

Community-led approaches - Community Appointment Days (CADs)

This resource forms part of a series by Healthcare Improvement Scotland on community-led approaches.

Community-led approaches are an approach to the design and coordination of the way services operate. They emphasise relational care and support centred on outcomes – finding out what really matters to people and bringing in the care and support from across the system. Community-led approaches better meet people's needs in the community, and by doing so reduce the need for more downstream services. For more information on this series or community-led approaches please contact his.transformationalsystemchange@nhs.scot.

This resource outlines how Community Appointment Days can support the delivery of community-led approaches. It is one way to bring together the core elements of community-led approaches – the community-based access, good conversations, co-ordinated service response, and maintained connections.

Community Appointment Days also provide a strong foundation for learning about communities and building on strengths, which can inform key enablers for community-led approaches such as alliance contracting and widening the market.

Introduction

Community Appointment Days are emerging as an effective approach to improving access to services, reducing waiting times, and strengthening connections between health, care and community-based support. The central ethos is Whole Person: Whole System. While approaches vary across local areas, the underlying principle is to provide coordinated, accessible opportunities for people to receive assessment, support and intervention from a wider range of support providers.

There are two key success components:

- 1) **A better experience for people seeking care and support** – a focus on 'What Matters to You' leads to better and quicker outcomes
- 2) **A more efficient system** – more effective and efficient use of resources across the whole health and social care system, including third and independent sectors and community resources

They represent an opportunity to:

- Quickly reduce waiting list pressures - allowing specialists to have more time with people and shorten waiting times
- Reorient services around the needs and preferences of people and communities – better addressing their needs the first time
- Promote multidisciplinary and collaborative working – enabling more proportionate and tailored care
- Support earlier intervention and prevention – reducing the escalation of need and supporting effective long term condition management
- Create more flexible and responsive pathways of care – to avoid people facing barriers and exclusion from the right care.

Key learning in this resource

Learning from those who have implemented Community Appointment Days includes



The just doing the usual type of appointments in a different setting won't work - we need to think differently



Conversations with people need to be reframed to support understanding of how to build networks of support around people



It is about blending current and new supports together rather than just redirecting or shifting demand from one place to another



The Community Appointment Day itself is the start of the journey – it is important to think about how to build collaborative ways of working, and establish new relationships on an ongoing basis



Ongoing dialogue with people using the CADs and communities will ensure people get the right support to prevent unnecessary escalation of clinical need

Figure 1 Key learning on what makes a good Community Appointment Day

The map below outlines where examples of Community Appointment Days are known to be operating.



- Dumfries and Galloway
- Grampian
- Highlands
- Lanarkshire

Figure 2 Areas of Scotland with Community Appointment Days we are aware of.

The table below outlines some examples of impact measures we have seen being utilised in Scotland

Metrics used in NHS Lanarkshire	Metrics used in NHS Grampian
443 patients were booked into the CADs, compared with 133 patients that would have been seen through routine outpatient clinics over the same period. This meant more than three times as many people were able to access assessment and support	The proportion of new referrals seen within 28 days increased from 50% to 83% .
Only 28% required a follow-up one-to-one physiotherapy appointment , reducing demand on traditional clinic capacity and only 26 patients (6%) returned for an additional MSK outpatient review within six months	Average waiting time for a musculoskeletal (MSK) appointment reduced from 120 days in the month prior to a CAD event to 43 days in the following month.
Average patient satisfaction rating of 4.7 out of 5 was reported	A median patient satisfaction rating of 4.5 out of 5 was reported

What is a Community Appointment Day?

Community Appointment Days take place in a community setting and allow for scheduled secondary care appointments to happen in accessible settings. This supports access and attendance. But it also provides the opportunity to co-locate these appointments with other sources of support, such as peer groups, third sector providers, and other specialists. The aim is to develop an environment for collaboration to facilitate joined up, person centred care.

Traditional chronic pain clinic

A person attending a traditional chronic pain clinic might:

- See a pain specialist or physiotherapist
- Receive advice or treatment
- Be referred elsewhere if further support is needed.



