

How Allied Health Professionals are Transforming Public Health in Scotland: **A compendium of case studies**



Introduction

In recent years Scotland has strengthened its commitment to building a healthcare system centred on the promotion of wellbeing, rather than solely on the treatment of illness. As highlighted in **Scotland's Population Health Framework 2025–2035**, “a renewed and long-term focus on prevention across all the areas that affect health is required... (representing) a shift in culture, from treating illness to prevention and a more whole-system approach to improving health.”

This commitment is echoed in Scotland's Public Service Reform Strategy – Delivering for Scotland, which calls for public services to be “preventative, better joined-up and more efficient,” reinforcing the system-wide shift towards prevention and collaboration.

The Faculty of Public Health has defined public health as “the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. It seeks to support and empower people to improve their health and focuses on the wider determinants of health, prevention and early intervention to help achieve this aim.”

Public health requires us to work collaboratively, think creatively and take into account the reality of people's lives. Building a healthcare system around prevention not only demands a change in the structure of our public services - but a mindset shift in those who deliver them.



Allied Health Professionals (AHPs) are in an ideal position to lead this work. For decades AHPs have been trained to take a holistic approach to healthcare, putting quality of life at the centre of care, and taking a ‘whole person’ view of wellbeing.

Scotland's NHS currently employs 14,158 whole time equivalent AHPs across the following 14 professions.

- **Art Therapists**
- **Dietitians**
- **Dramatherapists**
- **Music Therapists**
- **Occupational Therapists**
- **Orthoptists**
- **Paramedics**
- **Physiotherapists**
- **Podiatrists**
- **Prosthetists and Orthotists**
- **Diagnostic Radiographers**
- **Speech and Language Therapists**
- **Therapeutic Radiographers**

But we don't only work in the public health system. AHPs work across a broad spectrum of daily life, not only interacting with patients in clinical settings but also in schools, community centres, workplaces, and in peoples' homes. We aim to empower people to manage their own health and develop the skills and confidence they need to thrive.

Allied Health Professions UK Public Health Strategic Framework 2025-2030 has the vision that ‘public health is a core part of all AHP roles and that the positive impact on public health by AHPs is recognised and valued.’



The Allied Health Professions Federation Scotland (AHPFS) has prepared this compendium to showcase the vast array of innovative public health initiatives being led by AHPs in Scotland. It supports the aim of The Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan: 2022 to 2027: “to ensure AHPs will be recognised as valuable public health experts through ongoing profile raising of the AHP contribution to public health” and makes a strong case for AHPs to be recognised as leaders in the move towards a preventative healthcare system.

Each case study highlights how AHPs are reducing

This strategy outlines the three domains of public health that AHPs work across to give our population opportunities to lead healthy and well lives in communities where people feel positive, connected, purposeful and valued.

inequalities, preventing illness, and improving wellbeing in ways that matter to the people they serve. Together, these case studies show that AHPs are not only delivering person-centred, cross-sectoral services that meet Scotland's needs today, but they are also driving innovation and prevention at the heart of our health system.

We hope you enjoy reading the compendium and learn more about the important contribution AHPs make to public health. We encourage you to share it with others and use it as a resource to inform policy, practice, and conversations about Scotland's health priorities.

We aim to empower people to manage their own health and develop the skills and confidence they need to thrive.



To find out more about AHPs and the difference they make everyday, contact admin.ahpfs@ahpf.org.uk

Foreword

by Hilary Munro



It is my pleasure, as Chair of Allied Health Professions Federation Scotland (AHPFS), to present the next compendium celebrating how Allied Health Professionals are transforming Public Health in Scotland. The case studies gathered here reflect a growing national commitment to prevention: shifting our collective focus from treating illness to promoting wellbeing, addressing inequalities and acting early - before problems escalate. The breadth and depth of the studies showcase how AHPs are already reducing inequalities, preventing illness and supporting healthier lives and communities.

Scotland has been clear in its ambition to shift towards a more preventative system, focused on wellbeing and tackling the wider determinants of health. AHPs are uniquely positioned to help lead that shift, bringing a holistic, person-centred approach that focuses on what matters to people and supports them to build knowledge, confidence and capability to thrive.

Responding to the Scottish Government's commission, the compendium has been prepared by AHPFS but it is the members of the different professions who have contributed the studies demonstrating the innovation already happening and the benefits to the people of Scotland. I hope these examples inform and inspire, helping colleagues, partners and decision-makers to recognise and strengthen the AHP contribution to public health across Scotland. I hope this compendium is shared widely and used as a practical resource for policy, service design and everyday conversations about Scotland's health priorities.

On behalf of AHPFS, I extend my sincere thanks to everyone who contributed, with particular thanks to Sarah Laverty and Lauren Hopp who were integral in achieving the final document. The Compendium demonstrates the difference AHPs make every day, and the potential we have, together, to build a healthier Scotland.

Hilary Munro
Chair of AHPFS

Foreword

by Professor Carolyn McDonald



At a time when health and care services continue to face significant challenges and change, we in the Allied Health Professions have never been more ready to deliver significant population health improvements if given the opportunity. I was delighted to be asked to introduce the latest edition of the Allied Health Professions Federation Scotland (AHPFS) Compendium. In the year of our silver jubilee, it perfectly demonstrates where our fourteen different professions in diverse circumstances have grasped that opportunity.

Over the past year we have seen renewed discussion around health and care reform and the need to do things differently. I maintain that the evidence shows that investing in AHP leadership and tools will deliver significant returns through reduced hospital stays and enhanced care. In part, because we facilitate care from acute settings to community, focus on holistic patient outcomes and understand the importance of prevention. The examples listed within this work demonstrate why we should be promoting AHPs as the deliverers of needed solutions and realistic outcomes.

If you are an AHP whose work features, please take pride in its inclusion and to all other AHPs reading of their colleagues work I encourage you to take pleasure and inspiration in their achievements. I hope all use the compendium as a valuable reference point to support continued improvement, shared learning and future development.

This edition of the compendium was commissioned by the Scottish Government as part of the Scottish AHP Public Health strategic framework implementation plan. I therefore offer my sincere thanks to the AHPFS leadership and contributors whose dedication has ensured that this Compendium is both accessible and highly relevant to practice, education and service development.

Professor Carolyn McDonald
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**“In the middle
of difficulty lies
opportunity”**

attributed Albert Einstien

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Circ8:

A Community-based Exercise Class for Adults with Learning Disabilities

Circ8 is a community-based exercise class focusing on strength and balance, designed specifically for adults with a learning disability. Developed by the NHS Lanarkshire Learning Disability Physiotherapy Service, the class aims to increase levels of physical activity and improve the health and wellbeing of this population, who often face barriers to participating in mainstream fitness classes.

Why is it needed?

It is accepted that within this group there are multiple comorbidities and increased mortality rates. There are also limited opportunities for individuals with a learning disability to participate in physical activity, which can result in a sedentary lifestyle (Scottish Government, 2013). This impacts upon both physical and mental well-being. Providing tailored opportunities to be active is essential for reducing these inequalities.



How does it work?

Circ8 was first introduced in 2010 and has grown in demand over the years. Today, five weekly classes run in leisure centres across Lanarkshire, delivered by healthcare support workers and assistant practitioners.

Each class typically lasts for an hour and follows a structured format: a warm-up, eight adaptable circuit stations focused on strength and balance, followed by a cool-down and stretches. Exercises are tailored to individual needs, and medical advice is sought where necessary before participation. Basic equipment such as steps, chairs and weights are used, and attendees pay a fee to the leisure facility hosting the class.

Participants are referred through an established pathway and complete a health questionnaire prior to joining. The approach is inclusive and accessible, ensuring those who might otherwise be excluded from mainstream provision have a safe and effective way to improve their fitness.

What difference has it made?

Demand for Circ8 classes has grown significantly over the last 15 years, with 3,306 attendances recorded over the past year - an average of 276 each month.

The programme is evaluated every two years via participant and carer feedback.

In 2024, 93.6% of attendees said they felt they had benefitted physically from attending, and the same percentage reported feeling happier and better about themselves. 85.1% of respondents said that they are now more physically active.

