

Dear

## FREEDOM OF INFORMATION – FUNDING ALLOCATIONS

I write in response to your request for information in relation to funding allocations.

Question:

### **1. Funding Allocation**

For all funding allocated to Long Covid, ME/CFS, and ELCs:

- Provide total funding by source (core NHS Lothian budget, ring-fenced Scottish Government allocations, national or local grants, or other sources).
- For each source, specify:
  - Allocated amount
  - Amount spent to date
  - Committed future spend (funds earmarked but not yet spent)
  - Underspends or unutilised funds
- Include the date each funding allocation was approved and any conditions or restrictions attached to the funds.

Answer:

See enclosed spreadsheet

Question:

### **2. Expenditure**

Provide a detailed breakdown of expenditure to date for 2026/2027, including:

- Staffing: number of posts, full-time equivalents, role descriptions, total costs (salary + on-costs)
- Service delivery: operational costs, contracts, third-party providers, clinical/non-clinical services
- Evaluation, or monitoring costs specifically related to these conditions
- Other operational costs, clearly specified

If categories do not exist in the finance system, provide the closest equivalent and explain the categorisation.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*

Answer:  
See enclosed.

Question:

**3. Services & Pathways**

List all funded services, clinics, or care pathways for these conditions, including:

- Scope and objectives
- Eligibility criteria
- Staffing and roles (FTE and job descriptions)
- Delivery model: in-person, virtual, or hybrid
- Physical or digital locations
- Start date

For multi-condition or cross-service pathways, clearly specify which patients with Long Covid, ME/CFS, or ELCs are included.

Answer:

Service	Scope/ Objectives	Eligibility	Staffing/ Roles	Delivery Model	Physical Locations	Start Date
Speech and Language Therapy	<ul style="list-style-type: none"> <li>• Referral for instrumental assessment (of swallowing or voice) where indicated</li> <li>• Onward referral to other appropriate services such as work support, respiratory physio</li> <li>• or referred back to GP for diagnosis of long Covid to access other appropriate management/services.</li> <li>• emotional/psychological support along with support to self-manage symptoms and improve</li> </ul>	Post-Covid / post-infection / ME/CFS symptoms such as voice, persisting throat symptoms, swallowing, communication, laryngeal/airway sensitivity (including cough, throat-clearing, globus and also inducible laryngeal obstruction) plus breathing pattern disorder	0.9 x WTE (SG ringfenced)	Outpatient service provided across various sites in Lothian (RIE, LB, SJH, ELCH), remotely via Near Me or telephone, as per patient preference; (very occasionally patients may be seen at home)	RIE, LB, SJH, ELCH	August 2023

	<p>wellbeing</p> <ul style="list-style-type: none"> <li>Individual sessions providing holistic assessment, diagnosis, recommendations and therapeutic exercises for post-Covid / post-infection / ME/CFS symptoms such as voice, persisting throat symptoms, swallowing, communication, laryngeal/airway sensitivity (including cough, throat-clearing, globus and also inducible laryngeal obstruction) plus breathing pattern disorder</li> </ul>					
Children and Young People	<ul style="list-style-type: none"> <li>Occupational therapy helps children and young people continue with and return to activities of daily living that are important to them. These might include: <ul style="list-style-type: none"> <li>Self-care - such as showering and getting dressed</li> <li>Being productive - including going to school</li> </ul> </li> </ul>	<p>Children and young people with fatigue caused by post-viral fatigue syndrome, long COVID or myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) who:</p> <ul style="list-style-type: none"> <li>Are experiencing difficulties with their daily living skills</li> <li>Live in</li> </ul>	1 x 0.5 WTE (SG ringfenced)	Input is offered flexibly via in person clinic appointments, home visits, NearMe video calls and over the telephone.		Aug 2024



	<p>Leisure - such as spending time with friends and engaging in hobbies.</p> <ul style="list-style-type: none"> <li>• Interventions are based on best evidence available and include:</li> <li>• Assessment of young people's participation in roles and activities that matter to them</li> <li>• Signposting to relevant services/resources</li> <li>• Fatigue management, including pacing, planning and prioritising.</li> <li>• Energy conservation strategies including problem solving, equipment provision, and environmental advice</li> <li>• Liaison with school to support access to education</li> <li>• Advice on cognitive strategies to support concentration and memory</li> <li>• Advice on sleep hygiene, pain management</li> </ul>	<p>Edinburgh or East/Mid Lothian • Are aged 0-16 or 17/18 and still in school.</p>				
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	and anxiety management.					
Lothian Work Support Service	<i>LWSS is a single point of contact for anyone struggling with health and work</i>	Eligibility criteria - <i>in employment and health issues impacting on work role</i>	<i>1.0 wte B6 (SG ringfenced)</i>	Delivery model: in-person, virtual, or hybrid - <i>mixture of all. Initial call is via telephone and subsequent contacts agreed with patient preference and clinical need (some require face to face assessment)</i>	Physical or digital locations - <i>based in AAH for in person appointments</i>	Start date - <i>LWSS was established 2009 and LC post funding since 2023</i>
ME/CFS	<i>The service supports the management and rehabilitation of patients with a diagnosis of ME/CFS, post-viral fatigue syndrome (PVFS) and Long COVID across Lothian.</i>	<i>diagnosis of ME/CFS, post-viral fatigue syndrome (PVFS) and Long COVID across Lothian.</i>	<u>NHS core funding:</u> 1.0 wte psychologist and 0.5 wte physiotherapist <u>SG ringfenced</u> 1.6wte OT <u>Additional temporary funded:</u> 1.0 wte psychologist and 1.0 wte physiotherapist	In-person, virtual or hybrid	Astley Ainslie Hospital	

Question:

**4. Patient Access**

- Provide total number of patients accessing each service since 1 April 2026.
- Where possible, disaggregate by condition (Long Covid, ME/CFS, ELCs).
- If exact disaggregation would breach confidentiality, provide anonymised aggregated figures, and specify the methodology used.
- Include any patients referred but unable to access services and reasons.

Answer:

Service	Total number of patients accessing each service - 1 April 2026.	Total number of patients accessing each service - May 2026.	Include any patients referred but unable to access services and reasons.
SLT	April = 35 (of which 8 new)  (these figures include DNA/CAN)	May = 40 (of which 12 new)  (these figures include DNA/CAN)	Not available
CYP	3 new requests and 8 CYP returning.	2 new requests and 10 CYP returning.	2 requests not accepted in April/May due to not meeting the request for assistance criteria. Requests that have been made to, but not accepted by the CYP OT Fatigue Service, include CYP with fatigue related to Functional Neurological Disorder, depression, ASD/ADHD overwhelm and historical cancer/cancer treatment.
LWSS	2 New <ul style="list-style-type: none"> <li>• 1 LC</li> <li>• 1 ME/CFS</li> </ul>	2 New <ul style="list-style-type: none"> <li>• 1 LC</li> <li>• 1 ME/CFS</li> </ul>	<i>12 (out of 119) referrals did not progress to full engagement due to either - declined to participate, inappropriate referral (likely not in employment) and unable to contact. Unable to identify diagnosis</i>
ME/CFS	63 New 174 return	Unavailable (dashboard updates on 10 <sup>th</sup> )	<i>unknown</i>

Question:

**5. Unallocated / Indirect Funding**

- Identify any funds allocated to Long Covid, ME/CFS, or ELCs that are not currently assigned to a specific service or pathway.
- Include planned uses or timelines for these funds, if any.
- Include any provisions held centrally for future allocation, and specify approval processes.

Answer:

Not applicable – all allocated

Question:

**6. Remaining Budget**

- State the total unallocated budget for 2026/27 as of the date of this request.
- Provide details of planned future allocations, including timelines and intended services.

Answer:

All funding has been committed.

Allocation is ear marked recurring so the same amount will be expected from SG next year if not allocated recurrently this year.

Question:

**7. Supporting Documentation**

Please provide all records used to compile the above information, including:

- Spreadsheets, financial tables, or accounting systems
- Board papers, committee reports, or meeting notes, emails
- Service-level monitoring reports
- Internal guidance documents, related emails and details of meetings or definitions used to classify funds or cover service provision or delivery.

Answer:

See enclosed.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

# JOB DESCRIPTION

## 1. JOB IDENTIFICATION

Job Title: Clinical Associate in Applied Psychology.

Responsible to: Senior Clinical Psychologist

Department(s): Psychology Department

Operating Division: REAS

Job Reference: NES-CAAP1

No of Job Holders: 1

Last Update (insert date): 21.10.22

## 2. JOB PURPOSE

To work within the Myalgic Encephalomyelitis/Chronic Fatigue Syndrome/Post-Viral Fatigue Syndrome (ME/CFS/PVFS) service, based at the Astley Ainslie Hospital in Edinburgh, providing evidence-based treatments for individuals with mild to moderate psychological disorders related to their condition. This will involve individual and group-based clinical work.

To deliver a psychological assessment service for adults referred to the ME/CFS/PVFS service, under the supervision of the senior applied psychologist.

To provide evidence-based psychological therapies to adults with a wide range of mental health problems, including anxiety, adjustment and depressive disorders within the ME/CFS/PVFS service.

To manage own caseload within specialty area using specialist techniques and maintain high quality clinical related records.

To provide consultation and support to multidisciplinary clinicians, both within the service and externally, in relation to the assessment and management of patients presenting with ME/CFS/PVFS.

To work with psychology colleagues, and other mental health professionals to provide a psychology service to patients.

To contribute to service delivery and to participate in service evaluation and audit within the area as directed.

