South Eastern Health and Social Care Trust

Musculoskeletal (MSK) Physiotherapy

COMMUNITY APPOINTMENT DAYS (CAD)



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30th September 2026

South Eastern Health and Social Care Trust

Musculoskeletal Physiotherapy Community Appointment Day

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The Case For Change

THE CHALLENGE

550,000 people in NI live with arthritis or other MSK conditions (37% of adults)

3RD MSK conditions are the 3rd leading cause of lost working days

20% People with arthritis are 20% less likely to be employed

MSK conditions impact **physical**, **mental**, **emotional** and **economic** wellbeing.

Arthritis UK (2025) - The state of Musculoskeletal Health
Arthritis UK, NI (2026) Prioritizing MSK Healthcare in Northern Ireland

THE IMPACT: WAITING LISTS ARE RISING



OUR WAITING LIST INITIATIVES

- Admin Validation
- Clinical Validation
- MSK Assessment Clinics

OUR SOLUTIONS

- Strong support for neighbourhood model
- Promote self-management and improve patient experience
- Transform care from a traditional pathway to a **personalised** care journey

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Why Community Appointment Days (CAD)?

Reducing long waiting lists and promoting Self –Management, as well as giving choice and improved patient experience.

Strong support for neighbourhood model – bring care closer to home and offer Integrated, multidisciplinary support and collaboration with Community Services.

Moving away from Linear Approach /One Size Fits All towards embedding personalised care and developing new pathways across the service.

Example of Good Practice – NHS England. GIRFT 2025 – Community MSK Services (Adapted from Sussex MSK partnership).

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WHAT ARE CADS?



1. One Stop Clinic - supports Self Management and appropriate signposting



2. Same day access to holistic services - WMTY, Assessment, Rehab, Advice and Guidance



3. Community Hub

Eight CADs delivered from January 2026 – June 2026 across Lisburn and NDA.

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Clinical Outcomes

CADS deliver clinically meaningful outcomes and not just activity metrics.



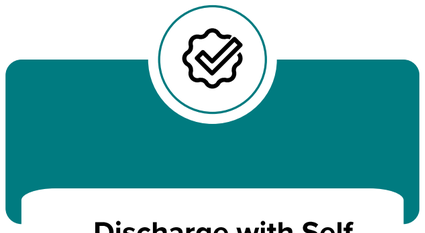
Further Follow-up required

1 – 1 or group-based exercise class for prevention and self management



PIFU Waiting list

PIFU puts patients in control.



Discharge with Self Management and signpost CVS

CAD provides same day access to Community Sector services



Onward Referral

CAD reduces reliance on onward referral back to primary care or secondary care.



Red Flag Referral

Red Flags onward referred on same day

- CADs align with prevention, early intervention and reduced reliance on 1-1 appointments.
- Shifts focus from reactive / hospital-based healthcare to preventative approach.

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The Community Hub

CARING COMMUNITIES SAFE & WELL

Healthy Living Centre Alliance

Physical Activity Referral Scheme

Arthritis UK

SERC

Lagan Valley LeisurePlex

Health Development Department

AWARE
OVERCOMING DEPRESSION. CHANGING LIVES.

IMROC
South Eastern Trust Recovery College
Implementing Recovery through Organisational Change

ageUK
Let's change how we age



Cruse Bereavement Support

EDSUK

Trust a Dietitian

Welcome to Citizens Advice

CMP health, work and wellbeing
Condition Management Programme

Falls Prevention and Management

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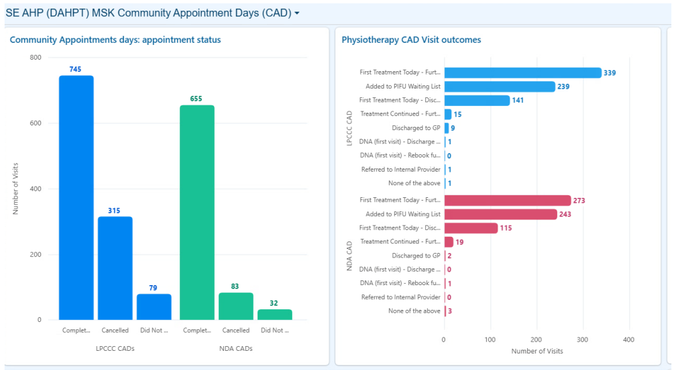
Outcomes from 8 CADs



