

PUTTING THE PIECES TOGETHER IN DRUMCHAPEL



ACHE
VERSUS
ARTHRITIS
ARTHRITIS COMMUNITY HEALTH ENGAGEMENT

SUMMARY



This report reflects on what arthritis means in and to the Drumchapel community. It starts from the premise that ‘community’ – the informal and formal relationships in a locality and the structures that support these – defines how people understand and live with a condition like arthritis. Through a programme of engagement, using COPE Scotland’s ‘Jigsaw Lid’ approachⁱ, and which included community groups, a Christmas fayre and talking to healthcare professionals, the project developed a series of impressions, represented here as jigsaws, of what arthritis means in the community’s life.

It is a snapshot, representing parts of the community at a particular time, but offers key insights and opens opportunities for change and improvement.

The **key themes** that emerged from talking to people in the community include:

- The need for **alternatives to formal care**
- The importance of **community and family support**
- The need to be **‘where people are’**
- That arthritis is about **more than healthcare**
- People need to be **supported to overcome their own barriers**
- **Trust** in services needs to be built
- **Peer support** is essential.

These also provide the context for how people access and provide **information** and **self-management** support, both fundamental elements in supporting people living with arthritis.

The report highlights **resource, design and planning** issues, which can impact outcomes for people with arthritis, e.g,

- Before people can access and benefit from services, a **first line of support**, designed to give people confidence and reassurance, needs to be built in (this includes **digital** support)
- The role of the **Community Link Practitioner** is a crucial part of the local health and social care system but **lacks funding stability**
- There is potential for **cross-sector** work to develop community **capacity** to support people with arthritis in Drumchapel, but this needs a **proactive approach**

These are all pieces of a jigsaw which, put together, begin to form a picture of living with arthritis in Drumchapel, providing a starting point for further engagement and action to support people to live well with arthritis in the community.

INTRODUCTION

‘Communities are crucial to achieving shared social outcomes and better lives, and connectedness is crucial for communities’ⁱⁱ

There are several possible starting points for exploring what it means to live with arthritis or another musculoskeletal (MSK) condition* in a particular community, and what changes are needed to improve the lives of the people who live there.

Population data – age, gender, employment status, health conditions, etc – for a community can help inform local decision makers on where there is need and therefore aid in developing planning systems for action or further scrutiny. However, for arthritis, this is challenging as the available data is unlikely to be persuasive. For example, current local-level prevalence data for osteoarthritis is relatively old and needs to be updated, and any attempt to locate relevant data in local health and social care planning is likely to find it subsumed under a generic heading such as ‘limiting conditions’.

Alternatively, starting with the lived experience of people with arthritis can provide a nuanced and often powerful picture of the impact of arthritis on individuals, helping to shape person-centred health policy and service delivery. However, this can also conceal the broader context of locality.

The approach taken in the ACHE Drumchapel project is to foreground the community itself, and to try to understand arthritis in terms of the places where people meet and interact, where and how they find support, and what gaps they might perceive in being able to live well with arthritis. In this sense, the community centre is as important as the Health Centre, the bus driver as the physiotherapist, and the community garden centre as the nearest hospital.

The Scottish Government’s Place & Wellbeing Outcomesⁱⁱⁱ include everyone having access to health-enhancing services informed by community engagement. The evidence underpinning these outcomes suggests that ‘services and support provide people with a sense of belonging to the community’, ‘sharing of resources to support health, including the sharing of community assets, strengthens communities’, and ‘people need local facilities and services to live and enjoy healthy independent lives’^{iv}. The aim of ACHE Drumchapel is to understand arthritis in this context to support awareness and positive change in the community.

*arthritis’ is generally used throughout the report to also include other MSK conditions. Where this is not the case, it will be made clear in the specific text.

BACKGROUND TO ACHE

ACHE is an adaptation of work delivered through Pain People Place (PPP), an engagement project focused on lived experience of MSK-related chronic pain in specific regions of Scotland.

In 2020, PPP engaged with people living with chronic MSK pain in Grampian, producing a report^v which highlighted the impact of COVID lockdown, and which helped establish new group support for people with arthritis in the region. In 2022, PPP focused on Argyll^{vi}, identifying key issues like availability of transport, travel times to and from clinical appointments, and spotlighting the experience of childhood arthritis in a remote area. Both pieces of work were purposeful in helping to guide the priorities of Versus Arthritis staff in both regions. However, the built-in limitations – trying to engage meaningfully across NHS Board and multiple local authority areas, relatively small numbers of participants, and the possibility that elements of the work were being duplicated by public agencies - prompted a review of our approach and the subsequent development of ACHE.

ACHE is focused, first and foremost, on community and how to engage with local groups and stakeholders to understand lived experience and generate new thinking and approaches to arthritis and MSK services and support. This engagement will, in turn, help to inform how Versus Arthritis thinks about key policy issues facing people with arthritis, e.g., NHS recovery and reform, health inequalities, treatment and diagnosis.

The broader context for this work is the urgent need for greater recognition of arthritis and musculoskeletal conditions in health strategy and planning, and Versus Arthritis' view that children, young people and adults living with arthritis will benefit from better coordinated action in their communities, Health Board areas and at a national level.



ACHE DRUMCHAPEL

MSK conditions are more common in areas of greater poverty^{vii}. There are no detailed figures for Drumchapel, but we know that, across the age groups, the Glasgow rate for all causes of disease and injury, including MSK conditions, is nearly a quarter higher than the Scotland rate and it's nearly a third higher for the 45-64 age-group^{viii}.

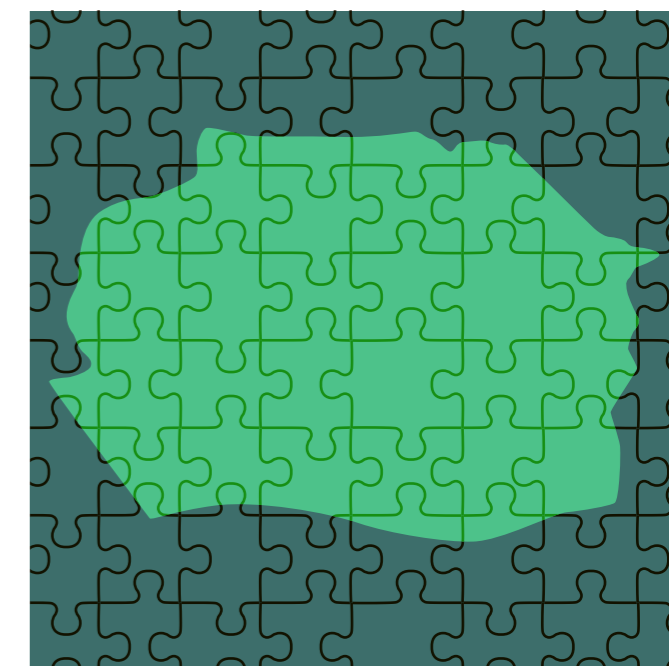
MSK conditions are likely to be more common in areas of greater poverty. People from areas like Drumchapel may, therefore, be:

- **More likely to have an MSK condition**
- **More likely to develop an MSK condition at a younger age**
- **More likely to have poor outcomes, increased disability and reduced quality of life if they develop rheumatoid arthritis or osteoarthritis**
- **More likely to delay presentation to a health-care professional meaning that when they do, the condition is more severe and clinically complex**
- **More likely to have two or more health conditions at a younger age**
- **More likely to take prescribed medicines for pain**
- **Less likely to have good outcomes from joint replacement surgery**
- **Are less likely to be in work and have a faster reduction in employment with age than people without MSK conditions**
- **More likely to have a worse financial situation, be less physically active, have completed less education and have less social support.**

(ARMA, Inquiry into MSK & Health Inequalities^{ix}).

In Drumchapel there are high levels of deprivation and associated health problems. According to the Scottish Index of Multiple Deprivation (SIMD) 2020, 15 out of 16 data zones in Drumchapel were amongst the top 20% most deprived data zones in Scotland^x. Additionally, 42.5% of the population in Drumchapel North and 32.8% in Drumchapel South are income deprived compared to 12.1% in Scotland overall^{xi}. There are more people in Drumchapel who are disabled or have a long-term illness than in Glasgow overall (15% compared with 9%).

However, against this background, Drumchapel is also a community of mutual support, community organisation, partnerships and networks. The Drumchapel Thriving Places 10-year plan^{xii} highlights the importance of “building connections through social interaction activities and opportunities” while “focusing on the cause of local issues as well as the effects”. Similarly, ACHE Drumchapel is focused on building a picture of arthritis in the community by identifying and connecting the pieces that show what is needed to live well with the condition.



ACHE DESIGN AND DELIVERY

Delivery of ACHE Drumchapel is rooted in two key elements. Firstly, that Versus Arthritis already has an active presence in the area, and is able to follow up on learning from the project and develop further opportunities for engagement; and, secondly, that Versus Arthritis staff would work with and through local organisations and agencies and, if possible, partner with a local organisation to support delivery of the project.

On the first of these, a Versus Arthritis Regional Officer (RO) was already working with groups in the area, delivering self-management activities and support, and networking with local agencies and staff. The RO grew up in Drumchapel, which helped to build trust and connection with potential participants in the roll out of the project.