### 3. DIMENSIONS

- The post holder will provide specialist assessments and treatments (as appropriate) for adults presenting with psychological difficulties related to their ME/CFS/PVFS. This is a specialist service, consisting of a team of Psychologists, Physiotherapists and Occupational Therapists, provided on a pan-Lothian basis. There is an expectation that the post-holder will be involved in wider MDT support, offering teaching, training, reflective practice and case consultation, as required. The post is based at the Astley Ainslie Hospital in Edinburgh and is employed within NHS Lothian, so there may be a requirement to work flexibly across Lothian to meet service demands.

• (\*where supervision is termed in the Job Description, this equates to professional clinical supervision)

### 4. ORGANISATIONAL POSITION

Please see attached chart

### 5. ROLE OF DEPARTMENT

Working in partnership with local authorities, NHS Lothian provides a comprehensive range of community outpatient, day and inpatient services. The department also provides an important training resource for career development across professional disciplines. In addition, the department has an ongoing commitment to research, both internally and externally funded.

Further teaching, training and supervision of assistant, trainee and qualified staff from psychology

and other disciplines, in relation to appropriate psychological knowledge and skills, including Continuing Professional Development (CPD) is provided. The applied psychology input to all services involves direct clinical work as well as responsibility for developing multi-disciplinary interventions training and supervision.

Being specialist services, the applied psychologists will also be expected to provide consultancy, liaison with acute and primary care as well as expert opinion on psychological aspects of patient management.

### **NHS ME/CFS/PVFS Service**

The post holder will be working with those patients referred to the ME/CFS Service, under the supervision of the Applied Psychologist.

## **6. KEY RESULT AREAS**

- To provide diagnosis and treatment recommendations for complex clinical disorders.
- To provide a range of assessment measures and procedures that are compatible with patient presenting problems.
- To carry a full specialist caseload of patients.
- To be able to assess the pre-disposing and precipitating factors that give rise to patient presenting problems.
- Assessment measures will include established psychometric measures, systematic observation and measurement of emotional state, cognitions and behaviour in a variety of settings. In addition, assessment will include self-motivating strategies for clients.
- Assessments will be undertaken on an individual, one-to-one basis with clients.
- On the basis of information collated during assessment to be able to provide a formulation for presenting problems that describes their aetiology, maintenance and appropriate methods of intervention.
- In cases of complicated presentation and/or formulations, consultation with appropriate supervisor to be undertaken prior to commencement of intervention.
- To be able to provide a range of individual and group interventions that are evidence based and are clearly conceptualised within the formulation network.
- To provide evaluation of therapeutic interventions in relation to change over treatment time that might involve a number of dimensions such as behaviour change, cognitive and emotional change.
- Practitioners are required to evaluate their own clinical practice whilst working with individuals and to participate in regular supervision with designated Clinical/Counselling Psychologist.
- To communicate through written reports and/or verbal feedback, the formulation and psychological understanding of a patient's disorder to referrers, patients and other involved disciplines or agencies.
- To provide training and teaching to other healthcare professional, carers' groups and other agencies as appropriate.
- To contribute to service development via innovative clinical practice and participation in the multi-disciplinary environment (bringing new ideas forward)
- Ensure that their work complies with professional standards, Scottish Benchmark

Statements, the policies of NHS Lothian and the Psychological Therapies service

- To keep management well informed about the needs of the service and relevant psychological matters concerning adult mental health within level 2 services.
- To initiate and carry out research and audit with the agreement of the designated Applied Psychologist
- To maintain a good record keeping system and to comply with requirements for reports and returns as part of departmental policy
- Collate regular statistical returns regarding service delivery as required.
- Fulfilment of the aims and objectives in the PDP agreed at annual appraisal.
- To maintain and contribute to CPD in the Department.

### **7a. EQUIPMENT AND MACHINERY**

- Computer/laptop/PowerPoint projector for database, research, e-mail, Internet, presentations.
- Computerised and Audio-visual recording equipment for use in assessment and specialist treatment programmes
- Maintain a high level of proficiency in the use of psychological assessment tools and protocols, apply these appropriately and relevantly in clinical case management and incorporate developments in these as they are introduced to clinical practice.
- Expected to have knowledge of manual handling and other equipment within the area.
- Potential car use for clinical travel

### **7b. SYSTEMS**

- Have a working knowledge of computer-based technology including word processing, e-mail and internet.
- Conform to the Department's systems of information management for patient records, activity data, and mileage and expenses information.
- Participate in the speciality service on-going audit processes for clinical effectiveness of interventions.

### **8. ASSIGNMENT AND REVIEW OF WORK**

Clinical work is agreed and reviewed by the clinical supervisor on a fortnightly basis. On a day to day basis post holders work autonomously and independently within set guidelines, referring as necessary to their clinical supervisor.

## **9. DECISIONS AND JUDGEMENTS**

The post-holder must:

- Be capable of making judgements about the needs of individuals, the identification of potential risks, and the possible requirement for more specialist assessment and treatment
- Be capable of weighing conflicting components pertaining to a complex problem or situation
- Monitor one's own effectiveness with each patient and/or the presenting problem, to determine whether consultation or supervision from a colleague is required
- Ensure referral to designated supervisor is promptly made when case complexity falls out with range of competency.
- Be capable of monitoring a situation or intervention by some formal means of evaluation, and be able to modify the plan, treatment or intervention to obtain a better outcome.
- Be capable of balancing the welfare rights of the individual against the duty of care to the wider community where the behaviour of a patient is likely to pose a significant risk to themselves and others
- Participate in the clinical governance activity of the team

## **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

- Working with patients who are in an emotionally distressed, aggressive or suicidal state
- Dealing with patients exhibiting high levels of distress, particularly in the context of managing patient expectations and communicating assessment of a person's surgery readiness/appropriateness.
- Competent at applying the skills required to establish a working therapeutic relationship in a limited time frame.
- Multi-tasking: this involves listening, assessment, planning, feedback and working in a highly demanding situation
- Being required to use initiative, within context of supervision, during sessions with patients
- Maintaining up to date clinical awareness and knowledge of treatment strategies across the very broad spectrum of diverse mental health problems and disorders.
- Managing a wide diversity of needs in the population and balancing the demands of referrers with available resources.
- Developing and maintaining flexible methods of working to meet waiting list targets.
- Tackling barriers to understanding, either in clients, families, carers or colleagues in other disciplines
- Time management: balancing the demands of clinical work, administrative duties, supervision, attendance at meetings, and CPD

## **11. COMMUNICATIONS AND RELATIONSHIPS**

The post-holder must:

- Communicate effectively, clearly, professionally and empathetically with patients, their relatives and carers
- Communicate effectively, promptly, clearly and sensitively with referral agents and colleagues in compliance with the team's quality standards
- Ensure a presence or written report at important decision-making meetings concerning

clients with whom the post-holder is involved to ensure the passage of relevant information to colleagues

- Be experienced and skilled in developing a therapeutic alliance with patients whilst maintaining a professional and ethical standing.
- Communicating effectively where there are barriers to understanding, eg to clients/patients or colleagues in other disciplines.
- Communicate sensitive and complex ideas within therapy whilst paying attention to the changing needs of the patient.
- Participate in regular supervisory meetings with designated supervisors
- Ensure that contemporary standards of confidentiality are observed in the communication and storage of clinical information.
- Ensure that requirements for informed consent are observed when communicating about a patient with a third party or when soliciting their participation in research.
- Develop and maintain good relationships with voluntary and carer organisations supporting adults with mental health difficulties in the community as appropriate
- Develop effective relationships within professional group and in a multi-professional setting and maintaining team relationships. Effective networking with colleagues and professionals.

## **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**

### **Physical**

The post-holder must:

- Undertake travel to clinic sites as required.
- Be able to cope with unpleasant behaviour including physical and verbal aggression and occasionally to work in conditions sub-optimal for clinical activity.
- Utilise standard keyboard/IT skills
- Be able to sit in confined spaces and to concentrate for long periods whilst undertaking clinical sessions with patients. This involves multi-tasking, observational skills and concurrent intellectual analysis under pressure of time.

### **Mental effort**

- Sustain concentration for long periods of time on information from a number of sources, such as clinical sessions with clients, clinical meetings, service planning meetings, telephone consultation with staff and other professionals
- Lengthy and frequent concentration periods involve observational and multi-tasking skills with concurrent intellectual analysis under pressure of time.
- Required to switch concentration from one subject to another without notice
- The use of good time management skills, requirement to change subject focus frequently and without prior notice.
- Workload can be unpredictable e.g. attendance at meetings is often required at short notice and at times, clients or staff may need to be seen urgently.

### **Emotional**

- Frequently required to deal with highly distressing, chronic and /or deteriorating

conditions, where progress may be very slow and require long term commitment.

- Deal with clients and families distressed by the effects of severe physical or mental health problems
- Deal with patients exhibiting high levels of distress and describing in detail harrowing and traumatic life events.
- Deal with psychological problems in patients experiencing adverse life experiences irresolvable life circumstances and intractable life problems.
- Access appropriate support to ensure that the effects of any such exposures are not detrimental to an effective clinical role.
- Required to help other professionals, care staff and relatives deal with highly distressing situations.

#### **Environmental**

- The post holder should expect some exposure to hazards such as verbal and face to face physical aggression.

### **13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

- The post holder must have an honours degree in psychology (eligible for GBR) and a post-graduate Masters level (or equivalent) degree in Psychological Therapy.
- Relevant clinical experience in a physical health setting.
- Have knowledge of relevant national and professional guidelines for optimal standards of clinical care.
- Have some knowledge of Psychiatry and other related professions in order to understand complex clinical presentation.
- Excellent communication skills
- Be aware of the limits of one's competence and expertise and work within those boundaries (particularly in the initial postgraduate year).
- Work in a sensitive manner with respect for diversity in gender, ethnic, culture and philosophical issues with a wide range of individuals
- Commitment to ongoing Continuing Professional Development
- Attend in-house and external courses pertaining to computer training, moving and handling, management of aggression and violence, lone worker guidelines etc.

