Chronic Pain Community Appointment Day, Aberdeen City, November 2024 – Interim Evaluation Report

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Executive summary

Community Appointment Days (CADs) are a novel approach to delivering clinical services. NHS Grampian's Chronic Pain service held its first CAD in November 2024, hosted at "Get Active @ Northfield" in Aberdeen City. It was attended by 46 patients invited from the Chronic Pain waiting list, as well as 52 "walk-in" patients.

The CAD received positive feedback from patients, particularly around less-restrictive appointment times, learning more about community organisations, and accessing multiple services in one day. Patients felt listened to, involved in their care, and that staff had made every effort to help them to understand their condition. 88% would recommend the event to a friend or family member. Feedback from staff and community partners was also positive; specifically, both NHS staff and community organisations enjoyed the opportunity to work alongside each other in a new way.

Areas of improvement were identified in areas including choice of venue and staff experience (particularly around intensity of work and adequate break times/spaces), Analysis of data comparing attendees to those who couldn't attend suggested those of working age may attend at lower rates; however, this should be interpreted with caution due to small numbers at a single event.

A final Evaluation Report will follow. A second Chronic Pain CAD is planned for February 2025.

Introduction and background

As part of our Putting People First approach, NHS Grampian have introduced and piloted a Community Appointment Day (CAD) approach. This is a novel model for providing clinical services for patients, featuring a community-based setting, prominent involvement of Community Partner organisations, and an in-depth “What Matters To You?” conversation at its heart.

Following a successful pilot involving musculoskeletal services for patients in Moray, a CAD was planned around chronic pain services in Aberdeen City. This was held in late November 2024, at Sport Aberdeen “Get Active @ Northfield”. In order to assess the effects of the CAD, and to aim to improve for future iterations, a monitoring and evaluation exercise was planned to take place alongside and after the day.

This was planned following a similar exercise after the Moray CAD. As well as evaluating the CAD itself, we also aimed to “evaluate the evaluation”, in order to improve future evaluations and to develop a toolkit for use in future CADs.

Patients were invited to attend the CAD, having been selected from the Chronic Pain service waiting list. 124 invitations were sent. 59 patients (48%) booked appointments, 38 patients (30%) declined and 27 patients (22%) didn’t reply. Of those who declined, the most common reason given was a preference to wait for a 1:1 appointment instead (given by 23% of those who declined). A further 52 people attended on a walk-in basis.

Evaluation modalities

Evaluation and feedback data were collected via several routes:

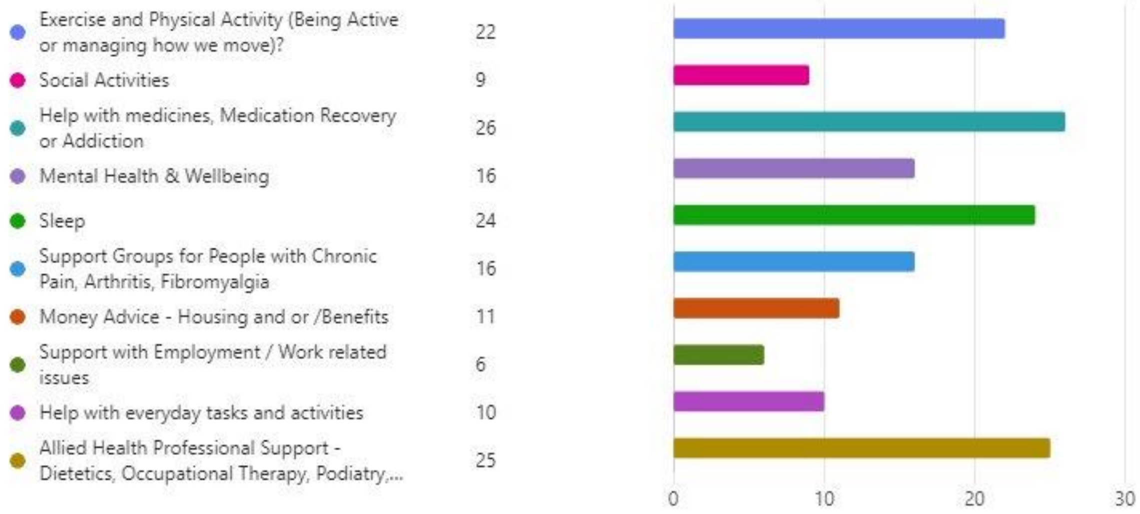
- Feedback was collected as part of the Patient Passport. This was completed only by patients who had a booked appointment. This used the CollaboRATE tool, in common with the previous Community Appointment Day held in Moray. These questions were answered on paper, before being digitally uploaded and stored using Microsoft Forms.
- Questionnaires were used to collect feedback from other participants in the CAD. These involved different self-administered questionnaires for booked patients, walk-in patients, staff members and community partners. These were also answered on paper, before being digitally uploaded and stored using Microsoft Forms.
- Appointment outcomes were collected via the Patient Passport and checked versus Trakcare.