The process of identifying a partner organisation for the work developed through informal discussions with organisations who

understood community health work and had insight into both the principles and practical demands of community engagement.

An approach to COPE Scotland was made as a result of these discussions.

COPE Scotland has worked in Drumchapel for over 30 years, developing extensive networks and positive relationships with local agencies, groups, and across the wider community. COPE's experience of stakeholder engagement on health issues matched the core needs of the project.

Versus Arthritis engaged COPE to act as a consultant to the project focussing on design and delivery of engagement activities and drawing out key learning to support further work in the community and potentially providing a model for rolling out community-based engagement work in other parts of Scotland.



USE OF THE JIGSAW TOOLKIT

COPE Scotland created the concept of the 'Jigsaw Toolkit'^{xiii} for use in community engagement to gather views of diverse stakeholders on a common issue, break them down into 'pieces', and compare across the range of participants.

Each stakeholder creates a jigsaw lid which enables others to see what they view as important to that topic. Through consideration of the various lids, common themes emerge which can then form the basis of future collective action. Lids are rarely the same. It is also rare that each lid does not share pieces in common.

The strength of this approach is that collective action on common priorities can begin, building relationships in order that further conversations can be held on those priorities which may not be universally shared. This approach also helps focus on what is and is not within the control of the stakeholders and helps identify who else may need to be involved.

COPE Scotland worked with the ACHE advisory group to shape the toolkit approach for work in Drumchapel. (see Appendix 1).

The methodology is at its most effective where there is a clear delineation between stakeholder groups, e.g. between people with lived experience and healthcare

professionals, or between groups of professionals (e.g. physiotherapists and GPs). The lids can then be a form of mediation to find shared priorities and build a common agenda.

However, for ACHE Drumchapel, most of the project's engagement activities involved community groups or people in community settings where differences were always more likely to be about emphases rather than contrast.

In the rollout of ACHE in Drumchapel, the jigsaw lid approach played to its strengths of capturing the perceptions and ideas of participants and laying these out pictorially. However, the lids that were generated, while incorporating the findings from the engagement sessions, were presented in a way which limited the capacity to read across in order to compare and build a composite picture.

For this report, the materials have been distilled from the original lids into four jigsaw pieces and set alongside the detail of the conversations which can be found in Appendix 2. This makes it simpler to read across all the activities but maintain a sense of the whole engagement.



ENGAGING THE COMMUNITY

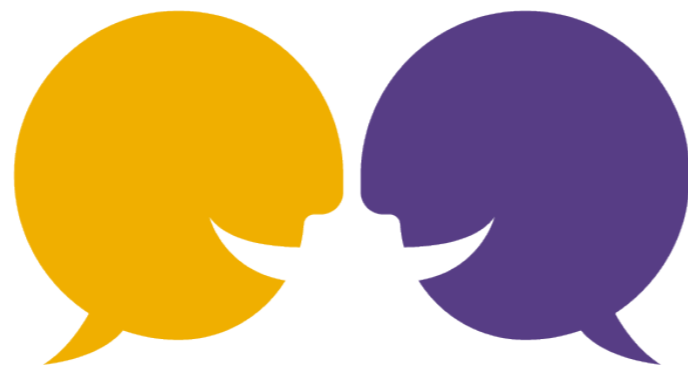
Working with Versus Arthritis staff, COPE Scotland explored a range of possible engagement activities with the community and agreed to engage the following:

- **A group of people living with learning disabilities**
- **A mental health peer support group**
- **Community Links Practitioners**
- **A networking event involving local groups, agencies and practitioners**
- **Members of the public at a Christmas community event**

Most of the engagement work was condensed into a two-month period in the run up to Christmas 2023. This was challenging, but also afforded the opportunity to include an event like Drumchapel Winter Wonderland. Delivering a programme around Christmas and New Year limited time available to reflect on the draft jigsaw lids with participants as part of a feedback loop. However, COPE Scotland showed resilience and skill in ensuring that feedback was fully captured.

Additional activities with local healthcare professionals were carried out in parallel by Versus Arthritis staff. In early 2024, an engagement session with healthcare professionals took place within a GP practice at Drumchapel Health Centre. At the same time, an online survey was developed and distributed through primary care and MSK staff networks.

All engagement activities were face-to-face and used a variety of methods to prompt and guide discussion.



BUILDING A PICTURE WITH THE COMMUNITY

This section captures the conversations from engagement activities and distils these into simple jigsaw pieces, which start to build a picture of what arthritis means in Drumchapel.

A large, irregular white shape resembling a jigsaw piece, containing colorful text. The text is arranged in two columns. The left column contains: FORTUNE WORKS (green), BREAKFAST AND A BLETHER WINTER WONDERLAND (pink), and WINTER WONDERLAND (pink). The right column contains: ELEVATOR (DRUMCHAPEL LIFE) (blue), DRUMHUB (red), COMMUNITY LINK (yellow), and PRACTITIONERS (yellow).

FORTUNE WORKS
BREAKFAST AND A BLETHER WINTER WONDERLAND

ELEVATOR (DRUMCHAPEL LIFE)
DRUMHUB
COMMUNITY LINK
PRACTITIONERS

FORTUNE WORKS

Fortune Works is part of ENABLE Glasgow and aims to empower people with a learning disability to get the most from life. The service is one of Scotland's largest social enterprises for people with a learning disability, offering the opportunity to train for work and become involved in the local community. Based in Drumchapel, it is open to adults with a learning disability from across Glasgow.

People with learning disabilities often experience poorer health outcomes than others, and can face difficulties managing long-term conditions, including arthritis. They may also live with a family member who has arthritis. Engagement with Fortune Works gave Versus Arthritis an opportunity to develop an understanding of how arthritis is perceived by a group of people who are often left out of our conversations.

Fortune Works staff helped to plan the session and invited those with experience of arthritis to attend. Staff were present during the session.

The techniques for engagement were as responsive as possible, and included active listening, facilitated discussion, and facilitated design storyboards.



The people at Fortune Works spoke about

- The importance of being able to do things for themselves
- Spending time in nature
- Having activities which are diversionary to reduce focus on pain and discomfort
- The need for ideas for selfcare
- The importance of support from others, including friendships and family as well as healthcare

BREAKFAST AND A BLETHER

Thriving Places was introduced in Drumchapel in 2016 to help improve the quality of life of people who live and work there. This can mean trying to improve health and wellbeing, community safety, education, employment, income, housing, the local environment, or access to services. It can also mean encouraging local involvement in decision making processes. They organise regular networking sessions called Breakfast and a Blether. This is open to all local groups, organisations, elected members of local and national government, residents and members of the Community Council, and has regular high attendance.

Breakfast and a Blether was a logical choice for engagement as it enabled the gathering of views from diverse stakeholders in one session as well as introducing Versus Arthritis and the ACHE project to this group. Ongoing involvement with this group will support Versus Arthritis in whatever next steps are planned as it's an excellent space to network and share.

The engagement took place in a morning gathering of community and professional representatives living and/or working in Drumchapel. Attendees were given paper and a pen and invited to complete 3 sentences, and the facilitator also used active listening throughout the session. Several of the participants had personal experience of living with arthritis and other MSK conditions or were caring for someone.

This was a particularly compressed engagement, which found space for interactions in a session which was predominantly focused on other topics. Takeaways need to be understood as instant snapshots with little interrogation. However, given the range of attendees – third sector/public sector, locally based/city-wide, spread of expertise – the insights add to the overall picture.



The people at Breakfast and a Blether spoke about:

- Need advice on self-management
- Access to free complementary therapies would help
- Find alternatives to pain medication
- Need to build community capacity and resources in Drumchapel through training and learning
- More information to help raise awareness and signpost to support
- Importance of person-centred services focused on the needs of the individual
- Involve people in service design and developments
- It is important to engage with local government as well as health authorities/agencies
- Peer support helps people engage with services/self-management
- We sometimes need practical support e.g. help to attend appointments
- We should support Drumchapel becoming an arthritis community

WINTER WONDERLAND

For Drumchapel's 60th birthday residents, organisations and groups formed to create a series of community events to celebrate 60 years of Drumchapel. This was led by the G15 Youth Project. The 'D60' group has continued to meet and plan events and in 2023 became the 'D70' group for Drumchapel's 70th anniversary. One of the many community events organised is a winter wonderland event, where local children visit Santa's grotto and receive a gift. This event is free to the public.

Originally the idea was to engage with the wider community through street work; however, given the time of year and very wet weather an indoor community event was secured. Parents/carers/grandparents are in an indoor waiting area before the children go in to see Santa. People self-selected to be involved in the engagement.

A festive table was set up offering information from Versus Arthritis and small tokens of appreciation for taking part. There were forms with three sentences to complete, and an opportunity to talk to the person covering the stall, i.e., the COPE Scotland facilitator. Most of the people who approached the table shared that either they, or a loved one, was living with arthritis. They valued the opportunity to speak to someone who was taking the time to listen to their experiences.



