



Moray MSK Community Appointment Day

Evidence Review & Evaluation Interim Report
January 2025



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Acknowledgements

This report has been written to support our understanding of the application of community appointment days (CAD) in Grampian. The writing of this report has been supported by Lisa Taylor and Laura Sutherland from Health and Social Care Moray.

Many thanks to colleagues in podiatry, physiotherapy, and dietetics for sharing their data and evaluation and Viji Nair for synthesising raw data and undertaking data extracts for analysis. A very special thank you to Versus Arthritis Chronic Pain Group who were involved in planning the event and provided feedback, and all staff and members of the public who supported this evidence review by completing surveys and interviews.

Executive Summary

As Part of Putting People First, which aims to create more equal partnerships with the public to design more preventative and holistic models of care, we are working as a whole system to test Community Appointment Day approaches across Grampian. This paper reports on the first community Appointment Day in Grampian and will be part of a series of evaluation reports to help us evolve the approach locally.

The aim of a Community Appointment Day is to move away from treatment led care, aligning with and promoting a holistic and Realistic Medicine approach, offering people the opportunity to receive holistic care and support under one roof, supporting people to better self-manage and engage with preventative activities and support.

This interim report synthesises the findings from a number of data sources including; patient demographics, appointment uptake and outcomes, as well as patient and staff experiences of attending the first Musculoskeletal (MSK) Community Appointment Day (CAD) held in Moray.

Patient Experience

Patient feedback indicated an overwhelmingly positive experience with CAD attendance. The initiative's goal to support and involve patients in their care has been well-received, with patients feeling listened to and their concerns addressed. Patient feedback highlighted positive sentiments of the personalised care they received during CAD. Overall, the evidence suggests that patients enjoyed the experience and found personal benefits which were broader than their MSK condition.

Staff Experience

All staff reported enjoying the CAD events. Positive sentiments included the opportunity to spend quality time with patients, understanding their needs, and providing tailored advice and treatment. Overall, the staff experience was positive, supporting the CAD approach of a new way of working and engaging with patients. Feedback on operational issues have been collated and will be reported separately.

Attendance

High conversion rates from invitation to attendance suggest patient's interest in attending an appointment in a non-clinical setting. However, variations in attendance by age group indicate potential barriers for working-age adults. Further analysis of demographic factors and follow-up with non-attendees could provide additional insights into barriers and preferences, potentially enhancing future CAD events' accessibility and appeal.

Limitations

This interim report is based on data collected from the first CAD held in Grampian. Tight timescales for delivery impacted on the quantity and possibly the quality of data collected for monitoring and evaluation. Further analysis of invited patient data is still required and post CAD qualitative data collection is recommended to strengthen the evaluation.

Next Steps

Final monitoring and evaluation report – review patient non-attendance, review patient waiting lists at 6 months and present the outcomes of CAD patient follow up interviews. Development of tools to facilitate the implementation and consistent approach to monitoring and evaluation of future CADs.

Background

In response to the increasing number of referrals and the complexity surrounding patient presentations, it was agreed that the Moray CAD would focus on Musculoskeletal (MSK) Conditions. Focusing on supporting people with joint, bone and muscle problems, the Moray CAD aimed to help patients, referred to the MSK waiting list, to discuss what matters most to them.

The primary goal of this Community Appointment Day (CAD) initiative was to test a different model of care which aims to support people in self-managing their conditions and identify necessary next steps for further treatment by providing unhurried and direct access to a wide range of clinical, third sector and peer support which offered support and advice on health and wellbeing beyond their presenting condition. This is in contrast to the standard service model which, involves a single physiotherapist-led assessment and treatment, appropriate onward referral or discharge.

The CAD in Moray aimed to trial a new model of care to enhance patient/practitioner experience by;

- Providing a non-medicalised environment that encouraged people to engage with and manage their own conditions and general health and wellbeing wherever possible
- Supporting same-day access to holistic services including where appropriate, assessment, advice and guidance, rehabilitation and health promotion
- Personalising care into all aspects of the CAD intervention, ensuring MSK advice and treatment is supported by an in depth understanding of patient priorities and wishes
- Signposting into holistic support for issues wider than MSK through prevention and health promotion elements
- Supporting staff to step outside of 'business as usual' to address the multifaceted needs of patients more effectively

The CAD Essential Ingredients were followed; a person centred approach, understanding what really matters and tailoring delivery to the local population. The voice of lived experience was heard throughout the planning process by involving the local Versus Arthritis Chronic Pain Group who offered valuable feedback and guidance.

