



Community Appointment Days:

Overview of Evaluations and Learning within the NHS Grampian health and care system

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Community Appointment Days: Overview of Evaluations

Key Points

Community Appointment Days (CADs) are intended to provide holistic, community-based support by bringing together services and community partners. Since September 2024, there have been 10 CADs delivered within NHS Grampian across a range of topics. The accompanying Overview of Evaluations report provides a summary of the 8 evaluations of individual CADs available so far:

Patient Experience

On the day:

- High satisfaction with CAD approach
- Median overall rating of 4.45/5 (Range: 4.15 – 4.52)
- Majority of attendees would recommend CAD-type events to friends or family (83% - 98%)

Key Themes:

- Feeling valued and heard
- Improved knowledge and confidence
- Improved access to services and information
- Appreciated convenience and format
- Emotional support and peer connection

Follow-up:

- Increased confidence
- Longer term behaviour changes
- Wider benefits than self-management of condition

Staff & Community Partner Experience

On the day:

- High satisfaction – median rating of 4.5/5 (range: 4.48 – 4.63)
- A large majority (81% - 91%) of staff would recommend CADs as a way of working
- The median proportion of community partners who would recommend CADs as a way of working was 75.5%

Key Themes:

- Improved engagement and collaboration between services and community partners
- Appreciation of a more holistic style of working
- Improved visibility of third-sector organisations

Next Steps

- Further outcome evaluations in progress (COPD & Chronic Pain)
- Work to improve equity of access
- Design cross-system CAD approaches which serve local needs

Impacts of MSK CAD on service

- Reduction in MSK waiting list observed for a 5 month period around the delivery of MSK CAD – one month prior to the CAD and 4 months following.
- Average time on waiting list fell from 120 days in the month prior to the CAD to 43 days in the month following the CAD
- Proportion of new referrals seen within 28 days increased from approximately 50% in the month prior to the CAD to 83% three months following the CAD

Contents

Acknowledgements:	3
Introduction:	4
Background:	4
Evaluations Conducted:	5
Process Evaluation – Quantitative Survey Results:	6
Process Evaluation – Qualitative Survey Results:	7
Common Themes:	7
Stories:	11
Outcome Results:	13
Areas for Development:	14
Summary:	16
Appendix:	17
References:	18
Community Appointment Day Videos:	19
Essential Ingredients:	19

Acknowledgements

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“I feel I have exhausted all avenues, i.e. GP, pain meds, antidepressants. Just to say thank you to all. I found this invaluable.” – *Attendee at the November Chronic Pain CAD*

Introduction:

Community Appointment Days (CADs) are a novel method of delivering support for health and wellbeing within a community setting. CADs bring together health and other services with community partners in one place, allowing a holistic range of information and support to be accessed by attendees. The focus of individual CADs within NHS Grampian has varied significantly – from condition or service-based to place-based – but common features across all CADs have been the CAD Essential Ingredients¹. The CAD Essential Ingredients are a range of principles at the planning and delivery stage designed to facilitate holistic care; the empowerment of attendees, staff and community partners; and to ensure the event is informed by data and local considerations. An essential characteristic of this is ensuring that co-design and collaboration with people with lived experience and community partners is embedded throughout the entire process, to ensure the event is aligned with local context and requirements.

What Matters to You (WMTY) conversations are one of the CAD Essential Ingredients. Facilitators hold a one-on-one WMTY conversation with attendees on arrival, providing attendees with the opportunity to communicate what matters to them. This has multiple benefits: facilitators are able to highlight resources that match attendees’ priorities; attendees are able to make informed decisions as to how they engage with the CAD; and the WMTY conversation itself provides the opportunity for attendees to be listened to in a meaningful way. WMTY conversations also help to introduce attendees to the ethos of the event through a shift from focussing on individual medical issues to a holistic, whole-person perspective.

In addition to providing support to individuals, CADs are hoped to increase awareness of – and engagement between – different community partners, services, individuals and carers. The creation and consolidation of these relationships – as well as service delivery and the empowerment of individual attendees – is hoped to contribute to CADs as an effective method of both delivering care and supporting the self-management and wellbeing of attendees.

Background:

The CAD approach was first introduced by Sussex MSK Partnership in 2023 – initial evaluation of the service-based series of CADs found that the approach was associated with high patient and staff satisfaction and an apparent decrease in the waiting time for physiotherapy appointments².