### **14. JOB DESCRIPTION AGREEMENT**

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Head of Department Signature:

Date:

Date:



Long Covid

Q1a.	<b>SG Allocation 26/27 (Earmarked Recurring)</b>	676,576	
	<b>Spend YTD</b>	27,389	
	<b>Forecast Spend 26/27</b>	649,187	See Q1b for breakdown
	<b>Date &amp; Restrictions of Allocation</b>		see attached letter - detail in Annex A

<b>NHS Lothian Core Funding</b>	126,548	
<b>Spend YTD</b>	10,546	
<b>Forecast Spend 26/27</b>	126,548	
<b>Date &amp; Restrictions of Allocation</b>	no restriction	

Q1b.	<b>Forecast Spend 26/27</b>	<b>WTE</b>	<b>Cost</b>	<b>Forecast Spend 26/27 (CORE ME/CFS)</b>	<b>WTE</b>	<b>Cost</b>
	Chronic Fatigue Service	1.60	95,700	Psychology	0.5	44,562
	Speech Language Therapy	0.90	64,752	Psychology	0.5	39,196
	Lothian Work Support Service	1.00	71,947	Physiotherapy	0.5	42,790
	Childrens & Young Peoples OT	0.50	32,626			
	Regional Clinical Lead	1.00	96,580			
	Clinical Evaluation Lead	1.00	81,697			
	Psychologist	0.50	46,091			
	Medical Secretary	1.00	46,492			
	Medical Consultant	1.00	113,302			
	<b>Total</b>	<b>8.50</b>	<b>649,187</b>	<b>Total</b>	<b>1.5</b>	<b>126,548</b>

Q2.	<b>Spend YTD</b>	<b>WTE</b>	<b>Cost</b>	<b>Spend YTD (CORE ME/CFS)</b>	<b>WTE</b>	<b>Cost</b>
	Chronic Fatigue Service	1.60	8,700	Psychology	0.5	3,714
	Childrens & Young Peoples OT	0.50	2,966	Psychology	0.5	3,266
	Regional Clinical Lead	1.00	8,297	Physiotherapy	0.5	3,566
	Clinical Evaluation Lead	1.00	7,427			
	Speech Language Therapy	0.90	5,396			
	Lothian Work Support Service	1.00	5,996			
	<b>Total</b>	<b>6.00</b>	<b>38,781</b>	<b>Total</b>	<b>1.5</b>	<b>10,546</b>

Q5. N/A all allocated.

Q6. All funding has been committed. Allocation is ear marked recurring so the same amount will be expected from SG next year if not allocated recurringly this year.

## **Psychology Staffing**

### **3 posts in total**

0.1wte 8A – SG 12 month fixed-term funding (to Jan 27)

0.5wte 8A – Core NHS funding

0.5wte Band 7 – Core NHS Funding

0.5wte Band 6 – Core NHS funding

0.9wte Band 7 – SG 12 month fixed-term funding (to 30/3/27).

### **Occupational Therapy – 2 posts**

### **Physiotherapy – 2 posts**

1.0wte Band 6 – SG fixed-term 18-month funding. Started in post 13.4.26

## JOB DESCRIPTION

### 1. JOB IDENTIFICATION

<b>Job Title:</b>	Clinical Psychologist
<b>Responsible to:</b>	Professional Lead for Clinical Health Psychology
<b>Department:</b>	Clinical Health Psychology
<b>Operating Division:</b>	West Lothian CHCP
<b>Job Reference:</b>	L-GEN-AHP-CP-AP
<b>No of Job Holders:</b>	2
<b>Last Update:</b>	N/A

### 2. JOB PURPOSE

To be responsible for the management of a specialist caseload.

To provide clinical supervision and support in relation to the psychological assessment, therapy and management provided by trainee psychologists, multi disciplinary clinicians and staff within the designated clinical area.

To be responsible for providing psychology teaching, training, consultancy and supervision activities management within a governance structure.

To undertake audit and research relevant to the service area.

### 3. DIMENSIONS

To ensure the systematic provision of high quality specialist psychology service to clients with CFS ME as part of the pilot Lothian service. The remit will include assessment, individual treatment and group treatment as required as well as consultancy and supervision within a multi-disciplinary team context. It is also expected that the post holder contributes to regular teaching and training.

The post is employed within NHS Lothian and there may be a requirement to work flexibly across Lothian to meet service demands.

### 4. ORGANISATIONAL CHART

Please see attached chart.

## 5. ROLE OF DEPARTMENT

### **Applied Psychology in NHS Lothian**

Working in partnership with local authorities, NHS Lothian provides a comprehensive range of community outpatient, day and inpatient services. The department also provides an important training resource for career development across professional disciplines. In addition, the department has an ongoing commitment to research, both internally and externally funded.

Further teaching, training and supervision of assistant, trainee and qualified staff from psychology and other disciplines, in relation to appropriate psychological knowledge and skills, including Continuing Professional Development (CPD) is provided. The applied psychology input to all services involves direct clinical work as well as responsibility for developing multi-disciplinary interventions training and supervision.

Being specialist services, the applied psychologists will also be expected to provide consultancy, liaison with acute and primary care as well as expert opinion on psychological aspects of patient management.

**The CES ME service is Scottish Government supported initiative . An important part of this role will be to contribute to the formal recording, monitoring and evaluation of the service.**

## 6. KEY RESULT AREAS

### **CLINICAL**

1. Responsible for the assessment, development, planning and implementation of psychological interventions for clients based on the appropriate use, interpretation and integration of data from a variety of sources and drawing on a range of psychological theoretical perspectives.
2. To be responsible for implementing a range of psychological interventions for individuals, carers, families and groups within and across teams, employed individually and in collaboration with other staff, adjusting and refining psychological formulations and drawing upon different explanatory models while maintaining a number of professional hypotheses.
3. To provide psychological advice, guidance and supervision to other staff contributing to the client's formulation and intervention plan.
4. To undertake psychologically based risk assessment and risk management for relevant clients and provide advice on the psychological aspects of risk to the multi-disciplinary team, service users and their families or carers.
5. To identify appropriate developments in the services provided and to make recommendations to the Professional Lead/ Line Manager.
6. To contribute to the development of practice guidelines, protocols, care pathways within a context of evidence-based practice, theory, patient centred care and continuing

professional development.

7. Responsible for supervision of trainees and assistants ensuring adherence to professional practice guidelines and those mechanisms are in place to ensure that performance standards are met.
8. To maintain up to date knowledge of legislation, national and local policies, and to keep abreast of developments in Clinical Psychology with service area.

**Education and Training:**

1. To regularly provide clinical training placements for Trainee Clinical/Applied Psychologists from appropriate courses, undertaking clinical supervision, teaching on placement, organising and monitoring workload and assessing clinical competence.
2. To teach psychology trainees, other professionals and trainees of other professions in collaboration with other professional tutors and teachers.
3. To regularly provide clinical supervision to assistant psychologists and other professionals working within the Service.

**Research and Development:**

1. To remain informed of and critically evaluate current research and theory to support evidence-based practice in own professional work and to contribute this perspective in the multi-disciplinary team.
2. To initiate and conduct psychologically based research and complex audit relevant to the specialty.

**7a. EQUIPMENT AND MACHINERY**

The following are examples of equipment which will be used when undertaking the role.

The postholder is required to observe a personal duty of care in relation to equipment and resources in the course of work and to have responsibility for expensive and/or highly complex departmental equipment used by others (such as portable computers) in order to maintain safety and security of both equipment and users.

- Routine use of office equipment (PC, fax, photocopier, shredder etc) e.g.
- Psychometric test instruments.
- Use of multimedia technology for clinical and training purposes.

**Note:** New equipment may be introduced as the organisation and technology develops, however training will be provided.

**7b. SYSTEMS**

The following are examples of systems which will be used when undertaking the role.

1. To record personally generated information, e.g. details of clinical contacts, clinical observations and test results in patient notes.
2. To follow statutory procedures in relation to the initiation and recording of child protection actions.
3. To be responsible for data entry; i.e. in carrying out regular audits of work in order to determine the efficacy and efficiency of the psychological services provided. To use computer software to produce reports and teaching materials.

**Note:** New systems may be introduced as the organisation and technology develops, however training will be provided.

### **8. ASSIGNMENT AND REVIEW OF WORK (Freedom to Act)**

Workload is generated through objective setting, client needs and local and national policy/directives.

Performance will be reviewed through annual PDPR processes with the line manager. The postholder will be expected to participate in regular clinical supervision.

The postholder will work within Code of Ethics and the relevant professional practice guidelines of the Health Professions council (HCPC), the British Psychological Society (BPS) and the professional guidance framework and policies and procedures of NHS Lothian.

### **9. DECISIONS AND JUDGEMENTS**

Make judgements and clinical assessments in relation to caseload, which require the analysis, interpretation and comparison of a range of options e.g. in ascertaining risk where adults are likely to self-harm or likely to be vulnerable to abuse. Monitor situations and interventions by means of evaluation and be able to modify the plan, treatment or intervention to obtain a better outcome.

Decisions relating to caseload management.

### **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

1. Working in a multi professional environment being sensitive to the contribution of others and developing good and constructive relationships with clinical and managerial colleagues in situations of high demand and constant change.
2. Working closely with the patients, their families and carers, often in highly charged and emotionally distressing situations. Examples include dealing with family breakdown and trauma.
3. To provide advice and take appropriate action, particularly in situations of uncertainty and unpredictability where novel approaches are required.