Patients on the podiatry and physiotherapy MSK waiting lists, were sent opt in invitation to attend an appointment at the CAD. Patients with more complex needs were within the exclusion criteria. Eleven appointment slots were available every 15 minutes.

On checking in, patients were invited to scan a QR code linking them to their own online Personal Health Passport which was completed by them as they moved around the zones, promoting self-management and ownership.

The "What Matters to You Most" (WMTYM) conversation with patients was facilitated by public health practitioners. Patients were guided through the event by volunteers and a number of services provided a wide range of information and support mechanisms available within the local community.

Patients received a one-to-one consultation with the appropriate clinician who reviewed their condition, identified next steps for self-managing their condition, further treatment, appropriate onward referral or discharge.

Tea and coffee vouchers were made available for both staff and patients. Patients were encouraged to take time out during their visit and after they had checked out to meet with supporting services and other attendees.

Methods

The data collection and analysis required for this work was undertaken across three key areas. The methodology associated with each of these is outlined in this section, prior to discussion of findings.

CAD Patient Survey

The patient survey responses, included within the patient passport, were transposed to an MS Excel spreadsheet and held anonymously, with randomly assigned participant numbers used to identify individual responses.

The survey consisted of five questions:

- Three questions which together constituted the 'Collaborate Questionnaire'. These questions were closed questions, answered on a Likert scale of 0-4, which focus on the effort collaborative nature of the service delivery experienced
- Two open text questions asking for general feedback on patients experiences of the CAD.

CAD Patient Feedback

An opportunistic approach was taken to gathering patient feedback, with brief face to face interviews, after the patient had checked out of the event.

Free text transcriptions, within the patient passport and interviews, were analysed using high level thematic framework analysis (Gale. N.K *et al.* 2013). Thematic analysis involves identifying patterns and themes in qualitative data such as interview transcripts, coding and categorising into themes. This method ensures a comprehensive understanding of the data, reflecting participants' perspectives and experiences accurately.

CAD Staff Feedback

An opportunistic approach was taken to gather feedback from staff attending the event on what their experiences were of the day. Feedback was gathered from physiotherapists and podiatry clinicians, public health practitioners, service providers, check in/out staff and team leads involved in the organisation of the event.

Quantitative Data Extracts

Analysis of patient attendee data which included key demographic variables, and patients' outcome activity undertaken at CAD events was carried out by a senior data analyst within Health Intelligence at NHS Grampian. Detailed information of methods implemented on application.

Gale, N.K. *et al.* (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology, 13, 117

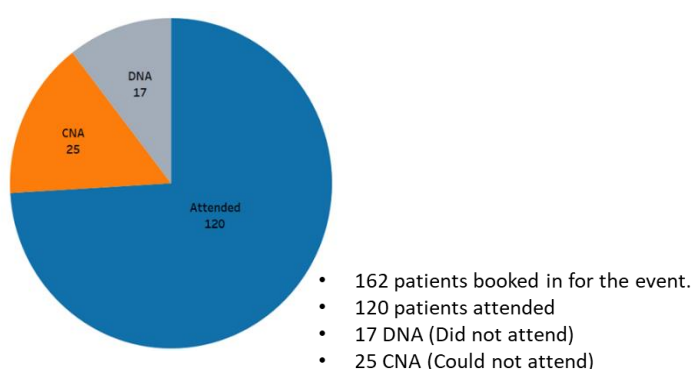
Findings

Attendee Demographics

A total of 140 physiotherapy and 60 podiatry MSK patients on the waiting lists were invited to attend the CAD held at the Moray Sports Centre in Elgin on the 11th September 2024 (figure 1). One hundred and sixty two (n=162) patients opted to accept the invitation with 120 attending on the day. Overall, females made up the majority of the patients who attended on the day (71% female vs 29% male).

At this stage it is not known if this gender split is reflective of the gender distribution; 1) within Moray, 2) those who were invited or 3) those on physiotherapy and podiatry MSK waiting lists.