- Demographic data of booked patients were obtained via Health Intelligence. These were then compared to those on the Chronic Pain waiting list, as well as those who were invited to attend but declined. These data were not available for walk-in patients; this is expanded upon in the “Future recommendations” section.
- Consent was gained for follow-up interviews with a sample of CAD participants. This is detailed later in the report.

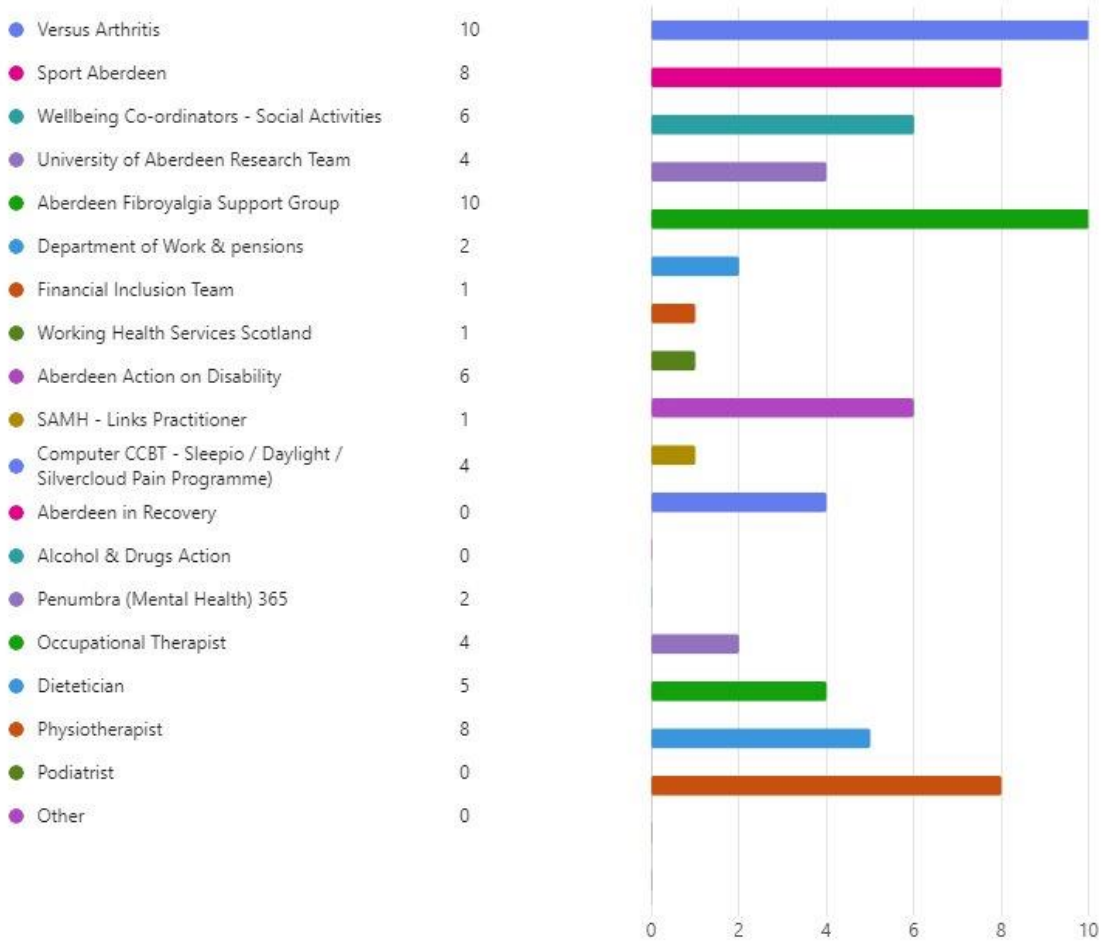
Patient Passport feedback

The Patient Passport was used by all of the booked patients during the day. It was used to record their “What Matters To You?” conversation, their journey through the CAD, as well as recording several questions for evaluation

When asked “What support are you looking for today?” the most frequent responses were support with medications (70%), support from allied health professionals (69%) and sleep (66%).



