Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic

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Contents

1. Foreword

Jeane Freeman MSP
Cabinet Secretary for Health and Sport

Over the past months people across Scotland have had to come to terms with the impact of COVID-19 on every aspect of our lives. Some have faced and had to deal with the direct personal experience of ill health or loss of a loved one, everyone with the impact of lockdown restrictions and a daily life so very different from normal and for others, those at the greatest risk from this has been necessary to minimise the immediate harm and importantly to save lives, it has come with a cost.

Even as we begin to ease lockdown restrictions, we do it knowing that the virus hasn't gone away. So we constantly try to strike the balance between lifting restrictions, safely re-mobilising our NHS services and maintaining our vigilance against any increase in virus spread or transmission.

And whilst our knowledge is by no means complete, we do know that the virus can leave long term health consequences, both physical and psychological, for many of those who contract it.

This Framework specifically focuses on the priorities and objectives for coronavirus (COVID-19) rehabilitation and is underpinned by principles to support planning to meet this increasing demand. It aims to build on good practice and capacity within the existing system and to explore innovative models, adopting a multi-disciplinary and multi-agency approach, to help us secure both timely and flexible delivery of care and support.

Together with partners and stakeholders across health and social care we want to see a whole system approach in a "Once for Scotland Rehabilitation Strategy". A practical, accessible strategy to deliver quality rehabilitation to everyone who needs it.

2. Introduction

We are beginning to understand more about the likely long-term physical and psychological effects of the pandemic in Scotland. These are wide ranging and as yet unquantifiable but rehabilitation is critical in ensuring that people are appropriately supported during their recovery so that they can regain their health and wellbeing, and reach their potential so that we can flourish as a nation.

Clearly defined rehabilitation principles enable us to take a consistent approach as we collaboratively define and re-shape services to meet a broader range of needs and circumstances, including the harmful health impacts associated with the coronavirus (COVID-19) period. Additionally, the needs of those who have been shielding, and in some cases, their associated deconditioning require consideration.

It is essential that we look through a contemporary lens in redefining rehabilitation services fit for the 21st century and allied health professions[1] are fundamental in shaping and delivering services that are predominantly community focussed and self-directed and are re-aligned with prehabilitation including early intervention for prevention, and social prescribing.

Carolyn McDonald,
Chief Allied Health Professions Officer,
Scottish Government

1 Allied Health Professions: art therapists, dramatherapists, music therapists, podiatrists, dietitians, occupational therapists, prosthetists and orthotists, paramedics, orthoptists, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.

3. Scope

This Framework is focused on adults 16 years and older. The specific needs of children and young people, and their families are being addressed separately within the Scottish Government.
It is recommended that 3 distinct groups are considered as part of the development of the overarching principles to be produced in relation to recovery and rehabilitation.

a) The rehabilitation of people who have had coronavirus (COVID-19) and as a result may present with symptoms such as: cardiovascular, pulmonary and musculoskeletal deconditioning, emotional, neurological and cognitive symptoms such as anxiety, post-traumatic stress disorder, post intensive care syndrome, fatigue and pain.

b) The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions. This includes: people who have been 'shielding'; those 'not shielding but at risk; and also those with additional vulnerabilities and their carers; those with musculoskeletal issues due to deconditioning and a lack of physical activity; those with pre-existing and emergent mental health and wellbeing issues; potential exacerbation of specific conditions; such as Chronic Obstructive Pulmonary Disease and type 2 diabetes.

c) Ongoing and intensive prehabilitation and rehabilitation for people with long-term physical and mental health conditions, multiple comorbidities and those who have been impacted from delayed diagnoses and scheduled treatments due to pausing of non-critical health services.

4. Purpose

This paper provides a strategic framework with overarching principles and high-level recommendations, which inform and shape the provision of rehabilitation and recovery services across Scotland for the coronavirus (COVID-19) period and post coronavirus (COVID-19) periods.

The Rehabilitation principles and priorities in this framework should be used by those planning services to ensure the rehabilitation needs of their local population are met. This will involve reviewing delivery in the wake of the coronavirus (COVID-19) to assess whether to continue with prior/existing services, or whether to re-design taking into account new approaches implemented during the pandemic and alternative innovative models of delivery.

