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| CTACSS EDINBURGH |
| Information Pack for Practices |
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| **Andy Gillies & Gloria Douglas – Clinical Team Leads** |
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* This is an operational document and information is subject to change. Information in this document is accurate as of 8th March 2023.

# **What services do CTACSS offer?**

CTACS Edinburgh currently offers the following services:

* Wound Care - Basic and complex
* Suture and Clip removal
* Doppler ABPI
* Ear Irrigation and pre audiology appointment check
* Unscheduled Vaccinations

### WOUND CARE

CTACS can care for all types of wounds from post surgical wound checks to complex care and compression therapy. Patients requiring a wound check, who have not been seen by a care provider in the practice for care, can self-refer to the CTACS service by telephoning our dedicated appointments number.

For patients currently under the care of the nurse or doctor within the practice, a standard SBAR referral form should be completed and emailed, by the care provider, to the CTACS referral email address. A copy of this form is available at the end of this document.

### Medication/Prescription request:

On occasion, there may be a requirement for the patient to receive oral antibiotics due to wound infection. The CTACS nursing staff will email your practice clinical email address to request a prescription for these, and the email will include a clinical handover and any microbiology results which have been returned to CTACS. Dependent on the perceived clinical urgency or severity of the infection, the CTACS team may call the practice to request a GP review.

Your practice may also receive hosiery order forms for your patients requiring compression hosiery. These will be provided complete with measurements and what’s required for a prescription to be placed.

### DOPPLERS

Doppler care can be carried out at CTACS clinics. We currently use Dopplex Ability machines in clinic allowing us to record a patient ABPI in a reduced time frame. Our skilled nursing staff are also trained in manual Doppler techniques if required, and results are sent electronically, directly back to the surgery.

We follow NICE and TVN guidance on our reporting procedure. Any results deemed to be of URGENT clinical need will be referred direct to Vascular by the CTACS nurses. The GP practice will then be notified of our action and the ABPI result.

Any Non-urgent results out with normal parameters will be sent to the GP for clinical consideration.

All Doppler appointment requests should be made on the referral form and emailed to the CTACS administration email address.

### EAR IRRIGATION

CTACS offers an ear irrigation and pre audiology service. Patients can be referred by GP/Nurse from their practice or can self-refer by calling our dedicated booking line. Pre and post ear care information is provided to the patient.

Please note that CTACS can **NOT** remove foreign bodies from the ear canal. This must be referred to ENT.

**How do I make a referral?**

**SELF REFERRAL**

**Patients can self refer for the following procedures by calling the booking**

**line on 0131-537-7205**

* **NEW WOUNDS INCLUDING POST OPERATION**

**(Please note that CTACS does not offer an ACUTE injury service, if the patient has suffered a traumatic injury, they should be referred to NHS 24 for a Minor Injury Assessment)**

* **SUTURE OR CLIP REMOVAL (INCLUDING POST KNEE AND HIP REPLACEMENT)**
* **EAR IRRIGATION OR PRE AUDIOLOGY EAR CHECK**

**SBAR REFERRAL**

**All referrals for transfer of wound care or Doppler ABPI requests should be made on the SBAR form and emailed to the following address:**

loth.CTACSedinburgh@nhslothian.scot.nhs.uk

**If you wish to speak to our administrator to confirm, change or cancel a booking please call on 0131-537-7205**

**If you are referring a patient for wound care or a Doppler ABPI assessment, a full handover should be provided on the referral as well relevant medical history. The referral form is attached at the end of this document.**

**Please ensure full up to date contact details for the patient are also included in any referral.**

### ****Patient Allocated bookings:****

**Patients will be allocated booking based on individual preference or geographical location. What this means is although your practice has been invited to send patients to a particular CTACS, we may offer that patient an appointment at a different location across the city. We do this based on patient convenience due to work location for example. This allows us to offer a more robust patient centred care.**

### ****Saturday CTACS clinics:****

From March 2023 all patients who are classed as NON-Housebound and require seen on the weekend for dressing changes will now be seen by CTACS and not the District nurse service. These requests should be made by the care provider, with handover to the CTACS admin email address.

We will provide patients with a timed appointment at either Sighthill Health Centre or Mountcastle Health Centre.

**How do CTACS update GPs?**

DOPPLER

**When a patient attends a CTACS clinic for a Doppler assessment the results are sent via our TRAK system as an outpatient letter. This is usually received by the practice within 24 hours via your EDT Mailbox.**

**If the patient is re-attending the practice the same day or next day from the Doppler assessment a paper copy will be provided to the patient to bring to the GP/Nurse appointment.**

EAR IRRIGATION

CTACS will generally not send any response to successful ear irrigations but will report any clinical issues via electronic letter.

WOUND CARE

When we discharge a patient the practice will receive a basic discharge summery to advise the wound has healed. We will only contact the GP during care if we deem the wound to be infected and require oral antibiotics or if we require prescriptions.

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| **NAME:**    **DOB/CHI:**  **CONTACT NUMBER:**  **ADDRESS:** |
| **REASON FOR REFERRAL:**  **IF REFERRAL IS FOR DOPPLER DOES THE PATIENT HAVE ULCERS OR LOWER LEG WOUND?** |
| **RELEVANT PAST MEDICAL HISTORY:**    **REVELANT ALLERGIES:** |
| **WOUND HISTORY:**  **HAS PATIENT HAD A DOPPLER IN LAST 6 MONTHS?**  **IF YES PLEASE LIST PREVIOUS RESULT:** |
| **FREQUENCY OF AND LIST CURRENT DRESSINGS USED:**  **Date CTACS to take over care from:** |
| **IF DOPPLER ONLY PLEASE PROVIDE BRIEF CLINICAL REASON FOR REFERRAL:** |
| **REFERAL BY** |