### **11. COMMUNICATIONS AND RELATIONSHIPS**

To receive and synthesise complex strands of often contentious or sensitive condition-related information and communicate these in an understandable form to clients, relatives, carers and other professionals. Using advanced interpersonal and communication skills to convey this

information appropriately often in a hostile, antagonistic or highly emotional atmosphere where there are significant barriers to acceptance.

Apply interview skills to assess complex, and frequently co-morbid, clinical presentations. The need to use these skills flexibly applies to both clients and indirectly to colleagues who are being supervised.

Communicating with a wide range of internal and external organisations, e.g. staff at all levels, voluntary, education and research colleagues to integrate the service provision and evidence-based care and underpin the training for post-graduate and post-registration trainees in Applied Psychology

To build a productive and constructive working relationship with colleagues, service managers and the multi-disciplinary team.

## 12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

### **Physical Skills:**

Physical manipulation and dexterity required when using psychometric test materials.

### **Physical Effort:**

Sitting in a restricted position when undertaking clinical duties.

### **Mental Effort:**

Responding appropriately and timeously to unpredictable events so that clients, carers and staff receive optimal support.

Intensive concentration required (up to several hours) when carrying out clinical observations or assessments involving technical psychometric tests.

### **Emotional Effort:**

To deal with frequent exposure to highly distressing and emotional circumstances arising from the demanding and challenging nature of the work e.g. family breakdown, sexual abuse.

### **Working Conditions:**

Exposure to unpleasant behaviour including risk of physical and verbal aggression, generally sub-optimal conditions for clinical activity e.g. when undertaking home visits.

## 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Doctorate in Applied Psychology  
Registered with the Health Professions Council  
Experience of clinical supervision

**14. JOB DESCRIPTION AGREEMENT**

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Service Signature:

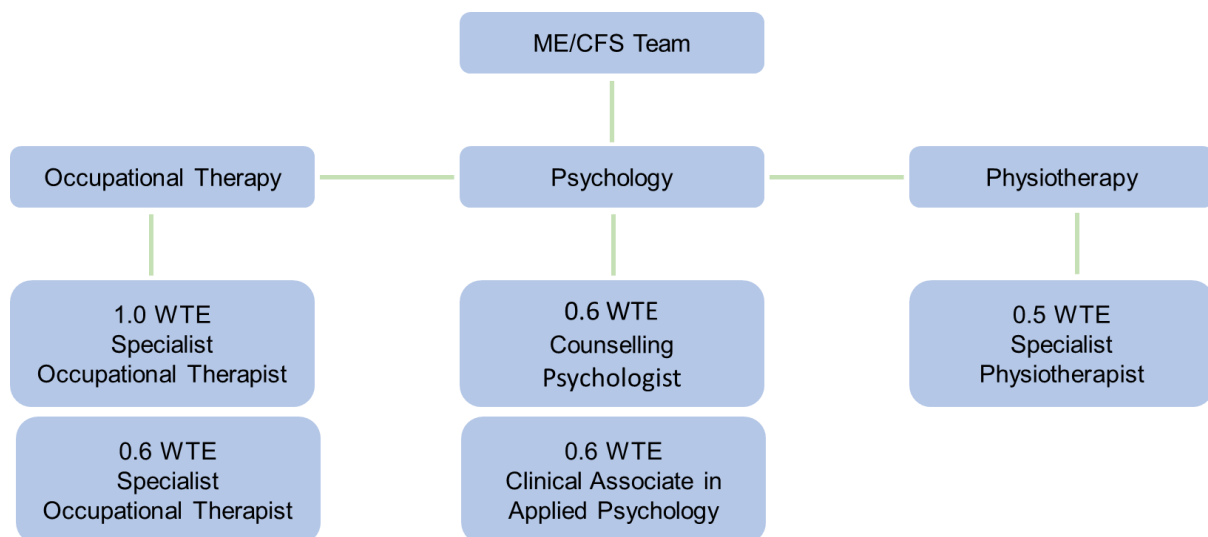
Date:

## Introduction

Occupational therapists joined the Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Outpatient Service on the 1<sup>st</sup> August 2023 following the successful addition of an occupational therapist to the Mental Health After COVID Hospitalisation (MACH) service. This report aims to provide a 2.5 year update of occupational therapy within the ME/CFS service.

## Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Service

The ME/CFS Outpatient Service was established in 2012 in NHS Lothian. The service supports the management and rehabilitation of patients with a diagnosis of ME/CFS, post-viral fatigue syndrome (PVFS) and now long COVID across Lothian. The service is currently made up of two specialist occupational therapists working 1.6 whole time equivalent (WTE), two psychologists at 1.2 WTE and a 0.5 WTE specialist physiotherapist.



As highlighted in the previous report, the 1.0 WTE occupational therapist had the opportunity to support the development and implementation of Children and Young People's (CYP) Occupational Therapy Fatigue Service between 1<sup>st</sup> August 2024 and 2<sup>nd</sup> February 2026, however, has now returned full-time to their post in the ME/CFS service.

The ME/CFS service provides intervention in line with NICE guidelines (Kingdon *et al*, 2022) to support a high standard of specialist care. These guidelines recommend that patients who are diagnosed with ME/CFS should be provided a service from a specialist team that provides multi-disciplinary input to support them to manage their symptoms, and ensure they are not receiving treatment that could cause harm and deliver appropriate interventions to address individual needs. The service aims to work with patients to develop self-management strategies to optimise their potential for management of their long-term condition, improve functioning, support mental health, and enhance quality of life. It also aims to implement a person-centred approach involving activity management and strategies to help stabilise energy levels in adherence with these guidelines. The therapists involved are specialised in supporting patients to reach their goals in a safe and sustainable way. This therapeutic approach has been found to be beneficial for other patients who experience long-term conditions such as post viral fatigue syndrome, fibromyalgia and long COVID

where fatigue can be the primary symptom. The psychologist explores the psychological impact of ongoing symptoms and challenges to making change as well as addressing loss or change in role or identity due to their condition. The physiotherapist explores energy management, and addresses difficulties with pain, reduced physical activity or mobility. The occupational therapists provide patients with interventions that aim to restore their participation in their essential life activities ranging from personal care, and leisure to maintaining or returning to employment. This service is offered in various platforms including in person, Near Me video consultation and telephone.

### **What is occupational therapy?**

The activities, routines, and roles an individual has in their daily life, whether it is related to leisure, self-care, work, and relationships, provide us with meaning and purpose, and this, consequently, contributes to our quality of life. When an individual experiences an illness, injury or change in how their body functions, it can have an impact on their engagement in these areas and have significant impact on quality of life. Occupational therapy aims to support people to engage in their activities, routines and roles that provide them meaning through various approaches including remedial and compensatory interventions such as activity management, equipment recommendations, developing goals and reflecting on their environment and the resources available to them. Occupational therapy looks at the individual holistically. The therapist gains insight into an individual's physical, cognitive, spiritual, and emotional needs. They explore the individual's environment including physical, cultural, institutional, and social aspects as well as how they perform their meaningful activities. Occupational therapists consider the individual's home life, physical needs, self-care tasks, leisure activities and work/education life as these areas form the foundations of a person's participation in everyday life. Through considering all these areas, occupational therapists support individuals by working with them to explore, develop and implement strategies to achieve their goals.

### **What is the purpose of Occupational Therapy in ME/CFS?**

Occupational therapy is a valuable addition to the ME/CFS multi-disciplinary team aiming to provide the highest quality of care to patients. Occupational therapists do this by:

- Educating patients on their condition and the reasons for strategies recommended.
- Empowering patients to engage in the process by developing goals and considering the resources and supports available to them. The Canadian Occupational Performance Measure is a standardised person centred tool often used by occupational therapy in this part of the process. Patients identify aspects of their life that matter to them, form goals around these and rate their level of satisfaction, performance and importance pre and post intervention.
- Working with the individual to guide activity and routine management strategies that reduce the exacerbation of symptoms and provide opportunities for recovery.
- Advising on pacing to promote balance between activity and rest within people's everyday lives.
- Introducing adaptations and modifications such as simplifying tasks, adjusting routines, considering external supports, assistive technology, and positional support to manage fatigue levels.

- Developing skills in cognitive strategies to manage brain fog such as support to focus on tasks, remembering steps or items, and retaining information.
- Guiding interventions that restore, rebuild, or redefine how the individual engages in activities that require physical skills that are impacted by ME/CFS.
- Assessing and advising on environmental factors e.g. identifying stimuli that could be triggering symptoms and advising on environmental adaptation to help manage symptoms.

### **Occupational Therapy Model of Practice**

Occupational therapists within the ME/CFS service use the Person-Environment-Occupation (PEO) model to support a holistic approach into an individual's performance and ability to engage in meaningful tasks, routines, and roles across a life span. The "person" component explores an individual's roles, personality, health, physical performance, sensory capabilities, cognition, self-concept, and cultural background. The "environment" component considers the physical, social, cultural, institution and socio-economic aspects for the individual. The "occupation" component involves the groups of tasks the individual will engage in to meet their needs. These components interact with each other to shape how the individual performs in these meaningful activities and is an essential part of therapy intervention. For example, the therapist may need to consider both the strengths and challenges of people who are neurotypical or neurodivergent when considering the implementation of strategies.