In terms of which Community Partners were visited, 55% of respondents had talked to Versus Arthritis and to the Aberdeen Fibromyalgia Support Group. 44% had spoken with Sport Aberdeen and Physiotherapy.



Versus Arthritis	10
Sport Aberdeen	8
Wellbeing Co-ordinators - Social Activities	6
University of Aberdeen Research Team	4
Aberdeen Fibroyalgia Support Group	10
Department of Work & pensions	2
Financial Inclusion Team	1
Working Health Services Scotland	1
Aberdeen Action on Disability	6
SAMH - Links Practitioner	1
Computer CCBT - Sleepio / Daylight / Silvercloud Pain Programme)	4
Aberdeen in Recovery	0
Alcohol & Drugs Action	0
Penumbra (Mental Health) 365	2
Occupational Therapist	4
Dietetician	5
Physiotherapist	8
Podiatrist	0
Other	0

Further questions were asked using the CollaboRATE tool, using a 5-point scale.

On "How much effort was made to help you understand your symptoms and conditions?", the mean score was 4.55 out of 5, with a majority answering "every effort was made".

On "How much effort was made to listen to what was most important to you?", the mean score was 4.72 out of 5, with a majority answering "every effort was made".

On "How much effort was made to include your own preference in deciding what to do next?", the mean score was 4.54 out of 5, with a majority answering "every effort was made".

On "Rate the overall experience you have had today", the mean score was 4.4 out of 5, with the vast majority giving four or five stars.

Key themes

- Scores from the CollaboRATE questions were very positive; they highlight that respondents felt listened to, that efforts were made to help them understand their condition, and that they were included in decision-making around their care.
- Lots of positive free-text comments were received; these followed similar themes to those in the Questionnaire feedback, which will be explored in the next section.
- The areas that the respondents were most seeking help for were medications, sleep and physical activity. These could guide the services we offer and provide in future Chronic Pain CADs.

Questionnaire feedback

Different questionnaires were collected for booked patients, walk-in patients, staff and community partners; they will be presented here separately. Data were collected using multiple choice, Li~~e~~kert and qualitative / free-text questions.

Booked patients

- On the question "*Did today's event address what matters most to you?*", 81% responded either "mostly" (50%) or "completely" (31%). 19% responded "partly", with nobody choosing "not at all".
- On the question "*How easy was it to find the venue?*", 88% responded either "quite easy" (18%) or "very easy" (70%). 6% responded "very difficult". All respondents to the question *"How easy was it to access the venue?"* responded either "quite easy" (24%) or "very easy" (76%).
- On the question *"Was today's event what you expected it to be?",* 38% responded "yes", with 50% responding "Don't know". 12% responded "No", with one adding "no, it was much better!".
- On the question of how different factors impacted on their health and well-being:
    - Regarding meeting people with similar experiences or health conditions, 53% of respondents said this was either slightly (24%) or very (29%) positive. 6% described a slightly negative impact.
    - Regarding clinical appointments with fewer time constraints, 94% of respondents said this was either slightly (50%) or very (44%) positive.
    - Regarding the choice of venue, 76% of respondents said this was either slightly (41%) or very (35%) positive. Nobody reported a negative impact.
    - Regarding the opportunity to access multiple services all in one day, all respondents were either slightly (35%) or very (65%) positive.
    - Regarding the opportunity to learn about community groups and support, 88% of respondents said this was either slightly (19%) or very (69%) positive.
- 88% of respondents would recommend this type of event to a friend or family member. 12% responded "don't know".
- When asked "*Would you recommend this type of event when compared to an appointment in a hospital/clinic setting?*" 56% responded yes, 6% responded no, and 38% responded "don't know".

What else may have been helpful to know in advance?

"I didn't really know the full extent of what to expect, and was very surprised in a good way."

"I didn't expect so much help today. I've got many helpful advices. Great event! 5 star!"

"Was more than I expected"

Other respondents stated that they would have liked a list of what services to expect, a brief on what to expect, or to know how busy the event was likely to be.

What was good about the event?

"Lots of organisations in one place"

"Meeting people with the same condition that understand"

"Good to find there are different groups available to help"

Multiple respondents cited the amount and quality of information that was available. Discussions with the consultant and the medication nurse were specifically mentioned.

