



Moray MSK Community Appointment Day

Follow-up Impact Assessment

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Andrea Gilmartin
Public Health Researcher
UKPHR Practitioner
NHS Grampian

Executive Summary

Background

The Moray Musculoskeletal (MSK) Community Appointment Day (CAD) was developed in response to increasing referrals and the growing complexity of patient needs. Designed as an alternative to the traditional physiotherapy-led model, the CAD provided patients with access to a broad range of clinical, third sector, and peer support services. Its primary aim was to empower individuals to better understand and self-manage their MSK conditions, while also exploring the potential to reduce service demand.

Methods

This follow-up evaluation, conducted six months after the first CAD in Grampian, assessed the longer-term impact on patients through qualitative interviews and service data analysis. Twenty patients participated in semi-structured interviews, which explored changes in confidence, behaviour, and wider wellbeing.

Key Findings

Increased Confidence: Patients reported feeling more confident in managing their conditions due to improved understanding and access to relevant information and support.

Sustained Behaviour Change: Many patients adopted long-term changes, such as improved footwear, regular exercise, and workplace adaptations. These changes led to better mobility, reduced symptoms, and improved quality of life.

Wider Benefits: The CAD's holistic approach encouraged lifestyle changes beyond MSK care, including smoking cessation, dietary improvements, and weight loss. Patients also reported enhanced social connections and reduced isolation through local groups and activities.

Financial Empowerment: Support from Citizens Advice enabled patients to access benefits, reducing financial stress and supporting continued self-management.

Service Impact: Analysis of MSK service data showed a significant reduction in waiting list numbers and improved access to care in the months following the CAD. Although demand later increased, the initial improvements suggest CADs can help alleviate service pressure when implemented effectively.

Conclusion

The Moray CAD model has demonstrated clear benefits for both patients and services. It supports a more person-centred, preventative approach to care and offers a scalable alternative to traditional models. Continued evaluation and refinement will be key to sustaining and expanding its impact across health and social care systems.

Background

To address rising referrals and complex patient needs, the Moray Community Appointment Day (CAD) initiative focused on Musculoskeletal (MSK) conditions. It aimed to support patients with joint, bone, and muscle issues by helping them identify what matters most and encouraging self-management. Unlike the standard physiotherapy-led model, the CAD offered access to clinical, third sector, and peer support services, addressing broader health and wellbeing needs.

An interim process evaluation of the first MSK CAD in Grampian gathered feedback from patients and staff of their experiences of the day ([moray-cad-interim-evaluation-report---final-1.pdf](#)). However, follow-up interviews are essential after testing this new model of care to assess its effectiveness in helping people self-manage and engage in preventative activities in the longer term. The “intention-behaviour gap” describes the disconnect between what people intend to do and what they actually do, which can limit long-term impact. This gap may be influenced by factors such as time, opportunity, or motivation.

Although not the primary aim, CADs have been shown to reduce waiting lists, as seen in the Sussex review, by enabling patients to self-manage and be discharged from services. To evaluate this further, patient waiting lists will be analysed before and after CADs to assess their impact on service demand.

Methods

Post CAD Patient Interviews

Patients who consented to follow-up (via their patient passport) were contacted by email six months after the MSK CAD to confirm ongoing willingness to participate, ensuring informed consent was maintained. They were offered a choice of dates and times for a telephone interview, conducted by a single researcher (AG). A draft questionnaire, developed in MS Forms and reviewed by the Physiotherapy Lead (AB), guided the semi-structured interviews. Topics explored included:

- Patient Impact
- Behaviour Change
- Wider Impact

Responses were recorded in MS Forms during the interviews. Emerging themes were shared with participants to confirm accuracy.

Data were analysed using high-level thematic framework analysis (Gale *et al.*, 2013) with NVivo 12 software. This method identifies patterns in qualitative data, offering insights into patient experiences, behavioural responses to service changes, and the underlying mechanisms of behaviour change.

Post CAD MSK Service Impact

Data, identified by the physiotherapy lead for Moray (AB), was extracted from the MSK Physiotherapy in Moray Dashboard. This data was reviewed for any post CAD impact in:

- New outpatient average wait for patients seen in the month (days waited)
- Number of new outpatient waiting list at month end
- New outpatients seen within 28 days of referral

Findings

Table 1 summarises the number of patients contacted, interviews carried out, average length of interview and age range of patients.

Table 1: Patient participation in interviews by sex and clinical service referral.