### **Occupational Therapy Interventions**

#### ***Fatigue management:***

As part of fatigue management, the intervention of pacing is highly recommended to enable balancing activity and rest, and encouraging individuals to consider how much energy they need and use within activities. Occupational therapists explore an activity analysis and look at how patients could perform tasks differently whether it is involving compensatory or remedial strategies such as breaking down tasks, building up capacity within tasks, developing goals to address needs, the ability to do tasks differently, having assistance for components of tasks, implementing safety measures, and using adaptive equipment that could further support engagement. The occupational therapists work with patients to self-manage their fatigue and educate them on how to manage activities including how to plan, pace and prioritise tasks when engaging in their daily activities and routines. The therapists support individuals to apply the principles of fatigue management in a functional way within their own life and consider ways they can motivate themselves to implement strategies consistently.

#### ***Activities of daily living:***

The occupational therapists review engagement in daily life activities such as:

- Toileting
- Washing/dressing
- Grooming
- Sleeping
- Cooking
- Employment/education

- Leisure

As part of the occupational therapy process within the service, therapists may assess for equipment and arrange this for them, which previously required an additional referral to be made to Social Care Direct. The therapists are now able to arrange equipment that could make an immediate impact on the individual's engagement in valued activities. The equipment that can be arranged includes:

- Shower stool
- Bath seat
- Toilet frame
- Perching stool

Additionally, the occupational therapists can also make recommendations for small aids that patients can be privately purchased including:

- Helping hands
- Shoehorns
- Sock aids
- Long-handled sponges
- Long-handle hairbrushes/combs
- Adapted cutlery
- Automatic stirrers
- Tin opens
- Kettle tippers

## **Updates**

### **Staffing and service updates:**

As mentioned, one of the occupational therapists is returning to 1.0 WTE employment within the ME/CFS. It has also been confirmed by leadership that the occupational therapist roles are now permanent. In addition to this positive news, temporary funding has also been provided to have another clinical associate of applied psychology and a specialist physiotherapist within the service.

On the 6<sup>th</sup> January 2026, the Psychology Huts where many of the clinical psychology services were based in including the ME/CFS team was permanently closed due to health and safety concerns. The service and administration teams have worked hard to minimise the impact to patients as they adjusted their clinics to be based between the Cunningham unit, Occupational Therapy building and the Scientific Block at the Astley Ainslie Hospital as well as working from home when feasible.

### **Occupational therapy service development activities**

**In addition to service delivery, the occupational therapists were involved in the following activities:**

- 1. Implementation of quarterly meetings with the NHS Lothian vocational rehabilitation team.**
- 2. Education opportunities.**
- 3. Published article in the July 2025 of OT News.**

4. **Connecting with occupational therapists in other services across the United Kingdom and Ireland.**
5. **Cabinet Secretary visit to the Astley Ainslie Hospital.**
6. **Providing consultation advice to occupational therapist working in forensic mental health and the enhance rehabilitation service who had patients with ME/CFS.**

These are detailed in the following sections.

#### **Implementation of quarterly meetings with the NHS Lothian vocational rehabilitation team.**

In 2025, the occupational therapists from both the ME/CFS service and the NHS Lothian vocational rehabilitation service began to establish a quarterly meeting to share updates on their roles within employability and discuss resources. This meeting has been an opportunity to upskill therapist's knowledge and experience in supporting individuals' ability to work and study. The consultant occupational therapist and vocational rehabilitation lead for NHS Lothian also provided a workshop session in January 2026 for occupational therapists who explore employability within their roles and reviewed the topic of how occupational therapy can support individuals who are neurodivergent.

#### **Education opportunities:**

In March 2026, the full-time occupational therapist, the specialist physiotherapist, the counselling psychologist plan to attend the International Post-COVID and Post-infection Conditions Society in Nottingham. This conference will provide an opportunity to gain insight into the ongoing research in the area and learn from other services of what they are providing.

#### **Published article in the July 2025 of OT News:**

In 2025, an article was submitted to the Royal College of Occupational Therapists on embedding occupational therapy in an established specialist service. This was published in their July edition of the OT News magazine. This article provided a summary of the journey so far in the service for the occupational therapists and received positive feedback (Appendix 1).

#### **Connecting with occupational therapist in other services across the United Kingdom and Ireland:**

Following the online training held by the occupational therapist from the Scottish National Pain Management Programme mentioned in the previous report, a further meeting was performed in August 2025 with the occupational therapists. This meeting was to gain further insight into the tools they have found beneficial supporting individuals with chronic conditions as well as understanding their journey in developing the role of occupational therapy in an already established service.

As highlighted in the previous report, the 1.0 occupational therapist and the long COVID rehabilitation lead had a meeting in February 2025 with Associate Professor Dr. Anne Johnson to gain information into the occupational therapy role in the national Bath Centre for Fatigue Service. However, this brief meeting led to Dr. Johnson offering a workshop to support clinical and professional development. Following confirmation of funding to support this and an additional meeting to gain insight into what would be beneficial for the service learning, her colleague and consultant occupational therapist, Nikie Catchpool (Dr. Johnson had gone on secondment), offered 3 hour online workshops held quarterly. This workshop

will be offered to NHS Lothian services working in the area and possibly Scotland wide. The topics offered are listed below:

- ME/CFS, fatigue and sleep disorders
- ME/CFS and complex needs
- Moving from paediatric to adult fatigue services
- Service user and family involvement
- ME/CFS and employment
- ME/CFS and neurodiversity

Following the publication of the OT News article mentioned previously, an occupational therapist from the South Yorkshire and North Derbyshire ME/CFS service requested a meeting with the occupational therapists to discuss their role specifically in relation to employability. During this discussion, the occupational therapist and long COVID rehabilitation lead discussed the training they had received and their collaboration with the NHS Lothian vocational rehabilitation service.

The occupational therapists and long COVID rehabilitation lead also continued their bi-annual meeting with the occupational therapists working in long COVID in Ireland to share updates as well as research articles that have benefited their practice.

#### **Cabinet Secretary visit to the Astley Ainslie Hospital:**

In September 2025, the Cabinet Secretary visited the Astley Ainslie Hospital to understand the role the ME/CFS service, NHS Lothian vocational rehabilitation, and speech and language therapy plays in supporting individuals with ME/CFS, PVFS and long COVID. The Cabinet Secretary took the time to learn about each of the services as well as talk to individuals who had accessed the services. It was a very positive experience for all the services, and the patients spoke highly of the support they received with occupational therapy emphasised to have supported them to engage in meaningful activities from daily tasks to employment. In addition to this, the Cabinet Secretary also confirmed that Scotland was going to receive permanent funding moving forward to support individuals with these conditions. NHS Lothian is planning to develop a regional model in collaboration with NHS Forth Valley, NHS Fife and NHS Borders, and discussions are still in progress of how the funding will also be used to strengthen the current services in Lothian.

#### **Providing consultation advice to occupational therapist working in forensic mental health and the enhance rehabilitation service who had patients with ME/CFS.**

In the past 6 months, the occupational therapists have also been asked to provide education and advice on how to support patients with ME/CFS from an occupational therapy perspective. This consultation has been with both the forensic mental health and the enhanced rehabilitation service.

#### **ME/CFS performance data**

The patients are referred to the service by their General Practitioner and placed on either the psychology or physiotherapy/occupational therapy waitlist. The patient allocated to an occupational therapist attends an initial assessment to gain insight into their case and determine the most appropriate intervention moving forward to address their needs. Prior to occupational therapists joining the service, the waitlist was 126 patients. Within these 126 patients, 68 were waiting more than 18 weeks. As of the most recent data provided, the waitlist in December 2025 had 138 patients on the waitlist and 0 were waiting over 18

weeks. With the occupational therapist returning to full-time hours and the physiotherapist joining the service, it is hoped this waitlist will be reduced over time.

Further data regarding how occupational therapy has supported individual's experience of their condition and fatigue levels can be found in the 18-month occupational therapy reports previously provided (Appendix 2).

## **Feedback**

As highlighted, patients have benefited from occupational therapy intervention, and the therapists have provided their patients with a feedback form to gain further insight into their experience. Comments included:

Definitely recommend that this service be provided to ME patients, it is an invaluable service to people like us that have had to bear this burden in our lives, with no cure and not enough attention and studies being done to help us. The service received from the ME TEAM at the AAH, has been such a lifeline, for people like me, that are suffering and mourn our old life- thank you from the bottom of my heart. The Occupational Therapy service goes hand in hand with the physio team and Dr Cobane and Dr Hunter - Thank you for all your help and guidance and support! (The equipment received via the OT service has definitely made my daily life a little easier, thank you so very much).

I have nothing negative to say, Laura was incredibly helpful, understanding and patient. I had previously spent a lot of time in therapy, and she still had things to teach me.

This is a vital service for ME as no other service exists. More money should be given to this so that you can help more. This is the most important service to people with ME. The knowledge and understanding, and expertise is unparalleled. Without this service people with ME have nothing, no one to turn to.

## **Future hopes for service with occupational therapists**

Occupational therapists are a valuable addition to the service as they explore deeper into the various aspects of a person's day whether it is related to their home, work, leisure, and social activities, and provide interventions that promote engagement and function within these. The positive news of the Scottish Government confirming ongoing funding and the permanency of the occupational therapists within the service offers the opportunity to strengthen the service further. The occupational therapists hope to further strengthen the support offered to patients through:

- Exploring how occupational therapists can support the more complex cases where individuals are either bed or housebound.
- Continue collaborations with other services such as the NHS Lothian Vocational Rehabilitation service especially to support complex cases.
- Continue to establish connections with other ME/CFS and long COVID services across the United Kingdom and continue to develop further learning from them.
- Continue to implement the ME/CFS occupational therapy workshop within an additional option week as well as contribute neurodiversity information to the original ME/CFS group.