In alignment with the adoption of the Putting People First and Getting It Right For Everyone (GIRFE) approaches, NHS Grampian conducted its first CAD in September 2024 – using the same model as Sussex to deliver an MSK-focussed CAD in Moray. There have now been 10 CADs in total across NHS Grampian – these have included CADs with a service-based approach, such as chronic pain and podiatry CADs; CADs with a condition-based approach, such as COPD and dementia post-diagnostic support CADs; and a place-based event in Torry targeted towards men.

As the theme of CADs has varied, so too has the structure of the events. In the case of the MSK CAD, attendees received a one-to-one appointment with a clinician as part of their CAD experience – for other service and condition-based CADs, clinician input has generally been in the form of clinical talks and acting as stallholders.

Evaluations Conducted:

There exist two components to the evaluation of CADs – process evaluation and the outcome evaluation. Process evaluation focusses primarily on the logistical aspects of how well the event ran, as well as the immediate feedback of the parties involved. Outcome evaluation focusses primarily on addressing whether the CAD has achieved its intended outcomes – evidence for this can be either quantitative (such as a reduction in waiting list times) or qualitative (such as attendees reporting behavioural or attitudinal changes). Due to the nature of outcome evaluation, an interval is often required following the event for this to be conducted – as such, final outcome evaluation has only been completed for the Moray MSK CAD and the Aberdeen dementia post-diagnostic support CAD. Outcome evaluations are currently underway for the previously conducted COPD CADs and the November Chronic Pain CAD.

As the structure and topic of CADs has varied significantly, the format of process evaluation across the series of CADs has been heterogeneous. This has most commonly included feedback surveys included within the Patient Passport that have collected both qualitative and quantitative data from attendees – though the content and format of questions has often varied. Methods of evaluation have also included opportunistic interviews with attendees, staff & stallholder surveys, and the use of linked demographic information to investigate differential attendance.

Due to differences in the format and availability of evaluations, this overview includes the results of evaluations of 8 of the CADs conducted within NHS Grampian so far:

Theme	Location	Time
MSK	Elgin	September 2024 ³
Chronic Pain	Aberdeen	November 2024 ^{4,5}
Chronic Pain	Aberdeen	February 2025 ^{6,7}
COPD	Elgin	April 2025 ⁸
COPD	Aberdeen	May 2025 ⁸
Dementia Post-diagnostic Support	Aberdeen	June 2025 ^{9,10}
Men's Wellbeing	Torry, Aberdeen	June 2025 ^{11, 12}
Podiatry	Aberdeen	August 2025 ¹³

Process Evaluation - Quantitative Survey Results

While the content and structure of feedback questionnaires varied significantly across CADs, questions often addressed similar concepts allowing for some degree of synthesis. Values provided by evaluations varied between mean and median as measures of central tendency – these have therefore been presented as non-pooled median results of the CAD evaluations themselves. Details surrounding which outcomes were reported by which CAD, as well as individual results, are contained within *Appendix A* for patient experience and *Appendix B* for staff and community partner experience.

Patient experience:

- **Overall rating** – All 8 events asked attendees to provide an overall rating for their CAD experience. Median overall score for these events was **4.45**, with a range from 4.15 to 4.52, indicating generally high levels of satisfaction with CADs overall.
- **“How much effort was made to understand your health issues?”** – 5 of the 8 events asked attendees a variation of this question. Median score for this question was **4.55**, with a range from 4.0 to 4.67, indicating most attendees felt effort was made to understand their issues.
- **“How much effort was made to listen to you about the things that matter most to you about your health issues?”** - 5 of the 8 events asked attendees a variation of this question. Median score was **4.59**, with a range from 4.0 to 4.72, indicating attendees consistently felt listened to.
- **“Would you recommend this type of event to a friend or family member?”** – 5 of the 8 events asked attendees whether they would recommend events using the CAD approach to family and friends, with a **large majority** (83% - 93%) indicating that they would in all cases.

Staff and Community Partners:

- **Overall Rating** – 3 of 8 CADs asked a combined sample of staff and community partners to rate the event overall. Median score was **4.5**, with scores ranging from 4.48 to 4.63.
- **“How likely are you to recommend CADs to colleagues as an alternative way of working?”** – 3 of 8 CADs asked staff specifically this question. A **large majority** agreed that they would in all cases, with a median score of 83%. The lowest rate of 81% was at the dementia post-diagnostic support CAD, while the highest was at the February Chronic Pain CAD - where 91% of staff expressed at least an 8/10 likelihood of recommending this approach to colleagues.
- **“Would you recommend this way of working to other community or third sector organisations?”** – 4 of 8 CADs asked community partners specifically this question. The median proportion of community partners that would recommend the CAD approach to others was 75.5%, with a range from 50% at the podiatry CAD to 94% at the November Chronic Pain CAD.