5. Background

This Framework recognises that some people may require a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the coronavirus (COVID-19) pandemic and that there will be many from vulnerable groups that face additional challenges such as people with long-term health conditions across all ages and the frail or the elderly.

From emerging evidence about the virus, there is an awareness that the severity of coronavirus (COVID-19) has been significant on particular groups in society such as: Black and Asian and Minority Ethnic (BAME) communities; and people who have a history of smoking, difficulty managing weight, diabetes, or who are frail, elderly or living with dementia. This may contribute to a much greater impact for those living in more deprived communities if they contract the virus.

It is recognised that some people will require minimal intervention to recover from the virus itself. However, emerging evidence is indicating that people will also have varying degrees of physical or mental health effects including some specific challenges experienced following hospital stays or being in an Intensive Care Unit.

The impact of the virus, and the necessary public health response, has meant significant disruption to normal routines and connections, and the physical constraints of staying indoors with limited options for mobility, exercise and social interaction. This has led to some people including those that have been shielding to experience social isolation, loneliness, lethargy, physical deterioration and impact on mental health and wellbeing.

People may also have been affected by disruption to health and social care (including the care home and voluntary sector) that has resulted in services being delivered differently. In some instances this will have adversely affected their physical and mental wellbeing and has impacted on their carers and families.

This Framework provides clear principles, objectives and priorities that will support staff working in health and social care, independent and third sector organisations to reshape what rehabilitation is and how it is delivered to meet the needs of those affected by coronavirus (COVID-19).

6. Rehabilitation

The WHO defines rehabilitation as 'a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Health condition refers to disease (acute or chronic), disorder, injury or trauma. A health condition may also include other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition. Rehabilitation thus maximizes people's ability to live, work and learn to their best potential. Evidence also suggests that rehabilitation can reduce the functional difficulties associated with ageing and improve quality of life''.

Rehabilitation is a process that requires participation and collaboration with the individual to enable them to recover, incorporating a wide range of enablers including, but not limited to, health and social care professionals, the individual and their family and carer and society as a whole. It is therefore a vital part of an individual's recovery from injury, illness or deconditioning and is inclusive of their physical and mental health and wellbeing needs within their social environment.

This is particularly relevant to individuals hospitalised with coronavirus (COVID-19), shielded groups and people where the emerging literature highlights that there may be increased levels of anxiety, depression, delirium,cognitive impairment and post-traumatic stress disorder as outlined in previous sections.
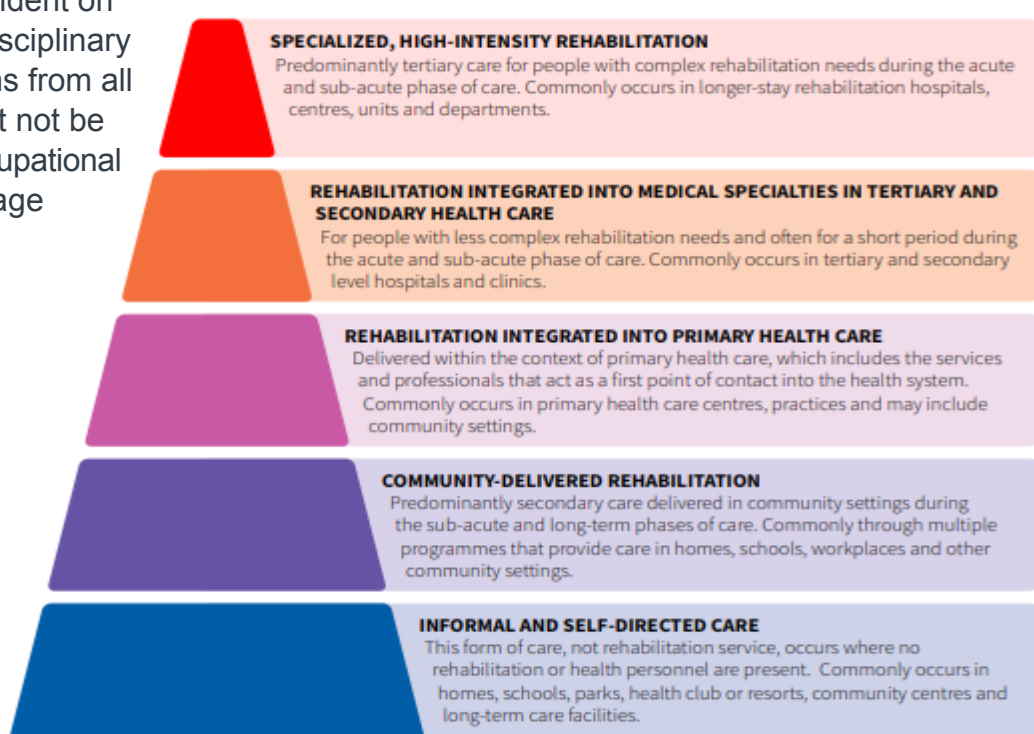
WHO Rehabilitation in Health Framework (figure. 1) highlights the need for a tiered approach that should be community based and population led where possible. It is therefore essential that individuals, communities, third and independent sectors play a crucial role alongside the NHS, Health and Social Care Partnerships and Local Authorities in the delivery of contemporary rehabilitation and trauma informed care in Scotland. This includes involving formal local structures such as Community Planning Partnerships to facilitate engagement from the ground up.

