Designing and delivering Community Treatment and Care (CTAC) Services

This high level case study shares the experience of NHS Ayrshire & Arran through their process of designing, testing and implementing delivery of CTAC services.

The development of Community Treatment and Care (CTAC) services was highlighted as one of the priorities of the 2018 GMS Contract to support transformative redesign in primary care. The Memorandum of Understanding and Memorandum of Understanding 2021-23 set out the agreed principles of service redesign.

CTAC services deliver a range of clinical interventions which were traditionally delivered by general practice staff. CTAC staff support the nursing component of general practice, which enables them to focus on other areas of clinical care and contribute positively to improved patient outcomes.

There is no single gold standard delivery model for CTAC services; each service should be designed to be of the greatest benefit to their local patients and community services.

The redesign of services at local level was planned and delivered by a Primary Care Implementation Group in line with Primary Care Improvement Plans.

> **Having CTAC as part of our practice team has been of great value for both the practice and the patients, for the practice it allows us to meet the transforming roles of the new contract and to move forward in a positive way… the enhanced practice nurse role is also fulfilled."**
>
> - *Practice Manager*

From the NHS Scotland Photo library

Background

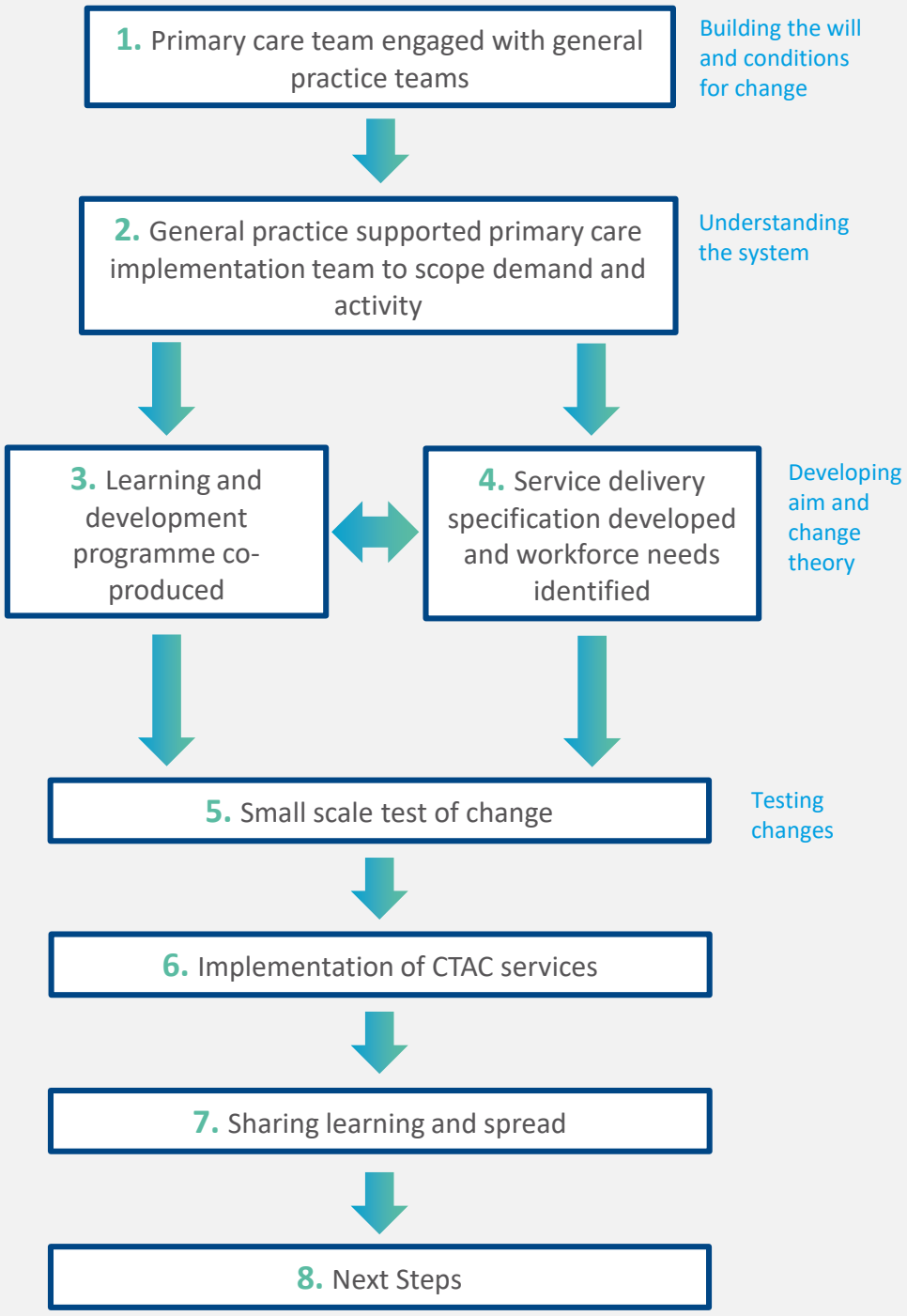
Local context

NHS Ayrshire & Arran supports a patient population of approximately **367,000** across three Health and Social Care Partnerships (HSCPs).

CTAC Services in NHS Ayrshire & Arran

CTAC services are **predominately delivered in practices,** with a team in each HSCP.

Approach



1. Primary care team engaged with general practice staff

An **early engagement event with general practice nurses, practice managers and managers in HSCPs to introduce the idea of CTAC services.**

2. General practice scoped demand and activity

- **Week of care audits** identified **49% of activities carried out by general practice** nurses is within the remit of CTAC services.
- **Common workforce tools** and **complexity tools** supported the development of an allocation figure of **8.75 hours per 1000 population.**
- A **service development template** was used to highlight the General Practitioner expectation of how CTAC services would ensure patients were able to continue to **access services as close to their home as possible.**

Top Tip

The team recognised that multiple interventions are often undertaken within a single consultation. Be aware that data may not reflect this.

3. Learning and development programme co-produced

