Healthcare Improvement Scotland | ihub

Community Treatment and Care (CTAC) Services Survey

Survey Results

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Improvement Hub
Enabling health and social care improvement

NHS SCOTLAND

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www.healthcareimprovementscotland.org

Introduction

The Community Treatment and Care Centres Survey ran between 6 December and 19 December 2018. The survey was distributed via Chief Officers, Nurse Directors, Cluster Quality Leads and others so we are unable to report how many people actually viewed the survey, therefore we are unable to work out completion rates.

Full completed number of responses = 60

Twenty-three (74%) of the 31 Health and Social Care Partnerships (HSCPs) were represented by respondents in the survey.

Key findings

- Overall there is enthusiasm for the implementation of CTAC; there were a lot of positive comments made when respondents were asked about the potential benefits CTAC will bring. Indeed, early adopters are already reporting positive benefits. However, there were also a few comments around potential difficulties.
- The most recognised potential benefits of CTAC are the freeing up of demand within existing services and the provision of uniformity of services across the country.
- The most frequently mentioned potential difficulties associated with CTAC are loss of continuity of care, destabilising the work force and the difficulties created in rural areas.
- Nurses seem to be the most frequent staff members providing CTAC services.
- The current CTAC provision is patchy, with little or no consistency or uniformity.

Survey Respondents

A variety of roles responded to the request for information.

Role	Number of Respondents
Medical roles	28
Nursing roles	7
Strategic roles / Senior Leadership Team	15
Practice Managers	2

(8 respondents did not give a job role or title.)

Medical roles include GP, Cluster Quality Leads, and Practice Quality Leads.
Nursing roles include Nurse Director, Practice Nurse, Lead Practice Nurse, and Lead Nurse.
Strategic roles and Senior Leadership roles include Strategic Manager, Programme Manager, Clinical Director, and Medical Director.

Current services

The first question asked if respondents **currently had Community Treatment and Care services** in their Health and Social Care Partnership (HSCP) – 27% responded that they did and a further 32% reported some kind of service covering CTAC treatments. 41% said they didn't have any such services. This suggests a substantial number are not aware of what we mean by the terms used and there is an issue around language being used. One respondent did comment *"I'm not sure what you mean by Community Treatment and Care centres"*.

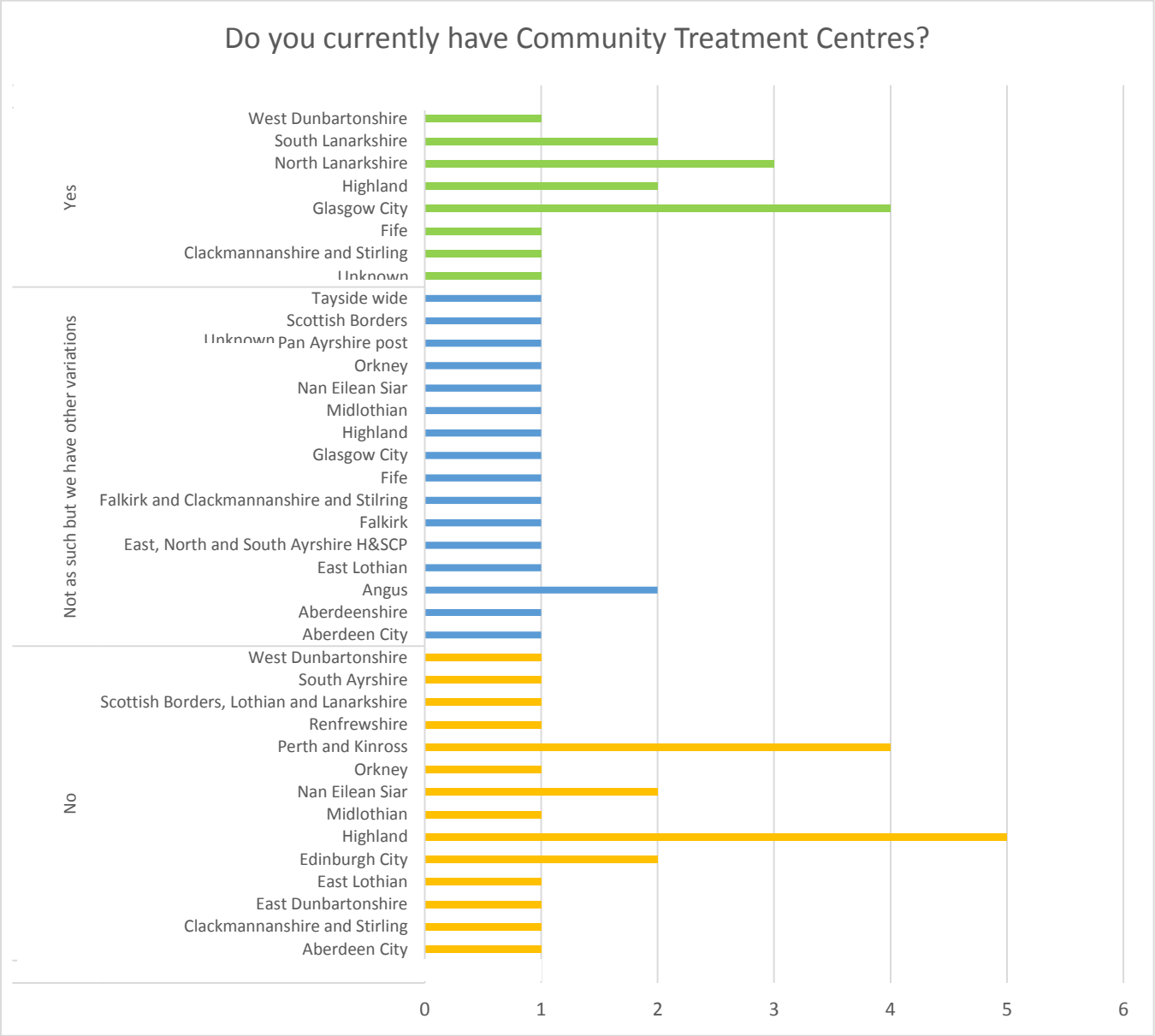
			Response Percent	Response Total
1	Yes		27.12%	16
2	No		40.68%	24
3	Not as such but we have other variations		32.20%	19