It is important that the individual and their family or carers are at the centre of the approach and see the right person in the right place at the right time to meet their specific needs, in addition to building on and further strengthening current practice by ensuring expertise in both physical and mental health care are utilised. This includes taking all steps necessary to enable self-management to take place where appropriate.

The delivery of this is dependent on a community based multi-disciplinary team inclusive of professions from all sectors that may include but not be limited to physiotherapy, occupational therapy, speech and language therapy, dietetics, nursing, psychology, social work, and medicine.

The wider impact, which coronavirus (COVID-19) is having on people makes rehabilitation even more important now than ever.

Figure 1: Rehabilitation in Health Framework [2]

SPECIALIZED, HIGH-INTENSITY REHABILITATION
Predominantly tertiary care for people with complex rehabilitation needs during the acute and sub-acute phase of care. Commonly occurs in longer-stay rehabilitation hospitals, centres, units and departments.

REHABILITATION INTEGRATED INTO MEDICAL SPECIALTIES IN TERTIARY AND SECONDARY HEALTH CARE
For people with less complex rehabilitation needs and often for a short period during the acute and sub-acute phase of care. Commonly occurs in tertiary and secondary level hospitals and clinics.

REHABILITATION INTEGRATED INTO PRIMARY HEALTH CARE
Delivered within the context of primary health care, which includes the services and professionals that act as a first point of contact into the health system. Commonly occurs in primary health care centres, practices and may include community settings.

COMMUNITY-DELIVERED REHABILITATION
Predominantly secondary care delivered in community settings during the sub-acute and long-term phases of care. Commonly through multiple programmes that provide care in homes, schools, workplaces and other community settings.

INFORMAL AND SELF-DIRECTED CARE
This form of care, not rehabilitation service, occurs where no rehabilitation or health personnel are present. Commonly occurs in homes, schools, parks, health club or resorts, community centres and long-term care facilities.

7. Prehabilitation

Prehabilitation is the process of improving a person's functional abilities and mental resilience ahead of events that are stressful to the body and/ or mental health and wellbeing, in order to minimise impairments, which can occur after these events. Examples of stressful events to the body include planned medical treatments (such as major surgery, chemotherapy and radiotherapy) but can also apply to unexpected stressors (such as being infected with coronavirus (COVID-19)).

Components of prehabilitation include supported self-management optimising pre-existing health conditions, improving physical function through exercise, nutritional support, optimising social connectedness and psychological wellbeing. The benefits of prehabilitation include empowerment of people before and during their treatment (using a person-centred approach), improved physical and psychological wellbeing, which can improve recovery after events that are stressful to the body, and longer-term benefits for health and wellbeing.