What would you like to change or be different next time?

"I would give myself more time"

"Nothing, something for everyone"

By far the most common answer (from over half of respondents) was either "nothing" or "don't know". There were specific suggestions around better co-ordinating staff lunchtimes, and that the venue was too cold.

Do you have any other comments you'd like to make?

"Great idea having everyone under one roof."

"I feel I have exhausted all avenues, i.e. GP, pain meds, antidepressants. Just to say thank you to all. I found this invaluable."

"It would have been good to have more space for difficult or emotional conversations"

Respondents also described the day as excellent, expressed thanks, and that they found the day useful.

DW, AG January 2025

Walk-in patients

- On the question "*Did today's event address what matters most to you?*", 73% responded either "mostly" (47%) or "completely" (27%). 20% responded "partly", with 7% choosing "not at all".
- On the question "*How easy was it to find the venue?*", 88% responded either "quite easy" (13%) or "very easy" (75%). 6% responded "quite difficult", with another 6% responding "very difficult". All respondents to the question *"How easy was it to access the venue?"* responded either "quite easy" (12%) or "very easy" (88%).
- On the question *"Was today's event what you expected it to be?",* 60% responded "yes", with 20% responding "Don't know" and 20% responded "No".
- On the question of how different factors impacted on their health and well-being:
    - Regarding meeting people with similar experiences or health conditions, 69% of respondents said this was either slightly (31%) or very (38%) positive. Nobody reported a negative impact.
    - Regarding clinical appointments with fewer time constraints, half of respondents reported the impact as being neither positive or negative. The rest responded either slightly (25%) or very (25%) positive.
    - Regarding the choice of venue, all respondents said this was either slightly (19%) or very (81%) positive.
    - Regarding the opportunity to access multiple services all in one day, most respondents were either slightly (13%) or very (81%) positive. There were no reported negative impacts.
    - Regarding the opportunity to learn about community groups and support, 94% reported a very positive impact. 6% were neither positive nor negative
- 80% of respondents would recommend this type of event to a friend or family member. 10% said that they wouldn't, with 10% responding "don't know".
- When asked "*Would you recommend this type of event when compared to an appointment in a hospital/clinic setting?*" 50% responded yes, 10% responded no, and 40% responded "don't know".

How did you hear about today's event?

A range of answers were given by respondents; these included via social media, through classes at Aberdeen Sports Village, from primary care and via email invitation.

Why did you decide to attend the CAD today?

Most respondents answered either to get more information, or to get advice on pain relief.

What else may have been helpful to know in advance?

"No idea so many info stalls and talks. No time to attend talks today"

"It was more helpful than I expected! It would have been better if I had known about the event earlier"

Respondents mentioned that they would have liked to have been able to book appointments (which was unavailable to walk-in patients). Others mentioned that they would have liked more one-to-one advice, whilst another (who stated a professional interest in chronic pain) wanted the opportunity to add their own observations and expertise.

What was good about the event?

"A great start at looking at a complicated problem"

"Really positive atmosphere. Lots of information and support that I wasn't aware was available."

"Outside hospital setting, and warm, welcoming atmosphere with teas and coffees"

Multiple respondents appreciated the friendly and welcoming atmosphere, as well as the availability of information. One respondent answered "nothing" was good about the event.

What would you like to change or be different next time?

"More connections to the medical teams to understand what they are trying to do, as this doesn't connect with some patients"

"Allow extra time when I visit. Not enough disabled parking."

"Map was confusing. To know a little bit more in advance"

Other respondents mentioned that it was difficult to hear some of the speakers, and that they would have liked a bigger event.

Do you have any other comments you'd like to make?

“Wasn't aware you needed an appointment for some areas.”

“Really positive experience. I've felt "written off" by NHS and government, and today really helped me see a way forward.”

“Lots of information in one go. Lots of flyers. Maybe these could be available digitally somehow?”

One respondent replied “Don't ask people to come and then find need appointment”; this was the same individual who had responded that there was “nothing” good about the event, and had otherwise scored negatively across the questionnaire. Others described the event as well-organised and helpful.