**Occupational Therapy 2.5 year update for ME/CFS service**  
**Laura Fraser and Gillian Scott**

- Continue to amend the ME/CFS occupational therapy handout.
- Increase early work-related occupational therapy intervention for patients within the service to minimise impact on employment.
- Increase occupational therapy based cognitive interventions to support patients with brain fog.
- Explore ways we can expand the support we provide patients to promote employability.
- Continue to advocate for patients accessing the service by increasing awareness of the condition and interventions to community professionals.

This report emphasises the continued need for occupational therapy within the service as the therapists have high caseloads and the waitlist also continues to be high. In conclusion, ME/CFS, PVFS, fibromyalgia and long COVID are long-term conditions that have a significant impact on the daily life of patients. With chronic fatigue and long-term condition cases increasing, it continues to be highly beneficial to have occupational therapists in the ME/CFS service as their skill set has further strengthened the service as highlighted in this report.

Appendix 1. Published article in the July edition of the OT News magazine.

Long-term conditions

Feature

## Beyond fatigue: embedding OT in a specialist service

Laura Fraser and Gillian Scott are passionate specialist OTs supporting individuals with disabling conditions to engage in daily life. They reflect on their experience of introducing occupational therapy to an established service.

**M**yalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), post-viral fatigue syndrome, and Long Covid can be disabling conditions that can have a significant impact on an individual's quality of life and ability to engage in valued activities (occupations).

These conditions are characterised by debilitating fatigue, post-exertional malaise, unrefreshing or disrupted sleep, brain fog, orthostatic intolerance and many other symptoms, which can be challenging to manage as they fluctuate and can be made worse by activity (Kingdon et al 2022).

Therefore, occupational therapy plays an integral role in helping individuals understand their condition and to manage and restore their participation in their occupations.

In August 2023, we joined the NHS Lothian MECFS service as they recognised the valuable contribution occupational therapy could make to the multidisciplinary care provided.

Prior to our appointment this service, which was established in 2012, only consisted of psychologists and physiotherapists. This was an incredible opportunity to show the value of occupational therapy in supporting patients with these conditions, as well as establishing and embedding the role of occupational therapists in an already established service.

Occupational therapists can often be perceived as primarily being the prescribers of equipment, which our role does include, however we are so much more than that. In this service, we worked to demonstrate our holistic approach to promoting engagement in daily life for individuals through our skills in activity analysis.

As part of our intervention, we look at how the fatigue management principles of planning, pacing and prioritising tasks support the individual with consideration of their abilities, environments and needs.



Above: Laura and Gillian outside the psychology block where they work at the Astley Ainslie Hospital, which was the first occupational therapy school in Scotland.

We spend time to thoroughly understand their occupations and routines and explore ways strategies could be implemented in their life in a sustainable way.

In addition to providing equipment if required, we educate people on how they can adapt activities and routines by breaking them down, how they could conserve energy when engaging in tasks and can provide goal-based interventions. We aim to empower them to guide the process and promote self-management.

### Employability

At the beginning of our time in the service, we found that, in addition to the impact on activities of daily living and leisure activities, these conditions challenged people's ability to work or study.

In a random sample of 100 patients who had accessed the MECFS service, 96 had been working. Of those working, 58 (60%) had either reduced their hours, were on sick leave, or unemployed due to their ill health.

Of 22 people who were studying, 16 (73%) had either reduced or suspended their studies too.



We recognised we needed to increase our knowledge and skills in employability, and we became certified disability management professionals and worked to strengthen our collaboration with occupational therapists working in the Lothian Work Support Service.

This has enabled us to educate individuals on how to approach a phased return to work and recommend accommodations to support them to manage their symptoms.

#### **Accessibility**

In addition to employability, we recognised accessibility was an important factor in helping people to maintain or re-engage with valued activities.

Therefore, we were invited to present on the effect of chronic fatigue in daily life alongside Dr Charlie Chung, the Lothian Long Covid Clinical Services Lead, at the national meeting for mobility assessors, held at the Scottish Parliament's Victoria Quay office in October 2024.

This presentation provided information on these conditions, their impact on daily life and how the Blue Badge can help to address occupational performance limitations.

It was important for us to emphasise the symptom of post-exertional malaise, which can involve a delayed response from hours to days, may not be proportionate to the activity and can take time to recover from (Kingdon et al 2022).

This symptom is important to understand, as people may be able to perform an activity one day,

however this can lead to them experiencing an increase in fatigue another day.

This presentation prompted discussion among assessors relating to how fatigue is not always adequately recognised within the Blue Badge criteria and the importance of considering this when reviewing applicants.

We provided examples of individuals we have worked with who had received the Blue Badge and how this enabled them to continue employment or engage in valued activities, such as collecting their children from school, which was also important in promoting their quality of life.

Reassuringly, the independent mobility assessors (predominantly occupational therapists), informed us of their holistic approach to assessment and how they do consider fatigue, despite this not being an explicit criterion.

#### **Occupational therapy in the ME/CFS service**

We have developed an occupational therapy patient workshop that explores activity analysis, strategies to promote motivation, and advice on how equipment or small aids can help individuals manage their fatigue in daily or leisure activities.

Following positive feedback from the pilot group, this has now been added as an integral part of the group programme within the ME/CFS service. This allowed people attending the group, and those who are receiving therapy input from a physiotherapist or psychologist, to also gain access to this specialist information from OTs.

When a patient finishes their therapy intervention, they complete the Patient Global Impression (PGI-I) Improvement scale. This score identifies their subjective global impression of their condition and to what extent this might have improved over the course of the intervention.

The questionnaire consists of a seven-point Likert scale with one being very much better, two being much better, three being a little better, four being no change, five being a little worse, six being much worse and seven being very much worse.

We examined data from patients who had completed questionnaires before and after the intervention, and who only received occupational therapy, to provide insight into patients' perception of how this impacted their management of their fatigue.

This analysis demonstrated that 105 patients who received only occupational therapy input and had completed the pre- and post-intervention PGI scale, 67% scored one to three (very much better to a little better).

The remaining 33% selected a score of four (no change) or five (a little worse). It is important to note that patients who indicated a little worse often identified they were experiencing a flare up of symptoms at that time.

Based on our experience and the above data, occupational therapy has been demonstrated to be a valuable addition to the ME/CFS service, as we use a holistic approach to help manage the impact of ME/CFS, post-viral fatigue syndrome and Long Covid on patient's lives and strengthen their occupational performance.

The feedback provided by people who have received occupational therapy intervention within the ME/CFS service further highlights the benefits that have been gained.

One person told us: 'The service was made available at just the right time. The therapist provided me with the practical help I need; she understands the condition and the effect it has on all aspects of my life.'

'She is perceptive and targeted her recommendations for adjustments so that I would be able to try things out that fit me, rather than offer general advice that may have led me down rabbit holes.'

'Without our appointments, I very much doubt the progress I made would have been possible. I am now looking at the long process of recovery with considerably more optimism and hope than five months ago. I know there are many more slow steps to take but I feel I can find the tools and ways to apply them to make progress.'

While another said: 'The service has been a game changer for me. I wish I had this help at the beginning. The occupational therapist took me on

a journey of discovering practical help. From online deliveries and grabber sticks to plastic plates and ear defenders. She opened my eyes to what was out there.'

'A huge find was the kettle tipper. If my ME/CFS ever improves, I'll still be keeping that. This started a process of moving things around for improved accessibility; laundry, living room, bed linen etc. I also hired a cleaner.'

'Though the process has been exhausting and every step is tiring, the overall result is a slight improvement in functioning and I have more guilt free resting time. Both of these are big wins after a steady decline over four years.'

A third person commented: 'I was diagnosed with ME/CFS and over and above the common pain and lethargy spikes I had numerous sensitivities and intolerances and was extremely distressed with the cognitive drop that I experienced personally.'

'The clinic and occupational therapy support was a lifeline to myself, my wife and daughter. I was provided with reassurance, technical expertise and advice, progress reports for my workplace and also equipment to make my standard of living a little better.'

And finally, another patient supported by the service said: 'The occupational therapy intervention has been really beneficial to my recovery from Long Covid. I've learnt a number of coping techniques and strategies during my sessions that have helped me gain some normalcy back in my life.'

'The improvements I've seen in my recovery over the six months I've spent with occupational therapy intervention are something I hadn't thought were possible after over 20 months with Long Covid symptoms.'

**R**

Kingdon C, Lowe A, Shepherd C, Nacul L (2022) What primary care practitioners need to know about the new NICE guideline for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome in Adults. *Healthcare* 2022, 10, 2438. DOI: <https://doi.org/10.3390/healthcare10122438>

Words **LAURA FRASER** and **GILLIAN SCOTT**, Specialist Occupational Therapists, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Service – Astley Ainslie Hospital, Edinburgh, email [laura.fraser11@nhs.scot](mailto:laura.fraser11@nhs.scot) [gillian.scott6@nhs.scot](mailto:gillian.scott6@nhs.scot)

## Appendix 2. ME/CFS occupational therapy 18-month report data

### **Questionnaire data**

As part of the initial assessment for the ME/CFS service, the patient completes a series of questionnaires. When a patient completes their therapy intervention, the questionnaires are completed to identify if there are any changes.

### ***Patient global impression scale:***

In the post-questionnaire, the patient completes the patient global impression (PGI) scale, which identifies if they have experienced changes since they began the service. It is a rating scale with 1= very much better, 2= much better, 3= a little better, 4= no change, 5= a little worse, 6= much worse and 7= very much worse. When the data was consolidated to patients who completed both pre and post questionnaires, the information was filtered to those who only received occupational therapy intervention to provide insight into how this supports the service. In the data of 105 patients who received only occupational therapy input and had completed the PGI scale, 70 of these individuals indicated above 3, which 67%. The remaining 33% identified no change or were a little worse. It is important to note, that patients who indicated a little worse often identified they were experiencing a flare up of symptoms at that time. Please see appendix 2 to show the distribution of responses.