The people at Winter Wonderland spoke about:

- People need advice on how to manage their condition including how to manage pain, drug free
- People need to know about practical things which can help them
- Classes and workshops which offer advice, information and support should be on at times that accommodate people who work
- More information is needed on recognising the conditions and how to get support
- Informal pop-up sessions and tea/coffee mornings to find out about support would help
- Services should be person-centred considering all needs, e.g. housing
- Reduce isolation and help people to feel heard by developing peer support options
- When people lose services/support, e.g., in social care, this needs to be addressed
- Support to improve sleep and energy levels
- Focus on the fuller impact of long-term conditions, particularly financial issues

ELEVATOR (DRUMCHAPEL LIFE)

Elevator is a Mental Health and Wellbeing Group that meet twice weekly in the Phoenix Centre. It offers support for people struggling with their emotional health and isolation. It offers opportunities to increase confidence and a sense of wellbeing. This group is run by Drumchapel Life Link.

Versus Arthritis offered those who attend the Elevator programme the opportunity to attend a 5-week self-management programme as part of the ACHE project. This gave the project an opportunity to compare the responses of those who have attended a self-management programme to others who have not accessed self-management support.

The Versus Arthritis Regional Officer facilitated two in-person engagement sessions.



The people at Elevator (Drumchapel Life) spoke about:

- **Issues with waiting times and how appointments are offered, e.g. it can be painful having a phone consultation when you have arthritis in your hands**
- **Some services are felt to be insufficient, e.g. 8 counselling sessions isn't enough**
- **It's sometimes not enough to provide an option of joining a support group. Barriers to attending need to be understood including income, or the need for someone to accompany the person**
- **Too often people feel that they're not listened to or heard**
- **Information can be perceived as an overload and, depending on source, might not be trusted**
- **Barriers to accessing information need to be understood, e.g. literacy/digital access**
- **Information must be jargon free**
- **People wanted arthritis to be better understood so that people show empathy and understanding**

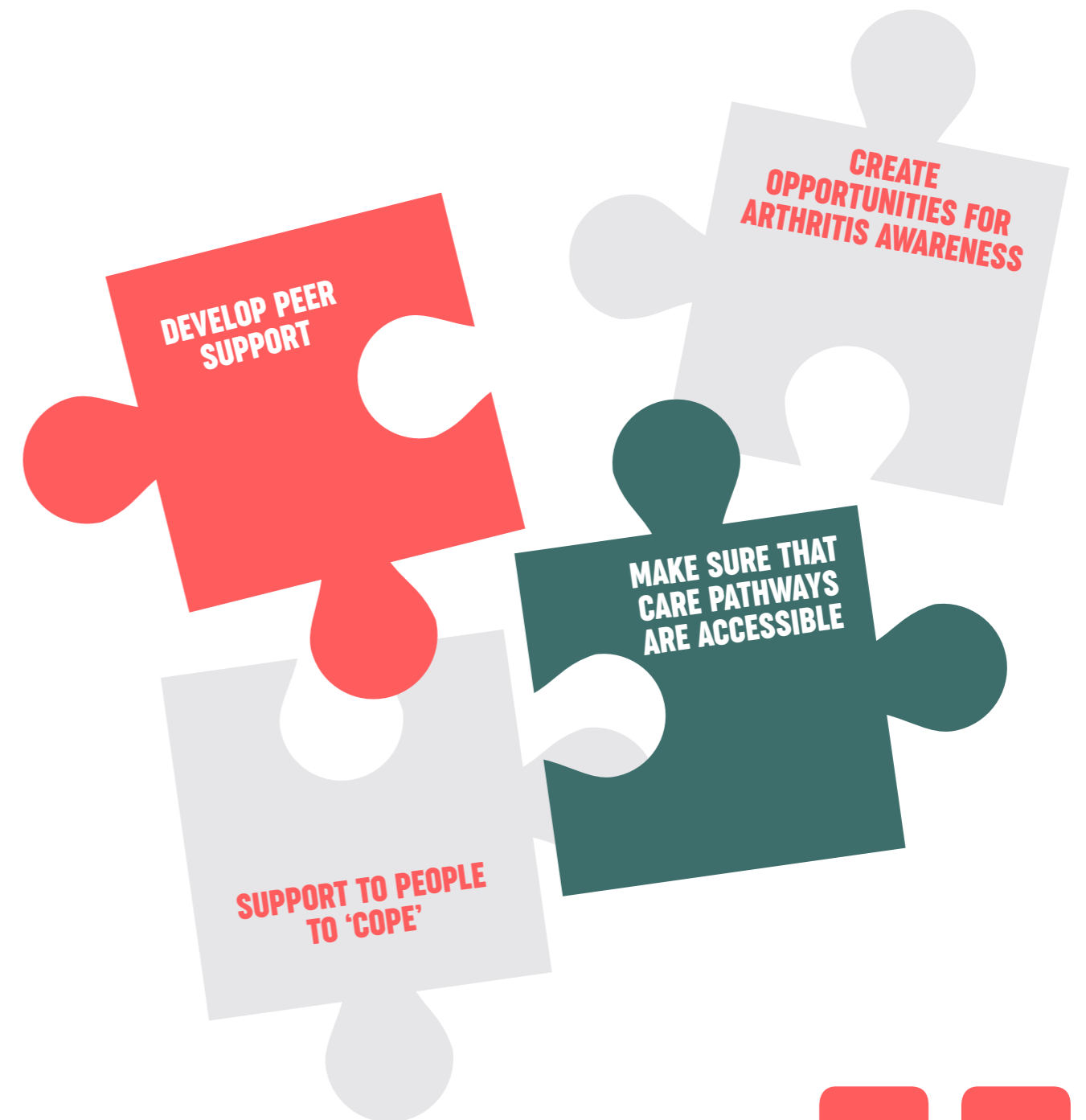
DRUMHUB

Drumhub is a community charity with group meetings for individuals and families who are isolated within the community, providing socialisation, outings, lunching together and various crafts or games. The group meets twice a week in a local church and is a community led charity.

One of the Drumhub co-founders was present at the Winter Wonderland engagement session and expressed interest in finding out more about what Versus Arthritis offered as many of their members lived with arthritis.

Drumhub independently facilitated this engagement by asking people to complete the following sentences:

1. **What support are you currently aware of for people in Drumchapel living with arthritis and other MSK conditions?**
2. **How do you think people find out about the support then access it?**
3. **What additional support do you think people would find helpful and enable them to have an improved sense of wellbeing while living with arthritis and other MSK conditions?**



The people at Drumhub spoke about:

- **There needs to be peer support groups specifically for people living with arthritis**
- **Organise awareness days, which include MSK specialists, who can speak to local people**
- **Develop better arthritis and MSK pathways, which people know how to access**
- **More classes/sessions on topics like stress management to give people access to coping tools**

COMMUNITY LINK PRACTITIONERS

Community Link Practitioners work within GP practices to provide non-medical support to patients with personal, social, emotional and financial issues. These include low mood, anxiety and stress, social isolation, money and poverty issues, and bereavement.

Community Link Practitioners are based within General Practice and support people with a range of issues and conditions, including those living with long term conditions such as arthritis. CLPs are well linked into other community support and services and can offer well informed views on the issues people face, the services available to them, barriers and how to negotiate them, and options which will address underlying issues.

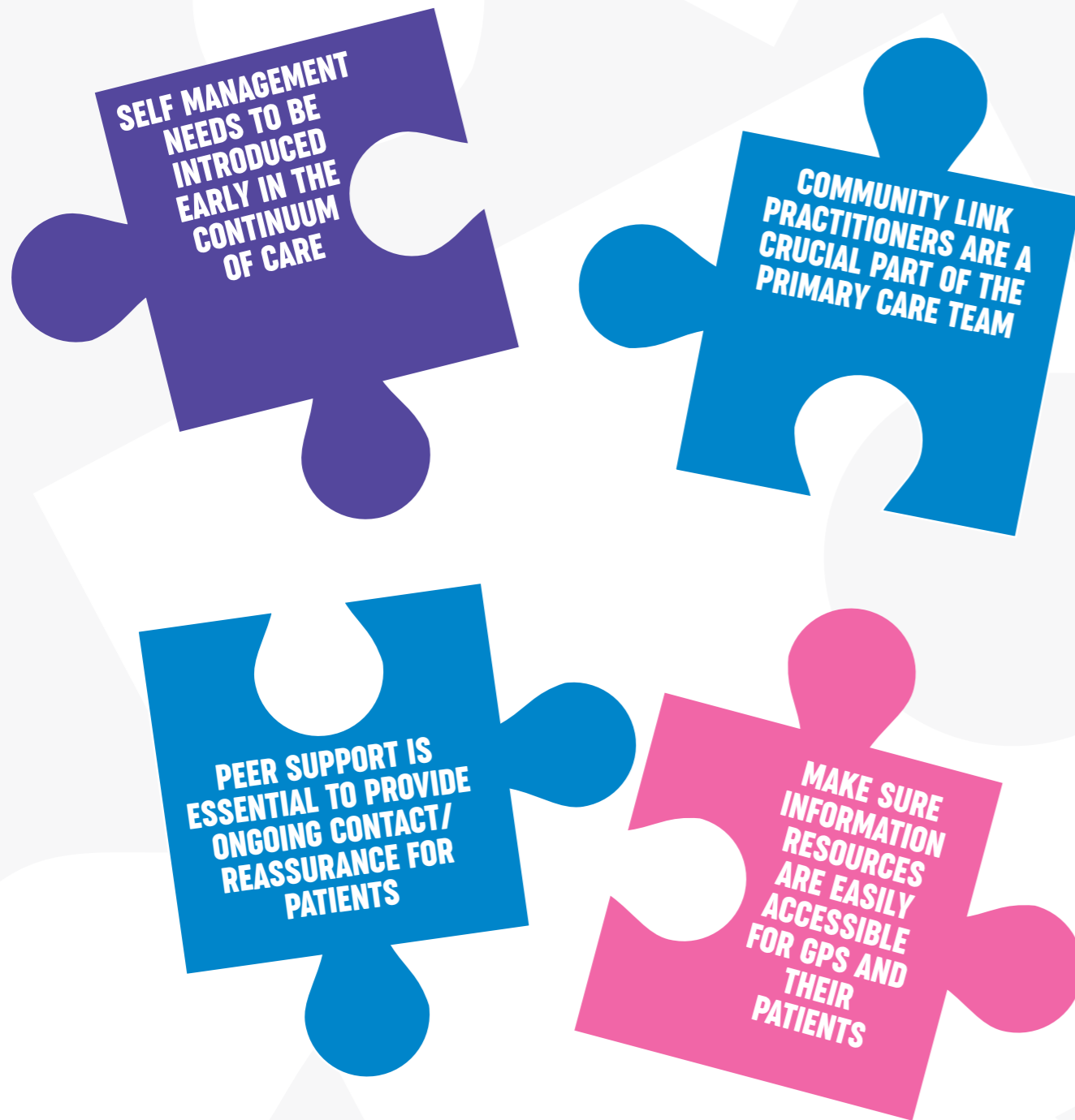
CLPs were asked to complete four sentences. Responses were recorded and shared with the CLPs to offer time for reflection before a facilitated discussion. This ensured the information they wanted to share had been captured alongside any other issues which may arise in group discussion.



