



Interface Update

(9 October 2025, 9.00am)

You will start to hear a lot more about something called [Interface Care](#) over the coming months. It's a rapidly expanding area of work within NHSGGC that's helping us make care more joined-up, more flexible and, ultimately, more sustainable for our patients. It forms a key pillar of our Transforming Together agenda and will drive the development and implementation of services including the virtual hospital, the Flow Navigation Centre Plus (FNC+Plus) and remote monitoring.

At its heart, Interface Care is about supporting people to get the right care in the right place, at the right time, and by the right team — whether that's at home, in the community, or in hospital. It's a bridge between acute and community services, designed to help patients move smoothly between settings and avoid unnecessary hospital stays wherever possible.

A new campaign to grow the team

To make this happen, we're investing in people. A new recruitment campaign is now underway to expand our Interface Care workforce across Greater Glasgow and Clyde. We're currently looking for ANPs, Staff Nurses, Frailty Practitioners, and administrative staff to join our multidisciplinary teams. Some posts will be advertised as permanent jobs, others will be secondment opportunities that allow staff to work in their existing post and within FNC+Plus.

Our recruitment campaign will continue with medical and support services posts being advertised shortly. The campaign highlights the flexibility, innovation and patient impact that come with these roles. Whether you're interested in direct

patient care, triage and coordination, or digital monitoring, Interface Care offers opportunities to work differently.

Current opportunities to join the team

- [Senior Charge Nurse](#)

Job closing date: Friday 19 October

- [Advanced Nurse Practitioner](#) - Internal secondment opportunity

Job closing date: Friday 19 October

What is the Virtual Hospital?

One of the most exciting parts of this new approach is the Virtual Hospital – hospital care without the hospital bed. Using digital tools and clinical oversight, the Virtual Hospital allows certain patients to receive hospital-level care safely in their own homes.

Patients are admitted to the Virtual Hospital from emergency departments, hospital wards, directly from their GP/community care team or Scottish Ambulance Service. They will be under the care of hospital consultants and be monitored remotely by the multidisciplinary team. If required, community nurses and/or AHPs will visit to provide direct clinical care in their home. It's already helping us reduce pressure on wards, improve patient experience, and make better use of our resources.

The Interface Division aims to reach 1,000 beds in the Virtual Hospital by July 2026, relieving some pressure on existing healthcare sites and supporting long-term condition management.

FNC+Plus – building on a successful model

You might also have heard of FNC+Plus, a key strand within Interface Care. It's an enhanced version of our Flow Navigation Centre (FNC), offering additional clinical

capabilities and support for managing our patients through our health and care system, all powered by technology and innovation.

FNC+Plus will act as a single point of contact for referrers and professionals — linking hospitals, community teams, out-of-hours services and social care. It will help prevent avoidable admissions by ensuring alternative pathways are available to support home is best and right care, right place, right time principles of care. It will also support safe early discharge, and ensure patients don't get "stuck" between parts of the system.

Staff in the FNC+Plus will include:

- Admin
- Nursing – from Band 5 – 7
- Emergency consultants
- Acute physicians
- Specialist consultants

Preparing for winter

As we approach winter, more clinical pathways will come online through Interface Care which aim to manage patients safely in the community or support faster discharge from Hospital including via cardiology, respiratory, frailty, and OPAT, among others.

Each pathway is being developed collaboratively between acute, HSCP and primary care colleagues. The aim is clear: to maintain flow through our hospitals, protect bed capacity for those who need it the most, and provide person-centred care closer to home.

Next steps

You'll be hearing more about Interface Care, the Virtual Hospital and FNC+Plus through Team Talk, local updates and intranet features. In the meantime, if you're

curious or think your team could link in, speak with your local lead or visit the Interface Care intranet page: [Interface Division](#).

Got a question?

We welcome any questions you might have in relation to Interface Care. Please submit your questions on Staffnet [here](#)



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It is important to share Core Brief with colleagues who do not have access to a computer.

A full archive of printable PDFs are available on the [website](#)