1,258

patients attended

across 8 Community Appointment Days

+70%

more patients seen

than on a standard clinic day

37%

lower cost per patient

Standard Clinic £53.72
Vs CAD £33.84

KEY OUTCOME

55%

managed without routine outpatient follow-up

35% PIFU

+

20% discharged

Supports self-management and reduces future routine demand

High volume of patient contact during CADs, improved access and reduced cost

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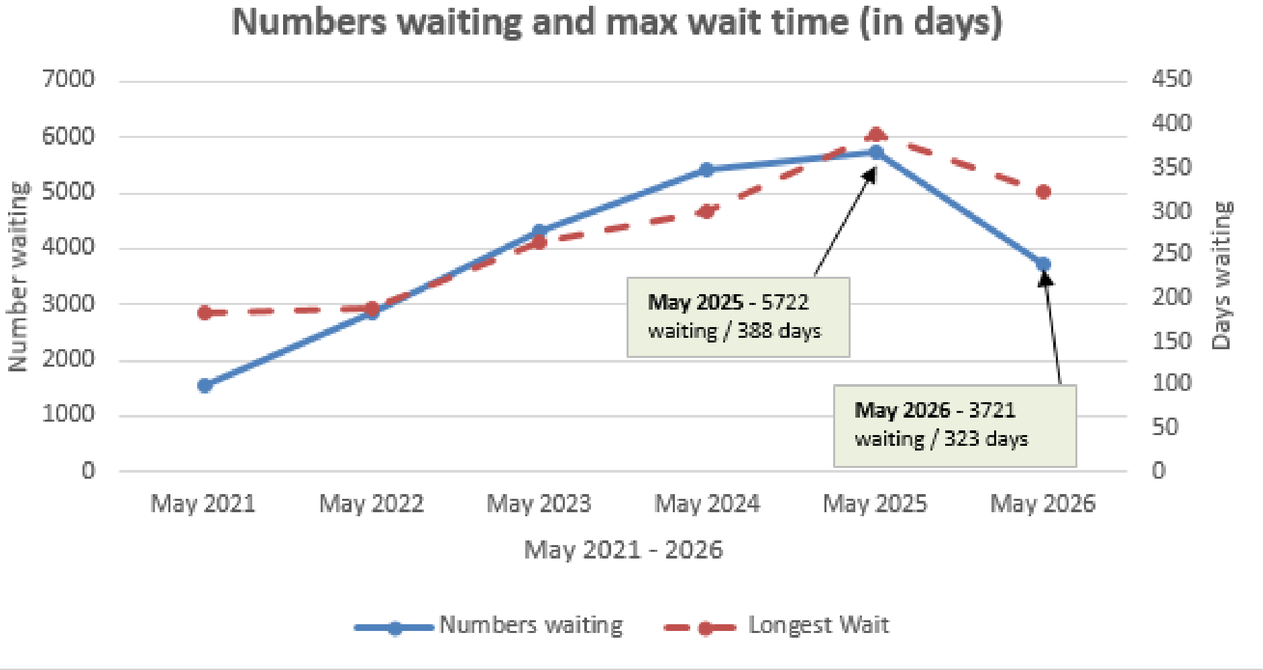
CAD WAITING LIST IMPACT*

1. 35 % reduction in numbers waiting (across CAD) areas from 2025 – 2026.

2. Average wait in May 2026 (from May 2025) reduced by 65 days (9 weeks).





*Data has been extracted from encompass and comparative from same period in 2025. Data includes activity related to Routine waits only and not those with a scheduled appointment.

CAD provided a practical and clinically sound tool for targeted waiting list reduction, including long-waiting patients.