The Community Link Practitioners spoke about:

- **People with arthritis not only need services but resources and support to access those services, including digital support**
- **Financial barriers to accessing services and support need to be understood and action taken**
- **People with arthritis (who are also likely to have other conditions) need suitable housing and access to adaptations**
- **Recognise the person may be living with multiple conditions and may also require mental health support**
- **Develop community capacity to increase opportunities to raise awareness of arthritis and raise awareness of the supports which already exist, which people may not know about**
- **People need support to overcome their resistance to trying something new due to their fear of pain**
- **Reassure people adopting self-management advice that this should not mean less formal support and fewer services**
- **Help people adapt to diagnosis and understand their condition**
- **Promote awareness and information via GP websites and other trusted sites**
- **Develop peer support groups**
- **Explore how the needs of people living with arthritis can be met in general wellbeing promotion opportunities, e.g. yoga, tai chi, opening more options for people**

HEALTHCARE PROFESSIONALS



Insight into the work of GPs and other healthcare professionals is essential to developing a fuller picture of living with arthritis in the community.

MSK conditions, while a common topic of consultations with healthcare professionals, are likely to present alongside issues such as mood/sleep/fatigue, relationships and finances, stress/anxiety/depression, and generalised social stress.

Versus Arthritis was invited to run an afternoon session with staff in a General Practice based in Drumchapel Health Centre, during time set aside for staff training and learning. The session was held in the surgery waiting area.

Taking part in the session were 4 GPs, 2 GP trainees, the Practice Manager, a pharmacist, and 3 reception staff.

Following a series of presentations – on Versus Arthritis local services, support for healthcare professionals, and the ACHE project – there was a facilitated discussion, which tracked the same questions as the community engagement sessions.

One of the key lessons from the discussion was that, in the context of the day-to-day work of a Deep End practice,^{xiv} a narrow focus on MSK was unhelpful, a senior partner in the practice saying that “it’s wider than MSK pain” and that patients who present with a mental health problem may have “pain in the background”. As in the community more generally, arthritis needs to be understood in the context of other social and place-based factors.

What did health care professionals tell us?

Referrals to support

The main issues of concern were options to refer patients to community groups and support facilities, and how to interest people in available resources, including online options. The benefits of voluntary and peer support groups were recognised by the GPs, who had experienced their value with other patient groups in the area.

An issue raised by a GP outside of the afternoon session^{xv} reflected on the possibility of a structural funding issue which limited options for patients in more deprived areas,

“We, like many GP practices in deprived areas, tend to be smaller, and deemed not possible for inhouse physio under the Primary Care Improvement Plan (PCIP). Thus, for MSK (non-rheumatology), I can either refer to physio or patient can self-refer. Some conditions will get directly reviewed by orthopaedic surgeons, but most go to physio. In well off areas, patients have direct access to physio under PCIP.”

Access to information

GPs were particularly interested in the new information cards produced by Versus Arthritis in partnership with NHS Greater Glasgow & Clyde MSK service, which include a QR code linking to the Versus Arthritis website. The scope and quality of resources on the website were not known to the group and were felt to be particularly useful.

PUTTING THE PIECES TOGETHER

Access to information (continued)

One of the GPs talked about how information flows through the corporate systems of the NHS, how they filter that information, and the need for precision and relevance of any targeted information, stressing that attaching information through a round robin communication is pointless as the email will not be opened. This was not the view of all present, some of whom will read these types of emails hoping to find new services. However, they also emphasised the need for clear referral criteria and processes, and that any communication should be concise.

Role of Community Link Practitioners

Discussing the role of CLPs in the area, it became clear that, although vital to the work of the practice, there was limited shared knowledge among the staff of 'what happens next', i.e. once a patient is referred to the CLP, what support is provided and do patients experience improvements as a result? This may reflect the fact that this was one of the first GP practices in Scotland to have CLPs in their practice, and that there is a deeper alignment of ways of working between healthcare professionals and the CLPs with an implicit trust that each is doing their job.

There was also a suggestion that CLPs are for 'social issues' not for a health issue like MSK. However, later in the discussion, one GP talked about the complexity of patient presentations - (arthritis) 'pain' is part of a complicated mix of social, psychological and physical issues. **"Pain is part of everything else."**

MSK in context

As discussed earlier, the GPs questioned Versus Arthritis's singular focus on MSK and suggested that the issues are **"wider than MSK pain"**. However, it should be noted that, in an informal conversation after the group session, one of the GP trainees remarked that MSK-related pain is a regular topic at peer learning sessions and of considerable significance to trainees across Glasgow.

For the GPs the idea of an 'MSK pathway' was mostly understood as a referral to physiotherapy. However, it was also recognised that waiting times to see a physio needed to improve as, at the time of writing, they were averaging 8 months.

NHS waiting lists and Waiting Well

Referral to other services and resources while waiting to see a physiotherapist was discussed, and there was an acknowledgement that GPs were seeing more people who are waiting for too long on NHS lists, including for joint replacement surgery.

In this context, the 'Waiting Well'^{xvi} agenda was raised by Versus Arthritis, but there was little recognition by practice staff of the policy and no insight into associated developments. There was agreement that all GPs would benefit from knowing about 'waiting well' services and approaches.

What needs to change?

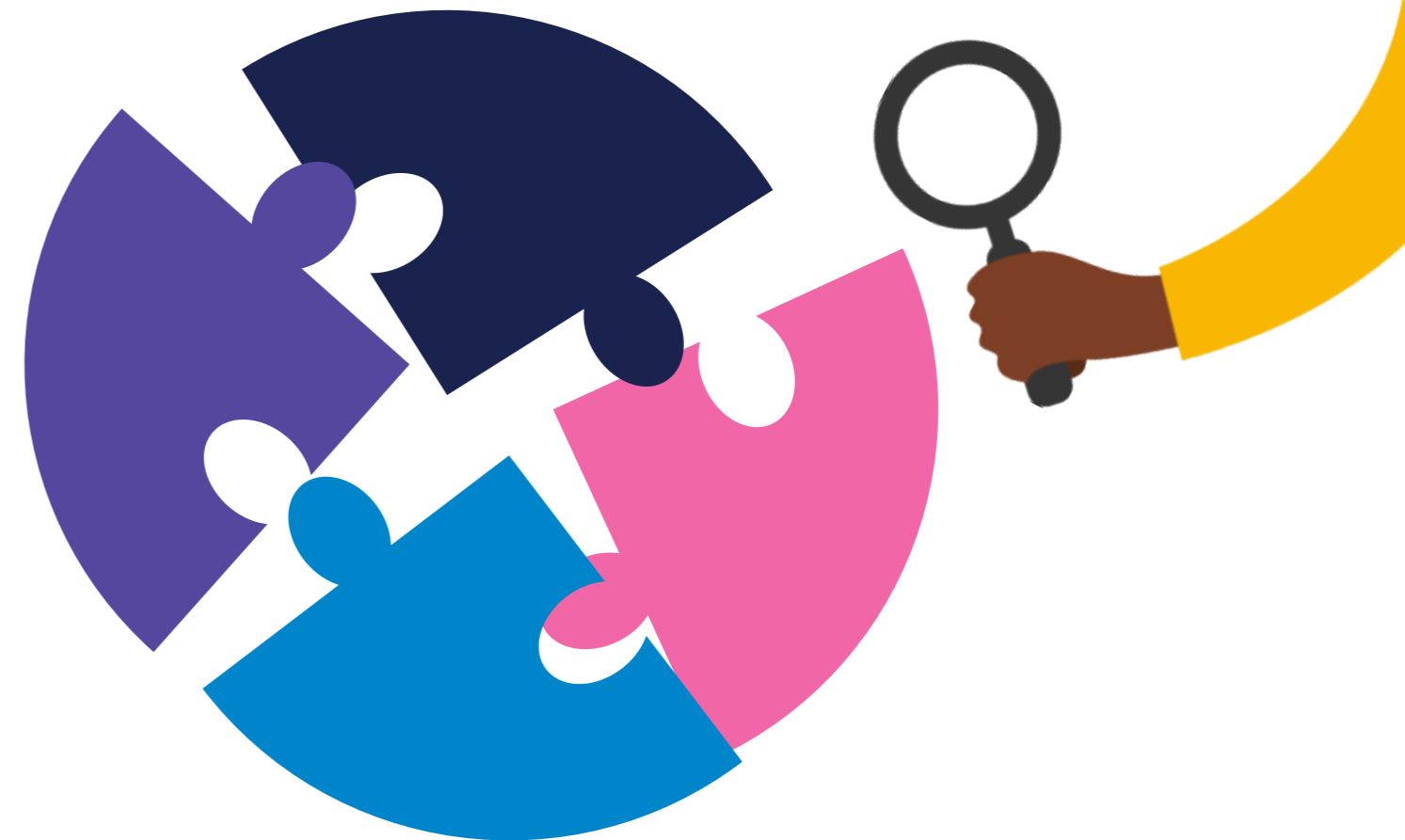
In addressing this question, a GP commented that the attitude that **"the GP will fix it"** needs to change and there needs to be a better understanding of patients' own routes to managing MSK pain. Self-management needs to come sooner – **"the moment is often missed"** - and it needs to be sustainable. Peer support groups can make a difference to a situation where sometimes people only come back to the GP because they know the GP will listen.