An **evaluation** of the learning and development programme was designed.

Top Tip

Ensure protected learning time. Everyone- experienced or newly qualified- will have learning gaps. It is essential to have trained and confident staff to deliver quality services.

Approach (cont.)

4. Service delivery specification developed and workforce needs identified.

The **MoSCoW** (Must, Should, Could and Would) method was used to support the review of all data and develop a **draft service delivery specification.**

Top Tip

Discussing the 'must have' and 'should have' can take considerable time but is essential for success.

5. Initial nine CTAC nurses allocated to GP practice, followed by HCSW

- Two **small scale tests of change** were carried out to collectively test and evaluate the learning and development programme, the proposed allocation figure and the clinical governance of the proposed skill mix.
- **Evaluation was carried out by an independent staff member within the HSCP.**

6. Implementation

- The CTAC nurses and HCSWs across the test practices continued to deliver services as outlined in the **service specification document.**
- A **Clinical Governance paper** was developed to support understanding and provide clarity of roles/responsibilities.

Top Tip

Engagement and communication at all stages, underpinned by an ethos of '**doing with' not 'doing to',** was key to success.

7. Sharing learning and spread

- The team hosted **regular events to engage with and inform practices of progress**.
- **A premises scoping exercise** to identify available accommodation to deliver CTAC services was carried out to support spread.

8. Next Steps

- Development, testing and evaluation of **a hub delivery model** in addition to delivery in general practice settings is in progress.
- Engagement activities with the local population to support **service evaluation and evolution**.
- Practice educator roles to provide **sustainable delivery** and evaluation of the learning and development programme, **additional resilience** for clinical delivery and support for service evaluation and evolution.

Impact

Patients

- Decreased waiting times.
- Increased range of interventions available. For example, the introduction of a vascular service along with the reintroduction of ear irrigation increased the services available to patients.

Staff

- Recruitment and retention of staff. For example, a structured learning and development programme supporting career development, contributing positively to recruitment and retention of staff.

General practice

- Support to transform roles.
- Integration and collaboration.

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A more detailed version of this case study is available upon request. Please contact us at his.pcpteam@nhs.scot for access.

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