The coronavirus (COVID-19) virus pandemic has resulted in impairments for some people as a result of delayed healthcare treatments and social restrictions (which can lead to decreased physical activity, changes in nutritional intake and decreased psychological wellbeing). As a result, a public health approach to prehabilitation where early intervention for prevention is warranted to maximise resilience and promote general health and wellbeing.

8. Vision

Everyone with rehabilitation needs associated with COVID-19 will be able to access the care and support they need to live well, on their own terms.

This Rehabilitation Framework is aligned to Re-mobilise, Recover, Re-design: the framework for NHS Scotland[3] (Figure 2), which sets out how NHS Boards and Integration Authorities will safely and incrementally prioritise the resumption of some paused services, while maintaining coronavirus (COVID-19) capacity and resilience.

Figure 2: Re-mobilise, Recover, Re-design: The Framework for NHS Scotland
Objectives for Safe and Effective Mobilisation

Meet immediate individual needs			Changing Priorities		Renew to a better health and care system		
Covid Treatment Infrastructure	Non-Covid Urgent Care	Elective Care	Pandemic Response	Staff and Carer Wellbeing	Innovation and Integration	Ensure Equity	Better Outcomes
We will retain and build resilience	We will minimise excess mortality and morbidity from non-covid disease	We will re-establish services, prioritised to clinical need reflecting population demand	We will focus on approaches that create better population health and wellbeing	We will support people to recover, including their mental health and wellbeing,	We will embed innovations and digital approaches	We will ensure the health and social care support system is focussed on reducing health inequalities	We will engage with the people of Scotland to agree the basis of our future H&SC system

This approach supports Scotland's National Performance Framework[4] and its clear vision for Scotland with broad measures of national wellbeing covering a range of economic, health, social and environmental indicators and targets.

[3] https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/
[4] https://nationalperformance.gov.scot/

9. Principles of Rehabilitation Framework

a) Leadership

Attentive compassionate leadership at government and local levels, enabling collaboration, collective endeavour, and enabling the aspirations of the National Performance Framework, is essential because rehabilitation has far reaching health, social and economic benefits, with the potential to enable greater participation in education, employment and community living.

b) Person Centred

Rehabilitation focuses on the person not the disease and where the individual with their support from friends, family and, or carer where appropriate is empowered to lead and manage their situation and remain as independent as possible; again this aligns with the ambitions of our national policy landscape as set out in the Chief Medical Officer's Report, Personalising Realistic Medicine [5].

c) Outcomes Focussed

Personal outcomes approaches mean acknowledging individual strengths and working towards establishing a shared sense of purpose to which everyone can contribute, including the person, their family, carers and other community resources, as well as services.

d) Multidisciplinary and Multiagency Workforce

Rehabilitation in any setting should include physical, mental, social assessment and intervention utilising a biopsychosocial model collaborating towards a common goal. This should be undertaken through a strong Multidisciplinary Teams approach including mental health and be multiagency including a trauma-informed workforce where a unified approach across professional groups, and systems is essential.

e) Innovation

New ways of working in response to coronavirus (COVID-19) challenges have led to creative solutions and good practice. New and evolving models of working need to be encouraged alongside the promotion and continuation of best practice supported where possible by evaluation.

f) Education and Research

Partnership development of a skilled workforce considering educational, resources and emerging research evidence supporting rehabilitation outcomes for people.

g) Digital

There can be considerable benefits associated with the use of digital platforms and the information they generate (video consultation, home and health monitoring; apps; social media; clinical records) to support direct care and self-management to promote a safe and convenient way of patients accessing services to improve efficiency and cost-effectiveness for better outcomes. There is recognition that some sections of the population are more likely to be digitally excluded and there must be caution not to reinforce social exclusion of these groups and to recognise where additional support may be required.

h) Quality Improvement

Implementation and improvement actions and supports should be informed by the elements that form part of effective quality management systems – specifically quality planning, control, assurance and improvement that is linked to leadership, learning systems and processes that promote collaboration with staff and people involved with services.

[5] https://www.gov.scot/news/personalising-realistic-medicine/

10. Priorities to Achieve Objectives

A 'National Advisory Board for Rehabilitation' will be formed to provide expert advice to Scottish Government and support leadership in NHS Boards, Integration Authorities, Local Government, Independent and Third Sector.