### ***Service satisfaction:***

59 patients also completed a satisfaction questionnaire with a rating scale including 1= completely satisfied, 2=mostly satisfied, 3= somewhat satisfied, 4=neither satisfied or dissatisfied, 5= somewhat dissatisfied, 6= mostly dissatisfied and 7=completely dissatisfied. In this data it was highlighted 78% were satisfied the service they received and the remainder were neither satisfied or dissatisfied. Please see appendix 3, which displays the responses.

### ***Recommendation of service to a friend:***

The questionnaire also explored if they would recommend to a friend who required similar help. The rating included 1= strongly agree, 2= agree, 3=somewhat agree, 4= neither agree or disagree, 5= somewhat disagree, 7= strongly disagree. In data of 46 patients who completed this question, 60% strongly agreed and 40% agreed. Please see Appendix 4.

### ***Chalder Fatigue Questionnaire:***

The Chalder Fatigue Questionnaire is used to give insight into the patient's current fatigue levels as they are asked of a series of questions regarding tiredness, needing rest, problems starting things, reduced muscle strength, difficulty concentrating, and memory. The patient indicates if the problems are 0= less than usual, 1=no more than usual, 2= more than usual, and 3= much more than

usual. The score is then added up out of 33 with a higher number suggesting increased fatigue. In the data of 38 occupational therapy patients who completed the pre and post Chalder Fatigue Questionnaire, the average score at the initial assessment was 24.6/33 and 16.94/33 at end of their intervention, which suggests an improvement in their fatigue.

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Heather Cameron – AHP Director

Cc: Craig Marriott – Director of Finance

5 June 2026

## **NHS Lothian Funding Allocation – New Specialist Support for Long COVID, ME/CFS and Other Similar Conditions**

Dear Heather

I am pleased to confirm that the resource outlined below has been reflected in your board's May 2026 allocation schedule. It has been issued as a recurring allocation.

<b>2026-27</b>	<b>£676,576</b>
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### **Purpose of funding**

The purpose of the funding is to support NHS boards to develop new specialist support for long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and other similar conditions.

### **Specific use of funding**

Supporting information regarding expectations for services contained in the previous commission dated 6 August 2025 is outlined in Annex A, for reference.

### **Governance**

The implementation of the work will be overseen by NHS Lothian, utilising their own governance structures to ensure consistent and effective implementation across identified care pathways.

Proportionate monitoring and evaluation arrangements should be embedded as a core component. They will need to be implemented as part of the normal project governance processes in your organisation.

## **Spend this financial year**

This funding is provided for the current financial year. If an underspend arises or is expected to arise in this financial year, this must be notified to us as soon as possible so we can arrange for this to be returned to Scottish Government. The funds should be used entirely for the purpose outlined above and should not be top sliced or used for any other purpose.

## **Progress monitoring and reporting**

NHS Lothian must keep the Scottish Government informed of progress in delivering the funded activities. Officials will be requesting that boards provide updates at specified intervals across the financial year and a supporting template will be shared with your board's nominated contacts for this activity in due course.

Yours sincerely,

Christopher Doyle  
Senior Policy Manager, Long Term Conditions Strategy Unit



## ANNEX A

Supporting information contained in 6 August 2025 commission.

Recommendations 8.1 and 8.2 (below) of NICE guideline 188 on managing the long-term effects of COVID-19 should be followed for any services being considered.

### 8 Service organisation

#### 8.1

Provide access to multidisciplinary services, if available, (these could be 'one-stop' clinics) for assessing physical and mental health symptoms and carrying out further tests and investigations. Services should be led by a doctor with relevant skills and experience and appropriate specialist support, taking into account the variety of presenting symptoms. [2020, amended 2021]

#### 8.2

Provide integrated, multidisciplinary rehabilitation services, based on local need and resources. Healthcare professionals should have a range of specialist skills, with expertise in managing fatigue and respiratory symptoms (including breathlessness). Additional expertise may be needed depending on the age and symptoms of the person. The core team could include, but not be limited to, the following specialist areas:

- occupational therapy
- physiotherapy
- clinical psychology and psychiatry
- rehabilitation medicine. [2020]

In relation to myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) NICE guideline NG 206 should be followed for any services being considered.

Multi-board proposals are welcomed and encouraged where appropriate, to ensure adequate population coverage across all NHS Scotland boards.

Boards are requested to consider what would be needed to extend provision for these conditions to paediatric services if there is an identified need for this in your board.

Boards are requested to consider how you can collaborate with other boards to provide a more efficient and effective service, whether this might be, for example, for the most complex cases and/or for specific populations e.g. paediatrics.

Boards are requested to consider the following summary of key features for a model of best practice for long COVID outlined by NHS National Services Scotland's long COVID Strategic Network in its sustainability recommendations.

## Summary of features

- Allow the patient to feel listened to and heard. This will improve engagement and outcomes for the patient as well as allowing a smoother and more coordinated journey through the healthcare system. This would best be achieved by a combination of primary care and assessment at a dedicated service.
- Include appropriate and robust assessment with involvement of a doctor (this may be a GP). This again will help the patient feel listened to and heard, as well as reducing the number of inappropriate referrals.
- Include multidisciplinary rehabilitation specific to the patients' needs. This may be a combination of individual and group, in person or virtual.
- Include multidisciplinary team review where required. This must include a doctor (this may be a GP).
- Provide continuity of care with the same healthcare professional or team as much as possible, for example, by providing a care coordinator or a single point of contact.
- Vocational rehabilitation should play an important role in the holistic support and management of those with LC.
- These services should be multi-agency to make them resilient and sustainable.



# JOB DESCRIPTION

## 1. JOB IDENTIFICATION

Job Title:	<b>Specialist Occupational Therapist (Band 6)</b>
Responsible to:	Occupational Therapy Team Leader / Manager (Professionally) and Lead for Clinical Health Psychology (Operationally)
Department:	Therapy Services
Directorate:	REAS
Operating Division:	Clinical Health Psychology
Job Reference:	<b>L-GEN-AHP-OT-SOT</b>
No of Job Holders:	1

## 2. JOB PURPOSE

To act independently to provide a full comprehensive specialist service of assessment, diagnosis, treatment/appropriate management, onward referral and discharge to a complex range of patients referred to the service.

To supervise occupational therapists, assistant practitioners, clinical support workers and occupational therapy students.

To develop and deliver training programmes for a wide range of professionals and carers to educate carers and significant others in the understanding of both the therapy process and any intervention relating to the management of patients medical and social needs.

## 3. DIMENSIONS

The post-holder will work with the ME/CFS (Chronic Fatigue) Service, based at the Astley Ainslie Hospital. The post-holder will provide a comprehensive dedicated Occupational Therapy service to patients who are experiencing ongoing fatigue and functional difficulties associated with ME/CFS and "Long Covid", who may also be experiencing co-morbid mental health/psychological difficulty. You will join a multi-disciplinary team of specialist psychologists and physiotherapists. There is also dedicated administration support to the team.]  
The post holder will have a designated base, but it is anticipated that there will be some flexibility to work remotely from home. The post holder will work within a variety of designated NHS and non-NHS sites, including patient's homes.

Staff responsibility – Supervise clinical workload of Band 5 occupational therapists, assistant practitioners, clinical support workers, and occupational therapy students

The post holder is employed within NHS Lothian and there may be a requirement to work flexibly across Lothian to meet service demands.

#### **4. ORGANISATIONAL POSITION**

(See attached Organisational Chart) \_\_\_\_\_

#### **5. ROLE OF DEPARTMENT**

Occupational Therapy (OT) services provide diverse and specialist clinical services to a diverse range of patients and clinical conditions across a wide variety of settings in acute and community and partner organisations. These include patients referred to National and tertiary services as well as local services for Lothian residents.

OT services manage a wide age range from neonates to frail elderly through anticipatory care, community care, acute interventions and palliative care. Services are delivered flexibly to meet the differing needs of the population.

Occupational Therapists are autonomous practitioners specifically qualified to comprehensively assess a patient's functional ability and capacity to manage all daily activities to maximise an individual potential to live independently. They enable children and adults to make the most of their skills and abilities, to develop and maintain healthy lifestyles by providing specialist diagnostic assessment and treatment services. Occupational Therapists are critical to assessment, diagnosis, treatment, rehabilitation and ongoing management of individual's lifestyle management.

## **6. KEY RESULT AREAS**

### **Clinical**

1. To independently prioritise and manage own individual specialist caseload providing a full and comprehensive specialist service of assessment, diagnosis, treatment/appropriate management, onward referral and discharge to a complex range of patients referred to the service.
2. Act as a specialist clinical resource for the therapy and multidisciplinary team e.g. patients, carers, Voluntary Organisations to optimise available clinical care including taking responsibility for more complex cases.
3. To maintain professional standard of record keeping which is accurate and current, in line with professional codes, service standards and organisational requirements
4. To work within all local policies, procedures and protocols and in compliance with professional standards as documented by the professional body and the Health and Care Professions Council. Patients may include vulnerable adults and young people under the age of 18 therefore develop a working knowledge of relevant procedures including Child Protection, Protection of Vulnerable Adults and other legal frameworks.
5. To contribute as required to the planning and implementation of team and departmental policy and service developments, including representing the team at relevant meetings.
6. Delegate allocated tasks to clinical support workers, assistant practitioners and Band 5 staff and supervise where appropriate, to maximise efficiency and to achieve desired quality of care ensuring they follow NHS Board Policies & Procedures.
7. To undertake audit, research activity or other projects to promote evidence-based practice, develop the service and maintain efficiency and effectiveness.