Participants said...

"I feel fitter."
"It makes me feel good."
"I'm stronger than I was."
"I look forward to it every week."

And a family member said, "Just a thank you for all the great work you have done at Circ8. Thank you for everything."

Staff also report that delivering Circ8 has helped improve their communication and adaptability skills.

How does it support public health priorities?

Circ8 contributes directly to Scotland's Physical Activity for Health Framework, which aims to support "more people, more active, more often." By removing barriers to movement and creating a supportive environment for adults with learning disabilities, Circ8 promotes inclusive health and helps to reduce health inequalities.

"I feel fitter."

"I look forward to it every week."

"Just a thank you for all the great work you have done at Circ8. Thank you for everything."



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Changing Practice... Practice Changing:

Occupational Therapy in Schools

This initiative demonstrates how occupational therapists can support a whole-school approach to improving learner engagement and wellbeing. Delivered within a primary school in an area of high deprivation, the project focused on empowering school staff, learners and families to implement practical strategies within both classroom and home environments.

Why do we need it?

Children living in areas of high deprivation are more likely to experience barriers to learning, including challenges with concentration, regulation and engagement. In one particular school, we observed increasing requests for occupational support at a specialist level with similar concerns around a theme of attention and concentration in the classroom. In addition, parental opt in was low which meant that we could not proceed beyond the point of request.

Providing occupational therapy support at a specialist level can be resource intensive and may not always provide timely or sustainable solutions. A universal, preventative, whole-school approach can build capacity within education settings, supporting more children earlier and reducing the need for specialist intervention.



Ongoing feedback from staff and pupils informed continuous adaptation and improvement of the strategies.

How does it work?

The project was delivered in a non-denominational primary school with a catchment area including one of the most deprived communities in Scotland.

Initial engagement with the school management team identified a need for a more proactive and inclusive approach. This led to the delivery of whole-school training focused on class-based strategies to support attention, regulation and participation.

The approach involved collaboration with learners, parents and school staff to adapt both classroom and home environments. Strategies were embedded into daily routines and tailored by school staff to meet the needs of individual learners while benefiting the wider school community.

What difference has it made?

The project has demonstrated positive outcomes for learners, families and staff, alongside a significant reduction in demand for specialist occupational therapy services.

- Learners reported feeling more alert and ready to learn
- Parents noted improvements in calmness and concentration at home
- Staff, parents and learners provided consistently positive feedback

- Strategies continue to be adapted based on ongoing feedback

Requests for specialist occupational therapy support reduced significantly:

- 20 requests in 2021/2022 (pre-project)
- 3 requests in 2022/2023
- 6 requests in 2023/2024
- 3 requests in 2024/2025

There is evidence of sustained impact, with continued use of strategies within the school and ongoing requests for training updates for new staff. The model is now being extended to other schools.

In addition to improved outcomes, the approach has demonstrated efficiency in resource use. Initial delivery required eight hours of specialist occupational therapy input, with ongoing annual training requiring only two hours. This approach releases time for input with children whose needs are not fully met by universal supports and may go on to require more specialist, individual interventions.

How does it support public health priorities?

This approach supports early intervention and prevention, reducing health and education inequalities by targeting support within a high-deprivation setting.

By building capacity within schools, it promotes sustainable change and reduces reliance on specialist services. It also supports children's wellbeing, engagement and development, contributing to improved long-term outcomes.

The model demonstrates how collaborative, system-wide approaches can deliver both improved outcomes and more efficient use of resources.



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Vibrant Voices:

Group Singing for Adults with Communication Difficulties

Vibrant Voices is a project implemented by the Speech and Language Therapy service in South Ayrshire providing a universal, inclusive group singing intervention for adults (aged 16+) with communication difficulties and their partners/carers/family members. The group aims to positively impact on the psycho-social wellbeing of all participants and support and enhance communication skills.



Why is it needed?

People with communication difficulties often face emotional distress, isolation and barriers to accessing services. Communication challenges are linked with increased risk of mental health conditions such as anxiety and depression. The Royal College of Speech and Language Therapists (RCSLT) recognises the close relationship between mental health and speech, language and communication needs. Singing interventions have been shown to improve mood, breath control, confidence and voice quality, and studies show clear benefits for people with conditions such as stroke, Parkinson's disease and dementia.

How does it work?

The group was initially launched in Ayr in February 2024 and has since expanded, with funding from South Ayrshire Health and Social Care Partnership, to include additional weekly sessions in Maybole.

All sessions are free, drop-in, and led by a Speech and Language Therapist, with support from a Senior Health Care Support Worker, and invaluable help from dedicated volunteers. Live music is provided by a volunteer pianist, and song choices, which are drawn from a wide range of genres, include participant requests to promote engagement and familiarity.

Vibrant Voices welcomes participants from across South Ayrshire, including people with neurological conditions, voice difficulties, learning disabilities, dysfluency and neurodivergence. Attendees range in age from 17 to 90 and come from across socio-economic backgrounds, including care home residents.

A Total Communication approach underpins the sessions, using speech, visuals, gesture and other strategies to support individual needs. This approach has been found to increase confidence and engagement in social situations, and lead to an improvement in overall wellbeing

What difference has it made?

The project has had a strong and growing response. Attendance at the Ayr group now averages 45 people per week, and survey feedback from 114 respondents shows that:

- 100% feel Vibrant Voices has a positive impact on their wellbeing.



- 100% would recommend it to someone with a communication difficulty.

Feedback from participants includes:

- "This has been the most fun I've had in months."
- "I struggle with my speech, but here I feel accepted. I really enjoy coming every week."
- "This is the highlight of my week! I look forward to coming and always feel better when I leave!"
- "Vibrant Voices makes life worthwhile."
- "This has been a lifeline to me – thank you so much."



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How does it support public health priorities?

The project supports Scotland's public health aims to reduce social isolation, enhance wellbeing and improve communication accessibility. It aligns with A Connected Scotland strategy priorities to "create opportunities for people to connect" and "support an infrastructure that fosters connections."

"This is the highlight of my week! I look forward to coming and always feel better when I leave!"

"Vibrant Voices makes life worthwhile."

Hello in There Wee One:

Supporting pre-birth communication

The 'Hello in There Wee One' book, sent out to all expectant parents in Dundee, is encouraging parents-to-be to start bonding with their bumps and thinking about their baby before they arrive. Families across Dundee worked with a local artist and Art Therapist to share ideas and create illustrations for the book. The book and accompanying resources support all expectant parents to imagine, talk, read and sing to their growing baby. This will ultimately support infants' voices to be better heard and understood, their needs better recognised and their rights fulfilled, right from the start.

Why do we need it?

Research shows that ante-natal bonding is associated with stronger parent-infant interaction and secure attachment relationships once babies are born, which in turn is associated with better developmental outcomes across the board. Small changes at the earliest stage, as relationships are developing, are shown to be the most effective. Parents feel more confident to start communicating and know how to begin the parent-child relationship once babies arrive. Equally, babies have the reassurance of familiar voices after they are born and parents who are already tuned into their unique communication.

How does it work?

The 'Hello in there wee one' book supports expectant parents to think about their baby and includes a story to read to them to get started. All expectant parents in Dundee are given the book and supported with the idea by their midwife.

Using participative art approaches, the artist and the Art Therapist worked with local families to help them create images and share their views on what would support them to talk to their bumps. The art process proved a creative way to bring families, health professionals and other family support services together, ensuring that families' voices were heard, and that a breadth of professionals could contribute.

The book and accompanying resources have been made available in a range of formats to increase accessibility with different families reading the book to

their bumps. This includes releasing a video version, which has reduced barriers from literacy and models visually how to use the book. The book has also been translated into other languages, to support families where English is not their first language, and a unique Dundonian Scots edition, made with a community group, enhances the relevance and inclusivity to a local audience.



What difference has it made?

Families and health professionals have shared positive feedback with many valuing the local approach, saying it feels relevant to local families. The book is easy to incorporate into existing maternity processes and supports conversations. Parents also enjoyed reading the book with older siblings, giving them the opportunity to connect with the new baby too.