Staff

- On the question “*How did the event compare with your usual workplace in terms of impact on your wellbeing?*”, 46% responded “no difference”. 46% responded either a little (15%) or a lot (31%) better. 8% responded that it was a little worse.
- On the question *“Overall, what was the impact of the event on your personal health and wellbeing?”,* 54% responded either slightly (38%) or very (15%) positive. 38% responded “no difference”. 8% reported a slightly negative impact.
- On the question of how different factors impacted on their health and well-being:
    - Regarding meeting other professionals, 77% responded either slightly (8%) or very (69%) positive. 23% responded “no difference”.
    - Regarding peer support, 69% responded either slightly (23%) or very (46%) positive. 31% responded “no difference”.
    - Regarding support from managers, 77% responded either slightly (23%) or very (54%) positive. 23% responded “no difference”.
    - Regarding less-restricted appointment times, 54% responded either slightly (15%) or very (39%) positive. 46% responded “no difference”.
    - Regarding being in a different venue, 62% responded either slightly or very positive (31% each). 38% responded “no difference”.
    - Regarding seeing a large number of patients, 58% responded “very positive”. 33% responded “no difference”, with 8% responding “slightly negative”.
    - Regarding meeting and working alongside other services, 92% responded either slightly (17%) or very (75%) positive. 8% responded “no difference”.
- On the question of how different factors impacted on their delivery of care:
    - Regarding peer support, 69% responded either slightly (23%) or very (46%) positive. 23% responded “no difference”. 8% responded “slightly negative”.

    - Regarding support from managers, 64% responded either slightly (18%) or very (45%) positive. 36% responded “no difference”.
    - Regarding less-restricted appointment times, 50% responded either slightly or very positive (25% each). 50% responded “no difference”.
    - Regarding being in a different venue, 50% responded either slightly (17%) or very (33%) positive. 50% responded “no difference”.
    - Regarding seeing a large number of patients, 67% responded either slightly (17%) or very (50%) positive. 25% responded “no difference”. 8% responded “slightly negative”.
    - Regarding meeting and working alongside other services, 85% responded either slightly (15%) or very (69%) positive. 15% responded “no difference”.
- When asked “Would you recommend this way of working to other clinical services?”. 83% responded “yes”. 17% responded “don’t know”.

What was good about the event?

“Always enjoy speaking to the public. Most were highly appreciative of CAD”

“One stop shop for so much sharing of services to fully support our patients”

“Networking and joined-up approach reduces silo working”

Respondents mentioned the good feedback they had received from patients during the day. The additional time that was afforded by the CAD format was also mentioned.

What would you like to change or be different next time?

“Separate space for staff lunch so we can disconnect from patients”

“Tiring giving talk all day - share load with team.”

“Heating!”

The temperature of the venue was mentioned several times. It was also suggested that there could be improvements around the WMTY conversations, including more trained staff and more confidential spaces.

Do you have any other comments you’d like to make?

“Excellent event, well-supported, well-attended, positive feedback. This is the future. GPs need to get on board.”

“Most patients I spoke to were very positive about the event. It was a means by which they could find and engage with other services (e.g. third sector).”

“Great idea and new ones in different parts of community, as lots of people travelled far”

There were multiple other suggestions for improvements. These included the possibility of a staff debrief (due to the challenging nature of some of the conversations), the need for confidential spaces, more (and more comfortable) chairs, and clearer expectations for the patients attending the CAD.

Community partners

- On the question "How did the event compare with your usual workplace in terms of impact on your wellbeing?", 69% responded "no difference". The other respondents said either a little (19%) or a lot (13%) better.
- On the question "What was the impact of the event on your personal health and wellbeing?", 47% responded "no difference". The other 53% responded either slightly (24%) or very (29%) positive.
- On the question of how different factors impacted on their health and well-being:
  - Regarding meeting other community organisations, 88% responded either slightly (6%) or very (81%) positive. 12% of respondents said "no difference".
  - Regarding meeting and interacting with clinical services, 82% responded either slightly (18%) or very (65%) positive. 18% of respondents said "no difference".
  - Regarding the choice of venue, 81% responded either slightly (63%) or very (19%) positive. 19% of respondents said "no difference".
- On the question "Did you receive enough engagement from service-users to make the day worthwhile for you/your organization? ", 100% if respondents said "yes".
- On the question "How useful was the event for you / your organisation?", 100% of respondents responded either quite (41%) or very (59%) useful.
- On the question of how different factors impacted on their ability to achieve their aims:
  - Regarding meeting other community organisations, 100% responded either slightly (29%) or very (71%) positive.
  - Regarding meeting and interacting with clinical services, 82% responded either slightly (18%) or very (65%) positive. 18% of respondents said "no difference".
  - Regarding the choice of venue, 75% responded either slightly or very positive (38% each). 25% of respondents said "no difference".
- On the question "Would you recommend this way of working to other community or third sector organisations?", 94% said "yes". 6% said "don't know".

