# Developing a system-level case for change around the primary-secondary care interface

Primary-Secondary Care Interface issues create an impact on individual patients and individual clinicians. Many of these are felt to be annoyances and irritations, but not necessarily issues that are causing more widespread impact.

We have undertaken a survey in General Practice to look at the scale of these episodes, hoping to develop a narrative that articulates the system-level impact needing to be addressed.

Clinicians working in General Practice across Cheshire and Merseyside were asked to record how many total consultations they completed that day and how many of those were solely due to a primary-secondary care interface issue that could/should have been managed in another setting. They were also asked to record how many letters of correspondence included asks that were felt inappropriate, and any 'other' interactions similarly.

Forty separate surgeries contributed, representing seven Places and encompassing 967 appointments. **The mean number of appointments taken up with these interface issues was 11.96%** (95% confidence intervals 8.72%-15.20%).

Scaled up across Cheshire and Merseyside, this equates to an estimated 940,000 General Practice appointments each year taken up with inappropriate interface issues. This is over 3,600 appointments per working day and similar to the total number of Accident & Emergency Department attendances across Cheshire and Merseyside (900,000/year).

Such appointments are preventing patients from being reviewed for potentially more urgent presentations.

We are aware that a number of patients present to the Emergency Department every day with conditions that are better managed in community settings. Tackling the interface and freeing up these wasted appointments would provide the potential for managing many of these patients more appropriately in primary care without the need for investment or disruption to access processes.

GPs also cited managing an average of 5.5 document-related PSCI issues each day (95% confidence intervals 3.6-7.4).

Please see below for a summary case study.

# Case study: Cheshire and Merseyside Integrated Care Board (ICB) PSCI appointment survey

Cheshire and Merseyside ICB recognised that interface inefficiencies between primary and secondary care were a significant but poorly quantified driver of system pressure, impacting general practice capacity, elective pathways, and urgent care demand. However, there was limited system-wide data to clearly demonstrate the scale of the problem or support a compelling case for change.

## Approach to change

A data-driven method was used to quantify the interface burden and create a shared narrative:

- Identify: Recognition that interface-related activity was a key but under-measured contributor to system inefficiency.
- Measure: A one-day audit across GP practices capturing consultations, interface-related tasks, and associated activity.
- Analyse: Aggregation and extrapolation of data to understand system-wide impact.
- Engage: Involvement of 40 GP practices across 7 of 9 Places to ensure representative insight and clinical credibility.
- Translate: Framing findings in the context of whole-system demand (e.g. comparison to A&E activity).
- Share: Using the data to inform system conversations and prioritisation of interface improvement.

## Key findings

- 11.96% of GP appointments involved interface-related work (95% CI: 8.72–15.20%).
- Equivalent to ~939,698 GP appointments annually across the system (~3,600 per working day).
- Scale comparable to total annual A&E attendances (~900,000), reframing interface work as a system-level pressure rather than a primary care issue.
- Average 5.5 document-related PSCI issues managed each day per GP (95% CI 3.6-7.4).

## Outcomes and impact

- Established a clear, evidence-based case for change, making interface improvement a recognised system priority.

- Improved shared understanding of the scale and impact of interface-related workload across organisations.
- Enabled more focused discussions on standardisation, responsibility, and communication across the interface.
- Supported alignment with elective recovery, patient flow, and urgent care priorities.
- Provided a low-burden, reproducible method for other systems to quantify interface demand and build their own case for change.
- This case study demonstrates that creating the case for change is a critical step: by quantifying interface activity and translating it into system impact, organisations can move from anecdote to evidence, enabling prioritisation, alignment, and meaningful improvement.