Process Evaluation – Qualitative Survey Results

While the methods of evaluation - and questions asked - varied across CADs, several common key themes within the qualitative evidence gathered were identified by CAD evaluations.

Common Themes

Patient experience:

- **Feeling heard and valued** – Across all CADs, patient attendees reported feeling heard and valued. Central to this theme was the presence of WMTY conversations, allowing patients to voice their particular experience and priorities in an unhurried manner and for their experience to be tailored to 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”. – *Attendee at the MSK CAD*

- **Improved knowledge and confidence** – Attendees at CADs often found that the range of information provided by the event had improved their knowledge of their condition and increased their confidence in self-management.

“It’s been brilliant, informative and helpful. I felt it was going to be a waste of a day. I was going to give it 10 minutes – here at 9.20am, still here at 12.15pm” – *Attendee at one of the COPD CADs*

- **Access to services and information** – Attendees appreciated the access to services, as well as the range of information and resources available at CAD events.

“Direct interaction with specific + specialised services. I have taken away a lot of useful info.” – *Attendee at the Dementia Post-Diagnostic support CAD*

- **Convenience and format** – Attendees derived benefit from the presence of a range of services and community groups in one place, allowing multiple concerns and priorities to be addressed at the same event.

“It has been great to have everyone here in one place and I received good support from the Physios and it was really helpful to have some other services there too - like Versus Arthritis” – *Attendee at the MSK CAD*

- **Emotional support and peer connection** – A common theme throughout CADs was the emotional support provided to attendees in a non-medical setting, both through interaction with services and community groups as well as with fellow attendees.

“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.” – *Attendee at the February Chronic Pain CAD*

Carer experience:

While carers and family members were present throughout the range of CADs, the dementia post-diagnostic support CAD specifically investigated the experience of CADs from the perspective of carers.

- **Catalyst for action** – Carers found that the range of services and information available acted as an incentive to take a variety of actions, such as applying for benefits and undertaking legal planning.

“That has pushed me to get more organised and I now have that in place.” – Carer attending the Dementia Post-diagnostic Support CAD

- **Connection and community** – Isolation was a frequent concern of carers, and both the visibility of – and engagement with – other attendees provided benefit to carers through shared experience.

*“It was good to see everyone together and you realise you are not alone.”
– Carer attending the Dementia Post-diagnostic Support CAD*

- **Discovery of new services and supports** – The presence of stallholders, and effective signposting, helped to raise awareness of the range of support available to individuals with dementia and their carers.

“We haven’t had any information since my wife was diagnosed... it was really good to find out that there was so much out there.” – Carer attending the Dementia Post-diagnostic Support CAD

Staff experience:

- **Improved collaboration** – Across CADs, members of staff attending derived benefit from the opportunity to meet and network with other services and with community partners. Staff felt this facilitated the building of relationships and reduce disconnection between services and community organisations.

“Networking was a valuable part of the day, I feel more informed and connected.” – Member of staff at one of the COPD CADs

“Networking and joined-up approach reduces silo working.” – Member of staff at the November Chronic Pain CAD

“All members of staff were happy to speak to me and help... We were all working together for the success of the event.” – Member of staff at one of the COPD CADs

- **A different style of interaction** – Staff appreciated being able to have longer conversations of a more holistic nature than they are able to in normal clinical practice.

“This event gave people the chance to talk about what matters most to them, and meeting people face to face gave an opportunity for immediate and more tailored signposting.” – *Member of staff at one of the COPD CADs*

Community partner experience:

- **Engagement and collaboration** – Similar to staff, community partners across CADs found the events extremely helpful for networking with services and with other organisations present. Community partners also found the events beneficial in regards to sharing a community perspective with clinical services, and in forming new relationships with attendees.

“Great opportunity to network, making new links between services, really positive event”
– *Community partner at the MSK CAD*

“Great to reconnect with 3rd sector orgs and meet with people with lived experience of pain who are interested in research.” – *Community Partner at the November Chronic Pain CAD*

“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!” – *Community Partner at the November Chronic Pain CAD*

- **Visibility** – Community partners also found CADs beneficial in increasing the visibility of their services to attendees.