The four-piece jigsaws produced here are the essential pieces that emerged from the stakeholder groups, and which can contribute to a fuller picture of what arthritis looks like. To develop that fuller picture, there needs to be an understanding of what was in and out of the scope of the project as it was delivered.

In ACHE Drumchapel, the primary focus for engagement is community rather than condition. The strength of this approach is in understanding arthritis in the context of where people live, and how they negotiate day to day life with a long-term condition or multiple conditions. This was echoed in the engagement with GPs, who saw their patients as people in the community rather than people with 'a condition' and found it unhelpful to look at 'MSK pathways' in isolation from issues of poverty, addiction, stress, isolation, etc.

Most of the stakeholders who engaged with ACHE Drumchapel were part of existing community groups and took part in the engagement sessions as part of these groups and not necessarily in relation to their experience as individuals, although most had experience of arthritis and chronic pain.

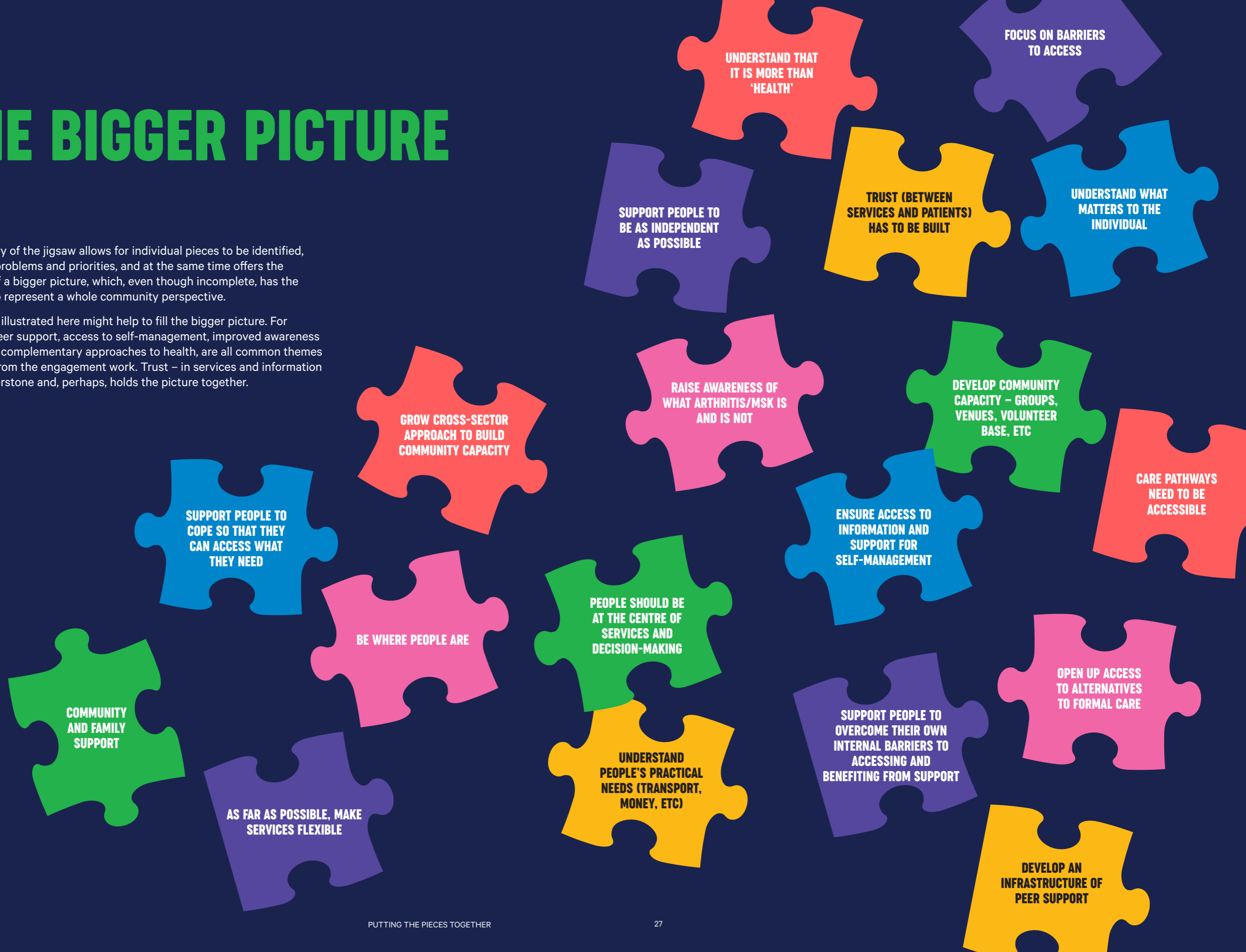
It will be important to continue to build the profile of arthritis in Drumchapel by making connections with people living with the different challenges of, for example, osteoarthritis and inflammatory arthritis, or the experience of MSK across the age ranges, or in relation to particular communities, e.g. black and minority ethnic communities, or in relation to sex and gender. The picture will never be static and new pieces can be added, removed, or relocated when new information is available.



THE BIGGER PICTURE

The imagery of the jigsaw allows for individual pieces to be identified, capturing problems and priorities, and at the same time offers the prospect of a bigger picture, which, even though incomplete, has the potential to represent a whole community perspective.

The pieces illustrated here might help to fill the bigger picture. For example, peer support, access to self-management, improved awareness of arthritis, complementary approaches to health, are all common themes emerging from the engagement work. Trust – in services and information – is a cornerstone and, perhaps, holds the picture together.



UNDERSTAND THAT IT IS MORE THAN 'HEALTH'