The introduction of the book at midwife appointments has shifted the focus of local midwifery practice by keeping the baby in mind and supporting relational care. The book is also becoming integrated with enhanced support services from family nurse and social work teams as an early indicator of situations where parents might find it particularly hard to hold their new baby and may need more support.

The project won a national Advancing Healthcare Award and has secured funding to roll out a version for all of NHS Tayside.



How does it support public health priorities?

This project aligns with Scotland's public health priorities "where we flourish in our early years," "where we have good mental health and wellbeing," and "where we have a sustainable, inclusive economy with equality outcomes for all."



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Community-Based Approach to Diabetic Foot Disease Prevention

In Fife Health and Social Care Partnership, the Podiatry Service is taking a proactive approach to prevent diabetic foot disease through community engagement. By identifying people with diabetes who are at medium risk of developing foot complications, the team created a preventative pathway that centres on education and self-management.



Why do we need it?

Diabetes affects approximately 6.5% of Scotland's population, with over 353,000 people diagnosed across all types (Scottish Diabetes Group, 2024). Among them, foot disease remains a serious risk: in 2023, 7.9% of people with type 1 and 3.8% with type 2 diabetes had experienced a foot ulcer (Scottish Diabetes Group, 2024). Foot disease is a leading cause of lower limb amputation and premature death in people with diabetes, yet many of these complications can be prevented with early education and support.

How does it work?

People with diabetes are regularly screened for the risk they have to develop foot disease which in turn can lead to lower limb amputation and limb loss. The Podiatry Service invited all patients identified as medium risk to attend a community event.

Podiatrists delivered foot prevention education through group facilitations to people, their family and friends. Group sessions offered clear, practical education on daily foot care, early warning signs, and when to seek support. Stakeholders such as smoking cessation, leisure centre representatives, food and nutrition and other community resources also took part in the event, engaging with people and encouraging them to get involved with preventative activities.

What difference has it made?

The event was well received with those attending reporting improved learning on how to better manage their diabetes and prevent foot complications through self-management and engagement with the services on offer.

The evaluation found that after attending the event the proportion of attendees with correct or confident knowledge about:

- Neuropathy increased from 7% to 51.5%
- Poor circulation rose from 7% to 40.5%,
- High blood sugar increased from 14% to 48.6%.

The most substantial improvement was seen in the question "Who would you contact if you had a sore on your foot?", where correct and confident responses increased from 34.5% to 89% - a strong indicator of increased health seeking behaviour and appropriate service engagement.

How does it support public health priorities?

This approach reflects Scotland's Diabetes Improvement Plan: 2021–2026, specifically: Priority 1 - Prevention and Early Detection of Diabetes and its Complications, and Commitment 3.5 - to improve outcomes for people with foot disease. It also supports a person-centred model of care (Priority 3), encouraging individuals to take an active role in managing their condition through informed choice and community support.



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Fun with Food:

A Collaborative, Universal Approach to Improving Child Healthy Weight through an Established Parenting Programme

The Fun with Food project is a group-based parenting programme developed collaboratively by NHS Ayrshire & Arran's Dietetic Health Improvement Team (DHI), Early Years Education, and the charity Peeple. It offers a universal approach to promoting healthy weight in early years settings through established Peep groups, combining evidence-based parenting support with accessible nutritional education.

Why do we need it?

Almost a third of adults in Scotland were living with obesity in 2023 - up from 25% in 2003 (Scottish Government, 2025), with 22.3% of children at risk of overweight or obesity (Public Health Scotland, 2024). But weight is only one part of the picture. Establishing positive food behaviours early in life can have lifelong benefits, supporting physical health, mental wellbeing, and family routines, particularly in communities experiencing higher levels of deprivation.

How does it work?

Using the Plan, Do, Study, Act (PDSA) quality improvement method, a working group from DHI, Early Years Education, and Peeple came together to enhance three existing Peep nutrition session plans: Food for Life, Exploring Food, and Making the Most of Mealtimes. These plans were updated to integrate NHS resources and activities, with each subgroup responsible for one plan.

Four test groups were then delivered across Ayrshire, each running for four weeks and including a celebration session. The programme targeted families with children aged 0-5 living in Scottish Index of Multiple Deprivation (SIMD) 1-2 areas, although it was open to all.

What difference has it made?

Delivery took place in Early Years Centres by experienced practitioners, who also helped improve the session plans. Practitioners highlighted the sessions as fun, inclusive and accessible.

One noted "full participation, allowing apprehensive children to interact with food in new, fun ways." Resources such as the HENRY taste adventure and NHS fussy eating leaflets were used, alongside playful elements like adapting songs to fit the themes.

Families also responded positively. One parent shared: "I am more confident choosing the right foods for me and my children." Another commented: "Absolutely buzzing on a Peep day, loved everything about it. Great doing things together and learned a lot about myself." Families made use of take-home activities, like sticker adventures to encourage trying new foods.



Evaluation found the programme effectively conveyed healthy eating messages and that the Peep model could be a sustainable, universal tool to support



healthy weight. Qualitative data provided useful insights into family experiences, and feedback is being used to inform future sessions.

How does it support public health priorities?

This project supports Scotland's commitment to prevention-focused public health. The Public Service Reform Strategy recognises that investment in early years childcare, education and family support is highly cost effective and can contribute to reducing inequalities. Fun with Food brings that vision to life through practitioner-led, community-based delivery that encourages families to build healthy eating habits from the start.



"I am more confident choosing the right foods for me and my children."



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NHS Grampian Symptomatic and Breast Screening Services:

Advancing Women's Health through Early Detection

NHS Grampian Symptomatic and Breast Screening Services provide diagnostic and screening services for women across the region, supporting the early detection and diagnosis of breast cancer. The service aims to improve health outcomes, promote breast awareness and support women's physical and mental wellbeing throughout their diagnostic journey.

Why do we need it?

Breast cancer is one of the most common cancers affecting women, and early detection is key to improving survival rates and treatment outcomes. Screening programmes are an essential public health intervention, identifying cancer in women without symptoms—particularly those aged 50–70—while symptomatic services ensure timely assessment and diagnosis for those presenting with concerns.

At the same time, there are national shortages of consultant breast radiologists, placing increasing pressure on services. Advanced practice roles, such as Consultant Breast Radiographers, are essential to maintaining safe, effective and sustainable care within the NHS.

How does it work?

The service is delivered by a multidisciplinary team including radiographers, radiologists, pathologists, breast surgeons, breast care nurses and oncologists, ensuring coordinated, high-quality care from diagnosis through to treatment.

Alice Dewar, Consultant Breast Radiographer, plays a key role within the service. She specialises in mammography and delivers independent ultrasound breast clinics and procedure lists, in addition to reporting both symptomatic and screening mammograms. She reports over 10,000 screening mammograms each year for asymptomatic women aged 50–70, contributing significantly to early detection.



Mammography is typically offered to women aged 40 and above, where imaging is most effective. As a referring practitioner, she follows ALARA (As Low As Reasonably Achievable) principles to minimise radiation exposure while maintaining diagnostic accuracy. Clinical decision-making balances risk and benefit, taking into account both physical and mental wellbeing.

In addition to imaging, breast examination and breast awareness are promoted during appointments, supporting women to recognise changes and seek help early.

What difference has it made?

A typical example of the service's impact can be seen in the detection of a small, high-grade breast cancer through routine screening.

A 57-year-old woman attended her third routine breast screening appointment, and her mammogram identified a small (4 mm) abnormality in the right breast. Further assessment with ultrasound confirmed a suspicious lesion, although there was no evidence of lymph node involvement. The patient had no significant risk factors, including no family history of breast or ovarian cancer.

A core biopsy confirmed a Grade 3 invasive ductal carcinoma. Despite its aggressive biology, the cancer was identified at an early stage before symptoms developed and prior to nodal involvement. This enabled timely intervention and significantly improved prognosis, illustrating how screening can detect even aggressive cancers when they are small and more treatable.

How does it support public health priorities?

The service contributes to national cancer strategies and public health priorities by promoting early detection and reducing inequalities in access to diagnostic services. By supporting timely diagnosis and encouraging breast awareness, it helps improve outcomes and supports women to take an active role in their health.