“It was an invaluable networking event and a good opportunity to advertise the services of [our service].” – *Community partner at the November Chronic Pain CAD*

Stories

As part of the CAD evaluation, people's stories have been gathered. Here are two examples:

COPD CAD

"I was very apprehensive and thought I'd be bored stupid. I was a bit teary at the check in – that's my life now. Since the talk and seeing on the screen about anxiety and tiredness it confirmed it for me 'cause I can feel like a hypochondriac at times. My family wouldn't understand how I feel – seeing it on the screen helped me and my daughter understand."

- Patient

"I've done plenty of research on COPD but hadn't heard it explained like that and it gave me goose bumps. The visuals made it so straight to the point to help me understand. I didn't really understand before today." *- Patient's daughter*

"I started to feel I'd slipped through the cracks, I was diagnosed, given a care plan, and get a phone call once a year. Today has been insightful and I have met different groups and people today I didn't know about. Today has been a stepping stone to all the help you can get. I'm going to use all the advice and practical tools and I can see the benefits." *- Patient*

"I thought it was going to be group therapy and wasn't wanting that. I relaxed when I knew it was a talk. I didn't want to appear stupid talking in a group and I was apprehensive about coming. There was no pressure on me, groups were small and it felt manageable. I felt I was going through it alone now I no longer feel alone and I have been heard" *- Patient*

Chronic Pain CAD

“The most important thing from this is me being involved, to really understand and have this recognised - it is reassurance that it is being taken seriously just as much as other serious health conditions.

I don't think we have been heard as much and taken seriously before the CAD. I have got a happiness by helping because it helps us have our voice heard.

What matters to you is such a powerful question and I have never been asked that before. Boy it's powerful and helps you really think about your situation - and helps you take control of your life.'

It won't change the pain - it's there 24/7. But it takes your mind-set into a different dimension: what matters to you and being with family and friends; having a laugh even though you are in pain; having that bit of you back.

The CAD has given that opportunity to meet others and talk about acceptance of chronic pain and giving optimism and hope that life is what it is, but it is how you deal with everyday living safely. It's about talking and sharing experience with other people.” –
Chronic Pain CAD attendee and lived experience reference group member

Outcome Results

As follow-up for the dementia post-diagnostic support CAD was primarily focussed on the experience of carers at the CAD and with normal care, the primary CAD outcome evaluation so far is the 6 month interval evaluation of the MSK CAD¹⁴ – the first CAD conducted in NHS Grampian. Further outcome evaluations for subsequent CADs are awaited – these will systematically gather further evidence surrounding behaviour change, engagement with local supports and resources, self-management and use of formal services.

Patient Experience:

The evaluation of the MSK CAD found evidence of positive, sustained changes in attendees 6 months following the event.

- **Increased confidence** – Attendees reported increased confidence in the self-management of their condition, with attendees reporting feeling empowered by the information and resources provided and through peer support.
- **Longer term behaviour changes** – Attendees reported making changes to footwear, committing to prescribed exercises and making changes to their routine and environment - with attendant increases in strength, comfort and foot health. Many attendees reported joining walking groups, or taking up new activities, as a result.
- **Wider benefits** – Attendees reported further positive changes in their health behaviour as a result of the CAD – such as increasing their levels of physical activity, improving their diet, quitting vaping and improved social connections. Attendees further reported improvements in their financial management as a result of engagement with Citizens Advice at the CAD.

Impacts on service:

- **Waiting list size** – A reduction in the waiting list for MSK services was observed over a five month period – beginning in the month prior to the CAD (as new referrals were directed to the CAD rather than conventional appointments) and sustained for four months following the CAD. Following this, the size of the waiting list has continued to grow at a rate beyond service capacity.
- **Length of time on waiting list** – The average number of days awaited by an individual newly referred to the MSK service as routine fell from 120 days in the month prior to the CAD to 43 in the month following. Average wait has increased in the months following as the length of time since the CAD has increased.

Month	Aug 24	CAD	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Average wait for routine MSK appointment (Days)	120	11 Sept 24	91	43	51	58	67	70	67	77	72

- **Referrals seen within 28 days** – Prior to the CAD, the proportion of new referrals seen within 28 days of referral was approximately 50% - below the Scottish Government target of >90%. At one month post-CAD, this proportion increased to 70% and peaked at 83% three months post-CAD. As the duration of time since the CAD has increased, this proportion has returned to approximately pre-CAD levels.