At a **Chronic Pain CAD**, that same person might:

- Have a "What Matters to You?" conversation
- Attend educational talks
- Meet physiotherapists, pain specialists and pharmacists
- Speak with community groups and peer support organisations
- Get advice on benefits, physical activity, wellbeing and local support opportunities.

Key Features of Effective Community Appointment Days

CADs are not simply about temporarily relocating clinical services into community settings but are about supporting a shift in culture and ways of working with people and communities.

Without wider changes, there is a risk that Community Appointment Days function only as short-term waiting list initiatives rather than contributing to lasting transformation. This is enabled by:

- De-medicalising interactions including the environment
- Have people highly skilled in 'What Matters to You' conversations
- Treating people as experts in their own condition/health
- Tailoring delivery to the local population and community assets
- Capturing learning from interactions and outcomes from each CAD
- Ensuring clear and devolved decision making

Community Appointment Days

The essential ingredients

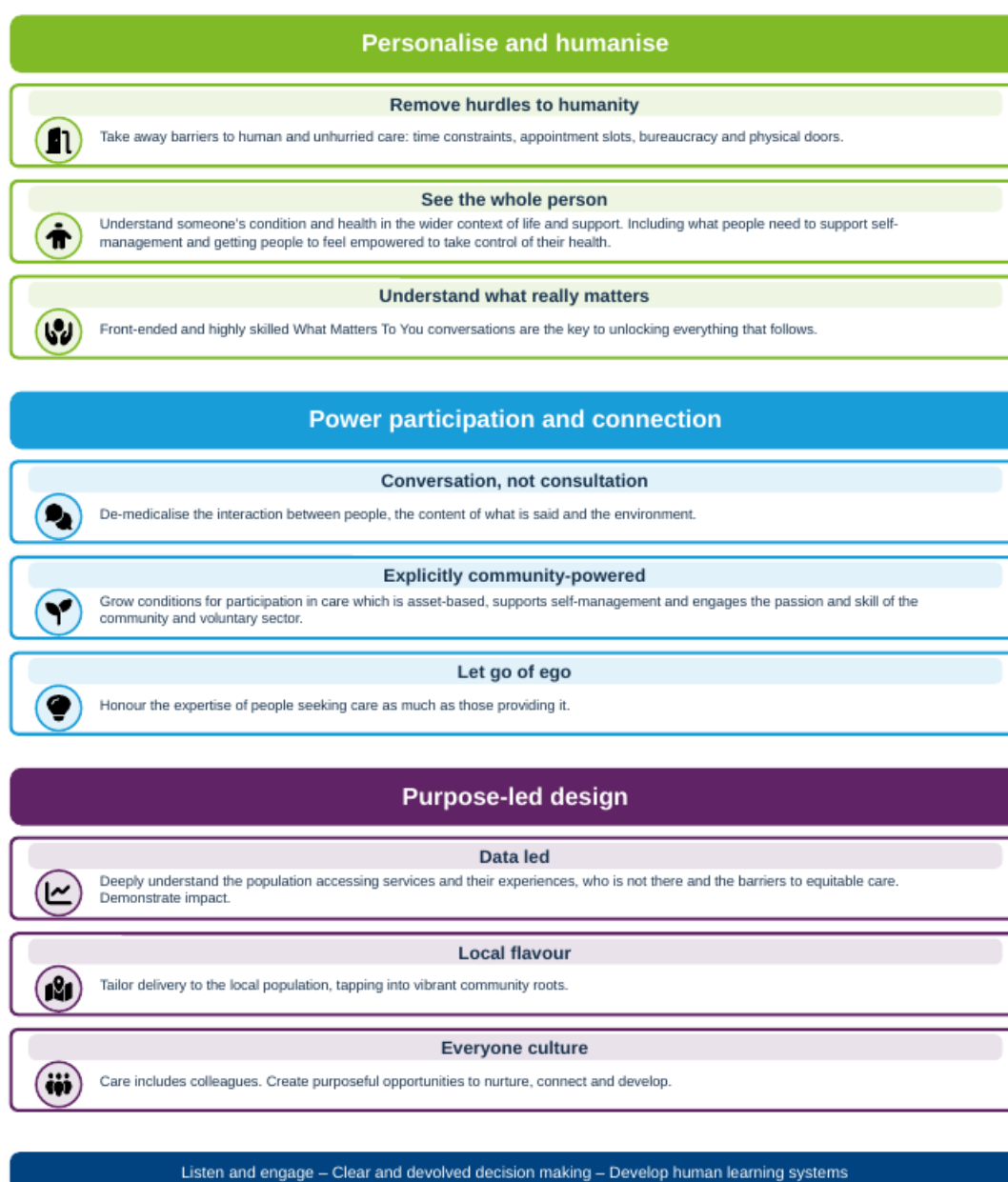


Figure 3 Adapted from NHS Grampian 'Essential Ingredients' for Community Appointment Days

How Community Appointment Days align with Scotland's strategic direction

Community Appointment Days align with a number of strategic priorities across health and social care in Scotland.

1. Contributing to early intervention and person-centred care

Community Appointment Days shorten the time it takes people to get the right level of care for their needs. Shorter waiting times mean they are able to see a specialist sooner. However, the co-location with additional services means that there can be an immediate response across a range of needs.

Having What Matters to You conversations helps build an understanding of what people require to maintain their health and wellbeing outside of the specialism they have been referred to. This facilitates a shift from reactive service delivery towards preventative, relationship-based approaches.

2. Supporting Community-Based Models of Care

Developing population health approaches across health and social care requires services to be delivered in ways that are accessible, person-centred and integrated. Community Appointment Days support this ambition by bringing services closer to communities and creating opportunities for collaboration between health, social care and third-sector partners as well as communities themselves.

3. Enhancing whole system workforce

Many services continue to experience workforce shortages and increasing demand. Community Appointment Days can help organisations use available workforce capacity more effectively by ensuring people are supported proportionally and shift away from the position of statutory-by-default.

