Chronic Pain Community Appointment Day, Aberdeen City, February 2025. Evaluation Report

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Executive Summary

Background:

NHS Grampian introduced Community Appointment Days (CADs) in autumn 2024 to deliver clinical services in community settings. The first Chronic Pain CAD was held in November 2024. The Chronic Pain service committed to a series of CADs in 2025, starting on February 5th. The CAD moved venue to Aberdeen City Vaccination Centre. The event was open to the general public via Eventbrite, and not limited to the Chronic Pain waiting list.

Key Findings:

- Attendance: 115 pre-booked, 61 attended (53%). 66 attended on-the-day without booking.
- Demographics: Majority female (77% pre-booked, 80% on-the-day), median age 64 (pre-booked), 66 (on-the-day).
- Feedback: Positive responses for Chronic Pain talks, range of organisations, learning opportunities, and staff helpfulness. Level of noise noted as area for improvement.
- Overall Rating: Median score of 4 out of 5 for the day.

Summary.

- Successes: Improved staff experience, high patient satisfaction, addressed previous CAD feedback, high demand, and effective upstream approach.
- Areas for Improvement: High DNA rate (47%), noise issues, and better facilitation for working-age adults.

Next Steps:

• Continue Chronic Pain CADs throughout 2025 with ongoing evaluations.

Use learnings to inform other CADs across Grampian.

Background

As part of our Putting People First approach, NHS Grampian have introduced and piloted Community Appointment Days (CADs) since autumn of 2024. This model features:

- Clinical services being delivered in a community setting.
- A "What Matters To You?" conversation with individuals as they arrive.
- Use of a Patient Passport, allowing participants to record discussions and allowing staff to signpost them around the CAD, as well as developing a shared understanding of the outcome and plan going forward.
- The involvement of Community Partner organisations from outwith the NHS.

These features encourage and foster a community and patient-centered approach to delivering care.

Grampian's first CAD was held in Elgin in September 2024, delivering musculoskeletal services (i.e. physiotherapy and podiatry). A second CAD was held in Northfield, Aberdeen in November 2024, delivering Chronic Pain services.

Following the Northfield CAD, NHS Grampian's Chronic Pain service committed to a series of CADs during 2025, commencing on 5th February.

Changes from previous CAD

This is the second Chronic Pain CAD; there have been some changes from the previous CAD, following feedback and evaluation exercises.

- Venue the venue for the CAD changed from "Get Active @ Northfield" to the Aberdeen City Vaccination Centre. This allowed greater space for more Community Partners, for more WMTY conversations, for more private spaces, and for more staff space.
- Patient group following discussion with the Chronic Pain team, the patient cohort was changed. Rather than inviting patients from the Chronic Pain waiting list, the CAD was publicised, and the general public were able to book appointment slots without an individual invitation. The bookings were conducted using Eventbrite.

Evaluation modalities

Evaluation of the CAD consisted of the following:

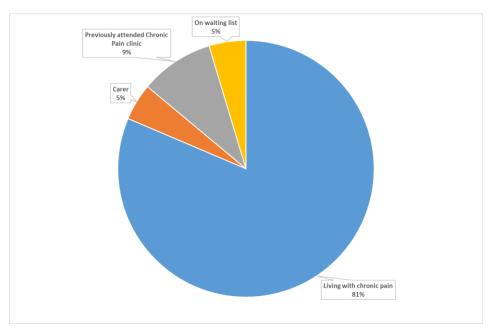
- Analysis of the Patient Passport completed on the day.
- Questionnaire feedback from attendees without a booked appointment.
- Feedback from NHS staff and Community Partners collected via Microsoft Forms.

Pre-booked attendees

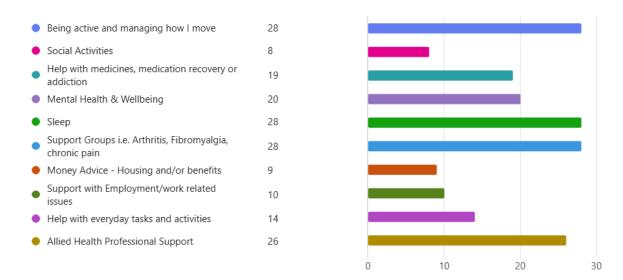
115 people booked to attend the CAD via Eventbrite. Of those, 61 (53%) attended on the day. Feedback from pre-booked attendees was captured via the Patient Passport. This was completed during the CAD by the attendees, and then entered into Microsoft Forms via the admin staff at the Vaccination Centre. 43 responses were recorded.

39 people answered the question on gender. Thirty (77%) were female, eight (21%) were male, and one non-binary female. Median age was 64 years, with a range of 24-83 years.

Four respondents had previously been seen by the Chronic Pain clinic. Two were on the waiting list to be seen. The other thirty-seven were either living with chronic pain or caring for someone who is.