Areas for Development

A strategic report¹⁵ compiled by key stakeholders in the Aberdeen City programme of CADs identified the following areas for development – derived from the existing body of evaluations; operational experience of conducting CADs and strategic objectives:

- **Practical aspects to improve public experience** - As noted below from this report on existing evaluations, providing clearer communications on CAD formats may help to prevent unmet expectations from attendees. Further logistical aspects – such as management of noise in large venues, the use of PA systems, the timing of CADs to prevent differential attendance by working-age adults and the use of a simple booking system – may also help to improve attendees’ experience.
- **Widen delivery expertise and location of CADs to reach vulnerable populations** - Thus far, the delivery of CADs has largely depended on the availability of certain individuals, services and venues to deliver these. Widening the CAD programme to include a greater range of partners and locations would provide benefit in both the range of topics that CADs can address and the proportion of underserved members of the community that can access CAD events. This is being supported through the creation of a digital ‘CAD Companion’ providing tools and guidance to increase staff skills and expertise in CAD delivery and through the Putting People First cross-system Community of Practice.
- **Increased public involvement to consistently co-design CADs** - Logistical factors, such as timescales for delivery, have resulted in a variance in the level of co-design - an essential ingredient of the CAD approach - across events. Co-design must be embedded from the beginning of the planning process to ensure a significant level of co-design is consistently present across all events. This will also be supported by the ‘CAD Companion’ toolkit and by the Putting People First cross-system Community of Practice.
- **Target CADs at populations where there is the greatest opportunity for impact** - The programme of CADs has so far taken an opportunistic approach utilising the availability and enthusiasm of certain teams to deliver events, creating potential for fatigue in these teams and potentially missing opportunities for high-value and impactful events. A strategic analysis to help prioritise future CADs, informed by levels of unmet need and organisational priorities, is currently underway.
- **Develop CADs to support wider community planning priorities** - CADs have significant potential to help address a wide range of community planning priorities – as mentioned above, a strategic analysis and active dialogue with cross system partners is underway.

Equity considerations:

5 of the 8 CAD evaluations reported on demographic aspects of attendees, highlighting potential inequities in access to CAD events – however, as these values have not been adjusted this may represent variations in geography and case-mix.

- **Age** - All 5 CADs found that the majority of attendees were older adults, and 2 CADs reported that working-age adults were overrepresented in cohorts that were invited but did not attend. While this may reflect the age distribution of individuals engaged with services, differential attendance suggests a barrier to working age adults – likely CADs being held within working hours.
- **Sex** – 3 CADs reported the sex distribution of attendees – with a large majority of attendees being female in all cases. However, in the absence of adjustment for sex or age, this may be an artefact of the demographics of the patient populations – many patient populations are majority female, and older populations (the majority of attendees, as highlighted above) are more likely to skew female. One CAD investigated differential attendance and found no difference in attendance rate by sex, reducing the likelihood of sex-based barriers to attendance.
- **Deprivation** – 2 CADs reported on the SIMD of attendees and found that attendance was higher in individuals from less deprived quintiles (>SIMD 3). Adjustment for attendees is required to make further comment, this suggests future evaluation and CAD planning need to include a focus on this aspect.

Wider Feedback and Learning:

Importance of clear expectations

Two evaluations found that some attendees had expressed disappointment concerning unmet expectations – particularly where attendees had expected 1:1 clinical appointments with services at CADs that did not feature this. While the format of the event is generally communicated to attendees prior, further information to manage the expectations of attendees may be beneficial.

Place based approaches to reach vulnerable populations

Learning from the Torry Men's Wellbeing event identified that the large scale, one off nature of some CAD events may have acted as a barrier to particular members of the target population – such as for example individuals with anxiety disorders. Consideration of whether a large CAD event is the approach most conducive to engaging with a particular population, or whether other more targeted interventions may be more appropriate, is therefore warranted at the beginning of the planning process.

CAD as a catalyst for joint working/improvement

Whilst not captured in the formal evaluations, the experience from CADs has shown that in many cases, the CAD itself has been a catalyst for building more cross system working. For example, in the Chronic Pain CADs, as a result of relationships being built, the Chronic Pain

Management Service is working with Aberdeen HSCP and community members to improve early access to support and advice for people living with chronic pain. This has been possible because there have been 4 Chronic Pain CADs delivered which has given time for the services to work together and build relationships with people.