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Community Appointment Days:

Taking a Whole-Person Approach to Musculoskeletal Health

In 2024, NHS Lanarkshire's Musculoskeletal (MSK) Physiotherapy Service launched its first Community Appointment Day (CAD). This model involves a collaborative approach to patient care, with other NHS services, and independent and third sector organisations all present under one roof. This allows for a more holistic approach to patient care and avoids barriers which can arise during usual referral processes.

Why is it needed?

MSK conditions are the second-highest contributors to disability worldwide (World Health Organization, 2019) and cost the NHS an estimated £13.2 billion a year (Versus Arthritis, 2025). Demand for physiotherapy is growing, yet many people face barriers to accessing support that could help them live well. CAD responds directly to these pressures and opens up more inclusive, joined-up support for those who need it most.

How does it work?

On the day of a CAD, up to 240 patients are seen in a local community venue. People are welcomed by the admin team and then meet with a physiotherapist for a 'What Matters to You' conversation to explore their goals and needs.

Some people may go on to receive a physical assessment, support for co-existing health issues, or referrals to additional services, all in the same visit.

At an average CAD you may find staff from; Leisure services, Pharmacy, Podiatry, Versus Arthritis, Weight Management, Occupational Therapy, Mental Health Support, Smoking Cessation and local social groups.

A "patient passport" is completed in collaboration with the patient throughout their appointment as they move through the hall interacting with different teams. It can then be taken home and is a reminder of the advice and guidance provided on the day and any options available to them afterwards.



What difference has it made?

Annie attended a CAD at Wishaw Sports Centre in October 2024. She was initially concerned about how a "community appointment" in a large leisure setting might work but was very pleasantly surprised.

On arrival she was checked in by the admin team, before being taken for a 'What Matters to You' conversation with a physiotherapist. Over the course of two and a half hours, she received a full assessment, equipment to support carpal tunnel syndrome, hydrotherapy referral and access to strength and balance classes

Annie commented that she had never before experienced such a holistic approach towards her health conditions.

Patients consistently report high levels of satisfaction, and physiotherapists say the model has improved patient engagement, outcomes and waiting times. Evaluation data collected across the first ten CAD events showed significant improvement in patient-reported experience and clinician feedback, with common themes including accessibility, holistic care and "more joined-up support."

From April 2024 - April 2025, 2,287 booked on to CAD events, and feedback forms found that patients gave the experience an average rating of 4.7 out of 5.

How does it support public health priorities?

By bringing care into a community setting and aligning it with what matters most to patients, CAD reflects the ambitions of the Health and Social Care Service Renewal Framework's Prevention Principle - offering proactive, person-centred care at the earliest opportunity. It also responds to the Scottish Government's vision to move care closer to home and make best use of the full workforce to deliver sustainable services.



"never before experienced such a holistic approach."



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Acute Postnatal Mood Deterioration:

A Collaborative Community Response

This case highlights a coordinated, community-based response to an acute deterioration in postnatal mental health. A joint approach between a mental health paramedic and mental health nurse enabled rapid assessment and intervention for a new mother experiencing significant psychological distress, ensuring timely access to appropriate specialist care.



Why do we need it?

The postnatal period is a time of increased vulnerability to mental health difficulties, which can have significant impacts on both mother and infant. Sudden deterioration in mood, particularly when combined with reduced ability to care for a child, presents risks to both physical and emotional wellbeing. Early identification and rapid, coordinated responses are essential to prevent escalation, reduce risk and ensure safe and effective care. Barriers such as social isolation, language differences and limited support networks can further increase vulnerability and complicate assessment.

How does it work?

A 999 call was made reporting an acute decline in mood over the course of one week. The patient had disengaged from caring for her three-month-old infant, had stopped breastfeeding and was experiencing poor sleep and appetite. Concerns were raised regarding her ability to care for both herself and her child.

The patient had no previous involvement with mental health services and no significant physical health history. The deterioration appeared sudden, following a short period of fluctuating mood.

A mental health paramedic and mental health nurse attended jointly to complete an assessment in the patient's home. Communication was supported by an Arabic interpreter. The patient presented as withdrawn, with minimal eye contact and limited verbal engagement, and reported difficulties with sleep. Assessment was further supported by information provided by her partner.

A number of risk factors were identified, including social isolation, limited local support and environmental risks associated with living on the 20th floor of a high-rise building. The partner reported significant concerns about the patient's ability to function day to day and care for their infant, and expressed a preference for hospital admission due to safety concerns.

Following assessment, and due to the severity of presentation and level of risk, direct admission was arranged to a specialist mother and baby unit.

What difference has it made?

The collaborative approach enabled a timely and comprehensive assessment within the home environment, allowing for immediate decision-making and appropriate escalation of care. Direct admission to a specialist unit ensured that both maternal mental health needs and infant safety were addressed without delay.

This intervention reduced the need for multiple service contacts and prevented potential escalation, including repeat emergency calls, prolonged attendance in accident and emergency departments and the need for further safeguarding interventions.

The case demonstrates how early, coordinated intervention can effectively manage acute mental health crises while minimising disruption and distress for the patient and family.

How does it support public health priorities?

This approach supports public health priorities around early intervention, maternal mental health and integrated care. By delivering the right care in the right place, it reduces pressure on emergency and acute services while ensuring patients receive timely, specialist support.

Joint working across services improves efficiency, enhances patient safety and contributes to better outcomes for vulnerable families during the postnatal period.



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Early Detection of Treatable Vision Problems through Pre-School Vision Screening

Orthoptists across Scotland deliver vital pre-school vision screening for children aged 3.5 to 5.5 years through the See4School programme, with most tests carried out in the nursery setting. It is an essential service that screens for vision deficits that could be caused by a range of issues, such as a need for glasses, a developmental vision issue in one or both eyes (amblyopia), a turn in an eye (strabismus) or an issue with how the eyes work together (binocular instability). Treating vision deficits at an early age supports healthy vision development as the child grows.

Why do we need it?

Approximately 60,000 children a year are tested through the See4School programme, and on average 20% of these children are referred for further testing. This screening enables corrective action to be taken for vision deficits that may have otherwise been missed. Identifying problems during this crucial developmental stage, when the visual system in the brain is most receptive, supports better outcomes in learning, wellbeing and quality of life.

How does it work?

An orthoptic-led team carries out the screening test at nurseries, or at community or hospital clinics as part of an 'opt-out' consent system. Children are invited to complete a matching or naming vision test to determine their vision threshold. A nationally agreed pass or fail level determines which children require further testing at either a community optometry practice and/or a hospital eye clinic.

What difference has it made?

The See4School programme ensures early identification of a range of conditions in children, improving access to timely corrective treatment.

Uncorrected refractive error (or need for glasses) is the most common finding from screening, which can be easily improved through the prescription of well-fitting glasses by community optometry or



hospital eye services. As it is a condition that has been associated with reduced reading fluency, early identification of uncorrected refractive errors gives children a better start for learning.

Amblyopia, which affects 4% of children, can impact development of spatial vision. Early detection through screening ensures these children get the treatment they need to improve visual function.

A recent case demonstrates the impact of this Orthoptic-led screening programme.

A child who attended screening was found to have a marked vision deficit affecting one eye. The difference in how well each eye could see was unknown to parent

and child. Subsequent tests revealed a congenital cataract in one eye. Despite the child receiving neonatal screening, the cataract had likely continued to develop in early childhood, creating a significant barrier to normal vision development in the affected eye. A combination of surgery, glasses and orthoptic amblyopia treatment (patching/eye drops) greatly improved the child's level of vision. Thanks to the screening programme, the child was able to receive timely intervention that will make a real difference to their lifelong vision.

How does it support public health priorities?

Pre-school vision screening aligns to Scotland's Public Health Priority to ensure "a Scotland where we flourish in our early years." It also supports "a Scotland where we have a sustainable, inclusive economy with equality outcomes," as screening services are offered to all children, and delivered, where possible, in nursery settings. This model of delivery maximises the opportunity to screen children living in areas of higher socioeconomic deprivation, where incidence of visual deficits is higher.