- On the question “What was the impact of the CAD on your connectedness/ cohesion with the local community?”, 81% responded either a little (31%) or a lot (50%) better. 19% responded “about the same”.

What was good about the event?

“It was an invaluable networking event and a good opportunity to advertise the services of [our service].”

“Patients were encouraged to meet health professionals in a positive & constructive way, not coerced by 9-min appointment times. I loved that people were being listened to with compassion, and therefore felt very supported.”

“Learned things about other clinical services that I didn't know even though I work closely with them. Good to see how closely we are linked and how much overlap there is.”

Multiple respondents mentioned the opportunities for networking, both with NHS services and with other community partner organisations. Partners also appreciated the opportunities to talk directly to members of the public.

What would you like to change or be different next time?

“More quiet spaces to have conversations with people - some were upset. Would like all services to be in the same halls”

“Chairs for staff were really uncomfy for being stuck in same place all day.”

“I felt being in a side room wasn't terribly helpful. Moving forward, an event like this would be better held in a larger hall where all participants could be together.”

The comfort of the chairs and temperature of the venue were raised by multiple respondents. It was also suggested that patients could have been distributed more evenly throughout the day.

Do you have any other comments you’d like to make?

“Really good event, real buzz about it.”

“Great to reconnect with 3rd sector orgs and meet with people with lived experience of pain who are interested in research”

“I felt that clinical staff were able to meet up with [our organisation] and ask questions about the community, and able to be encouraged about being more community-centred in the practice and future plans - all good!”

Again, the comfort of the chairs and temperature of the venue were mentioned multiple times. Also, community partners who weren’t situated in the main area felt a little out-of-the-way.

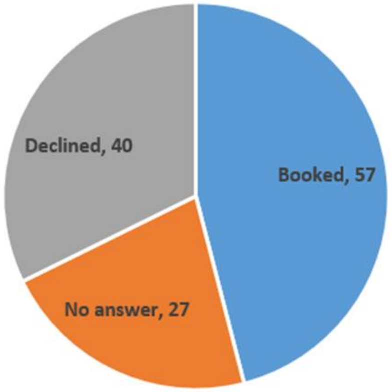
Key themes from questionnaire feedback

- **Patient satisfaction** – patient feedback was very positive, particularly for those with booked appointments. 81% answered positively in regards to the CAD addressing what matters most to them, with 88% saying they would recommend the event to a friend or family member. In particular, the most positive feedback was received for having a less time-constrained appointment, accessing multiple services in one day, and meeting Community Partner organisations.
- **The venue and spaces** – the venue received near-universal positive feedback for its ease of getting to and its ease of access. There was repeated feedback on the temperature of the venue (the day in question was very cold!) and the comfort of chairs for staff. In terms of learning for future events, it was suggested that more private spaces would be important for sensitive conversations, and that community partners would prefer to all be located together rather than “hidden away” in other rooms.
- **Expectations** – as may be expected for a novel model of care, a recurring theme from the patient feedback is not knowing what to expect from the day, either in terms of the care they would receive or the range of organisations they would meet. Whilst efforts were made to inform patients ahead of the CAD (and particularly those who had a booked appointment), we may consider whether further information should be provided ahead of future CADs. However, it may also be the case that as the CAD approach becomes more familiar, this issue will naturally resolve over time.
- **Time** – related to the above theme of “expectations”, it was mentioned several times that patients had underestimated the amount of time that they would need at the CAD, and may have had to rush or miss some partners. Again, this could be addressed in pre-CAD information in the future.
- **Interdisciplinary working** – both NHS staff and Community Partners were hugely positive about working more closely with each other. Both groups highlighted a

greater understanding of each other's roles and services, and enjoyed working together in an integrated way.

