

# Co-designing a Community Treatment and Care (CTAC) booking hub through patient engagement in NHS Borders

## Background

NHS Borders has a population of approximately 116,900 people, over half of whom live in rural or remote areas. It also has one of the oldest population profiles in Scotland. These demographic factors create specific challenges around access to services, digital inclusion and health inequalities.

One of NHS Borders' tests of change was to establish a centralised CTAC booking hub. Previously, CTAC appointments were arranged either in person at health board receptions or by practice staff, adding to the administrative burden within practices. The introduction of the CTAC booking hub provides patients with an additional method to access CTAC services. This change is designed to improve CTAC access, provide a more consistent service, and reduce the volume of booking-related enquiries at GP practices.

NHS Borders adopted a patient engagement approach during the planning of this test of change. This helped to co-design a centralised CTAC booking hub that aims to be both equitable and responsive to local needs.

## Approach

As the CTAC booking hub provides an alternative method to book CTAC appointments, the team realised they needed to better understand the potential impact of this change on patients. In response, the team initiated a patient engagement plan, including the completion of an Equality and Human Rights Impact Assessment (EQHRIA), to ensure the new system will be inclusive, accessible, and responsive to patient needs.

Before commencing patient engagement activities, the team completed a project status report, using Red-Amber-Green (RAG) status, on the list of the protected characteristics in relation to the CTAC booking hub to prioritise involvement in the project (*Figure 1*).

*Figure 1: list of the protected characteristics characterised in Red-Amber-Green in terms of relevance to CTAC booking hub*

Group / Protected Characteristic	Relevance	Rationale
Age	High	The Borders has an ageing population (27% aged 65+). Older adults are high users of CTAC services and may face barriers with telephone access, mobility, or digital exclusion.
Disability (physical & learning)	High	Individuals with disabilities are likely to face challenges with communication, understanding, and accessibility in a phone-based system. A priority group for inclusion.
Gender / Sex	Medium	No direct gender-based impact identified, but women are more likely to be carers and healthcare users. Consideration required to ensure equity in access.
Sexual Orientation	Medium	Potential for marginalisation or past healthcare discrimination. Important to ensure service is welcoming and inclusive.
Gender Reassignment	Medium	While small in number, trans individuals may experience additional barriers to accessing healthcare. Ensure inclusive language and respectful interactions.
Race / Ethnicity	Medium	Borders has a small but growing ethnic minority population. Language barriers and cultural differences may impact telephone booking experiences.
Religion or Belief	Low	No direct impact of service design identified related to religion or belief. Still important to maintain respect for cultural needs.
Marriage and Civil Partnership	Low	Unlikely to impact access to or experience of the CTAC booking process.
Pregnancy and Maternity	Low	No disproportionate impact anticipated.
<b>Other Considerations</b>		
Carers (Unpaid & Professional)	High	Carers often manage appointments for others and may have limited flexibility during working hours. Booking hub design must accommodate their needs.
People Living in Poverty (esp. rural)	High	May face digital exclusion, lack of phone credit, or limited connectivity. Rural isolation and deprivation are important equity factors in the Borders.
People with Limited English Proficiency	Medium	Small population, but potential barriers to understanding and booking by phone. Should be addressed to ensure equity and accessibility.

The RAG list supported the team to identify key consultation topics and the relevant groups to involve in early patient engagement. To ensure a wide range of perspectives, the NHS Borders team engaged with patients, unpaid carers, third-sector organisations, and community advocates. Engagement focused on key areas of inclusion, including:

- **Disability** - working with neurodivergent individuals, Ability Borders, and the National Institute for the Deaf,
- **Age** - through the Borders Older People's Partnership and Borders Care Voice: Dementia Working Group,
- **Gender** - via the Violence Against Women and Girls Partnership,
- **Sexuality** - in collaboration with the Scottish Borders LGBTQ+ Forum and
- **Race** - engaging with members of the traveller and refugee communities.

## Impact

Through patient engagement and co-design activities, the team gathered valuable insights from a diverse range of individuals and community groups. In response to patient and stakeholder

feedback, the team introduced several changes to make CTAC services more accessible, inclusive, and patient-centred. These are detailed below:

### **1. Referral exceptions**

Access to CTAC initially required a referral from a healthcare professional. However, patient feedback highlighted the need for greater flexibility. In response, the team introduced a self-referral pathway for specific cases, such as patients requiring ear syringing prior to private audiology appointments. The aim of this exception is to improve access to ear care and ensure patients are treated in a timely manner.

### **2. Booking support for those who require it**

To support people who find navigating booking systems difficult, the team created a dedicated hotline for GP practice staff to book appointments on their behalf.

### **3. Support for neurodiverse and anxious people**

The team has improved support for neurodiverse and anxious patients by updating the NHS Borders website with clearer information about the CTAC booking process and training call handlers to offer call-backs if a patient becomes overwhelmed during the call.

### **4. Use of inclusive language**

The team is promoting the use of inclusive language by encouraging staff to avoid gendered terms unless introduced by the patient, helping create a safer and more inclusive experience for all.

## **Key Learning**

It was effective for the NHS Borders team to recruit patients using different methods, including asking patients directly after CTAC appointments, short online surveys with follow-up options, and engaging through community groups. Clear, jargon-free communication, flexible participation options, and a personal approach helped the team to increase engagement. The key lessons learnt included:

- **Co-design is crucial:** Earlier engagement with patients would have identified issues sooner. Patient groups expressed their desire to be consulted earlier in future when more meaningful changes could have been embedded.
- **Rurality matters:** Solutions must account for infrastructure gaps and digital exclusion.
- **Multiple access routes are needed:** Sole reliance on phone booking creates inequality.
- **Clarity in communication is key:** Clear messaging and consistent communication make a difference.
- **Patient engagement should be ongoing:** Feedback should be gathered continuously to help shape future improvements to services.

The team has recommended the following tips for other teams wishing to begin patient engagement in Primary Care:

- Start patient engagement at the earliest opportunity to ensure it meaningfully informs the development process.
- Clearly define what you want to learn from patients and be transparent about what feedback can and cannot be used to influence future decision making.
- Before engaging with groups representing protected characteristics, first consider what insights you need and which groups are most appropriate to involve.
- Be prepared to listen and to change direction based on what you hear even if it is challenging but also defend what you are doing well.
- Follow up with a clear summary email, outlining concerns raised, recommendations, and next steps. This is appreciated by participants and helps maintain good records.

## Next Steps

The NHS Borders team are in the early stages of testing the centralised CTAC booking hub, which will be refined as the service evolves. As part of the next phase of patient engagement and service improvement, the team will focus on the following priorities:

- Exploring hybrid booking models including digital options,
- continuing to refine patient messaging using user-tested materials,
- improving data collection and analysis for ongoing equity monitoring,
- sharing learning across health board quality improvement forums and national networks,
- embedding EQHRIA earlier in future service design to anticipate and address barriers and
- using 'The Care Experience Improvement Model (CEIM)' to gather further patient feedback.

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