# PCPIP Webinar: Exploring the connections between CTAC and GPN - Questions and Answers

This webinar was part of Healthcare Improvement Scotland's (HIS) work on the Primary Care Phased Investment Programme (PCPIP) held on 29 May 2025 via MS Teams. The topics for our programme of learning events are based on themes collated from PCPIP participants at earlier events, workshops, webinars and professional networks.

This document provides answers from the webinar speakers to questions posed by webinar participants that were not addressed during the live Question and Answer session.

Please note that we can only answer questions directly relating to HIS' role in PCPIP. This means that we are not able to answer questions about Scottish Government policy, resourcing or finance.

## Pre-submitted questions

***(Q) Has the option of obtaining verified weights or blood monitoring through CTACs for patients on obesity medicines been considered (when they are rolled out)?***

(Answer by Joanne Anderson, National Clinical Lead Primary Care Nursing, Healthcare Improvement Scotland) *Delivery models and service specifications across HSCP and NHS boards are variable. It will therefore be a matter for local conversations and agreement. I would suggest consideration will also need to be given to any enhanced services should that be the way forward, alongside demand and capacity within existing services. The person should of course remain at the centre of discussions.*

***(Q) How can diabetes be reviewed in this way without having to recall them to check eye screening, feet check, injection sites, check if they are taking the medication appropriately and check and change medication? These patients will then need to attend more than one appointment.***

(Answer by Joanne Anderson*) Retinal screening does require a separate appointment with specialised equipment and professionals required. This is therefore not delivered in a general practice setting. Regarding 'foot checks' variation on appointments required will continue to be the case dependant on individual patient risk stratification. This means that some individuals may require specialist podiatry review and those that may be at lower risk sitting within CTAC models and included as part of monitoring. With long-term condition (LTC) monitoring complete, the General Practice Nurse as an expert nursing generalist can then interpret the data, focus time with individuals on management, and what is important to the individual to live well. This is in line with the*

*Transforming Roles paper 6 and GPN knowledge and skills framework. This approach has been in existence in many NHS boards prior to 2018 GMS contract.*

***(Q) CTAC provides the data gathering element of clinical review of patients including (Bloods, urine dip, BMI, ECG etc.) Do CTAC and Practice Nurses use the same patient record system prior to a Practice Nurse review? If not, how is the data transferred to the Practice Nurse system? Is there duplication of work or extra admin work because of the CTAC input?***

(Answer by Joanne Anderson) *IT infrastructure and admin burden remain a challenge nationally. CTAC models are variable however if we consider the practice-based model, all records are within GP patient records. In comparison, offsite models may be using TRAKCARE. Requests made via TRAKCARE are returned to the referrer. The SCI diabetes database is also used in CTAC models with data readily accessible to practices. There are challenges using the GP patient records offsite due to remote access, permissions, licences and multiple passwords. I am sure all of us look forward to a future IT system with a shared patient record.*

***(Q) What else will be moving from General Practice Nursing (GPN) to CTAC in the future?***

(Answer by Joanne Anderson) *It is important to recognise both the detail of the 2018 GMS contract and the General Practice Nurse as expert nursing generalist. Both Transforming Roles paper 6 and GPN Competency Framework also outline the GPN role. Whilst CTAC service and GPN work collaboratively it is recognised that their areas of expertise are quite different. The service specification and funding within individual boards is also important to consider. For example, catheter care may happen in some CTAC services with funding transferred from District Nurse service budgets. This would be transferred from another community service and boards would have considered their capacity to support general practice from a GMS contract point of view.*

## Further questions submitted during the webinar

***(Q) How do you see a future role for GPNs in supporting obesity management and the roll out of anti-obesity medicines for people living with long-term conditions?***

(Answer by Kathy Kenmuir, Professional Nurse Adviser for Primary Care, Primary Care Directorate, The Scottish Government) *GPNs are core healthcare professionals to both obesity and long-term condition (LTC) management. Medicines management is part of that role.*

***(Q) How do we find out what is happening within our health boards in terms of CTAC?***

(Answer by Joanne Anderson) *Communication networks are varied across health boards for finding out information in relation to CTAC. We would advise you to contact your relevant HSCP or primary care lead who will be able to put you in contact with the relevant team or person.*

***(Q) Looking at the early slide suggesting what has been done since 2018. None of those services have been taken out from health board salaried GP practice locally. How will the band 5 and band 6 nurses in practice here have equity of development compared to their colleagues nationally if they continue to provide the services removed from other areas?***

(Answer by Joanne Anderson) *My understanding from the question is this refers to the NHS board delivered General practice (2c). General Practice Nurses regardless of their employment status have access to the same development opportunities as their peers nationally. How services are delivered will be dependent on local modelling. Shetland is a good example with both B3 and B5 staff supporting CTAC activity, releasing GPN to undertake role outlined in Transforming Roles paper 6. We could also consider the slide relating to career pathways giving example of opportunities across both services.*

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**Healthcare Improvement Scotland**

| | |
|---|---|
| Edinburgh Office | Glasgow Office |
| Gyle Square | Delta House |
| 1 South Gyle Crescent | 50 West Nile Street |
| Edinburgh | Glasgow |
| EH12 9EB | G1 2NP |
| 0131 623 4300 | 0141 225 6999 |

**www.ihub.scot**