F = female M = male	Sent Interview Invitation (n)	Agreed to interview	Average length of Interview (mins)	Average age (range)
Physiotherapy (F)	36	10	28 mins	58 (40-78)
Physiotherapy (M)	11	3	31 mins	61 (42-78)
Podiatry (F)	18	5	25 mins	64 (57-66)
Podiatry (M)	8	2	21 mins	60
Total	73	20	28 mins	60 (40-78)

Patient Outcomes – Qualitative Summary (Full report: [Moray Community Appointment Day](#))



Increased Confidence

Patients reported increased confidence in managing their conditions, largely due to the information and understanding gained through the CAD.

Many patients described how this knowledge empowered them to take control of their health. Several also highlighted the value of external resources and peer support.

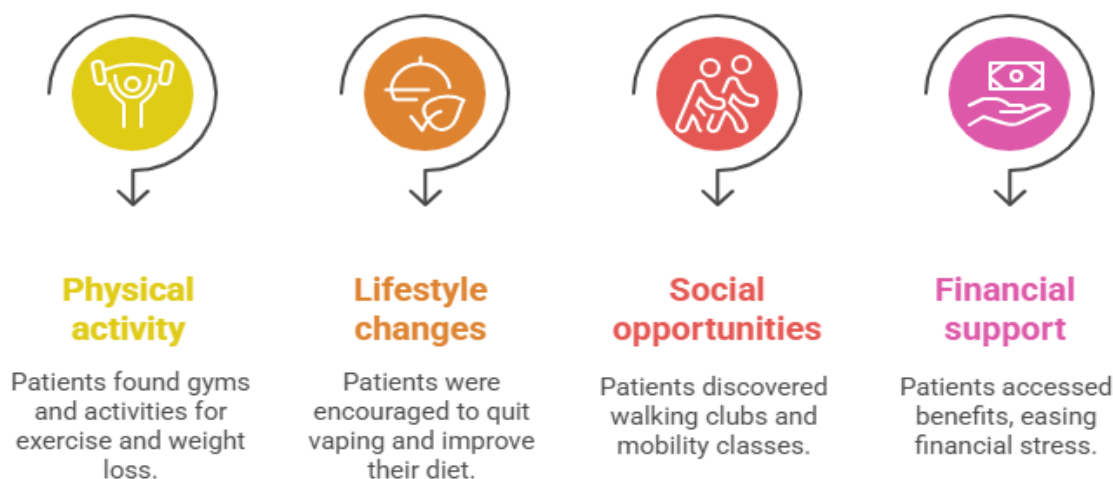
Longer Term Behaviour Changes

Many patients who attended podiatry appointments made significant changes to their footwear and committed to prescribed exercises. These changes improved comfort, muscle strength, and foot health. Patients receiving physiotherapy reported better stability and increased confidence in walking. Many joined walking clubs or began new routines like yoga and stretching. Several patients made practical changes in their daily routines and work environments to support self-management and reduce strain.



Wider Benefits

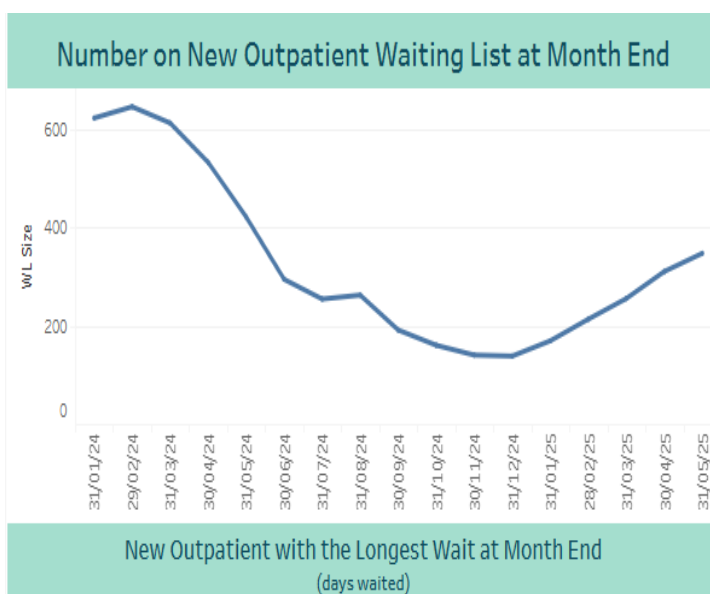
Attending the CAD helped patients discover local resources like gyms and structured activities that supported self-management through exercise, muscle strengthening, and weight loss. The CAD's holistic approach encouraged patients to make broader lifestyle changes, such as quitting vaping and improving their diet, contributing to overall wellbeing. Patients discovered new social opportunities, reducing isolation and building supportive networks through walking clubs, mobility classes, and local services. Support from Citizens Advice helped patient's access benefits, easing financial stress and enabling better self-management of their conditions.



