



Interface Update (10 April 2026, 10.30am)

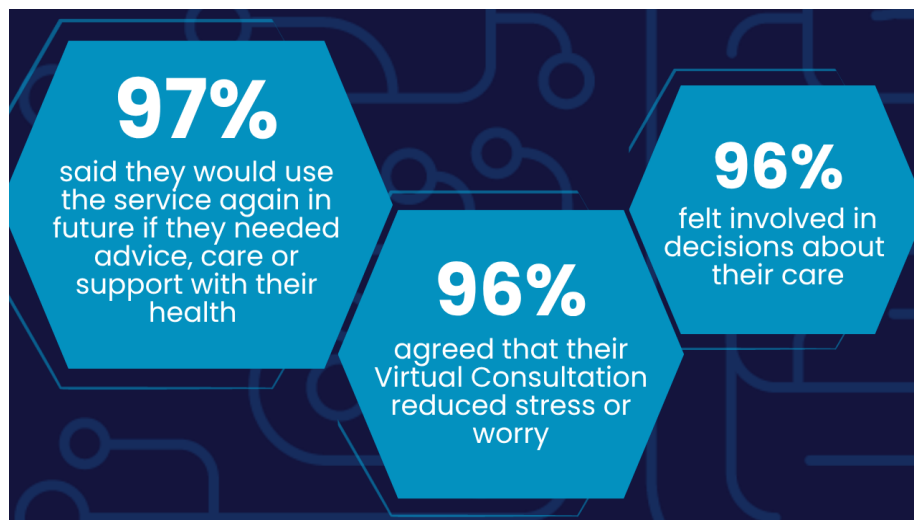
In this edition of the [Interface](#) Update, you'll find:

- [What do patients think of the FNC+?](#)
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What do patients think of the FNC+?

As we expand our FNC+ with new team members and pathways, it's important to check in with patients and make sure the service is giving them the right care, in the right place, at the right time.

Looking back at patient feedback in March:



Here are just some of the messages we received:

“It’s EXCELLENT that this saved me a trip to A&E. I feel so much more confident having seen Jill via video than if I’d had a phone consultation alone.”

“Amazing service and so reassuring by the consultant. Saved us a very long journey and gave solid advice.”

“Within an hour I saw an excellent nurse, I was starting to panic before but feel so much better now. Excellent.”

You can learn more about what the team at the FNC+ do in [this video](#).

Discover how the work of ED consultants in the FNC+ benefits the whole system

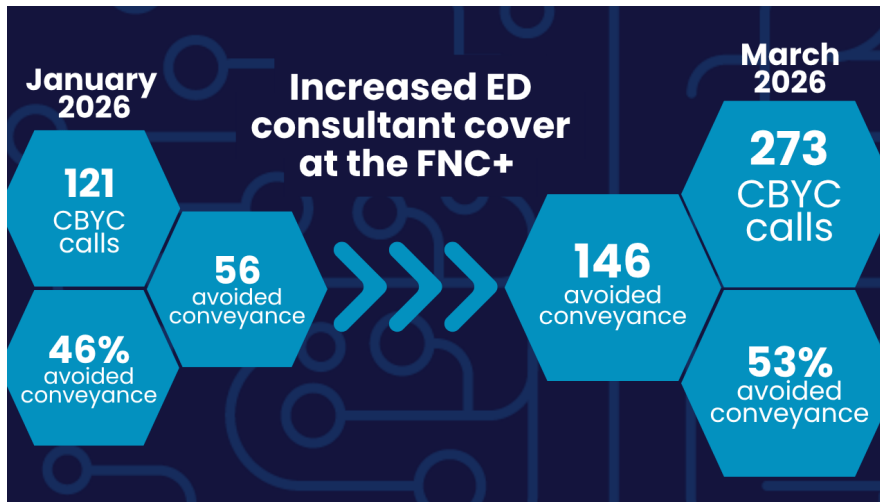
In March, we increased our adult ED consultant cover in the FNC+ to now cover 10am –10pm across weekdays – and we are already seeing promising results.

Call Before You Convey (CBYC)

We have seen a real boost in our Call Before You Convey (CBYC) pathway in the month of March. ED consultants have been supporting SAS APs and paramedics in the FNC+ with decision making for crews, prior to conveying patients to our busy EDs.

In January, before our increase in ED consultant cover, we received 121 calls through the CBYC pathway with 56 patients avoiding conveyance.

In March, with consistent ED consultant cover, we increased calls by 125% taking 273 through the CBYC pathway, and avoiding conveyance for 146 patients. This means **more than half of the patients** that came through to the FNC+ through the CBYC pathway avoided conveyance, able to stay at home rather than being a blue light to one of our emergency departments.