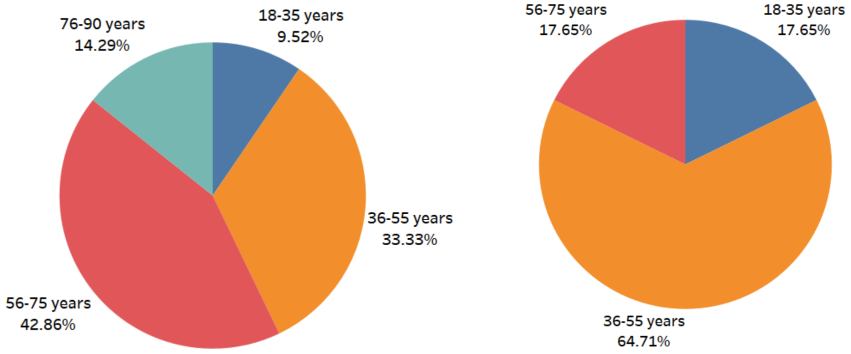
Health Intelligence data

Health Intelligence were able to provide data regarding the patients who were invited to attend the CAD. Relevant analyses are presented here.



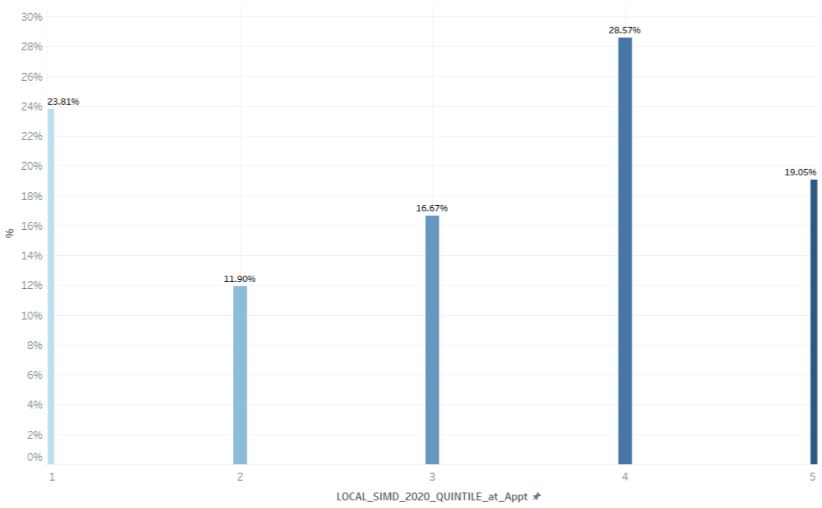
124 patients were invited to attend. Of these, 57 patients (46%) booked an appointment at the CAD. 40 patients (32%) declined the invitation, and 27 patients did not reply (22%).

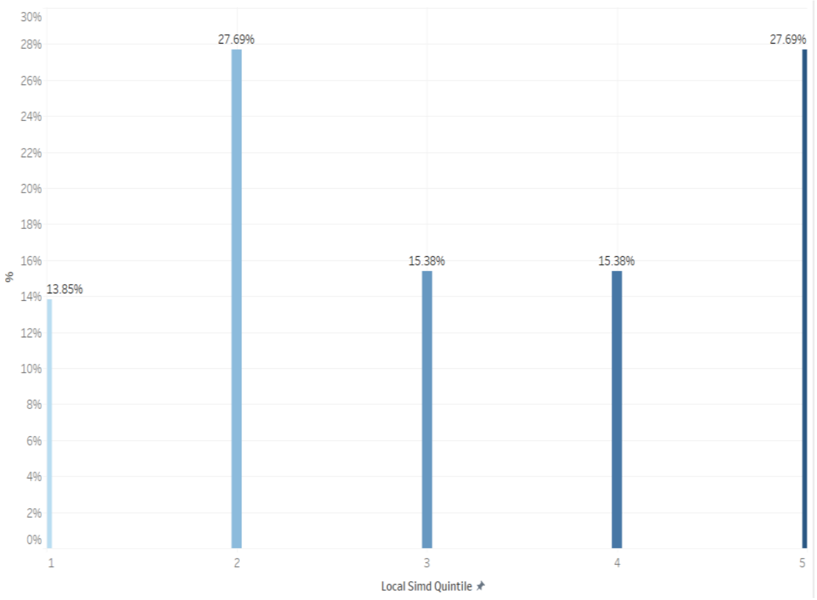
Of the 57 patients who booked an appointment, 42 patients (74%) attended on the day, with the others either did-not-attend (DNA) or could-not-attend (CNA).



There was a clear difference in age groups between those who attended (left) and those who didn't/couldn't attend (right). Those who didn't attend were much more likely to be in the 36-55y bracket, with attendees tending to be older.