For example, what might have previously been a secondary referral and intervention might be a secondary assessment with community-based intervention therefore improving flow through waiting lists and enabling multidisciplinary approaches to assessment and intervention. Through coordinating across secondary care, primary care, AHPs, social work, and community supports there is an opportunity to significantly reduce duplication.

How to phase the implementation of Community Led Appointments to achieve your objectives

The role and implementation of community appointment days will evolve over time.

While Community Appointment Days are useful in addressing immediate capacity and waiting list challenges. It is important to ensure that work is being done to create the conditions for the longer term transformation.

1. Starting point	2. Early iteration	3. Sustained and embedded CADs
Addressing immediate concerns: Community Appointment Days will be an effective tool in reducing secondary waiting lists Building towards the future: Community Appointment Days are a focal point for building relationships across services, and developing awareness about what support is available locally, and what the local needs are	Through learning and reflective practice, Community Appointment Days will become about: • Collaborating across traditional boundaries, blending approaches between clinical advice, prevention, and community support • Developing evidence of impact, relationships and confidence • Identifying resource/changes required to embed CAD approaches as a core feature of pathways • Learning what works while still operating in today's system	Community Appointment Days as the new 'business as usual.' Community Appointment Days are integrated into service models, with core funding allocated. They are the mechanisms for people and communities being active partners in health & care Success is measured by wellbeing, outcomes and not just activity and waiting times

What you need to enable the success of Community Appointment Days

Doing CADs right requires significant change. Without the right underpinning enablers, you may struggle to implement CADs, and you may struggle to see their delivery and impact sustained and grow over time.

Thinking about the five [Scottish Approach to Change](#) enablers of quality and change can help you identify what you might need in place for Community Appointment Days to thrive.

People led	Clear Vision & purpose	Leadership and culture	Process Rigour	Learning System
CADs need to be centred on what matters most to people and the need to respond to these needs	CADs need to be part of a whole system response to whole person needs and not done in isolation	Leadership required to bring together people and support shift around risk appetites and working with community services	Being data led to understand need and people's experience as well as rigorous in their development and implementation	Continually learning what is working and what could be better, especially in adapting to local individual and population needs

Resources:

NHS Grampian Community Appointment Day – [Year One Evaluation](#)

Moray Community Appointment Day – [Video showing one of the days](#)

NHS Grampian Community Appointment Day – [Tool-kit](#)

Sussex MSK Community Appointment Day – [case study](#)