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Health in Harmony:

Community Singing to Support Wellbeing in Later Life

Health in Harmony is a staff choir set up in 2017 by the NHS Borders Arts Therapies Service and a local GP practice, in response to concerns around stress and burnout. Open to all current and retired staff the group has also formed an outreach programme designed to broaden accessibility to community singing for people living in care homes.

Why is it needed?

It is widely recognised that unprecedented demands and changes in service delivery over recent years have been detrimental to the resilience and wellbeing of the NHS workforce. Arts therapists are equipped to make a significant contribution to wellbeing initiatives using arts and creativity.

“It brings tunes and words back - takes me back to my teenage years”

How does it work?

Health in Harmony runs weekly rehearsals at the local hospital which sees up to 50 people coming through the doors to enjoy an evening of singing, laughter, learning and camaraderie. During lockdown, Health in Harmony was able to continue to meet online, and offer an important way for people to stay connected.

As well as weekly rehearsals, performing in public has become a key part of the choir's activity throughout the year. The invitation to sing at the Scottish Parliament as part of the NHS 75th Anniversary celebrations last year was certainly a special moment for all involved!

Over the last three years the choir has developed a care home outreach programme. The sessions are run by a small group of choir members who plan monthly visits to care homes over the weekend. The whole ethos of the outreach work is about members singing 'with' and not 'to' people. The sessions are less about 'performance' and more about building relationships and encouraging participation amongst the residents and staff.

What difference has it made?

As well as providing opportunities to learn new skills and build confidence, feedback from members highlights the important role that the choir plays in supporting their mental health and helping them through difficult times. Members have shared how the choir is a supportive space where they can leave the day-to-day stresses of work and home life behind and have some precious 'me time'.



“I've always loved music and singing but lacked confidence to put myself out there. Health in Harmony has given me music, confidence, friendship and purpose. It is so much more than singing some songs”

The choir's outreach work also makes a significant contribution to the wellbeing of both the care home residents and the choir members.



“When we go and sing in the nursing homes it is amazing to see the residents joining in and so joyful, makes me quite emotional!”

A care home resident said, “It brings tunes and words back – takes me back to my teenage years”

How does it support public health priorities?

This project supports national priorities set out in the Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan (2022–

2027), which highlights the importance of AHPs protecting their own wellbeing and contributing to the health of the wider health and care workforce.

“When we go and sing in the nursing homes it is amazing to see the residents joining in and so joyful, makes me quite emotional!”



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Targeted Community Engagement:

Early Years Occupational Therapy at The Yard

This initiative involves targeted occupational therapy support delivered within an Early Years Play Group at The Yard Edinburgh, a purpose-built play centre for children with additional support needs and their families. The approach focuses on providing accessible, informal support to families within a trusted community setting.

Why do we need it?

This initiative involves targeted occupational therapy support delivered within an Early Years Play Group at The Yard Edinburgh, a purpose-built play centre for children with additional support needs and their families. The approach focuses on providing accessible, informal support to families within a trusted community setting.

Why do we need it?

Families of young children with additional support needs can face challenges accessing timely advice and support, particularly in the early years. Traditional referral pathways may feel formal or difficult to navigate, and some families report feeling unsupported in managing everyday challenges at home.



Providing early, informal opportunities for engagement within community settings can help families access advice sooner, build confidence and reduce the need for more intensive intervention later.



The approach is intentionally informal, recognising that The Yard provides a safe and supportive environment where families feel comfortable asking questions. Therapists offer guidance, practical strategies and signposting based on individual needs.

Support focuses on common early years challenges, including participation in everyday activities, sensory preferences, eating and engagement in play.

The initiative began in February 2023, with data collected over an initial eight-month period.

**“I think it’s great -
I’ve received some really
helpful tips already.”**

What difference has it made?

Over the first eight months, therapists engaged with 25 families, providing advice and support tailored to their individual needs. Feedback from families has been consistently positive, highlighting the value of accessible support within a familiar environment.

Participants said:

“I feel a lot of the time I’m left to figure it out myself, so having this time, especially in this environment, is wonderful.”

“For me personally, having monthly visits from a member of the team would be invaluable.”

“I think it’s great – I’ve received some really helpful tips already.”

The project has also supported service development and collaboration. Based on feedback, speech and language therapists have been invited to join sessions, further strengthening a multidisciplinary approach.

Learning from the project includes:

- Lower attendance during school holidays, leading to adjusted delivery times
- Ongoing adaptation of input based on family feedback
- Continued demand for regular, informal access to professional support

This work will continue as an ongoing monthly role within the team, with plans for further data collection to evaluate long-term impact. Future data collection will be supported by clinical support workers to strengthen evidence of effectiveness and inform service development.



How does it support public health priorities?

This approach supports early intervention and prevention by providing timely advice to families during the early years, a critical period for development.

By delivering support within a community setting, it improves accessibility, reduces barriers to engagement and helps address health inequalities. It also promotes partnership working and a more integrated approach across services.

The model demonstrates how taking services into the community can support families more effectively and reduce future demand on specialist services.



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Supporting Positive Engagement in the Prison Setting:

Veg Power Campaign

The Veg Power Campaign was a month-long health improvement initiative delivered by the NHS Forth Valley Public Health Nutrition Team at HMP & YOI Polmont in January 2024. Working in collaboration with the Scottish Prison Service, third sector partners and residents themselves, the campaign used food as a powerful engagement tool to increase vegetable consumption, build practical skills and support the wider health and wellbeing of staff, residents and their families.

Why do we need it?

People in prison face significant barriers to good nutrition and healthy living, and opportunities for meaningful engagement around food and health are often limited. A whole-systems approach to food and wellbeing within prisons is essential to support rehabilitation, reduce isolation and build the practical and interpersonal skills that residents will carry with them beyond the prison setting. Embedding health improvement within existing frameworks ensures that interventions are sustainable and reach those who need them most.

How does it work?

The campaign was delivered within an established whole-prison framework built around four principles: Education, Engagement, Employability and Environment. Veg Power provided a focal point for a wide range of activities, including food focus groups, practical cooking and taster sessions, in-cell activities and multimedia marketing.

Residents were supported to develop their nutrition knowledge and cooking skills, with some trained as Nutrition Champions to sustain the food agenda beyond the campaign itself. A staff Soup Take and Make initiative encouraged healthy cooking among the workforce, while the prison visitor centre offered soup sessions and free take-home ingredient packs — extending the reach of the campaign to families and visitors.

Peer education approaches were used throughout to maximise engagement, and catering managers



received dedicated support to strengthen food provision across the establishment.

What difference has it made?

The campaign resulted in increased engagement, skills development and strengthened partnership working across the prison setting.

- 5 residents were trained as Nutrition Champions
- 17 accredited REHIS Food and Health qualifications were achieved
- 12 residents engaged with practical food activities and focus groups, building nutrition knowledge and cooking skills

- 260 Soup Take and Make ingredient packs were taken by staff across the month
- 144 mugs of soup were served to visitors in the prison visitor centre, with a further 302 ingredient packs taken home
- 9 new easy-to-follow recipes and nutrition resources were developed, continuing to support officers in delivering food and cooking sessions

Partnership working with Scottish Prison Service staff, including life skills officers and catering teams, was significantly strengthened throughout the campaign.

Participants said:

“I liked attending the session today and getting out - making the dips was great, getting to try different flavours.”

“The staff soup project went down a treat and lots of staff were talking about it in positive ways. It certainly got staff thinking more about healthy options.”

“It is great that the soup packs sit on the table in the visitor centre, so you can help yourself and it's not embarrassing.”

How does it support public health priorities?

This work supports public health priorities by addressing health inequalities and promoting wellbeing within a vulnerable population. By embedding food education and health promotion into the prison environment, the initiative contributes to improved physical health, mental wellbeing and social connection.

It also supports rehabilitation by developing practical and interpersonal skills, helping individuals build confidence and resilience. A whole systems approach strengthens partnership working and supports sustainable improvements in food provision and health outcomes within the prison setting.

“I liked attending the session today and getting out - making the dips was great, getting to try different flavours.”