FOCUS ON BARRIERS TO ACCESS

SUPPORT PEOPLE TO BE AS INDEPENDENT AS POSSIBLE

TRUST (BETWEEN SERVICES AND PATIENTS) HAS TO BE BUILT

UNDERSTAND WHAT MATTERS TO THE INDIVIDUAL

GROW CROSS-SECTOR APPROACH TO BUILD COMMUNITY CAPACITY

RAISE AWARENESS OF WHAT ARTHRITIS/MSK IS AND IS NOT

DEVELOP COMMUNITY CAPACITY – GROUPS, VENUES, VOLUNTEER BASE, ETC

SUPPORT PEOPLE TO COPE SO THAT THEY CAN ACCESS WHAT THEY NEED

ENSURE ACCESS TO INFORMATION AND SUPPORT FOR SELF-MANAGEMENT

CARE PATHWAYS NEED TO BE ACCESSIBLE

PEOPLE SHOULD BE AT THE CENTRE OF SERVICES AND DECISION-MAKING

BE WHERE PEOPLE ARE

COMMUNITY AND FAMILY SUPPORT

OPEN UP ACCESS TO ALTERNATIVES TO FORMAL CARE

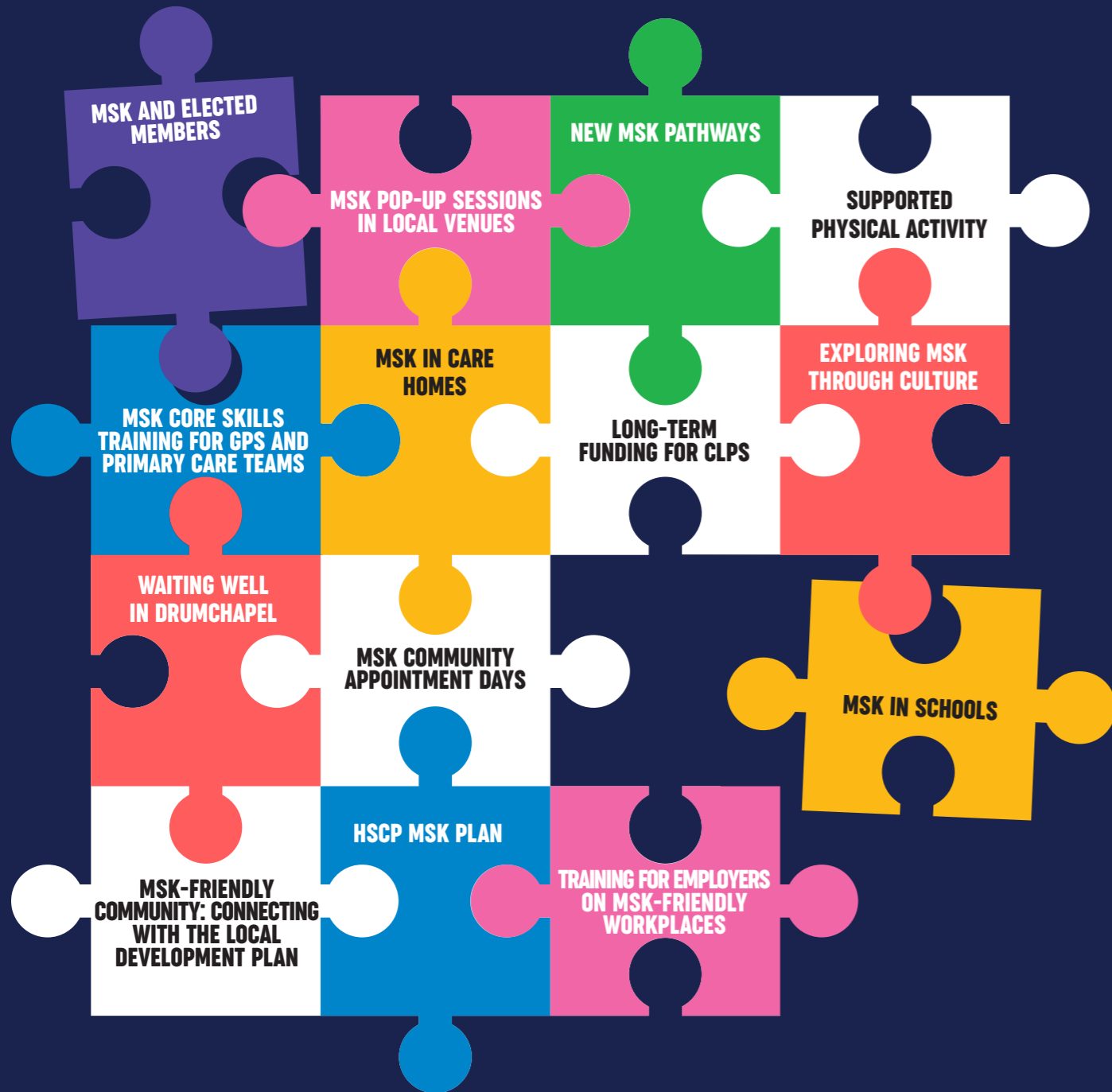
AS FAR AS POSSIBLE, MAKE SERVICES FLEXIBLE

UNDERSTAND PEOPLE'S PRACTICAL NEEDS (TRANSPORT, MONEY, ETC)

SUPPORT PEOPLE TO OVERCOME THEIR OWN INTERNAL BARRIERS TO ACCESSING AND BENEFITING FROM SUPPORT

DEVELOP AN INFRASTRUCTURE OF PEER SUPPORT

The purpose of this work is to stimulate new activity, adding pieces to the jigsaw, and creating a dynamic picture of arthritis in Drumchapel. This might include these pieces...



MOVING FORWARD

Musculoskeletal disorders will remain one of the leading causes of disease and injury in Scotland over the next 20 years^{xvii}

The work described in this report starts the conversation about what can be done to mitigate the impact, improve lives, and help to develop Drumchapel as an arthritis-friendly community.

For example, the Drumchapel Local Development Framework^{xviii} aims to provide a long-term vision for the development of the area and includes in that vision 'health & wellbeing', 'healthy places', and tackling health inequalities. With cross-sector support, there are opportunities to ensure that arthritis is included in developments.

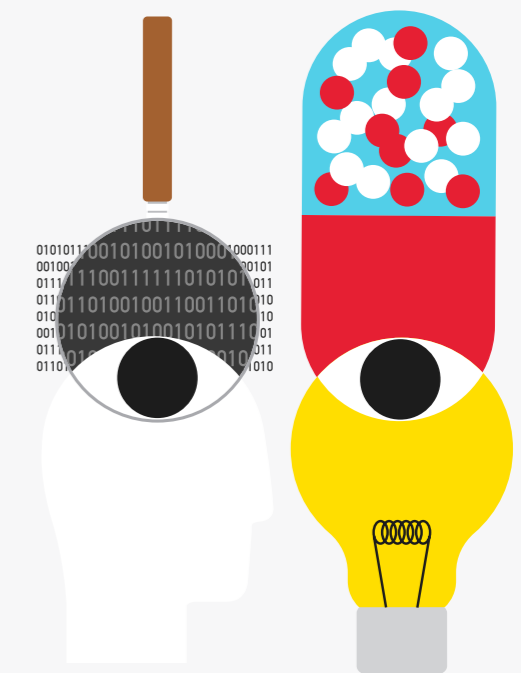
NHS waiting lists are a key concern for people with arthritis, many of whom are living in pain while waiting for joint replacement surgery. Patients in the most deprived areas have longer waits than those in the least deprived areas^{xix}, which contributes to potentially poorer outcomes from surgery. The Scottish Government's Waiting Well programme is driving developments which will help people to optimise their health while waiting. However, from discussions with local primary care staff in Drumchapel, there was little knowledge of this work and its potential to support their patients. A focus on Waiting Well in Drumchapel will provide scope to improve access to information and self-management support.

To help improve practice in primary care, local GPs are being supported to take part in the Versus Arthritis Core Skills training, which will help build the knowledge and skills base in the community.

Issues around the availability of arthritis-related health data are likely to be a barrier to inclusion of arthritis in strategic and locality planning. However, developments such as Rheumaps^{xx} – providing reliable locality data – may, in time, help to open new approaches, as will work being undertaken by Versus Arthritis to improve the accuracy of prevalence data for osteoarthritis.

There are also opportunities to build the picture using currently available city-wide data with the potential to focus in on the Northwest of Glasgow and Drumchapel. The Glasgow City HSCP Demographic & Needs Profile 2023 provides data on (self-described) levels of disability, hospitalisation due to falls, and levels of social capital (e.g., numbers of people who are volunteering) in the Northwest. This community level data offers a frame of reference in thinking about arthritis.

ACHE Drumchapel provides a reference point and stimulus for this work, and Versus Arthritis is committed to playing its part in future developments.



REFERENCES

- i Jigsaw Lid Toolkit (c) COPE Scotland For climate action | Q Community (health.org.uk)
- ii Community capital: the value of connected communities RSA 2015
- iii Briefing: Place & Wellbeing Outcomes. Improvement Service, Version 2, Jan 2024. Briefing: Place and Wellbeing Outcomes (improvementservice.org.uk),
- iv Evidence behind Place Standard Tool and Place and Wellbeing Outcomes. Briefing. September 2022. Public Health Scotland.
- v Pain People and Place: A Report on the Lived Experience of Chronic Musculoskeletal (MSK) Pain in Grampian. Versus Arthritis. 2021.
- vi Pain People Argyll. Versus Arthritis, 2022
- vii State of Musculoskeletal Health 2023. Versus Arthritis 2024.
- viii "People who live in the most deprived fifth of society are more likely to report arthritis or a long-term MSK condition compared to those living in the least deprived fifth" (Scotland has the highest differential in the UK, i.e., 26% to 12%).
- viii Glasgow City Health & Social Care Partnership. Demographics and Needs Profile. August 2023 ([2023 Demographics and needs profile - full report \(hscp.scot\)](https://hscp.scot))
- ix Act Now: Musculoskeletal Health Inequalities and Deprivation: Report of ARMA's inquiry. ARMA. March 2024. These are illustrative figures derived from England-related evidence.
- x Scottish Index of Multiple Deprivation 2020. SIMD (Scottish Index of Multiple Deprivation)
- xi ScotPHO. Health and wellbeing profile - Drumchapel South and North (Intermediate zone) compared against Scotland.
- xii The original report is now archived by Glasgow Community Planning Partnership. Further information here: [Thriving Places - Glasgow Community Planning Partnership \(glasgowcpp.org.uk\)](https://glasgowcpp.org.uk)
- xiii Jigsaw Lid Toolkit (c) COPE Scotland For climate action | Q Community (health.org.uk)
- xiv General Practitioners at the Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland (where 44-88% of registered patients live in the 15% most deprived data zones). University of Glasgow - Schools - School of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project.
- xv As part of the healthcare professional engagement work for ACHE, a survey of healthcare professionals working in Drumchapel was undertaken in February 2024 through an online questionnaire but produced insufficient returns to be of systematic value. The quote shared here is from the survey.
- xvi As part of its Preventative and Proactive Care Programme Care and wellbeing: Preventative and Proactive Care Programme - gov.scot (www.gov.scot), the Scottish Government has been developing policy and resources to support people who are waiting for treatment, including the Waiting Well Hub on NHS Inform Waiting well | NHS inform.
- xvii Scottish Burden of Disease study. Forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years. Public Health Scotland. November 2022.
- xviii Drumchapel Local Development Framework (glasgow.gov.uk)
- xix Socioeconomic inequality, waiting time initiatives and austerity in Scotland: an interrupted time series analysis of elective hip and knee replacements and arthroscopies. Graham Kirkwood and Allyson M Pollock. Journal of the Royal Society of Medicine; 0(0) 1-9. 2022.
- xx Rheumatic and musculoskeletal conditions: geographical Mapping of Prevalence and outcomes. Rheumaps is investigating the prevalence and outcomes of Rheumatic and Musculoskeletal Disease (RMD) in rural and urban areas, focusing on Wales and Scotland, linking healthcare record data as well as surveying MSK patients across the UK in order to make recommendations for policy.
- xxi Glasgow City Health & Social Care Partnership. Demographics and Needs Profile. August 2023 ([2023 Demographics and needs profile - full report \(hscp.scot\)](https://hscp.scot)).



