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Bridging the gap between primary and secondary care – is speed dating the answer?

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Title: Bridging the gap between primary and secondary care – is speed dating the answer?

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Bridging the gap between primary and secondary care – is speed dating the answer? (600 words)

Feel like you don't have a personal connection with your secondary colleagues? Do you miss the "doctors lounge" when you met and chatted over coffee? Would you take time for a speed dating event to get to know your fellow healthcare professionals?

There is clear evidence – anecdotal and peer-reviewed – on the barriers to an effective 'bridge' or 'interface' between primary and secondary healthcare professionals.

Within the cancer continuum, barriers include poor and delayed communication between primary care practitioners (PCPs) and cancer specialists, discrepancies regarding roles and expectations, and specialists' uncertainty regarding the knowledge or training of the PCP to provide care (Dossett et al; Latosinsky S and Nekhlyudov).

The impact of the gap between PCPs and specialists is not well defined but intuitively, could lead to delays in cancer diagnosis, treatment and follow-up care, with potential to affect treatment options, patient-oriented outcomes and mortality.

Solutions have been proposed, including implementation of shared electronic medical records, use of standardized communication strategies, direct communication (via telephone, email) and building relationships (e.g. inviting PCPs to multidisciplinary meetings) (Dossett et al.). Clearly, while these ideas may not be considered revolutionary, appropriate facilitation and ownership of these solutions are needed to embed them into what are often complex, crowded health care systems.

SPEED DATING

'Speed dating' or 'speed networking' (while recognized in social settings is not a term one might associate with healthcare interventions!) is a novel approach used by Cancer Research UK facilitator programme.

It is does what is says on the tin, primary and secondary healthcare professionals (including PCPs, consultants, clinical nurse specialists, commissioning groups/health funders and health service delivery managers) are seated around a table, given a set time to talk about a range of topics and they rotate to other tables when the bell sounds. The aim of the approach is to improve communication and engagement between the healthcare professionals across the interface.

Feedback from the events has been very positive. Participants describe how 'they rarely or never communicated with secondary care colleagues' prior to the event and suggested the actions and/or reflections they were going to take away from the discussions.

'I'll feel less guilty about possibly investigating or referring people'

'(next time I'll...) Pick up the phone to a consultant'

‘Contacting the cancer management team with regard to complex patients ahead of referral’

Bridging the gap is not only an issue in the UK (Dossett et al.). The speed dating approach was showcased last year at a workshop at the [Cancer and Primary Care Research International Network](#). We aimed to share our experience with the intervention and learn about other approaches (if they exist) from international colleagues.

Workshop participants spoke of various ways to build bridges, many describing different settings where PCPs and secondary care providers could have ‘face to face’ time including, compulsory training days that both professional groups attend, and an intervention called ‘In Your Shoes’ where a PCP and a specialist shadow each other to improve understanding of each other’s roles. Variation in access to electronic health records by different healthcare professional groups was also echoed by participants. There was much enthusiasm about the potential of implementing and evaluating speed dating across the different systems.

WHERE NEXT?

There are clearly opportunities to explore speed dating as a means to enhancing the primary and secondary care communication and care coordination. The short and long-term impacts of this initiative need to be explored through evaluation and research.

Long term ambitions should focus more how these types of approaches could be integrated into the health system. With the advent on electronic health records in England, there is the potential to address some of the barriers described. However, while technology is providing solutions to facilitate communicate between primary and secondary care, but it is not capable (and in some ways, detracts) from building relationships in the same way as dedicated time to talk more generally. Historically, health care system allowed for such regular interactions. As the system has changed, much care is provided in silos and the one-on-one discussions have fallen by the wayside. While we may not be able (or have the need) to recreate the “doctors’ lounge” of the past, speed dating may be the way forward for now....

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