### **Educational**

8. To develop and deliver training programmes for a wide range of professionals and carers to educate carers and significant others in the understanding of both the therapy process and any intervention relating to the management of patients medical and social needs.
9. To participate in the academic teaching and clinical supervision of occupational therapy undergraduate students and other professional groups and provide advice and specialist training to qualified AHPs, clinical support workers, assistant practitioners and students.

### **Managerial**

10. Responsible for the supervision of staff including participating in the recruitment and induction processes.
11. Support Team Lead to develop a specialist therapy service to maximise patient care and use of resources, and identify areas for potential service improvements.
12. Monitor activity and support Team Lead to prioritise staff and equipment resources to meet service demands within budgetary constraints. To deal with first stage complaints recognising when to escalate to a more senior member of the team.
13. To deputise for the team lead/manager in meetings related to specialist clinical area.
14. To support NHS Lothian's values of quality, teamwork, care and compassion, dignity and respect, and openness, honesty and responsibility through the application of appropriate behaviours and attitudes.

## **7a. EQUIPMENT AND MACHINERY**

Be competent in the use of a wide range of equipment. Ensure that equipment in use is clean

and safe, and regularly monitored for safety as per professional and organisational standards of practice. Must ensure that all equipment issued by them is safe to use and be responsible for the safe and competent use of equipment they issue to patients.

The following are examples of equipment which may be used when undertaking the role:

IT Equipment – Personal Computer, phones, mobile phone, telehealth units, teleconference, videoconference.

Manual Handling equipment - Walking aids, Mechanical Hoists, Samhall turner, Sliding boards, Rope Ladders – to facilitate patient transfers.

Detail of equipment will be held locally and will depend on the work area.

**Note:** New equipment may be introduced as the organisation and technology develops, however training will be provided.

## **7b. SYSTEMS**

The following are examples of systems which may be used when undertaking the role:

Maintaining patient records– documenting all patient interventions and non-direct contacts e.g. TRAK, Picture Archiving Communication Systems (PACS),

Internet based clinical information sources e.g. E-Library

Update department shared drive/intranet site

Use of intranet to access information within NHS Lothian

Daily use of e-mail for communication

Microsoft Office - Formatting and populating spreadsheets and databases to produce statistics and reports as required

**Note:** New systems may be introduced as the organisation and technology develops, however training will be provided

## **8. ASSIGNMENT AND REVIEW OF WORK**

The specialist clinical caseload is generated by the specific needs of each clinical area. The post holder has sole responsibility for clinical management of a specialist caseload and will act independently within departmental and professional protocols / guidelines. Access to clinical supervision is available via a senior therapist as required.

The post holder is expected to initiate work and developments in their specialist area. They will allocate tasks associated with the clinical management / development of the service on a day-to-day basis to other occupational therapy staff.

The Team Lead may also delegate other non-clinical tasks e.g. participate interview / recruitment process, appraisal, PDP, patient satisfaction quality assurance.

The post is managed by the Team Lead/Manager. This includes participation in the departmental Personal Development and Performance Review (PDP) system.

## **9. DECISIONS AND JUDGEMENTS**

To act independently to make complex clinical decisions relating to assessment, differential diagnosis, planning, and implementing and evaluating specialist treatment programmes leading to discharge.

Prioritise own caseload and workload management of self and junior staff.

Plan and implement own treatment care packages from analysis of assessment results and using developed clinical reasoning skills.

Decide when to refer on to a more Advanced /Specialist Occupational Therapists or other agencies.

## **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

Working with a complex range of patients, staff groups and different services and organisations and having an understanding of their priorities and structures through well-developed communication channels. Developing and maintaining effective communication links to ensure continuity of service and patient care

Effective time management of clinical commitments, administrative work, and professional requirements.

Prioritising complex caseload while managing the demands of families, patient's needs, staff from education, health and other agencies.

Providing supervision to occupational therapy staff and recognising the need to highlight areas of concern to the Team Lead.

## **11. COMMUNICATIONS AND RELATIONSHIPS**

Required to communicate with patients, children, their families and a range of staff from other agencies about all aspects of assessment, diagnosis and management. This involves interpreting, adapting and presenting information which may be complex, sensitive and contentious, e.g. relating assessment results to patients/families or to other professionals, dealing appropriately with information relating to a child protection issue etc At times this may be contentious due to unrealistic expectations of other professionals, relatives / carers.

Maintenance of effective liaison with referring agents, patients, carers, clinical health care teams, education services and colleagues by informing relevant parties of current status of patient's level and degree of therapy involvement, attendance at case reviews, submission of verbal and written reports and making onward referrals as required.

The majority of contacts will be with the following:

OT/PT/SLT/POD/Diet colleagues both within and out with Lothian.

Patients, relatives and carers.

Allied Health Professionals.

Medical staff e.g. Clinical Medical Officers, GPs, and Health Visitors.

Education services e.g. teachers, nursery nurses, Educational Psychologists.

Other agencies e.g. Social Services, voluntary sector.

To develop and deliver training programmes for a wide range of professionals ensuring content and delivery is appropriate to the group

To support band 5 OTs, clinical support workers, assistants and students through formal and informal supervision opportunities. Identifying development needs and recognising the need to

highlight areas of concern to the Team Lead.

## **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**

### **Physical skills**

Knowledge of how to use specialist equipment – required for day to day use with specific patients e.g. communication aids, special seating, standing frames etc.

Standard keyboard skills – required for daily use of IT equipment.

Manual handling skills – trained to a level as required by NHS Lothian for daily use in the workplace.

### **Physical effort**

Direct manual handling of patients, with due regard for own safety, including manoeuvring patients, carrying equipment, pushing wheelchairs, arranging seating required on a daily basis.

Skills required assisting with therapeutic handling dependent on clinical area.

### **Mental demands**

Concentration required when making specialist clinical decisions during assessment and treatment taking into account cognitive, perceptual, psychological, social and any cultural/linguistic differences.

Concentration when completing patient notes and report writing.

### **Emotional demands**

Communicating frequently with distressed/anxious/worried and emotionally demanding patients/relatives.

Frequent need to impart potentially distressing information regarding the nature of the difficulties and the implications of these, for example in relation to level of functioning or ability/inability to cope at home.

Managing patients with challenging behaviours and a range of complex difficulties including the application of appropriate management strategies.

Patients may include vulnerable adults and young people under the age of 18 therefore develop a working knowledge of relevant procedures including Child Protection, Protection of Vulnerable Adults and other legal frameworks. This can include receiving and acting upon confidential information relating to issues including physical/emotional/sexual abuse and neglect.

Providing emotional support to junior colleagues and peers and when dealing with staff competency or performance issues.

### **Environmental and working conditions**

Working within infection control and health and safety guidelines in order to deal appropriately with highly unpleasant conditions related to client contact as they arise; including frequent exposure to saliva, body fluids, odours and head lice.

Frequently required to work in a variety of locations which can result in exposure to unsuitable and/or unpleasant working conditions including cramped areas not designed for clinical use, patient homes etc.

Potential exposure to unsafe situations e.g. aggressive behaviour and verbal abuse from patients and relatives, lone working etc.

Requirement to travel between locations and across Lothian in course of duties.

**13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

Degree in Occupational Therapy (SCQF Level 9) or equivalent qualification recognised by the College of Occupational Therapists  
Registered with the Health and Care Professions Council.  
Evidence of significant post registration professional practice experience to undertake and fulfil the key areas for this post eg post graduate experience, post graduate courses (at SCQF Level 10) in clinical speciality, short courses.  
Knowledge of and adherence to national clinical guidelines  
Previous supervisory experience/evidence of developing leadership skills.  
Good communicator, team worker and ability to work independently, and travel.

**14. JOB DESCRIPTION AGREEMENT**

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Department Signature:

Date:

# Outpatient Activity: Overview

Source: TRAK Oracle | Dashboard updates monthly by the 10th | Last updated 07-May-2026



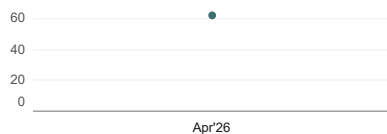
Financial Year 2026/27	Month April 2026	Hospital All	HSCP All	<input checked="" type="checkbox"/> FTF/Virtual <input type="checkbox"/> Other
Specialty Group All	Specialty CLINICAL PSYCHOLOGY	Service Multiple values	<a href="#">What's this filter?</a> Hover for info	

Location All	HCP All	These four filters apply to appointment numbers only.
Appointment Type All	Appointment Session Type All	

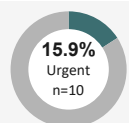
## Referrals | Referrals to outpatient services.

**63** True WL referrals

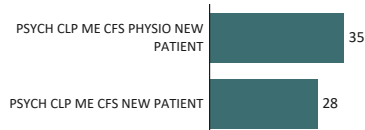
No. referrals by month



Urgent referrals



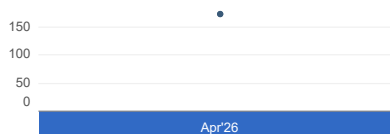
Top 5 services with most referrals



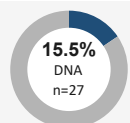
## Appointments | Outpatient appointments.

**174** expected attendances

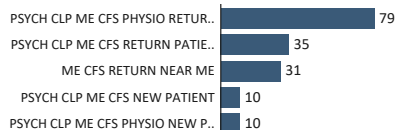
No. expected attendances by month



Appointments not attended



Top 5 services with most expected attendances



## Return To New Ratio

There were 7.3 return appointments for every new appointment.

## Mode of contact

23.1% of appointments delivered by virtual means.

## Outcomes

100.0% of appointments were outcomed.

Cancellations | by service vs. by patient



Expected attendances by clinic type