METHODOLOGY AND FRAMING ENGAGEMENT

The Project Advisory Group took part in a half day workshop with the COPE Scotland consultant, developing an active understanding of the Jigsaw Lid approach by creating a group lid around project themes.

The Advisory Group incorporates several professional perspectives – service delivery, policy and campaigning, health education, and community engagement methodologies. The jigsaw lid (Figure 1) draws on these perspectives and captures a collective understanding of the group’s priorities.

The creation of the lid was both an opportunity for the advisory group to understand the methodology and a useful reference for comparison with the lids which would be generated through community engagement.



In the same exercise, the group identified a set of questions to use in each community engagement session, i.e.,

1. **What support are you currently aware of for people in Drumchapel living with arthritis and other MSK conditions?**
2. **How do you think people find out about support and access it?**
3. **What additional support do you think people would find helpful and enable them to have an improved sense of wellbeing while living with arthritis and other MSK conditions?**

Later, a fourth question was added for engagement with the Community Link Practitioners (CLPs), a key service in the Drumchapel community. The question was added to allow CLPs to reflect on *how people access the support available for their arthritis and other MSK conditions*. It was important to develop an understanding of barriers to accessing services, particularly as these were likely to be outside of healthcare.

Having a consistency of questions across engagement activities was an important part of the project’s potential to understand gaps, links and opportunities for cooperation around MSK-related needs and practice.



APPENDIX 2

FORTUNE WORKS

Self-care	Doing things for myself	Diversion	Other people	The natural world
<ul style="list-style-type: none"> • Favourite meal • Exercise • Pain relief • Glass of water • Hot bath/ shower • Aqua therapy • Smiley face 	<ul style="list-style-type: none"> • Cooking • Handrails to help in bath and toilet • Baking cupcakes 	<ul style="list-style-type: none"> • Bingo card • Pool table • TV • Bus trip • Social club 	<ul style="list-style-type: none"> • Physio • Fortune works staff • GP • Friends • Family 	<ul style="list-style-type: none"> • Cat • Vase of flowers

BREAKFAST AND A BLETHER

What support are you currently aware of in Drumchapel for people living with Arthritis and or other MSK Conditions?

Services via health and social care	Employment/ financial advice	Websites	Activity
<ul style="list-style-type: none"> • GP surgeries/ Health centre • Community links practitioners • Physio via GP • Occupational therapy • Social care coordinator • Mental health services 	<ul style="list-style-type: none"> • Disability employment advisor at job centre 	<ul style="list-style-type: none"> • Versus Arthritis • Fibromyalgia UK • Pain concern • NHS inform • COPE 	<ul style="list-style-type: none"> • Health walks • Sports centre • Gentle exercise classes • Donald Dewar centre • Weekday wow factor monthly • Daytime disco • Private specialists

What additional support would people find helpful to enable them to have an improved sense of wellbeing with living with arthritis and other MSK in Drumchapel?

Self-management advice	Access to services	Community assets and resources	Information	Person centred
<ul style="list-style-type: none"> • Gentle exercise classes • Prevention, and reducing deterioration • Promote keeping active • Opportunities not to feel isolated and lonely • Advice on pain management • Advice on self management 	<ul style="list-style-type: none"> • Physiotherapy • Self management centre • Pain management centre • Alternative therapies • Drop-in centre with GPs • Specialist carers • Support getting to classes • Home visits • Holistic assessment of needs/ package of support 	<ul style="list-style-type: none"> • Peer support to share experiences and ideas of coping • Accessible venues • Better public transport links which are accessible • Learn from other approaches • Activities which people can engage with • Information on how to get a pass for free bus travel in Scotland 	<ul style="list-style-type: none"> • Helpline • Online directory • Raise awareness of the support available, generate greater publicity and referral pathways • Circulate more leaflets, share details of community links and resources • More leaflets around centre • Support to stay in or return to work • Inventory local activities and services • An event to highlight what is on offer • Those who can link/ signpost are better informed of supports • Awareness to recognise arthritis and other MSK conditions so people seek support 	<ul style="list-style-type: none"> • Holistic support and network to get people the supports they need for the totality of their needs

How do you think people find out about the support available and then access it?

Marketing	People who can refer/ signpost/ link/ share information	Looking for information yourself	Challenges
<ul style="list-style-type: none"> • Posters • Leaflets • Online • Social media • TV adverts 	<ul style="list-style-type: none"> • Health centre • Consultant/ GP • Community centre • Local services signposting • Social work • Nurse • Local authority • Housing associations • Friends/ family • Breakfast and a blether • Podiatry • Community link practitioners 	<ul style="list-style-type: none"> • Library • Self-referral • Online searches • Word of mouth • G15 thriving places • Community groups 	<ul style="list-style-type: none"> • Unless its local travel costs can be a barrier to access • May need home visits • Support to be able to attend

WINTER WONDERLAND

What support are you currently aware of in Drumchapel for people living with Arthritis and or other MSK Conditions?

Services via health and social care	Websites	Self-care
<ul style="list-style-type: none"> • Health care • GP • Injection • Physiotherapy 	<ul style="list-style-type: none"> • NHS website • Google search 	<ul style="list-style-type: none"> • Handwarmers • Fingerless compression gloves

What additional support would people find helpful to enable them to have an improved sense of wellbeing with living with arthritis and other MSK in Drumchapel?

Self-management advice	Access to services	Community assets and resources	Information	Person centred
<ul style="list-style-type: none"> • Relaxation classes at different times to suit people working • More support groups for conditions • Group information and learning sessions • Suggestions on ways to manage pain drug free • Physiotherapy advice to help improve mobility and reduce pain and swelling • Hand warmers and compression gloves free on the NHS 	<ul style="list-style-type: none"> • Free complimentary therapies - Reiki/ Cupping/ Massage/ Relaxation/ Aromatherapy • Practical help e.g. shopping • Classes on how to help manage pain to a tolerable level 	<ul style="list-style-type: none"> • Someone to talk to on a regular basis just to see if help is needed with wellbeing • Peer support with people in the same situation • Coffee/ tea mornings • Opportunities to meet new people, feel less isolated • Work alongside charities like 3D who have a good reach in the community and can spread awareness • Pop up awareness session at community events • Access to social housing, not having to rely on a private landlord 	<ul style="list-style-type: none"> • More awareness and profile of the issue available on social media, leaflets, posters • Include pieces in local newsletters • A dedicated social media page • Make doctors, practice nurse more aware so they can tell people and give printed leaflets • Helpline for support • More visible information on local support available and how to access it • Local number for assistance with questions • Advice on possible treatments • Events on the subject/ meetings 	<ul style="list-style-type: none"> • Consultations with the person on what may work for the person around options for activities • Financial incentive to get involved • Holistic assessment of need recognising the person is more than their condition • Easier access to adaptations at home and in the close • Rights of private tenants to get handrails fitted • Easier access to physiotherapy

How do you think people find out about the support available and then access it?

Marketing	People who can refer/signpost/ link/ share information	Looking for information yourself	Challenges
<ul style="list-style-type: none"> Posters Flyers 	<ul style="list-style-type: none"> Being referred by someone e.g. GP Social work Healthcare professional e.g. Occupational Therapist Pharmacist Local groups e.g. 3D, G15 Friends/ family Other sufferers 	<ul style="list-style-type: none"> Google Social media Drumchapel TV Word of mouth Facebook 	<ul style="list-style-type: none"> Cost of travel Times of activities if you are working Not being able to sleep. Too tired to take part/ miss appointments Not knowing what to do and who is there to help You don't know what you don't know so hard to know where to start looking Not knowing you have arthritis or an MSK condition, you just put up with it

ELEVATOR (DRUMCHAPEL LIFE)

What support are you currently aware of in Drumchapel for people living with Arthritis and or other MSK Conditions?