There was no difference in sex between those invitees who did or didn't attend. There was also no difference in ethnicity between the two groups.





The SIMD-distribution of those who attended (top) was different compared to the distribution for those who didn’t (bottom). Attendees were more likely to be in SIMD 4 or 5, whereas non-attendees had larger spikes in SIMD 2 and 5.

Key findings

- Those who were able/willing to attend the CAD tended to be older than both those who were invited and didn’t come, and the Chronic Pain waiting list overall.
- Those who attended tended to be in higher SIMD quintiles (although some from SIMD 1 & 2 were able to attend). This may be in line with DNA patterns more generally.
- Whilst there are apparent trends in the data, we should interpret these with caution; these are small numbers from a single event, and will need corroboration from future CADs.

It has been suggested that patients of working age struggled to take time off work; this is possibly due to CADs being less familiar than a “hospital appointment”. We should consider this when writing invitation letters, to ensure as many people as possible are able to access CADs. These findings also underline importance of maximizing accessibility for CADs, to avoid perpetuating any inequalities present in the system.

At future CADs, we should collect more demographic data from walk-in patients, to see whether these patterns persist in this group.

Follow-up interviews

As part of the questionnaires, participants were asked for contact details and permission for follow-up interviewing. This is to ascertain the persistence of any changes or benefits from the Community Appointment Day. A sample will be taken from service-users (both those with appointments and those who joined on-the day). Telephone interviews are planned for late January 2025; the outcome of these will be the subject of a later addendum to this evaluation report.

Summary

What went well?

1. Patient satisfaction was excellent. Both the Passport responses as well as the questionnaires showed high levels of patient satisfaction, particularly around less-restrictive appointments, gaining knowledge of community organisations and having multiple services under one roof.
2. The high number of walk-in patients suggests a level of demand for this approach. Feedback from the questionnaires was again very positive. Whilst not quite as positive as feedback from the booked patients, this may be due to them not receiving the full "CAD experience".
3. Community partner organisations gave very positive feedback, highlighting the opportunity to connect directly with patients, learn more about clinical services, and network with other community groups.
4. Staff feedback was positive, particularly focused on the opportunity to work alongside community groups.
5. The venue was easy to find and very accessible, particularly for those from the local area.

What could be improved?

1. Areas for improvement were identified around staff welfare and experience. This included the strenuous nature of delivering multiple sessions, the lack of staff space for breaks and lunch, and the emotionally-draining nature of some of the conversations that were had.
2. Multiple patients (both booked and walk-in) expressed that they didn't know quite what to expect from the CAD. This could be addressed by changes in literature/information provided ahead of time; however, this may also naturally improve over time as the CAD model becomes more widely used and understood.
3. The set-up of the majority of stalls in the foyer of the venue, combined with very cold weather and frequent door-openings meant that the CAD was quite cold overall. This could be addressed by using alternative venues, by reserving this set-up for summer months only, or other solutions for increasing/retaining warmth.
4. Data from Health Intelligence highlighted some differences in age between invitees who attended and those who couldn't/didn't attend the CAD; primarily, adults of working age (36-55y) were over-represented in the CNA/DNA group. Whilst some of this effect may be due to relatively small numbers attending the CAD, we should explore what could be done to enable this cohort to access Community Appointment Days.
5. A further piece of evaluation could investigate the reasons that people declined the CAD invitation; this may help to improve further CADs, both for Chronic Pain and other services.

Future plans

- A further addendum to this report will be published following the completion and analysis of follow-up interviews.
- Whilst feedback from patients and staff have been generally positive for the Community Appointment Day approach, an in-depth economic evaluation has not yet taken place either in Grampian, or in previous CADs. An economic evaluation would be a valuable exercise to demonstrate the costs and benefits of this new approach. This is currently being explored in association with the Health Economics Research Unit at the University of Aberdeen.
- Development of an Evaluation Toolkit will be an important part of future CADs, allowing services to take a more "off the shelf" approach to holding their own CAD.
- The next Chronic Pain CAD is proposed to be a day where all patients self-book, rather than being invited from the waiting list. Whilst this will streamline some of the evaluation process, the questionnaires and Passport will need to be adapted for this different patient group. This will be considered by the CAD Evaluation Working Group.
- To evaluate the wider benefits of the CAD approach, a future exercise could examine changes in wider healthcare utilisation (e.g. unscheduled care, primary care) in those who have attended a CAD. However, this exercise is likely to be possible only in the medium to long term.