37% of respondents had learned about the CAD from social media, with a further 23% having been signposted by their GP. The other respondents had learned about the CAD through a combination of word-of-mouth and signposting from other support groups.



42 attendees answered the question about what topics they were interested in learning more about. The most popular responses were advice on activity & movement (67%), sleep (67%) and support groups (67%).



When asked what was helpful about the event, a range of responses were received. 31 respondents answered this question. The recurring and most common themes were:

- Chronic Pain talk the most frequently highlighted element was the talk by the Chronic Pain team. Positive feedback was received for it being clear, easy to understand, and delivered by knowledgeable and friendly staff.
- Range of organisations respondents were positive about the range of different groups and organisations represented, including those who were not "healthcare-related". In particular, Sport Aberdeen were mentioned by multiple respondents.
- Learning more the opportunity to learn more and become better informed
 was mentioned on multiple occasions. This included learning more about
 chronic pain, about the range of community partners who were able to help
 them, and about strategies for self-managing their condition.
- Staff the staff on the day were described as being helpful and friendly. In particular, the staff helping to guide attendees around the CAD were highlighted.

• **Pharmacist** – multiple respondents mentioned how helpful it was to talk to the pharmacists regarding medication. This was an addition from the previous CAD, and so it was welcome that this received positive feedback.

Attendees were also asked if there were any services who weren't in attendance that may have been helpful. Ten people answered this question. Answers included representation from the Department of Work and Pensions, Citizens Advice regarding housing, and services located in Aberdeenshire (rather than Aberdeen City).

In terms of overall rating for the day, the median score was 4 out of 5, with an interquartile range of 4-5.

. Please rate the experience you've had today



Ratings for "How much effort was made to help you understand your symptoms and condition?", and "How much effort was made to listen to what was most important to you?" also both had a median score of 4 out of 5.

Feedback for the day overall was positive, with quotes including:

"It's been a relief to talk to people who understand and can offer help & support. Chronic pain has affected my confidence, as I don't go out and am unable to work, so to speak with people who are empathetic has been amazing."

"Well worthwhile. Hope there are more of these types of programmes."

"Grateful to attend this much needed event and for giving some fresh knowledge/contacts. A morale booster as well!"

On-the-day attendees

66 people attended on-the-day without having pre-booked. Feedback from on-the-day attendees was captured via self-administered questionnaire. This was completed during the CAD, and then entered into Microsoft Forms via the admin staff at the Vaccination Centre. 19 responses were recorded.

15 people answered the question on gender. Twelve (80%) were female, and three (20%) were male. Median age was 66 years, with a range of 36-78 years. This is a similar cohort to those who had booked their attendance. Five respondents (26%) had learned about the event through social media (specifically Facebook), with other common responses being via GP, from friends, and just passing by the event on the day.

Mean scores out of five were collected for the following:

- The opportunity to meet other people with similar experiences 3.83
- The choice of venue 4.83
- The opportunity to learn about community groups and support 4.67
- The opportunity to access multiple services in one day 4.59



19 people responded to the question "What was good about this event?". The common themes amongst the responses are:

- **Information** the most common responses were regarding the amount and range of information available on the day.
- **Staff** the staff at the event were frequently mentioned. In particular, they were described as friendly, attentive and helpful.
- **Support groups** respondents appreciated the opportunity to not just learn about community partner organisations, but to meet and engage with them.

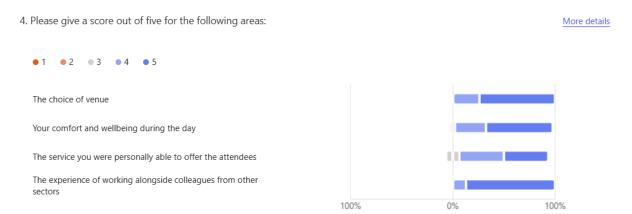


10 people responded to the question "What would you like to change or be different next time?". The most common answer was "nothing!", given by five individuals. Amongst the other answers, the most common themes were:

- **Noise** in common with other groups, the volume of the event was noted to be somewhat overwhelming at times. This may be a bigger issue for those with impaired hearing or with neurodivergence.
- **Aberdeenshire** two respondents noted that there was a lack of organisations and publicity pertaining to Aberdeenshire (as opposed to Aberdeen City).
- Other answers included a wish for more practical advice around supplements, more quiet spaces, and advice on food allergies.

Staff and Community Partners

Feedback from NHS staff and community partners was collected via an online Microsoft Forms questionnaire, which was shared with CAD participants the day after the event. 23 responses were received, of which thirteen (57%) were NHS staff, seven (30%) were Community Partners, and three (13%) were Aberdeen HaSCP staff. 57% of respondents had participated in the previous Chronic Pain CAD, with the other 43% participating for the first time.



Respondents scored highly for the choice of venue, staff comfort and wellbeing, the quality of service offered and the experience of working alongside colleagues from other sectors.

Please give a score out of five for the Community Appointment Day overall.