CADs sustainability

Whilst all the CADs had positive evaluations, it is important to note that not all areas have clear plans yet for further CADs. If CADs continue to evaluate well and are to become a sustainable part of the how we deliver care, we need to better understand and address barriers to adopting CAD approaches. Whilst toolkits and support will be helpful, this will need to be built in to service planning and redesign going forward so that CADs can become part of business as usual models of care.

Summary

There exists both quantitative and thematic evidence that the CAD approach is valued by patients, carers, services and community partners alike. Patients and carers particularly derive benefit from being listened to and understood, as well as the availability of multiple sources of information and resources in one place and the ability to engage with peers. Services and community partners both value the opportunity to engage with other services/organisations, as well as the ability to provide holistic care and increase visibility respectively.

In terms of outcomes, initial available evidence from the early CADs demonstrates some positive impacts on services and sustained positive outcomes for attendees including greater ability to self-manage long term conditions, which may result in less use of formal services over the longer term.

In view of the levels of system resource to deliver CADs, demonstration of long-term impacts on health, behaviours and levels of system usage is important.

Currently awaited outcome evaluations for previously-conducted CADs should contribute to the body of evidence surrounding long-term impacts. Additionally, awaited process evaluations should continue to contribute to evidence surrounding attendee, service and community partner satisfaction.

In common with many health interventions, evaluating CAD impact is inherently complex due to the interplay of multiple factors presenting challenges in establishing a causal relationship. As such, in the context of system complexity, further development of the CAD evaluation framework to capture a heterogeneous range of data surrounding both immediate and long-term outcomes is required. This framework will capture patient demographics, patient, staff and system impact in the short and longer term and will be further developed in the year ahead.

Potential areas for improvement in the CAD approach going forward include considerations surrounding equity of access – particularly in regards to working-age adults - and ensuring that invitees are fully aware of what to expect prior to attendance.

In addition, the learning so far suggests not a CAD ‘lift and shift’ approach but the importance of planning CAD delivery at a local level to maximise impact, to ensure they are sustainable and to meet local need with specific consideration of vulnerable populations in local communities.

CADs should not be viewed as one off events but rather as a way of improving cross system working to help achieve better outcomes for people and make best use of the system resources. This will require CAD approaches to be built into service planning and redesign if they are to become part of business as usual service models.

Addressing these strategic and operational considerations is currently underway within Aberdeen City, as outlined within the included Aberdeen City report¹⁵, and will be further supported on an NHS Grampian-level in the forthcoming strategic analysis which will help inform prioritisation of future CAD topics.

Throughout this first year learning has been integral and has been shared rapidly across the system, with each CAD evolving based on learning from previous CADs. We will maintain this cross system approach to learning to ensure we continue to develop and evolve making the best use of resources to achieve the best outcomes for our population.

Appendix

A – Patient survey scores for each CAD

CAD	Overall Rating	“How much effort was made to understand your health issues?”	“How much effort was made to listen to you about the things that matter most to you about your health issues?”	“Would you recommend this type of event to a friend or family member?”
MSK	4.5	4.55*	4.45*	
Chronic Pain – November 2024	4.4	4.55	4.72	88%
Chronic Pain – February 2025	4.15	4.31	4.0	90%
COPD - April	4.5	4.67	4.59	98%
COPD - May	4.5	4.51	4.64	
Dementia Post-diagnostic Support - June	4.52			93.5%
Torry Men’s Wellbeing	4.3			
Podiatry - August	4.27			83%
*Adjusted to scale out of 5		Bold denotes median score rather than mean score		

B – Staff and community partner survey scores for each CAD

CAD	Overall Rating (Staff & Community Partners)	Staff – “Would you recommend this way of working to other clinical services?”	Community Partners – “Would you recommend this way of working to other community or third sector organisations?”
MSK			

Chronic Pain – November 2024		83%	94%
Chronic Pain – February 2025	4.48	91% (reported at least an 8/10 likelihood of recommending)	70%
COPD - April			
COPD - May			
Dementia Post-diagnostic Support - June	4.63	81%	81%
Torry Men's Wellbeing			
Podiatry - August	4.5		50%

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Community Appointment Day Videos

The following videos have been filmed at Community Appointment Days within NHS Grampian, providing staff and patient perspectives as well as insights from the events.

MSK CAD: <https://www.youtube.com/watch?v=O20YH8vXAUU>

February Chronic Pain CAD: <https://www.youtube.com/watch?v=POf39LM6DxQ>

Elgin COPD CAD: <https://www.youtube.com/watch?v=sKOPu75ySPg>

Community Appointment Days - The Essential Ingredients