10.1	**Meet the individual's immediate needs: coronavirus (COVID-19) Treatment Infrastructure, Covid Urgent and Elective Care**
10.1.1	**Remobilisation** People with rehabilitation needs will have access to the appropriate service for their needs. Rehabilitation services will be recommened in NHS boards and Health and Social Care Partnerships as part of a whole system remobilisation with effective stakeholder engagement from the outset.
10.1.2	**Early Intervention and Prevention** Rehabilitation approaches add real, proven value in reducing unnecessary expenditure and resource use by focusing on prevention, anticipation and supported self-management as per the Health and Social Care Delivery Plan and as part of a wider public health message for Scotland.
10.1.3	**Prehabilitation** People whose function has declined because of coronavirus (COVID-19) will be offered opportunities to improve their physical function mental health and wellbeing ahead of definitive therapies (prehabilitation). This includes adopting the principles of preparedness to optimise function in the event of any future waves of the virus.
10.1.4	**Unscheduled care** People accessing unscheduled care will receive the right help in the right place at the right time by the right professional. Unscheduled care is now being redesigned to take account of the very positive innovations that have been stood up in response to the pandemic and which must be continued when the crisis is over.
10.1.5	**Intensive Care** People who have been admitted to ICUs will receive the best possible multidisciplinary rehabilitation support and treatment, which addresses physical, cognitive, psychological, spiritual and social needs.

This can be achieved by:

- Seeking reassurance from all NHS Boards and Integration Authorities that rehabilitation is a key feature of their remobilisation planning.

- Connecting health, social care and third sector colleagues involved in prehabilitation and promoting the sharing of best practice across Scotland.

- Commissioning a review of existing prehabilitation resources, which could be applied during and after the coronavirus (COVID-19) pandemic and then acting on any identified gaps.

- Linking in with the workstreams of the un scheduled care redesign taskforce to ensure rehabilitation features prominently in relevant discussions and has a role to play in the community hubs in ensuring the right individual accesses the right care at the right time.

- Ensuring patients who have been admitted to Intensive Care and other secondary care areas have a multidisciplinary assessment of their rehabilitation needs, are offered person-centred care, and are followed up appropriately after discharge.

- Exploring models of care that support mental health rehabilitation for those admitted to Intensive Care such as InS:PIRE programme and connecting with intensive care clinical networks and stakeholders across Scotland proposing a future model to address these needs.

- Engaging with the Scottish Government Realistic Medicine team to build bespoke atlases of variation that describe the impact coronavirus (COVID-19) has had across the Scottish boards and partnerships, capturing prevalence, outcomes, inequalities and other epidemiological considerations that will inform how we should configure services going forward.

10.2	**Changing Priorities: Pandemic Response, Staff and Carer Wellbeing**
10.2.1	**Fiscal challenges** The pandemic has significantly challenged our fiscal environment so it is essential we recognise the need for occupational health services and vocational rehabilitation to aid socio-economic recovery by enabling people to return to work or educational programmes.
10.2.2	**Equity of access** People will have equitable access to health and social care irrespective of personal characteristics or geographical location.
10.2.3	**Data-informed** Rehabilitation services will be supported to act on the available data, develop robust data systems and analytics and lead on audit, improvement and research projects in collaboration with Higher Education Institutions.
10.2.4	**Psychologically resilient and supported workforce** We will continue to work with partners to build a resilient health and social care workforce, whilst supporting mental health and wellbeing.
10.2.5	**Managing complications** We will seek to improve the health and wellbeing of the population with a view to reducing the prevalence of physical and mental health complications of coronavirus (COVID-19); this will include ensuring support for shielded groups in any area of health and social care.
10.2.6	**Mental health** We will address the specific mental health needs of those affected by coronavirus (COVID-19) on an individual basis through the promotion of access to information, support, screening, digital therapies and treatment.

This can be achieved by:

- Focusing on recovering reduction in abilities and skills and enabling participation in daily living, work and social activities, which includes physical fitness and stamina, confidence, interpersonal skills and social interaction with others, improved nutrition and communication, as well as psychological interventions.