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Dramatherapy and Cognitive Behavioural Therapy:

A Combined Psychological Therapy Approach

This service utilised a combination of Dramatherapy and Cognitive Behavioural Therapy (CBT) to assess and treat adult patients over an average period of eight weeks. The approach was designed for adults experiencing a range of mental health difficulties, including mild to moderate depression, generalised anxiety, panic, the emotional impact of trauma, significant loss and bereavement, the psychological effects of physical illness and unresolved interpersonal conflict.



Why do we need it?

It is widely recognised that many adults experience common mental health problems which can significantly impact their quality of life, relationships and ability to function day to day. While evidence-based psychological therapies are effective, some individuals face barriers to engagement or may benefit from more creative and flexible approaches. Combining therapeutic models can enhance accessibility, support emotional expression and provide more holistic care. Early intervention within primary care settings is key to preventing escalation and reducing longer-term demand on specialist services.

How does it work?

Referrals were primarily received from GPs, nurses and allied health professionals within primary

care health centres, where the treatment was delivered. When patients were unable to attend in person, alternative options such as Near Me video consultations or telephone appointments were offered to ensure accessibility.

Treatment typically lasted eight weeks and integrated Dramatherapy techniques with cognitive-behavioural approaches. This allowed patients to explore thoughts, emotions and behaviours through both verbal and creative methods, tailored to individual needs and preferences.

As part of the evaluation process, a random sample of ten patients consented to participate in a long-term follow-up. Six months post-discharge, these individuals took part in a structured telephone interview lasting approximately thirty minutes.

For consistency, the same standardised quantitative measures were used at assessment, at the end of treatment, and at six-month follow-up. Qualitative questions relating to patients' individual therapeutic goals were also included in both post-treatment and long-term evaluation.

What difference has it made?

Patient self-reported outcomes demonstrated clear clinical effectiveness across multiple areas. Improvements were observed in overall mental wellbeing, mood, anxiety levels, and work and social functioning.

The most notable benefits were reflected in improved

mood, reduced anxiety and enhanced ability to function in daily life. The holistic nature of the service also supported patients to explore wider health behaviours, including the relationship between low mood and the use of food, drugs or alcohol, as well as the importance of stress management and physical activity.

An unexpected outcome of the long-term evaluation was the extent to which patients continued to improve independently following discharge. At six months, no participants required further mental health service input. Any healthcare appointments attended were related to pre-existing physical health conditions rather than new or recurring mental health needs. This suggests a potential cost benefit through reduced demand on wider health services.

Patients said:

"I placed myself so positively on the Lifetree (image) at the end of treatment for low mood and anxiety."

"The bullying's stopped... I've applied for a new job... I needed the face-to-face appointments and felt validated. I'm still using the techniques. I feel like a new person."

"I'm much better with life's stresses and bereavements... this is the best thing the NHS has done for me."

"I don't hate myself anymore... I'm confronting that negative voice for the first time. I believe this has changed my life."

How does it support public health priorities?

This combined therapeutic approach supports early intervention and prevention within primary care, aligning with public health priorities to improve mental wellbeing and reduce health inequalities. By offering accessible, holistic and person-centred care, the treatment helps individuals manage their mental health more effectively and reduces the need for more intensive interventions.

"I'm much better with life's stresses and bereavements... this is the best thing the NHS has done for me."



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South Ayrshire Communication Friendly Environments

The South Ayrshire Communication Friendly Environments (SACFE) initiative supports both educational and community settings to create communication-friendly environments that remove barriers and help individuals reach their full communication potential. The project is delivered through collaboration between Speech and Language Therapy (SLT), education, and community services, offering practical training, tools and accreditation pathways.

Why is it needed?

In Scotland, it is predicted that 25% of all children have a speech, language or communication (SLC) difficulty (Equity for All, 2022). There are also clear links between SLC difficulties and literacy, with vocabulary difficulties at age five associated with poor literacy outcomes in adulthood. Scotland's ageing population also means a rising prevalence of age-related conditions such as dementia and Parkinson's, many of which affect communication (Scottish Government, 2023).

How does it work?

Now in its third year, the SACFE education model provides tailored support to schools and early years settings based on their individual needs.

Each setting identifies a Communication Champion who shares key messages with colleagues and takes part in regular network meetings. A dedicated Microsoft Teams page offers access to resources and peer support.

Training covers the importance of SLC; how

communication-friendly environments can support SLC, wellbeing and attainment; the use of visuals; adult interaction styles; and targeted support for children with SLC needs.

Support visits involve using the SACFE Self-Evaluation Tool and gathering evidence of their positive communication friendly practice. When settings feel ready, an accreditation visit is carried out by SLT and education staff.

The SACFE Communities Team supports a broad range of settings - including primary care, leisure centres, businesses, voluntary groups and dementia-friendly services. As of June 2025, 44 community settings have started their SACFE journey, with 21 now fully accredited.

Staff receive training in Total Communication and the use of supportive tools such as visuals and communication boards. Each setting is encouraged to nominate a Communication Champion to help embed SACFE into everyday practice.

By 2026 the aim is that all educational establishments and twenty community settings will be on the journey to achieving Communication Friendly Environments.

What difference has it made?

The education model was originally based on evidence-informed practice tested in East Ayrshire, and evaluation work is underway in South Ayrshire to assess local impact.



Feedback includes:

"This is really useful as I often don't know what she is trying to tell me" - Parent

"This helps me to ensure children feel calm and can communicate their needs" - Staff member

When asked how the aid helped, one child responded: "Help me talk" while gesturing.

Community settings also report positive change:

"I was able to use Makaton signs with a patient this week. I felt so confident introducing myself - I'm buzzing!" - Staff member

"C loved using your communication board and so did his brothers, it definitely helped." - Parent

How does it support public health priorities?

This work supports national ambitions to reduce inequalities and ensure services are accessible to all. SACFE aligns with early intervention, lifelong wellbeing and inclusive, person-centred care.



"I was able to use Makaton signs with a patient this week. I felt so confident introducing myself - I'm buzzing!"



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Podiatry Outreach in the Homeless and Vulnerable Populations

This project provides essential podiatry care to people experiencing homelessness and others in vulnerable circumstances, with a focus on wound care and foot health. It delivers patient-centred treatment in community settings where individuals feel safe - such as homeless accommodation, third sector charities and supported housing. The service improves access to care, reduces pain and risk of harm and helps prevent hospital admissions.

Why do we need it?

Research has found that having ever been homeless significantly increases the risk of poor health and premature death for an individual (Zeitler et al., 2020). People experiencing homelessness often face multiple barriers to healthcare, including lack of transport, unstable living conditions, and difficulties navigating traditional referral systems. This project addresses a significant health need in a highly vulnerable population, helping to tackle health inequalities and reduce harm.

How does it work?

Individuals are referred to the service by healthcare professionals, support workers or through direct contact at outreach locations. Working in partnership with local homeless services and third sector organisations, podiatrists deliver care directly where people are already accessing support.

The care provided is based on individual need - it can involve offering wound care, treatment for infections and corns or tailored education on foot health. Care is adapted to each person's needs and situation, aiming to build trust, improve comfort and encourage ongoing engagement.

The outreach podiatrist liaises with multiple agencies such as diabetes, vascular, orthopaedics, mental health and addiction teams to coordinate care and ensure access to appropriate follow-up and specialist support when needed. Where possible there is maintained contact with individuals for ongoing care, which helps them transition into mainstream healthcare services where appropriate.



What difference has it made?

One person referred by a third sector organisation was found to have a diabetic foot ulcer but was unable to attend a clinic due to complex personal circumstances. Instead, podiatry care was delivered at their accommodation through regular outreach visits.

A multidisciplinary diabetic foot review was carried out on site with a diabetic consultant, and the person was referred to the vascular team for surgery.

After successful treatment and wound closure, orthotics visited the person at home to carry out a virtual fitting for bespoke footwear to support long-term foot protection.

This case highlights the value of a flexible, patient-centred outreach approach, enabling a coordinated multidisciplinary response that closely mirrored a standard care pathway. By meeting the individual where they were, the service optimised outcomes, prevented complications and reduced the risk of harm.

How does it support public health priorities?