Patient Attendance



Gender split by attendance

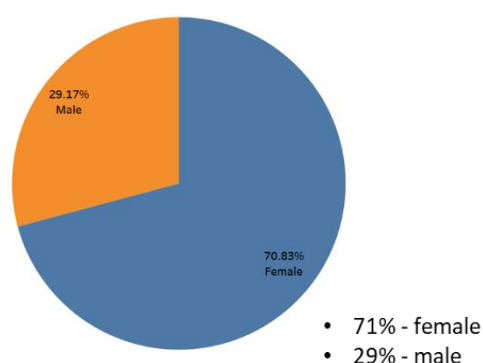
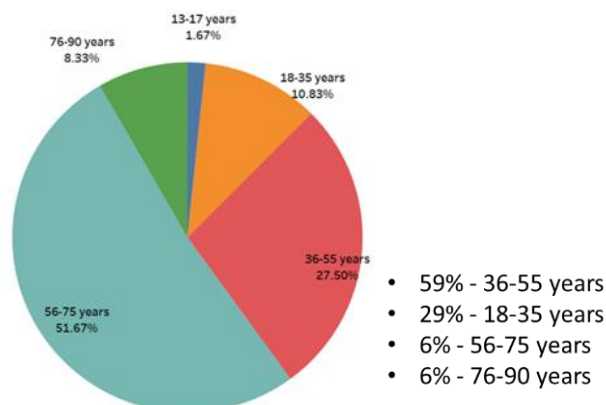


Figure 1: Patient attendance & gender

The general distribution of attendees (Figure 2) across the age groups shows that just over 50% (n=62) were between the age of 56 – 75 years, and just under one third (n=32) between the age of 36 – 55 years. The largest proportion of those who were 'did not attend' and/or 'could not attend' (DNA/CNA) (n=25) were those between the age of 36-55 years, followed by those between the age of 18 and 35 years (n=12). The reasons for non-attendance at this time is unknown but may be complex, with common factors being people not having transport, work commitments or simply being unaware they have an appointment.

Age profile of patients who attended



Age profile of DNA patients

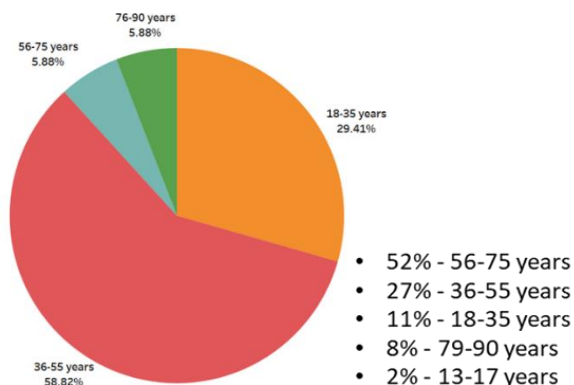


Figure 2: Patient age profiles



The map in figure 3 illustrates where patients were resident at the time of accepting the invitation to the Moray CAD, with larger numbers focused around Elgin, Buckie, Forres and Kinloss.

Data at this stage has not been linked to identify if any areas had higher numbers of DNA/CAN recorded.

Figure 3: Patients invited to Moray CAD

Attendance & Scottish Index of Multiple Deprivation (SIMD)

Attendance and DNA rate by SIMD show a higher attendance and DNA rate in both SIMD quintiles 3 & 4, areas of lower deprivation (figure 4). At this stage, data has not been explored to ascertain if there are any areas in Moray where DNA were higher than others or whether this can be linked SIMD.

In addition, data was not available to compare the SIMD to those who received an invitation to attend but did not accept an appointment to identify if there were any areas and/or SIMD of higher or lower acceptance. The demographic characteristics associated with DNAs may provide some understanding of the reasons why patients chose not to attend.