- Interrogating social determinants and health inequalities to ensure resource is allocated in ways that align with the principles of population health including vulnerable groups who may be more adversely affected by the coronavirus (COVID-19) epidemic.

- Working with NES to continue to develop a range of clinical educational and skills programmes establishing a fundamental common rehabilitation skillset across disciplines, inclusive of physical and mental health care and maximising workforce agility and wellbeing.

- Working with Workforce Wellbeing Champions Network and stakeholders across health and social care systemically to improve culture and wellbeing for staff, taking into account learning from the coronavirus (COVID-19) response phase.

- To build on the learning from the Fair Work in Social Group to further improve fair working practices for health and social care staff delivering prehabilitation and rehabilitation.

- Continuing to develop the provision of healthy lifestyle advice and support available both nationally and locally, including communication accessible materials and digital offerings.

- Continuing to develop the Scottish Government's national campaign Clear Your Head Scotland to provide a range of resources, advice and support to improve the mental health and wellbeing of the population.

- As part of recovery we are planning the safe, gradual resumption of access to respite and day care to support unpaid carers and their families and are committed to support the use of self directed support to optimise options available to service users and their carers.

10.3	**Renew Rehabilitation to a better health and care system: Innovation and Integration, Ensure Equity, Better Outcomes**
10.3.1	**Care Homes** We will develop principles and guidance to inform rehabilitation support for care home residents following a human rights based approach.
10.3.2	**Virtual technology** We will encourage the acceleration at scale of digital first approaches including home and mobile health monitoring as well as apps for supported self-care in order to offer a blended model of service delivery in partnership with each individual should it meet their needs.
10.3.3	**Public engagement** We will ensure the public are kept engaged in all developments through effective communications and messaging.
10.3.4	**Community care infrastructure** We will work closely with partner agencies to ensure a joined-up infrastructure of care supports rehabilitation approaches and is predicated on bolstering community care through the promotion of the hubs, which have been established in response to coronavirus (COVID-19).
10.3.5	**Innovation** We will encourage fostering of ideas, innovations, and solutions to enhance rehabilitation and recovery services.
10.3.6	**Reablement** We will adopt a strengths-based, person-centred approach at home or homely setting that promotes and maximises independence and wellbeing enabling positive change using user-defined goals designed to enable people to gain, or regain, their confidence, ability, and necessary skills to live as independently as possible.

This can be achieved by:

- Engagement with organisations to support a partnership approach to rehabilitation for care home residents learning from the Care About Physical Activity (CAPA) Care Inspectorate programme considering vulnerability, age, frailty and shielding.

- Ensuring digital strategies are considered in rehabilitation consultations where appropriate including provision of communication accessible information for Near Me users such as carers, residents and family members.

- Enabling digital approaches, which ensure equity of supports through multiple access routes and blended methods with specific focus on those at risk of being digitally and / or communication excluded.

- Influencing public messaging communications to promote equitable supported self-management for rehabilitation.

- Exploring the potential of artificial intelligence platforms to support self-management using a holistic, biopsychosocial approach, which incorporates the physical, mental communication and social needs of the individual.

- Ensuring community hubs link across services especially community education and development, community pharmacy, the community respiratory response teams, mental health teams, social care and third sector and the vital role allied health professionals (AHPs) of all disciplines play across health and social care – in an integrated approach, not just to high clinical acuity, but in enabling, supporting and promoting population health.

- Identify proven innovations developed in NHS Boards, Integration Authorities and the third and independent sectors by sharing learning and taking these to scale where applicable including finding new solutions through Open Innovation via Scotland's network of Test Beds facilitated by the Chief Scientist's Office and NHS National Services Scotland Innovation Portal.

- Liaising closely and work collaboratively with third sector agencies who can support the care of those individuals with complex needs who may have issues such as addictions, offending, homelessness and domestic violence.

11. Key First Steps

This Framework has been developed to enable organisations to support their planning for recovery and rehabilitation services following the COVID-19 pandemic. We know that there is excellent practice already in place and it is essential to share and build on this across the whole system.

