

## Bridging the gap between care:

is speed dating the answer?

### INTRODUCTION

Do you ever feel like you lack a personal connection with your secondary care 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? Would you value the opportunity to meet your secondary care colleagues in person?

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.<sup>1,2</sup> 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 standardised communication strategies; direct communication (via telephone or email); and building relationships (for example, inviting PCPs to multidisciplinary meetings).<sup>2</sup> 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 healthcare systems.

### SPEED DATING

'Speed dating' or 'speed networking', while not often associated with health care, is a novel approach used by the Cancer Research UK facilitator programme.<sup>3</sup> It 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 at 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 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.'*

*'Contact the cancer management team with regard to complex patients ahead of referral.'*

Bridging the gap is not only an issue in the UK.<sup>2</sup> The speed dating approach was showcased at a workshop at the Cancer and Primary Care Research International Network at Groningen, the Netherlands, in 2018. We aimed to share our experience with the speed dating exercise 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 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. There was much enthusiasm about the potential for implementing and evaluating speed dating across different health systems.

### WHERE NEXT?

Clearly there are opportunities to explore speed dating as a means to enhancing 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

on how these types of approaches could be integrated into the health system. With the advent of electronic health records in England, there is the potential to address some of the barriers described. However, while technology is busy providing solutions to facilitate communication between primary and secondary care, it is not capable of (and in some ways, detracts from) building relationships in the same way as dedicated time to talk in person with colleagues.

Historically, healthcare systems allowed for such regular interactions.<sup>4</sup> Care is often 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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*"Within the cancer continuum, barriers include poor and delayed communication between primary care practitioners and cancer specialists..."*