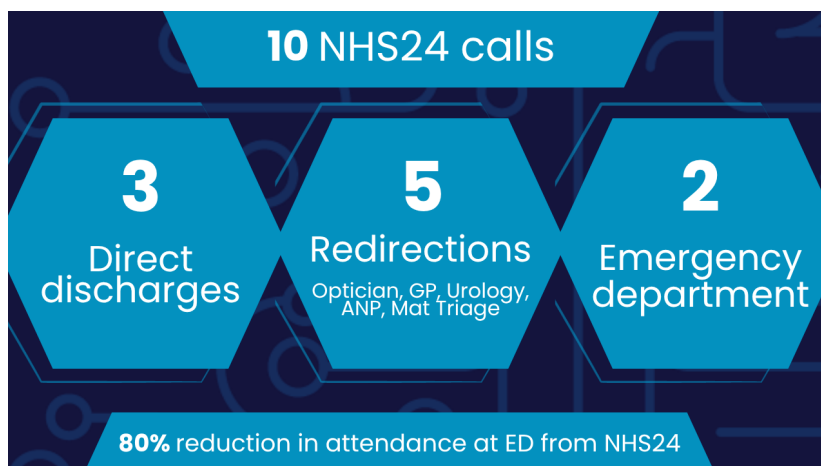
NHS24 – prof to prof line for “Direct to ED” patients

Our ED consultants also took **207 calls** in March through a dedicated NHS24 line, allowing NHS24 staff to speak directly to a Senior Clinical Decision Maker, prior to advising patients to attend ED. Of these 207, our team avoided attendance for 113 patients – that means **over half** of the patients coming through this pathway were able to stay at home instead of visiting our busy emergency departments.

ED consultants in action

So, what does this actually look like day to day? Let’s look at a shift of one of our ED consultants, Lucy Thomas, as an example.

In her six-hour shift, she managed **ten calls** from NHS24 of patients aged between 21 and 66, referring just two to emergency departments. The other 80%, Lucy discharged directly or redirected to services such as urology, an optician, and maternity triage, not only helping to reduce pressure on our EDs, but also getting patients to the right care in the right place.



During her shift, Lucy advised a SAS colleague on care home calls and reviewed non-life-threatening cases, allowing the team to carry out timed admission planning. She also supported on two CBYC calls, where one patient was sent to ED, and one was a SAS turnaround to home.

Lucy's shift shows just a few examples of how the work of the team at the FNC+ benefits the whole system:

- reducing front door attendance
- helping to reduce pressure on our EDs
- developing new pathways to divert patients to the care that suits their needs the most.

ED consultants join QUEST

QUEST (Quality with Everyone focusing on Safety and Teamworking) is our whole-system approach to understanding pressure, risk, and flow across NHSGGC.

In daily huddles in our new Command Centre, we see and discuss system pressure in real time. Using live data, operational intelligence, and clinical insight, teams across Acute, HSCPs, SAS, and Interface come together to respond to challenges and drive improvements - collectively.



Director and colleagues in our new Command Centre

Now, ED consultant involvement in QUEST huddles will provide vital clinical leadership, strengthening decision making around risk, prioritisation, and patient flow at times of greatest pressure. This supports a shared understanding of where pressure sits across the system, how it is shifting, and where intervention will have the greatest impact.

The presence of ED consultants alongside wider system partners helps ensure that actions taken to relieve pressure in one area do not unintentionally increase risk elsewhere, enabling safer, more coordinated decision making across services.

ICYMI: Ask the Interface Team Anything

This month, Director of Interface Lorraine Cowie will host three open sessions where you can hear an overview of the Directorate's priorities and ask the questions that matter most to you.

Join us on Teams on the following dates. Click the links below to sign up:

- [Thursday 16 April 2026 from 12.30pm](#)
- [Thurs 23 April 2026 from 1.00pm](#)
- [Wednesday 29 April 2026 from 7pm](#)

You can catch up on the staff sessions we ran in January on [Staffnet](#) or the [NHSGGC website](#).

Opportunities to join the team

- [Support Manager – Pathway Development](#) deadline 12 April 2026
- [Trainee Advanced Nurse Practitioner \(Band 7 – Annex 21\) - Flow Navigation Centre](#) – deadline 31 July 2026
- [Advanced Practitioner - Flow Navigation Centre B7](#) - deadline 31 July 2027

If you're curious or think your team could link in with the work of the Interface team, speak with your local lead, visit the Interface [intranet page](#) or head to the [NHSGGC website](#).

Got a question?

We welcome any questions you might have in relation to Interface. Please submit your questions via [this form](#).

Interested in virtual pathways and the benefits that these can bring to patients and staff?

We want to hear from you! You can contact us to register your interest in virtual pathways here: ggc.interfacecare.admin@nhs.scot



Leanne Connell
Chief Nurse, Interface

Lorraine Cowie
Director of Interface

Dr Neil Ritchie
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Find previous Interface Updates [on Staffnet](#).

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](#)