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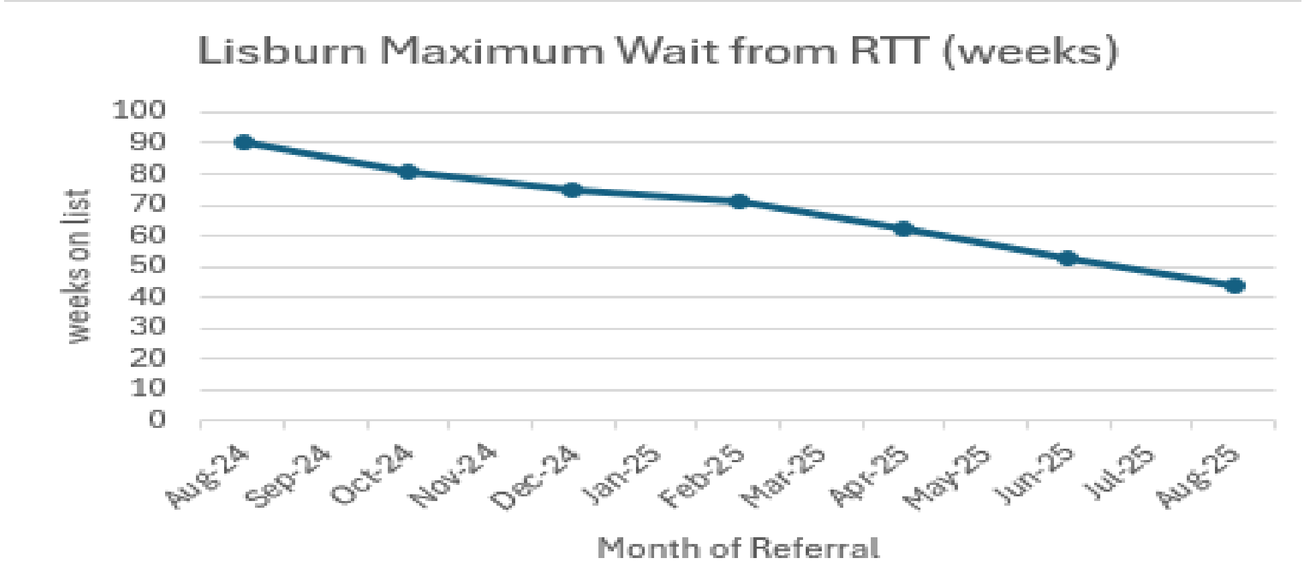
Change in Referral to Treatment (RTT) Wait time



- Lisburn Area - If added to WL in August 24, waited max 90 weeks. If added to WL in August 25, waited max 45 weeks.

CAD is REDUCING Wait Time

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PROPOSED LONG-TERM SUSTAINABILITY MODEL

From Successful Initiative to Sustainable Service Model

A small enabling team provides the leadership, delivery capacity and coordination needed to embed and scale CAD.

CORE ENABLING ROLE

Personalised Care Lead

Band 8a

- Overall responsibility for CAD and Waiting Well initiatives
- Lead transition from diagnosis-focused consultation to personalised care
- Maintain clinical input at Advanced Practice level

DELIVERY CAPACITY

Exercise Professional

Band 5

Group rehabilitation and individual exercise programmes

COORDINATION & CONTROL

Administrative Lead

Band 4

Oversight of CAD planning and support for wider waiting-list strategies

WHAT THE INVESTMENT ENABLES

Sustain	Routine governance and consistent delivery
Scale	Roll-out across sites and populations
Improve	Ongoing evaluation and pathway redesign
Integrate	Community and Neighbourhood partnerships

THE INVESTMENT CASE

This staffing structure is the enabling infrastructure that converts CAD from periodic events into a governed, scalable and sustainable service model.

Protects the productivity and waiting-list benefits already demonstrated while creating capacity for continued improvement and expansion.