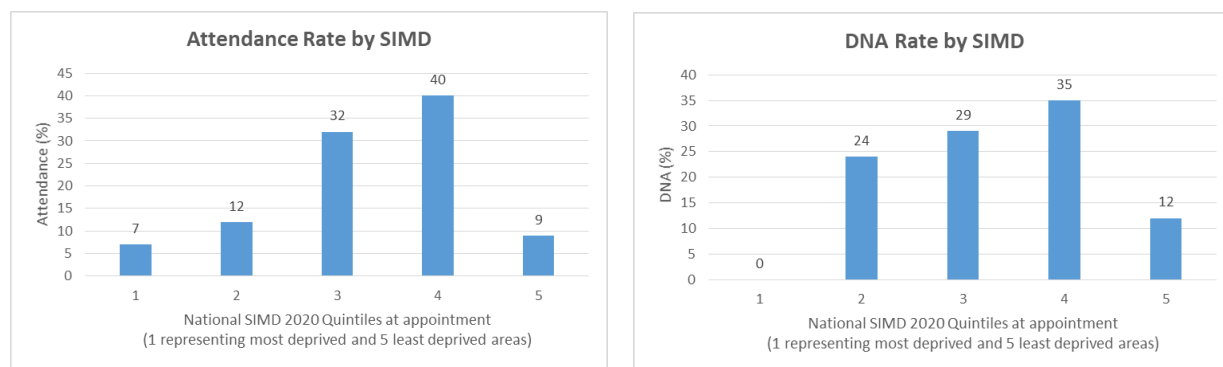


Figure 4: Attendance & DNA rate by SIMD

What matters to you?



All patients were invited to attend a 'what matters to you' (WMTY) session with a public health practitioner. Reasons mentioned for attending the CAD appointment are included in figure 5. Patients frequently mentioned;

- Pain management or prevention
- Exercise to improve mobility
- Advice to manage daily tasks

Figure 5: Frequently mentioned matters

Appointment Outcomes

Out of the 120 attended appointments, 21 patients have been discharged with their treatment completed, 51 patients have an open discharge, a six month patient initiated review (PIR) and 47 patients have follow up appointments. A breakdown for physiotherapy and podiatry appointments is provided in figure 6 (Please note this data is based on patients completed passports only).

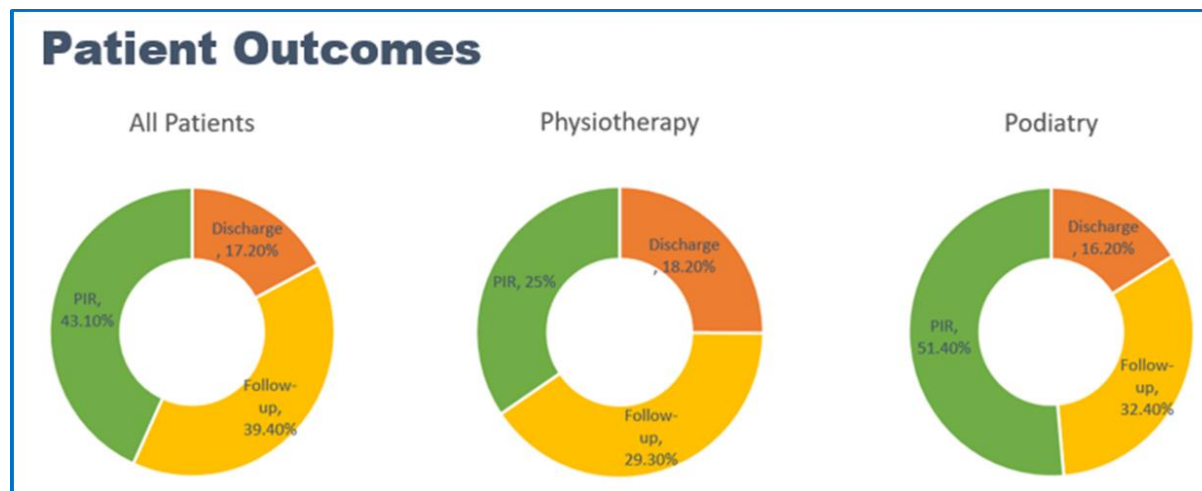


Figure 6: Clinic Outcomes for patient who attended the CAD

Collaborate Questionnaire

The distribution of scores show the majority of respondents scoring 4 for each question (figure 7). The questions with the most top '4' scores was 'How much effort was made to listen to the things that matter most to you about your health issues?' with 92 (79%) of respondents scoring at the top of the scale.