Post CAD MSK Service Impact

Patient Waiting Lists

The below graph shows us that in January 2024 the number of new outpatients on the waiting list was just over 600, there was a steady drop until around June, which was attributed to an additional member of staff, from June to September the level remained fairly static. There is then a noticeable drop in the number of new outpatients on the waiting list from end of August as patients were invited to the CAD (CAD was held on the 11th of September) and continued to drop for a further 4 months after, demand for new outpatient appointment can then be seen to increase steadily beyond available capacity the following months.

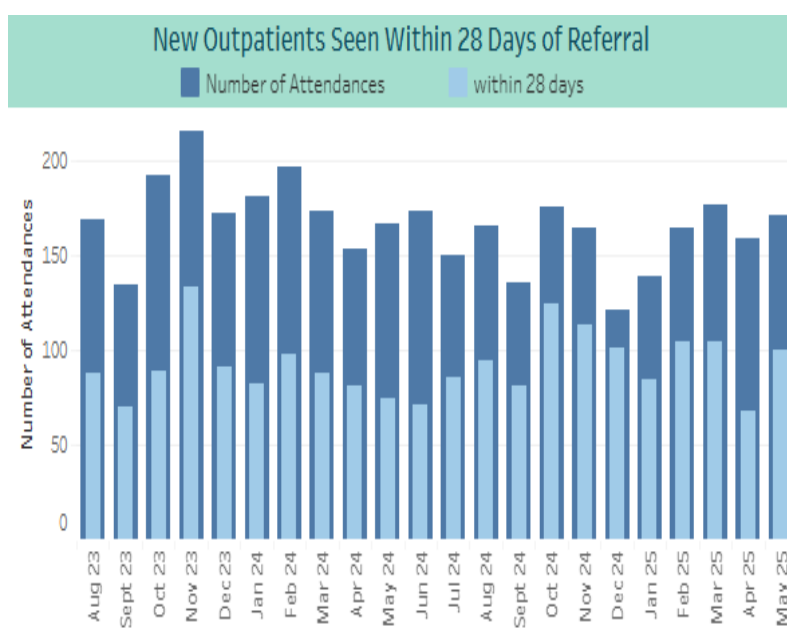


New Outpatient Average Wait for Patients Seen in the Month (days waited)

	Routine	Urgent
June 2024	198	21
July 2024	121	22
August 2024	120	20
September 2024	91	16
October 2024	43	16
November 2024	51	20
December 2024	58	18
January 2025	67	19
February 2025	70	16
March 2025	67	20
April 2025	77	25
May 2025	72	27

The table on the left presents a similar picture, outlining the average number of days patients waited to be seen in the month (days waited), falling from June with a marked reduction in days waiting post CAD in October, increasing again over time.

This last graph, visualises the number of outpatients seen within the 28 days of referral. The Scottish Government has determined that at least 90% of patients should wait no longer than four weeks to be seen from receipt of referral. Prior to the CAD, the average number of patients seen within this time scale was in the regions of 50%. Post CAD, with reduced waiting lists, the number of new patient being seen within 28 days from referral rose to 70% in October then to 83% in December. However, with increased demand, the percentage of patients being seen within this 28 day guidance has dropped to similar levels as pre CAD.



Conclusion

The Moray MSK Community Appointment Day (CAD) has demonstrated meaningful and wide-ranging impacts on patients' confidence, behaviour, and overall wellbeing. Follow-up interviews conducted six months post-event reveal that the CAD model not only empowered individuals with greater understanding of their conditions but also supported sustained behaviour change through improved self-management, lifestyle adjustments, and increased engagement with local services.

Patients reported enhanced physical health through exercise and footwear changes, improved mental wellbeing, and greater social connection. The holistic nature of the CAD—linking clinical, third sector, and peer support—enabled individuals to make informed choices about their health, access financial and lifestyle support, and reduce feelings of isolation.

Service-level data further supports the value of the CAD model. A notable reduction in waiting list numbers and improved access to timely care were observed in the months following the event. While these gains were partially reversed due to rising demand, the initial improvements highlight the potential of CADs to alleviate service pressure when implemented strategically.

Overall, the CAD initiative offers a promising alternative to traditional care models, with evidence of both individual and system-level benefits. Continued evaluation and refinement of this approach could further enhance its impact and sustainability across wider health and social care settings.