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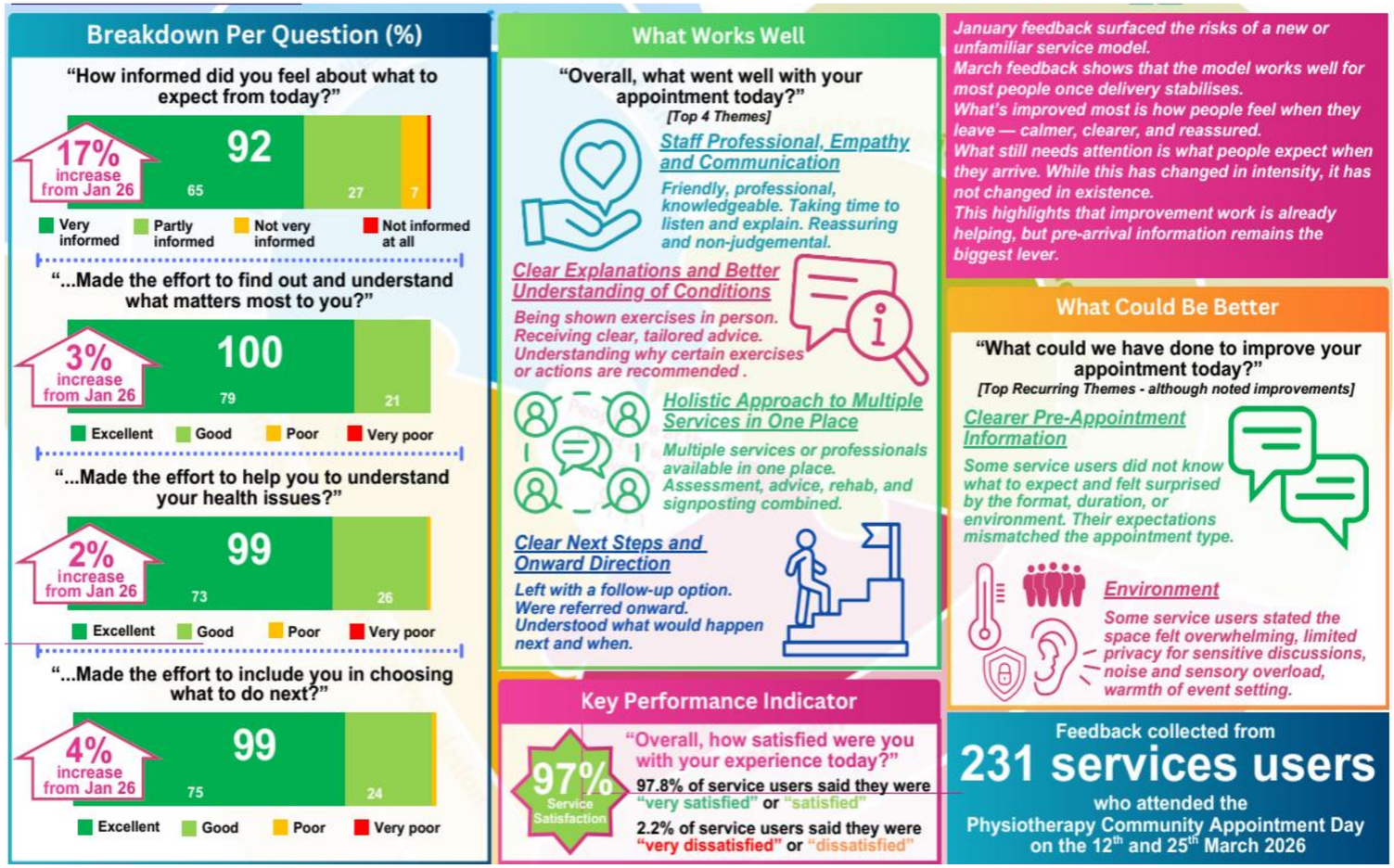
Service User Experience



Please scan the QR code to watch a short video on our CADs



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COMMUNITY APPOINTMENT DAYS



A Better Model of Care

Personalised • Productive • Connected • Sustainable

01	**Person-centred**	Redesign care around what matters most to each patient.
02	**Productive**	Deliver measurable improvements in activity and patient flow.
03	**Connected**	Strengthen links with community and voluntary-sector partners.
04	**Sustainable**	Create a scalable model for Personalised services and long-term demand management.

CAD turns a single appointment into a gateway to the right support, at the right time, closer to home.

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What's Next?

01 Evaluate & evidence impact

Analyse patient outcomes, staff feedback, DNA rates, waiting-list impact and cost-effectiveness.

02 Refine & standardise the model

Use learning from this year to develop a consistent CAD pathway, resources and staff guidance.

What's Next?

Building on our success to create sustainable, person-centred care in the community

03 Embed & expand

Embed CAD as business-as-usual, with regular CADs across MSK services and consideration of wider community locations.

04 Build partnerships & pathways

Strengthen links with community services and voluntary/community organisations to support ongoing self-management and reduce reliance on secondary care.

Empowering people. Strengthening communities. Transforming MSK care.