Services via health and social care	Third sector services	Self-care	Local community support	Online
<ul style="list-style-type: none"> Community links worker Doctor Hospital Community support worker 	<ul style="list-style-type: none"> Turning Point SAMH (mental health) GAMH (mental health) Versus Arthritis Lifelink 	<ul style="list-style-type: none"> Chair yoga 	<ul style="list-style-type: none"> Family/ friends G15 youth Drumchapel life groups e.g. Chance to Change Elevator Men matter Scotland 	<ul style="list-style-type: none"> Google

What additional support would people find helpful to enable them to have an improved sense of wellbeing with living with arthritis and other MSK in Drumchapel?

Self-management advice	Person centred	Community assets	Information
<ul style="list-style-type: none"> Bite size workshops offered by Versus Arthritis Free swimming Free electric scooters, wheelchairs, charging points Classes on foods to reduce inflammation Training on computers and getting online Advice on how to put weight on Discounted foods that help manage conditions 	<ul style="list-style-type: none"> More understanding from others/ some illnesses are hidden Polite staff Feel listened to Access e.g. hearing issues & phone consultation, pain in hands hard to hold a phone More than 8 counselling sessions Housing that meets needs Face to face Address challenges mentioned earlier 	<ul style="list-style-type: none"> Railings on inclines like staircases and on both sides Good street lighting Repair potholes/ cracks in pavement Better local public transport infrastructure Opportunities to be heard and listened to Emotional support group Training so others understand condition Library open later at night Access free/ low-cost complementary therapies 	<ul style="list-style-type: none"> Free 24-hour helpline No jargon, accessible accurate up to date information and education around supports Advertise opportunities to learn more and get help Bring back teletext/ TV adverts Pop up cafes on the subject

How do you think people find out about the support available and then access it?

Challenges	People who can refer/signpost/ link/ share information	Looking for information yourself
<ul style="list-style-type: none"> Accessing a GP appt/ seeing same GP Interventions not consistent, or long term Waiting times Don't feel listened to/ given time to talk Too much online information No clear pathway to diagnosis and support Barriers to joining groups Not online/ literacy issues When you get help with one hand, another one takes help away False info online scams 	<ul style="list-style-type: none"> Community Link worker Job centre coach/ benefits advisor Citizen advice Housing officer Doctor Local groups 	<ul style="list-style-type: none"> Friends/ word of mouth Housing association newsletter Notice boards Drumchapel Life so far Facebook Drumchapel News/ Clydesider Library

DRUMHUB

What support are you currently aware of in Drumchapel for people living with Arthritis and or other MSK Conditions?

Services via health and social care	Self-care	Community support
<ul style="list-style-type: none"> Doctor Physiotherapist Painkillers 	<ul style="list-style-type: none"> Glasgow Life exercise classes Swimming when pool is open 	<ul style="list-style-type: none"> Family/ friends Drumhub

What additional support would people find helpful to enable them to have an improved sense of wellbeing with living with arthritis and other MSK in Drumchapel?

Self-management	Person centred	Information
<ul style="list-style-type: none"> Specific local group for arthritis and MSK conditions Support groups for offering ideas that could help Peer support Stress management classes 	<ul style="list-style-type: none"> Better access to pathways for support Home visits from GP's Support workers for practical help Stress management See the whole person GP's and other local organisations offer more coordinated help 	<ul style="list-style-type: none"> Leaflets/ awareness posters Events/ open days People with the knowledge to speak to More places to get information Specialist in the field so the right information

How do you think people find out about the support available and then access it?

Looking for information yourself	People who can refer/signpost/ link/ share information
<ul style="list-style-type: none"> • Drumchapel News • Housing newsletters • Chest Heart and Stroke shop • Drumchapel • Shopping centre • Local clubs • Word of mouth/ family • Facebook • Google 	<ul style="list-style-type: none"> • GP/ nurse • Health centre

COMMUNITY LINK PRACTITIONERS

What support are you currently aware of in Drumchapel for people living with Arthritis and or other MSK Conditions?

<ul style="list-style-type: none"> • Versus Arthritis. • Rheumatoid Arthritis Society (NRAS). • ‘Your Support Your Way’ • NHS Long Term Conditions Information pathways, NHS • NHS Inform • Thistle Foundation • Financial Inclusion Servic. • Drumchapel Money Advice Centre • Community Link Practitioners (CLPs) • SD Care (home care) • Nuffield Joint Pain Programme • The Glasgow Club • Mindfulness after Yoga class. • Live Active (Glasgow Life) • Pharmacists
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People find out about support available for their Arthritis and or other MSK condition

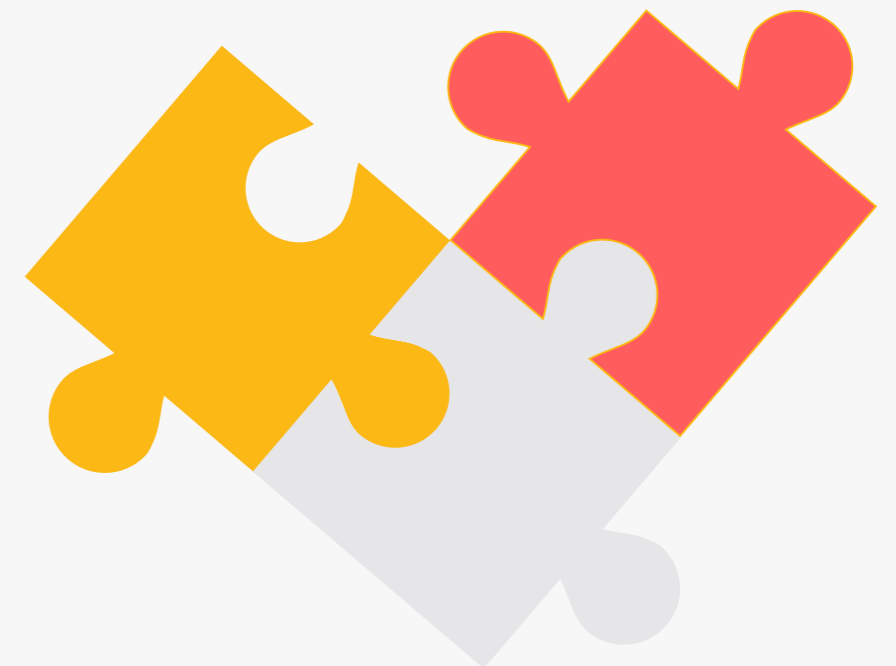
<ul style="list-style-type: none"> • At point of diagnosis, through GP/Practice Nurse. • When attending secondary care • When referred to CLP • Word of mouth • By their own research. • Local “what’s on” platform • Signposted by others

In my view how people access the supports available for their Arthritis and or other MSK conditions is dependent on

<ul style="list-style-type: none"> • Literacy, including digital and health literacy and access to digital resources • Signposting by others • Availability of transport • How far they must travel. • Ability to overcome pain in order to engage • Medical information being from trusted sources • Financial costs • Being prompted by GPs • Support by CLPs
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I think the additional support needed to improve the wellbeing and quality of life for people living in Drumchapel, who are living with arthritis would include:

<ul style="list-style-type: none"> • Support to adapt to diagnosis and understand the condition(s) • Options of how information is provided: online, in person, written • Help to overcome resistance to doing things due to pain • Reassurance self-management does not mean less services support. • Free access to getting online including equipment • Raising awareness of GP websites • SOLAS screen in surgeries • Peer support with themed sessions • Appropriate housing, i.e. medical and housing needs met • Awareness raising within the community • Community events, which include relevant agencies • Awareness to improve recognition of symptoms and to seek a diagnosis which then supports accessing services • Learning to self-manage • Learning to manage pain in order to be able to engage in activities. • Mental/emotional health support to manage the impact of conditions • Financial resources to support engagement with care • Arthritis being included in groups supporting general wellbeing • Access to wellbeing support, including activities like yoga • In person community health information points



For more information please visit our website:

versusarthritis.org



Scotland@VersusArthritis.org



/ScotlandVersusArthritis



@ScotVArthritis



@VersusArthritis

Versus Arthritis

Edward House

199 Sauchiehall Street

Glasgow G2 3EX

Versus Arthritis: Registered Charity England and Wales No. 207711, Scotland No. SC041156.

The report was written by Alan McGinley, Policy & Engagement Manager, Versus Arthritis with editorial support from Lauren Bennie, Head of Scotland and the ACHE Project Advisory Group*. Original material was contributed by Hilda Campbell, CEO of COPE Scotland.

The community engagement programme was designed and delivered by Hilda Campbell, CEO COPE Scotland on behalf of Versus Arthritis with support from Melissa Hannah, Regional Officer for Versus Arthritis.

Healthcare professional engagement was led by Caron Jenkins, Professional Engagement Manager, Versus Arthritis with support from the ACHE Advisory Group.

*ACHE Advisory Group: Caron Jenkins, Professional Engagement Manager, Versus Arthritis; Melissa Hannah, Regional Officer, Versus Arthritis; Dr Aileen Ackland, external consultant (Community Engagement); Alan McGinley, Policy & Engagement Manager, Versus Arthritis.