Respondents gave an average score of 4.5 for the CAD overall.



When asked what was good about the event, a range of responses were received. The recurring and most common themes were:

- Range of partners the most common response was praise for the range of different organisations who attended. In particular, the ability to interact and signpost to other services was mentioned by multiple respondents.
- **Venue** the venue received good feedback for the amount of space, the layout, and its provision for staff wellbeing. It was noted that this addressed several areas for improvement that were noted at the previous Chronic Pain CAD.
- **Time and space** linked to the changed venue, it was noted that sensitive conversations were able to be given an appropriate amount of time and space. Again, this was an area identified in feedback from the last CAD.
- **Innovation** the innovative and exciting model of delivering a service was explicitly mentioned, including the positive effect of having senior leadership in attendance.
- Pain Cafe multiple respondents highlighted the Pain Cafe, and how this facilitated high-quality and informal conversation. It allowed connections to be made between CAD attendees.



Regarding what could be improved about the day, the most common themes were:

- Noise this was by far the most common response. It was noted by multiple
 people that it made some conversations more difficult, and may have made it
 more difficult for attendees to hear the talks.
- Layout some suggestions were made regarding the layout of the event. This
 included having the talks in a less-busy area of the venue, and some
 participants feeling that the layout meant that their stall was easily missed by
 attendees. This also has links to the feedback regarding noise.
- **Staffing** it was also suggested that the CAD may have had too many staff (e.g. vaccination centre staff and community connectors), leading to excess noise and potential confusion for attendees.

How likely are you to recommend Community Appointment Days to colleagues as a way of working?



Regarding the likelihood of recommending CADs to colleagues, the median score was 10/10, with 91% giving a score of 8 or more.

Follow-up interviews

In common with previous CADs, follow-up contact is planned with participants several weeks after the CAD. This will be available as an addendum/companion to this Evaluation Report.

Summary

What went well?

- Staff comfort and wellbeing there was a large improvement from the previous Chronic Pain CAD, following staff feedback. The provision of comfortable seating, a warmer environment and more time/space for breaks greatly improved the staff experience. This is hugely important in allowing CADs to become a sustainable way of working.
- 2. **Patient satisfaction** in common with previous CADs (both for chronic pain and other conditions), high levels of patient satisfaction were recorded. The model of care continues to be popular.
- 3. Improvements from previous CAD it is noteworthy that several areas for improvement that were identified from the previous CAD evaluation were actioned and improved for this event. This includes a larger venue, an improved staff experience, a streamlined evaluation approach, and more time and space for emotionally-challenging conversations.
- 4. Demand the CAD saw high-levels of demand from the public, with booked appointments being completely filled over two weeks ahead of the event. The large numbers of on-the-day attendees also demonstrated the demand for this service.
- 5. An upstream approach the Chronic Pain service were keen for this CAD to take an upstream approach, reaching people who weren't already on the waiting list for their service. The vast majority of attendees had no previous appointments or referrals to the service; whilst it may be difficult to ascertain how many would otherwise have been referred to Chronic Pain (and how many referrals the CAD may have avoided), the cohort attending this event appear to be the cohort that was intended.

What could we improve?

- 1. DNA rate of the 115 people who had booked their attendance at the CAD, nearly half (54 people, 47%) did not attend on the day. This is significantly higher than the 22% DNA rate observed at the first Chronic Pain CAD, and higher than the DNA rate at Chronic Pain clinic. The reason for this may be complex, including the perception of self-initiated vs. hospital-initiated appointments. If this phenomenon persists, it would be worthwhile exploring the possibility of contacting non-attenders to collect information on why they didn't attend their booked slot.
- 2. Noise the issue of noise was frequently raised by both attendees and staff members. This may be a particular issue for those with neurodivergence or difficulty in hearing. For future CADs, we should consider mitigation measures including positioning the talks in a quieter area of the venue, and making sure

- that we have correct technology and equipment (e.g. microphone) so that all are able to hear.
- 3. A Grampian approach? whilst the CAD was intended as an Aberdeen City project, and supported by the Aberdeen HSCP, the Chronic Pain service is a Grampian-wide service; a significant number of patients attended from Aberdeenshire. We should explore in future CADs whether we should consider more Shire-based community partners to cater for this group.
- 4. Working-age adults— in common with the previous Chronic Pain CAD, the majority of attendees were older adults and those not in work. Whilst this may be consistent with the Chronic Pain waiting list more generally, difficulties in attending may be exacerbated by the patient-initiated nature of this CAD and how this is perceived by employers. We should consider what could be done to facilitate working-age adults in attending CADs.

What's next?

- Future Chronic Pain CADs are planned for the rest of 2025, with further small evaluation exercises for each CAD and a larger programme evaluation at the end
- Learning from this CAD will inform other CADs currently being planned across Grampian.
- The development of the CAD Toolkit will include tools for evaluation, allowing clinical services to appropriately monitor their own CADs without the need for external input from Public Health.