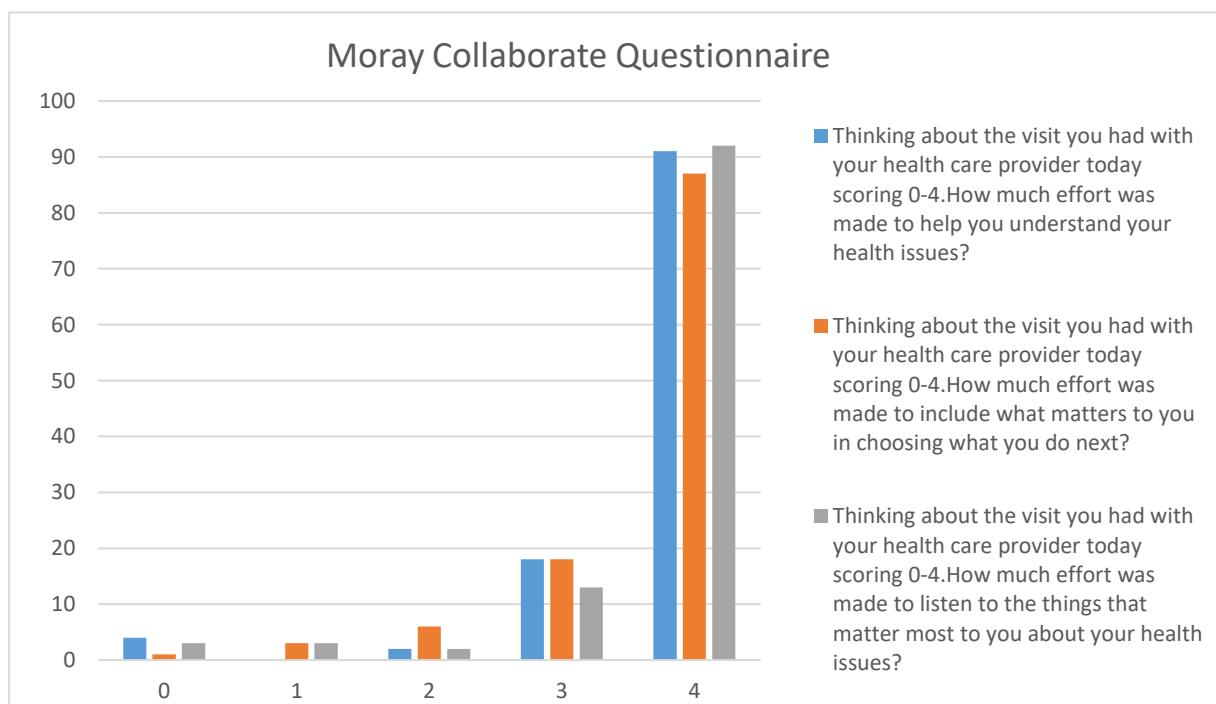



Figure 7: Distribution of scores for each question in the Collaborative Questionnaire

The average scores and variation for each individual question was very small, the patterns and trends for each individual question mirror the overall average total score results (table 1).

Table 1: Collaborative Questionnaire average score

Collaborative Questionnaire	Average
How much effort was made to help you understand your health issues?	3.64
How much effort was made to listen to the things that matter most to you about your health issues?	3.56
How much effort was made to include what matters most to you in choosing what to do next?	3.59

Overall patients rated their CAD experience as 4.5 out of 5 

These responses show a positive endorsement of one of the key purposes of the CAD initiative;

‘To do things differently that supports our population and enable them to take an active part in their care AND support them with what matters most to them’

Patient Feedback

Patient written feedback was collected via the patient passports and via an opportunistic approach gathering patient feedback face to face after they had checked out of the event. Overall, patient feedback was very positive and reflected on a number of key themes (example patient quotes are presented in italics);

“Today was so much more than getting my foot looked at, the whole experience has been brilliant for me, I am leaving with lots of information ... and I’ve also made a new friend and we’ve swapped phone numbers”.

- **Having Time** - respondents felt they were given time and not rushed, time to talk about their concerns.

“I thought this was an excellent experience. Everyone was very kind and helpful. Very informative and didn’t feel rushed. A lot better than going to the GP or the hospital!”

“You only get limited time at the doctors, I was given time to explain my whole body problems”

- **Being Listened to** - respondents reported that they felt their concerns were listened to and the clinicians got to know them.

“Each person listened greatly. Both professionals I met with today made me feel like a person rather than a number - it was a pleasant change”.

“It was good to be listened to and explained at my own pace”.

- **One-stop-shop** – respondents spoke positively about having all service in one place, being accessible on the same day, with on the spot information and advice.

