9.1%
5	Onward Referral Requests	6.1%



Interface Departments – CHCP



12 month “rolling data”

Percentages show queries resolved

Data includes all queries

Most queries relate to dementia and memory services

Ranked Order of Difficulty	Difficulty Type	Difficulties (%)
1	Difficulty Making Referrals to Services	40.0%
2	Inappropriate Treatment/Management Requests	25.0%
3	Onward Referral Requests	15.0%
4	*Other	5.0%
5	Med 3 requests	5.0%



Key Workstreams

Midwifery (HUTH)

- Investigation requests
- Prescribing requests
- Urgent requests
- Unclear communication
- Requests inconsistent with NICE

Digital Working Group (Humber Health Partnership)

- Duplicate communications
- Paper communications
- Diabetic eye screening
- Appointments

System Intelligence Sharing

- Processes
- Escalation
- Sub-groups
- PSCIG
- Outcomes

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