By delivering early podiatric care in outreach settings, this project supports key national priorities. It contributes to Scotland's ambition to end homelessness by embedding person-centred services that respond to individual needs, as set out in 'Ending Homelessness Together'. It also reflects commitments in the 2025 Programme for Government to reduce pressure on the healthcare system by focusing on prevention and addressing health inequalities.



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An Open Music Therapy Group for Adults with Advanced Dementia

This open music therapy group offers a weekly space for creative, emotional expression and social engagement for people with advanced dementia living on an older adult inpatient mental health ward in NHS Fife. Run by a full-time music therapist, the group supports wellbeing and aims to reduce stress and distress through music, familiarity and autonomy of engagement.

Why do we need it?

Dementia is on the rise in Scotland, with an estimated 65,000 to 92,800 people affected in 2019, and a projected increase of up to 58% by 2044 (Public Health Scotland, 2025). Around 60-80% of people with dementia experience behavioural and psychological symptoms, such as agitation, hallucinations or anxiety, with cumulative risk exceeding 90% throughout their illness (NHS Scotland, n.d.). Non-drug-based interventions are an important part of offering safe and person-centred ways to support people in distress.

How does it work?

The aims of the group are to create relational moments for the people on the ward, offer opportunities for movement and creative expression and a chance to reminisce and connect with their sense of self.

The group runs for one hour each week, with the music therapist setting up instruments in a communal area to allow residents to come and go as they please. Sessions begin and end with the same hello and goodbye songs and feature familiar music that reflects the preferences of those attending.

People are encouraged to join in through singing, dance and musical play, and their individual musical preferences are incorporated into the running of the group.



What difference has it made?

To understand the impact of the group, stress and distress behaviours were tracked using nursing notes, with scoring used to compare behaviours on days with and without music therapy. The results were striking: 93% of people who took part showed a reduction in stress and distress, and there was also a decrease in the use of as-required medication on group days.

Over time, engagement with the group increased significantly, and staff shared positive feedback, including: “[Music therapy] eases stress and distress and brings joy to people...it is great to have a music therapist who can attend the ward...we would love to have this more.”

The project has demonstrated that music therapy can offer a safe, effective and non-drug-based approach to supporting people with dementia. It also enhances patient autonomy and choice, and provides a replicable model for other inpatient settings.

How does it support public health priorities?

The project ties in with Scotland’s dementia strategy, “Everyone’s Story”, which advocates for people with dementia to have the right to a range of non-drug-based interventions, such as group based or individual cognitive stimulation, individual reality orientation therapy, art therapy, therapeutic activities and physical exercise programmes.

“[Music therapy] eases stress and distress and brings joy to people... it is great to have a music therapist who can attend the ward... we would love to have this more.”



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Better Conversations, Better Health:

Promoting Physical Activity in MSK Primary Care

This quality improvement project focused on supporting Musculoskeletal Advanced Practice Physiotherapists (MSK APPs) in primary care to engage in meaningful conversations about physical activity. The aim was to improve health outcomes for patients with musculoskeletal (MSK) conditions and other long-term conditions by embedding physical activity discussions into routine consultations.



Why do we need it?

Physical inactivity is a key contributor to poor health outcomes, particularly for individuals with MSK and long-term conditions. National guidance highlights the importance of healthcare professionals supporting patients to increase their physical activity levels.

An audit conducted between May and June 2023 across three GP practices in Dumfries and Galloway found that, on average, 85% of MSK consultations did not include a discussion about physical activity. This identified a significant missed opportunity to promote health and wellbeing and support behaviour change within routine care.

How does it work?

The aim of the project was that by April 2024, 60% of patient contacts with MSK APPs across three GP practices would include a conversation about physical activity.

A range of measures were used to evaluate progress. Outcome measures included the proportion of consultations where physical activity was discussed, recorded using an audit tool. Process measures included pre- and post-training surveys assessing staff knowledge, confidence, and understanding of physical activity guidelines and local resources. Consultation time was monitored as a balancing measure to assess any impact on appointment length.

Three improvement cycles (PDSA cycles) were developed to support change:

1. Increasing staff knowledge of national and Scottish physical activity guidelines
2. Improving awareness and use of local physical activity resources, including development of a resource pack
3. Building confidence in having effective, person-centred conversations about physical activity

The project was implemented over a four-month period. Baseline data was collected in December 2023, followed by monthly measuring of each intervention from January to April 2024. Training included education on guidelines, familiarisation with local resources, and completion of the "Making Every Contact Count" module, supported by team discussions on delivering effective conversations.

What difference has it made?

Physical activity conversations increased from 50% to 74% of MSK consultations over the course of the project.

Staff surveys demonstrated improvements in knowledge, confidence and understanding across all areas of training. Importantly, there was no negative impact on consultation time, with appointments running on time in 72% of cases pre-project and 74.5% post-project.

The project demonstrated that with appropriate training and resources, physical activity conversations can be effectively integrated into routine practice without increasing time pressures.

The next phase involves rolling out training to additional MSK APPs and wider primary care multidisciplinary teams across Dumfries and Galloway. The project has been shared through local primary care communications and presented at a national webinar, supporting wider learning and adoption. The approach is also being incorporated into AHP public health resources as an example of good practice.



How does it support public health priorities?

This work supports national and local public health priorities to increase physical activity and prevent long-term conditions. By embedding brief interventions into everyday clinical practice, it enables healthcare professionals to make every contact count.

The approach also supports workforce development, equipping staff with the skills and confidence to deliver person-centred care and promote behaviour change.



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Get Nourished:

Preventing, Identifying and Treating Malnutrition in Older People in Dundee

The Get Nourished project used five initiatives to prevent and improve the detection and management of malnutrition in older people in Dundee. Led by NHS Tayside's Community Food Team, the project began in 2019 and responded to challenges arising during the COVID-19 pandemic, when access to shopping and essential care was reduced.

Why do we need it?

Malnutrition is both a cause and consequence of ill health yet often goes unrecognised. One in ten people over 65 are estimated to be malnourished or at risk (Malnutrition Task Force, 2021). Research has shown that providing timely first line nutritional advice can prevent further disease as well as protect people from falls and frailty and improve recovery time following illness (Roberts et al., 2019).

How does it work?

The project took forward five linked objectives:

- Increasing awareness and screening through use of the Patients Association Nutrition Checklist (PANC)
- Establishing a telephone advice line
- Delivering high-energy snacks ('Boost Boxes') to those at risk
- Offering a weekly meal delivery and social check-in service
- Creating digital training resources.

Each element was designed to address different barriers to nutritional wellbeing and provide consistent, first-line support.

Volunteers and staff from the NHS Tayside Falls Prevention Team and Royal Voluntary Service were trained to use PANC, which was chosen for its ease of use remotely and correlation with the MUST tool. Individuals identified as at risk were given advice and



signposted to further support. A telephone advice line was staffed for three hours, three days a week by trained support workers, with information gathered via a standardised form. Posters, social media and partner networks helped raise awareness of the service.

Those identified as needing support were offered Boost Boxes, weekly for up to three weeks, containing 14 high-protein snacks, designed to provide extra nourishment when appetite was reduced.

Alongside this, an existing supper club, which had been providing a fortnightly evening meal to 30 diners, was adapted to a weekly meal delivery service and a social check-in.

What difference has it made?

Over a one-year period, 70 people called the advice line. Of these, 51% reported fully implementing the advice provided, 25% implemented it partially, and 22% were referred to specialist dietetic services. Over 150 Boost Boxes were delivered to 48 people, and over 3,000 meals and 1,600 phone calls were made between March and October 2020. Survey results showed improvements in nutrition, health, mental wellbeing, social connection, and morale.

One participant shared: "It has helped me a great deal especially as I have no family nearby. Getting a phone call and knowing where to turn for support is brilliant. I really appreciate everything."

Online training videos created as part of the project have been completed by over 100 Care at Home staff and the training is now part of a mandatory programme for this group of staff. Care home staff reported that the Food Fortification video was particularly useful. These videos have been endorsed by the Care Inspectorate and included in mandatory training across Scotland.

How does it support public health priorities?