"It has been great to have everyone here in one place and I received good support from the Physio's and it was really helpful to have some other services there too - like Versus Arthritis"

"Great idea to have all available services in one place"

- **Patient Centred** – respondents described how they had received support and advice that was specific to them, looked at them as a whole person, not their individual ailments.

"They tailored the exercises to me and I liked how informal it was and the other stalls and staff were not pushy and I felt comfortable to sign up"

"It has been a great day and I got a lot out of it, great to have the space and get advice and exercises to help me"

- **Informed** – respondents described how they had learned about many things that were available in their communities that they could contact and access for support

"I have found out so much about what is available in our community"

"I do not know what services are for what and I am lonely and anxious most of the time. I am just delighted to see you and be here"

Staff Feedback

An opportunistic approach was taken to gather feedback from staff attending the event on what their experiences were of the day. Feedback was gathered from physiotherapy and podiatry clinicians, public health practitioners, service providers, check in/out staff and team leads involved in the organisation of the event. Overall, feedback was very positive and reflected on a number of key themes (example quotes are presented in italics);

- **Operational** – some staff reported that they had been quite anxious at the start of the day because they had never worked this way previously.

"Felt event went very smoothly, well planned and co-ordinated.....whole day was amazing"

"Layout of room worked really well, feel really positive about working this way and using these events going forward – podiatry"

"Having volunteers to direct patients worked well, people were very positive, they wanted to be there"

- **Consultations** – staff reported that they felt the day had gone really well and that it was good to have a more holistic conversation with patients.

“Really good conversation, feel letters that had gone out to patients must have had good information in them as to what to expect”

“Overall a really good day, good to talk to people even though it was a shorter time than normal, it will help reduce waiting lists”

- **Waiting Lists** – Staff talked of how this way of working could help to reduce waiting lists in a number of ways.

“Phoning people to attend identified those who no longer needed to see physio so they could be removed from the waiting list”

“Patients were discharged on the day, or given opportunity to come back if they felt they needed to”

“Very open/positive to this way of working and using these events going forward”

Feedback was also collected on operational adjustment/improvements that may require further consideration for future CADs. This information and possible solutions/ recommendations has been collated elsewhere and is under review.

Stakeholders and Volunteers

There were a wide range of services attending the CAD. Feedback has been summarised and included below. Overall, feedback was very positive (example quotes are presented in italics);

“Great opportunity to network, making new links between services, really positive event”

“It was an exciting event for all – staff, volunteers and community. There was a real buzz”.

“I thought the day went really well. I had lots meaningful conversations with attendees about health walks, what they are all about and how they could join, whilst also handing out leaflets with all walks and the days, dates and times. Most people who had appointments that day came and chatted to me” – Walk Moray

“Participants felt the day had been ‘enlightening’ not only did they feel their MSK was almost cured following the session, they felt listened to and was amazed at the speed of their next appointment with the team” - Physiotherapy

“Patient struggling with job, can speak to them and get support as to what other jobs they may be able to consider”- Employability

“It was an extremely useful day from our point of view. Hopefully it was also very useful for your patients and staff. It would be something that we would be delighted to participate in again should the opportunity arise” – Versus Arthritis

The majority of patients that attended on the day indicated an interest (tick box in patient passport) of making contact with/ receiving more information from the other services that attended the event.

Top 5 Support Services Visited

- Versus Arthritis
- Walk Moray
- Healthpoint
- Community Occupational Therapy Support
- Moray Dietetic Service/Heart of Moray

Moray Dietetics aimed to support people attending the CAD by offering dietetic first line advice and/or onward referrals into appropriate services to meet the person's needs and support joined up multidisciplinary/multiagency working and more holistic health care.

The information provided here is a 'snapshot' of the information collated and reported by Nina Wood, Community Dietitian and Jacqueline Walker, Uni-professional Dietetic Lead, Moray HSCP. A visual representation of dietetic information, advice and/or onward referral of patients is presented below in figure 8.

Overall, Dietetics reported that they felt their presence was of benefit in providing a multidisciplinary approach to population health and possibly prevent some formal dietetic referrals into the dietetic service by giving first line advice at the CAD.

