NHS Shetland case study: Learning from introduction of CTAC services

Introduction

All but one of the general practitioner (GP) practices in NHS Shetland are health board operated. NHS Shetland's successful bid for inclusion in the Primary Care Phased Investment Programme (PCPIP) included a focus on reducing pressure on GP practices to deliver both routine and complex care.

To help achieve this aim, a Community Treatment and Care (CTAC) service was developed.

Background

Prior to PCPIP, GP practices would oversee all routine care within the practice. A mix of general practice nurses (GPN) and healthcare support workers (HCSW) conducted the required interventions. However, there were some challenges with this.

- **Lack of consistency** - various GP practices adapted alternative approaches leading to confusion amongst staff and varying patient outcomes.
- **Heavy reliance on goodwill** - if a patient needed care outside their registered practice, it was up to individual practices to decide whether they could help.
- **Limited data available on completion of long-term condition (LTC) reviews -** including which patients were overdue for review with a lack of robust planning/approach methodology.
- **No clear definition of nursing roles** - lack of delineated job roles often meant GPNs conducted HCSW roles.

Approach

As part of PCPIP, NHS Shetland launched CTAC functions across all their GP practices to avoid development of a separate service or operating model.

One of the aims of this was for CTAC to take on routine clinical tasks, helping to reduce pressure on GPNs so they could focus on more complex care. The new approach focused on better planning, clearer processes, and consistent scheduling with the aim of providing a more equitable access. Developing CTAC encompassed a period of learning and adjustment, leading to two improvement cycles, with the learning from the first activity informing the second.

First improvement cycle

- CTAC staff were rostered to meet demands of nine GP practices in NHS Shetland.
- A phlebotomy clinic was introduced in Gilbert Bain Hospital for both primary and secondary care bloods.
- Planning was initiated for CTAC to support introduction of annual health checks for individuals with learning disabilities.

Implementation challenges and learning

The team felt the success of the CTAC processes relied on gaining feedback from staff (clinical and non-clinical) regarding what worked and did not work. Staff described issues adjusting to different GP practice systems and processes across the nine GP practices they worked in. They experienced difficulties booking rooms which meant it was difficult to plan. The practice administrators also highlighted experiencing difficulties in booking CTAC appointments due to unclear new systems.

The team explored the data and found that the phlebotomy clinic was underutilised in secondary care. Between June and September 2024, data showed an average of nine appointments were used per month.

Second improvement cycle

Discussions were then held to explore alternative ways to deliver a more structured and predictable model, reduce unnecessary travel, and improve equity of access for patients.
The new model was introduced over the Christmas period, giving an opportunity to monitor its impact and make any necessary adjustments early on. Activities included:

- an introduction of a centralised booking system, and
- designated CTAC days for each of the four practices with an allocated CTAC day

Impact

The introduction of a structured CTAC model has led to significant improvements for practices and staff. The staff also reflected on the benefits they have observed in terms continuity of care for patients.

Easier planning

For practices, having a fixed roster has made planning easier, with clearer staff availability and better use of space in GP surgeries. For practice managers, it also improved the room allocation system, as they knew which staff would require space on which days.

The structured approach also improved day-to-day working conditions for CTAC staff, particularly in terms of negotiating different systems across the various practices they work with:

'Fixed rostering benefits: Familiarity with staff, familiarity within the practice ways, IT systems recognition, room availability better'

CTAC nurse, NHS Shetland

Improved relationships

For CTAC staff, the consistent schedule and location have provided greater continuity of care, making it easier to build relationships with both patients and GP teams. One staff member reflected:

> *"I feel there's more benefits than cons to fixed rostering. I find that I'm getting used to the way the health centres run, and there's continuity for patients, as I'm seeing them again and have fewer people asking me, 'So who are you? Never seen your face afore'."*
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> **CTAC nurse, NHS Shetland**

Key Learning

- A shift from a peripatetic model to a set timetable, with fixed rostering and central booking, improved planning and room allocation.
- Introducing CTAC service for routine tasks meant GPN time could be more protected for complex care tasks.
- Consistent presence has built continuity for patients and GP teams and helped CTAC staff integrate.

Next steps

- The fixed timetable and central booking system will be maintained.
- Weekly timetable will be reviewed, and small scheduling or process adjustments will be made as needed.
- The booking system will be reviewed to identify the reasoning for booking out with the registered practice.
- To support service delivery planning, data collection will continue.

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