NB: 1 person skipped this question

Fifteen of the 16 people who responded 'yes' went on to describe the services they have, 45 respondents skipped the questions.

Services listed included:

- Phlebotomy services – 10 mentions
- Wound management / leg ulcers / dressings – 5 mentions
- Ear syringing – 3 mentions
- Suture removal – 1 mention
- Routine injections – 2 mentions
- Catheter changes – 1 mention
- Minor burns – 1 mention
- 1 area reported a MDT in treatment room (physiotherapy, social work, OT and nursing input).



Planning stage

When asked '**where are you/your HSCP in terms of introducing CTAC services into your HSCP?'** 43 people responded. The largest group, 63%, responded that they were in a planning / discussing / scoping phase, while 7% reported they were in various stages of organisation such as setting up working groups or streams. 14% were actively recruiting new staff, 5% were running pilot stages. However, 12% didn't know what was happening[1].

One-fifth of respondents stated that their areas are quite advanced and have started recruitment and pilot work, which is encouraging.

[1] Percentages given have been rounded to a whole number so percentage figures are not exactly 100%

Some respondents very helpfully went into a lot of detail outlining the services available in their areas. One early adopting area stated:

"The treatment room service development has changed the landscape of delivering care. We have coordinated a number of patient and staff surveys which have been really positive."

The survey asked about existing services and how they were staffed. From the answers given the existing services are staffed by a variety of different people, although nursing staff seem to be the main staff members:

- Nurses – 11
- District nurses – 2
- Community nurses – 1
- ANP – 1
- One CTAC has a MDT consisting of nurses, a physiotherapist, an occupational therapist and a social worker.

Several comments were made about the issues around the introduction of CTAC services. These were:

- Issues finding suitable premises – 4 comments
- IT infrastructure issues – 3 comments
- Difficulties resulting from being in a rural area - 3 comments
- Issues around resources – 2 comments.

Benefits

Respondents were then asked **what benefits they thought the development of CTAC would bring to patients, staff, HSCPs and NHS Boards.**

Out of the 57 responses to this question, the top five **benefits** most mentioned were[2]:

- the freeing up of demand (practice/primary care/secondary care) to create a more sustainable primary care sector (26%)
- consistency/uniformity of services (26%)
- flexibility and more timely access for patients (21%)
- updated training and practice staff development (17%), and
- the potential to move services out of secondary care to local management (9%).

"…will reduce the pressure on overstretched GPs"

[2] Due to rounding of the numbers the percentages don't add up to exactly 100%

"Will provide more consistency in service provided ad may be possible to provide flexibility about where patients go for service"

"More joined up multidisciplinary working"

"Exciting opportunities for staff development".

Other **benefits** mentioned by 1 or 2 respondents were:

- cost efficiencies
- clear and more direct paths to service
- facilitation of better planning and workforce management
- appropriate governance structures
- optimisation of ownership of results monitoring
- help to improve sustainability of primary care
- better skill mix covering small practices
- reduced travel for patients, and
- a more joined up patient journey.

In total 73 positive benefits were cited by the respondents.

Challenges

However, there were also 26 mentions of potential challenging aspects of CTAC and 12% of the total numbers of respondents stated there would be no or very limited benefits.

The main **challenges** mentioned were:

- a loss of continuity of care (7% of the total respondents)
- a risk of destabilising the practice workforce (5% of the total respondents), and
- a disadvantage to rural areas (5% of the total respondents).

"It may ease practice nurse workload, but at the risk of destabilising the practice workforce"

"In a rural area, patients are not going to want to travel 20 or 30 miles to get very specific parts of their care that would otherwise be delivered by their local practice…"

"Population numbers are too small and widespread to have a HUB for the region".

Other issues mentioned, albeit by only one or 2 people, were:

- costs / funding issues
- limited impact on GP workload, and
- reduced access for patients.

Conclusion

Overall, the response to the survey was excellent. There were 60 fully completed surveys from respondents spread across the country, which gives us a good idea of current provisions for CTAC and the status of ongoing planning.

The general response to the idea of CTAC was positive with more people seeing benefits generated than challenges. However, the suggested challenges, such as those arising in rural areas, must be taken into consideration and planned for.

The largest group of respondents are still in the planning or scoping phase of introduction so any help created by the 90 day learning cycle will be well timed.

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