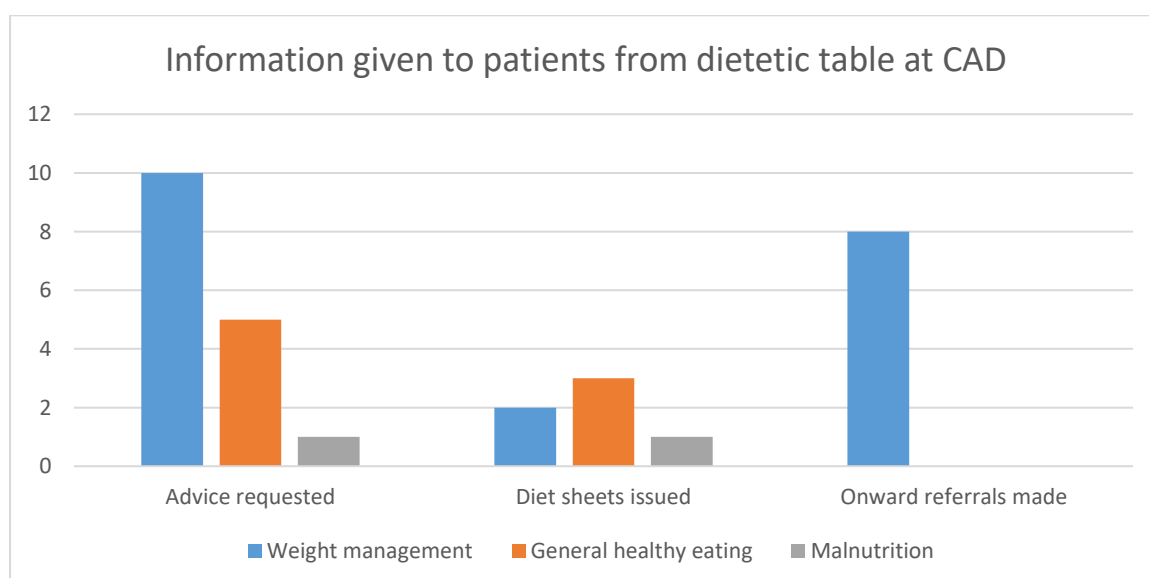


Figure 8: Information given to patients from dietetic table at CAD

Conclusions

This is an interim report and as such findings and interpretation at this time are based on relatively small numbers and are primarily of attending patient demographics and patient and staff experience/satisfaction of the day. Based on the evidence presented in this report the overwhelmingly positive sentiment from both patients and staff suggests good acceptability of a new way of both engaging

with patients and working in physiotherapy and podiatry MSK, with scope to widen to other areas such as dietetics.

As highlighted, we are awaiting data to enable a deeper dive into patient demographics to facilitate greater understanding of;

- Gender split in patient attendance - reflective of those who were invited?
- Were demographic characteristics associated with DNAs?
- Were DNAs associated with SIMD?

The reasons for non-attendance at this time is unknown but may be complex, with common factors being people not having transport, work commitments or simply being unaware they have an appointment. At this stage, data has not been explored to ascertain if there are any areas in Moray where DNA were higher than others or whether this can be linked SIMD. In addition, data was not available to compare the SIMD to those who received an invitation to attend but did not accept an appointment to identify if there were any areas and/or SIMD of higher or lower acceptance.

Next Steps

Final Report

- Deeper dive into patients non-attendance
 - Demographic characteristics associated with not initiating appointment at the CAD, by gender, age, deprivation
- Review patient waiting lists
 - Explore level of patient initiation referrals at 6 months
 - Patient discharge – initiation of new appointments/ return to waiting lists
- Review of MSK physiotherapy/podiatry waiting list;
 - Identify patients on dietetic waiting lists – who attended CAD
- Follow up patients interviews at 6 months, explore impact of CAD;
 - Continued contact with clinical services
 - Continued contact with support services
 - Behaviour change facilitators/ barriers
 - Patient journey - impact on wellbeing

Development of CAD Toolbox

- CAD delivery guide to support implementation;
 - Operational resource requirements/ considerations
- CAD monitoring and evaluation framework;
 - Ensure a consistent approach to monitoring and evaluation
 - Monitoring and evaluation included within planning stage
 - Refinement of metrics to ensure capture of;
 - Patient behaviour change
 - Patient use of services (short, medium and long term)

Create a shared Grampian approach to community led health approaches

- Using the 3 horizons model to develop a shared Grampian approach
- Effectively develop and evolve CADs to meet local need
- Explore other related community led approaches such as Community Hubs