By addressing both malnutrition and social isolation, this project supports national goals around health and community wellbeing, in particular the aims of 'A Connected Scotland', Scotland's strategy to tackle loneliness and social isolation.

"It has helped me a great deal especially as I have no family nearby. Getting a phone call and knowing where to turn for support is brilliant. I really appreciate everything."



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Theratots:

Community-based therapy for children with complex needs

Theratots is a community-based therapy group, held outside of traditional NHS facilities, and run by Allied Health Professionals (AHPs) in NHS Lanarkshire. Designed for children under 3 with complex neurodevelopmental and medical needs, it provides multidisciplinary support in welcoming leisure venues rather than clinical environments. The group not only supports children's development but also offers connection, peer support and emotional wellbeing for parents and carers.

Why do we need it?

Families of children with complex medical and developmental needs often experience significant barriers to participation in mainstream early years activities. This includes limited availability of inclusive baby classes, emotional trauma associated with clinical environments, social isolation due to limited peer understanding and parental anxiety around their child's health and development.

These barriers can negatively impact the child's opportunities to access socialisation and negatively affect the mental health of their caregivers.

How does it work?

Theratots was developed to deliver collaborative AHP therapy in a way that empowers parents and supports the clinical priorities of children with complex needs. Sessions are led by a multidisciplinary team including Speech and Language Therapists, Physiotherapists and Occupational Therapists. Held in North and South Lanarkshire leisure venues, groups are intentionally small, with around six children attending.

Sessions involve inclusive play and music-based activities tailored to children's individual needs. Staff create a joyful, safe atmosphere that helps families form positive memories and celebrate every milestone, however small. Importantly, the setting also enables peer connection among parents, fostering a sense of belonging and mutual support.

One participant said, "Walking into a place with no trauma memories was so important to us... magical, happy memories were made at our time here."



What difference has it made?

A family with a medically fragile infant facing complex neurodevelopmental challenges found themselves isolated and anxious. With no diagnosis and limited inclusive baby classes available, they struggled to find a safe, understanding environment for their daughter. Their situation changed when they were referred to Theratots.

Over time, the family reported developmental progress, including improved sitting, increased vocalisation and anticipation of songs.

"Our daughter can now hold a sitting position where she couldn't before... she laughs and giggles almost all the way through the class."

"Seeing her interact with other children who were similar to her... this burst our hearts."

The parents also reported significant improvements in emotional wellbeing, feeling understood, supported, and connected to others.

"It's honestly been life-changing for us to engage with other parents who truly understand."

How does it support public health priorities?

Theratots demonstrates the transformative potential of community-based, inclusive therapy groups. By combining professional AHP support with a nurturing, non-clinical environment, the programme empowers families to reconnect with joy, community and hope. This model offers a useful example of how community-based approaches can contribute to public health efforts by supporting families with complex needs in a more accessible, inclusive and emotionally supportive way.

"Our daughter can now hold a sitting position where she couldn't before... she laughs and giggles almost all the way through the class."

"It's honestly been life-changing for us to engage with other parents who truly understand."



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References

Allied Health Professions Federation (AHPF) (2025)
AHP UK Public Health Strategic Framework 2025–2030. [online] Available at: https://www.ahpf.org.uk/files/AHP%20UK%20Public%20Health%20Strategic%20Framework%202025-2030_final+links.pdf

Equity for All. (2022)
Equity for All: Children’s Speech and Language Therapy Services in Scotland. [online] Edinburgh: Better Communication CIC. Available at: <https://www.bettercommunication.org.uk/downloads/2022%20Equity%20for%20All%20Final%20for%20Publication.pdf>

Malnutrition Task Force (2021)
State of the Nation 2021: Older People and malnutrition in the UK today. Available from: <https://www.malnutritiontaskforce.org.uk/>

NHS Scotland (n.d.)
Stress and distress in dementia guidelines. Right Decisions Service. Available from: <https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/adult-therapeutic-guidelines/mental-health/dementia-guidelines/stress-and-distress-in-dementia-guidelines>

Public Health Scotland (2024)
Primary 1 body mass index (BMI) statistics Scotland: School year 2023 to 2024. Edinburgh: Public Health Scotland. Available from: <https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2023-to-2024/>

Public Health Scotland (2025)
Estimating the number of people with dementia in Scotland 2019–2044. Available from: <https://www.scotpho.org.uk/media/2669/2025-06-24-scottishburdenofdisease-dementia.pdf>

Roberts, H.C., Lim, S., Cox, N.J. and Ibrahim, K. (2019)
‘The challenge of managing undernutrition in older people with frailty’, *Nutrients*, 11(4), p.808. Available from: <https://doi.org/10.3390/nu11040808>

Scottish Diabetes Group. (2024)
Scottish Diabetes Survey 2023. [online] Edinburgh: Scottish Government. Available at: <https://www.diabetesinscotland.org.uk/wp-content/uploads/2024/11/Scottish-Diabetes-Survey-2023.pdf>

Scottish Government (2013)
The Keys to Life: Improving quality of life for people with learning disabilities. Edinburgh: Scottish Government.

Scottish Government (2018)
A Connected Scotland: Tackling Social Isolation and Loneliness and Building Stronger Social Connections. [online] Edinburgh: Scottish Government, 18 December. Available at: <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/>

Scottish Government (2021)
Diabetes care - Diabetes improvement plan: commitments - 2021 to 2026. Available from: <https://www.gov.scot/publications/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026/>

Scottish Government (2022)
Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan 2022-2027. [online] Edinburgh: Scottish Government / NHS Education for Scotland, published 2 August. Available at: <https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/>

Scottish Government (2023)
Health and social care: national workforce strategy - annual progress report 2023. Edinburgh: Scottish Government. Available from: <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

Scottish Government. (2023)
Dementia in Scotland: Everyone’s Story – the New Dementia Strategy for Scotland. [online] Edinburgh: Scottish Government, published 31 May. Available at: <https://www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/>

Scottish Government. (2024)
Physical Activity for Health: Scotland’s National Framework. [online] Edinburgh: Scottish Government, published 2 October. Available at: <https://www.gov.scot/publications/physical-activity-health-framework/>

Scottish Government. (2025)
Programme for Government 2025-26. [online] Edinburgh: Scottish Government, published 6 May. Available at: <https://www.gov.scot/publications/programme-government-2025-26/>

Scottish Government. (2025)
Scotland’s Public Service Reform Strategy: Delivering for Scotland. [online] Edinburgh: Scottish Government, 19 June. Available at: <https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/>

Scottish Government and COSLA. (2018)
Scotland’s Public Health Priorities. [online] Edinburgh: Scottish Government Population Health Directorate and Convention of Scottish Local Authorities, published 14 June. Available at: <https://www.gov.scot/publications/scotlands-public-health-priorities/>

Scottish Government and COSLA. (2020)
Ending Homelessness Together: Updated Action Plan (October 2020). [online] Edinburgh: Scottish Government and Convention of Scottish Local Authorities, published 8 October. Available at: <https://www.gov.scot/publications/ending-homelessness-together-updated-action-plan-october-2020/pages/5/>

Scottish Government and COSLA. (2025)
Health and Social Care Service Renewal Framework (2025–2035). [online] Edinburgh: Scottish Government and Convention of Scottish Local Authorities, published 17 June 2025. Available at: <https://www.gov.scot/publications/health-social-care-service-renewal-framework/>

Scottish Government (2025)
Scotland’s Population Health Framework. [online] Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/scotlands-population-health-framework/>

Versus Arthritis (2025)
The state of musculoskeletal health 2025: Arthritis and other musculoskeletal conditions in numbers. London: Versus Arthritis. Available from: https://www.arthritis-uk.org/media/n4xaxcas/auk_state-of-msk-health-report_updated.pdf

World Health Organization (2019)
Musculoskeletal conditions. Available from: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>

Zeitler, M., Williamson, A.E., Budd, J., Spencer, R., Queen, A. and Lowrie, R. (2020)
‘Comparing the impact of primary care practice design in two inner city UK homelessness services’, *Journal of Primary Care & Community Health*, 11, 2150132720910568. Available from: <https://doi.org/10.1177/2150132720910568>

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