

Session Aims

- Updates on network activity and consider priorities for the network in 2024
- Review of CTAC Network MS Teams channel
- Updates on Primary Care Phased Investment Programme (PCPIP)
- Understanding inequalities in the context of CTAC

Spotlight Session 1: Updates on PCPIP Collaborative

The national collaborative has a flexible offer of support for participating teams including:

- 4- & 8-week QI sprint programmes focussed on CTAC, pharmacotherapy and access
- QI skills sessions outlining practical application of QI tools in primary care
- Support and learning sessions: coaching support, and sharing and learning with other primary care teams
- Access to resources to support your improvement activities.

Spotlight Session 2: Inequalities in the context of CTAC

Two Deep End GPs Marianne McCallum and Peter Cawston presented a session on inequalities in primary care. The [recording](#) of this session has been shared on the MS Teams CTAC Network Channel.

Network members discussed:

- **WHAT** was new or you hadn't considered before this presentation?
- **SO WHAT** does relational care look like to you?
- **NOW WHAT** is one change you *could* do and how might you go about it?

Call to action

Identify work your team can share – successes or challenges

Present at a future network session

Identify how you can use the [mapping tool](#)

Consider joining the [PCPIP collaborative](#)

Complete [this form](#) with your change idea

What should be prioritised in the CTAC Network Sessions?



More insights from the CTAC teams would be beneficial to inform the CTAC component of the national collaborative.

For more information on joining the collaborative, visit our [website](#). You can find the application form [here](#).

The full slide set for this network session can be found on the CTAC Network MS teams channel [here](#).

We are keen to share change ideas discussed in the network. Members were asked to complete [this MS form](#). Some responses collected have been:

- *“DNA follow up, Co-design of services, Staff to be trauma informed”*
- *“Carrying out audits to standardise practice, take methods that work well in one area & duplicating across the service”*
- *“Communicating more with patients that CTAC is part of the practice and an enhanced service, rather than being seen as a separate service”*
- *“Always establish the reason for non-attendance by contacting the person”*