A National Advisory Board for Rehabilitation, which will also address the public health aspect of early intervention for prevention will be formed to provide expert advice to the Scottish Government and support leadership in NHS Boards and Integration Authorities.

The Scottish Government has appointed a Professional Advisor for Allied Health Professions who will take a leadership and advisory role and will oversee the deployment of the plan across Scotland, feeding back to Ministers and policy colleagues on its implementation.

It is anticipated that this work will closely align to existing rehabilitation pathways and strategies and a Once for Scotland Approach will be developed and provide a practical, accessible strategy to deliver quality rehabilitation to everyone who needs it.

12. Appendices

Appendix 1   Steering Group

Framework for supporting people through Recovery and Rehabilitation during and after COVID-19 Pandemic – Scottish Government Steering Group members		
Carolyn McDonald (Chair)	Chief Allied Health Professions Officer	Chief Nursing Officer's Directorate
Anne Armstrong	Professional Nurse Advisor Mental Health & Learning Disabilities	Mental Health Directorate Chief Nursing Officer's Directorate
Jan Beattie	AHP Professional Advisor	Chief Nursing Officer's Directorate
Jamie Begbie	Senior Policy Officer	Healthcare Quality and Improvement Directorate
Graham Ellis	National Clinical Lead for Older People and Frailty	Chief Medical Officer's Directorate
Gerard Gahagan	National Implementation Lead	Healthcare Quality and Improvement Directorate
Kyle Gibson	Scottish Clinical Leadership Fellow	Healthcare Quality and Improvement Directorate
Elaine Hunter	National Allied Health Professions Consultant	Mental Health Directorate/ Alzheimer Scotland
Jacques Kerr	Senior Medical Officer	Directorate for Health Performance and Delivery
Jemma McGuffie	Policy Manager	Healthcare Quality and Improvement Directorate
Lynne Nicol	Deputy Director	Healthcare Quality and Improvement Directorate
Anita Stewart	Team Leader – Neurological Conditions, Chronic Pain and Long-term conditions	Healthcare Quality and Improvement Directorate
Susan Wallace	Team Leader - Heart Disease, Stroke, Cardiac Arrest, Diabetes & Respiratory	Healthcare Quality and Improvement Directorate
Craig White	Divisional Clinical Lead	Healthcare Quality and Improvement Directorate
Christopher Doyle	Policy and Information Officer	Health and Social Care Alliance Scotland
Additional contributors to the scope of the Framework		
Morris Fraser	Head of Alcohol, Tobacco and Drugs Branch	Directorate for Population Health
Elizabeth Sadler	Deputy Director	Health Improvement Division
Niall Taylor	Active Scotland Strategy Manager	Directorate for Population Health

Appendix 2   Consultation

The draft framework was shared with NHS, Integration Authorities, Local Government, National Advisory Committees, Independent and Third Sector organisations.

Organisations who informed consultation included:	
Aberdeen City Health and Social Care Partnership	NHS Lothian
Allied Health Professions Scotland	NHS National Services Scotland
British Lung Foundation	NHS Tayside
City of Edinburgh Council	North Ayrshire Health and Social Care Partnership
Community Leisure Scotland	Public Health Scotland
East Dunbartonshire Health & Social Care Partnership	Royal College of Occupational Therapists
Fife Health and Social Care Partnership	Royal College of Psychiatrists
Glasgow City Health and Social Care Partnership	Royal College of Speech and Language Therapists
Health and Social Care Scotland	Scottish Ambulance Service
Healthcare Improvement Scotland	Scottish Borders Health & Social Care Partnership
Mental Health AHP Advisory Committee	Scottish Care
Neurological Alliance of Scotland	Scottish Commission for Learning Disability
NHS 24	Scottish Recovery Network
NHS Ayrshire and Arran	Scottish Trauma Network
NHS Borders	SOLACE Scotland
NHS Education for Scotland	Stroke Association
NHS Fife	Support in Mind Scotland
NHS Forth Valley	The British Dietetic Association
NHS Grampian	The College of Podiatry
NHS Greater Glasgow & Clyde	Versus Arthritis
NHS Lanarkshire	Vox Scotland

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