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Breastfeeding facts you might want to know
Mental health advice you might want to pass on

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Contents



SPECIAL FEATURES THIS ISSUE

- 4. **Lets Ride!**
Cycle your way to fitness this year.
- 20 **Going Up In Smoke**
E-cig popularity rise is less toxic than you might think, say Cancer Research UK

NUTRITION & HEALTH

- 8. **How Not To Lose Weight**
Five celebrity diets you might want to avoid, courtesy of the BDA.
- 62 **The Eat Well Programme**
Food Standards Scotland put the nutritional facts in the simplest possible terms.

MATERNITY & POST-NATAL

- 12 **Feeding Baby Out & About**
How the law really stands if you want to breastfeed in public.
- 56 **Pregnancy Timeline**
A detailed analysis of every stage, from conception to birth.

FITNESS & SPORT

- 22 **Get Out, Get Active**
A new initiative from Scottish Disability Sport.

MENTAL HEALTH

- 14 **Fitness of Mind**
The activity route to mental health
- 28 **Is it so hard to smile?**
A very personal view from mental health blogger Christine Underwood.

REGULAR FEATURES

- 16 **The Bitterest Pill**
SPH opinion, your letters & news of our new "Ask Doctor C." facility.
- 32 **NHS News**
A round up of whats happening at Scotland's Health Boards and within the NHS.
- 48 **Holyrood Health**
Must-know announcements from the Scottish Governments Health & Social Care executive.

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Lets Ride!



Glasgow and Edinbrugh are to close the streets to traffic once more

With one in three children overweight, millennials will be the fattest and most stressed out generation on record. Small wonder, in the case of drivers, who spend more than a full day each year stuck in rush hour traffic. And this hardly helps the environment either, with 44 UK towns and cities breaching WHO guidelines on air pollution.

British Cycling and HSBC UK are expanding their programme of city centre events for 2018, with residents invited to explore their local communities and vote with their pedals in support of healthier, happier and greener cities for cycling.

HSBC UK Let's Ride events are free, family cycling festivals which help people to get out on their bikes in a safe and friendly traffic-free environment. This year's events will tie-in closely with museums, parks and other cultural attractions to give participants the unique opportunity to swap the car for the saddle and discover more of their city on two wheels.

The programme aims to demonstrate how better spaces for cycling can begin to remedy some of the biggest challenges

facing the UK today, and are a key part of British Cycling and HSBC UK's vision to get two million more people on a bike by 2020.

As obesity, congestion and air pollution continue to make headlines, the two organisations hope that the events will encourage local and national decision-makers to help people make cycling the number one choice for short journeys, and to transform our society.

Julie Harrington, chief executive of British Cycling, said:

"The benefits of increased levels of cycling are obvious: getting more people on bikes will make us healthier, ease congestion on our roads and clean up our toxic air.

"Alongside HSBC UK, we are passionate about bringing about positive change through cycling and transforming Britain into a great cycling nation, bringing us up to speed with many of our European neighbours.



"Let's Ride is a key part of this, and we are delighted to be expanding the programme this year to give even more people the opportunity to get involved."

On the day of the events, riders can take the opportunity to cycle on traffic-free, city centre streets, with additional entertainment for families along the route staged by local community groups, museums and other cultural attractions. The events are non-competitive, and riders are invited to cycle around the route as often as they like.

Over 100,000 people took part in last year's events, cycling over 150 million kilometres on traffic-free streets. The effect was immediate and quite remarkable. During the event in Newcastle, for instance research conducted by Newcastle University proved that there was a 75% reduction in harmful gases, highlighting again the benefits brought about by increased levels of cycling.

HSBC UK Let's Ride Edinburgh, the 4th in the UK-wide series, will take place on Sunday 24 June, when 4.5 kilometres of city centre roads will be closed to motor traffic to give participants the perfect opportunity to explore their city on two wheels.

The HSBC UK Let's Ride events will seek to inspire more people to get on their bikes to combat the many societal issues which blight Edinburgh and other major UK cities. For instance, recent research shows that despite a 10% reduction in congestion, Edinburgh's roads are among the most congested in the UK.

This year's event will have a strong community focus, linking up with local attractions, while along the route there will be a range of local community groups, bike shops, local performers and giveaways, with participants encouraged to hop off their bikes and find out more.

Let's Ride Glasgow will take place much later on Sunday 26 August.

The event will take place shortly after the Glasgow 2018 European Championships, giving the people of Glasgow the chance to get involved in cycling following what is set to be an inspirational event for the city.

As Julie Harrington added, "Last year we were blown away by the response of the thousands of local people who got on their bikes and joined us.

"Along with HSBC UK the City of Edinburgh Council and Glasgow Life, we are passionate about creating better cities for cycling, and events like HSBC UK Let's Ride Glasgow and Lets Ride Edinburgh are a fantastic opportunity for people to get on their bike and take that first step towards making cycling a part of their everyday life."

HSBC UK Let's Ride Glasgow will be the eleventh in the series of 14 events across the UK this summer, which are a key part of British Cycling and HSBC UK's vision to get two million more people on a bike by 2020.

Julie Harrington, chief executive of British Cycling



Health benefits of WALKING AND CYCLING

in Scotland



46% decreased risk of developing heart disease and

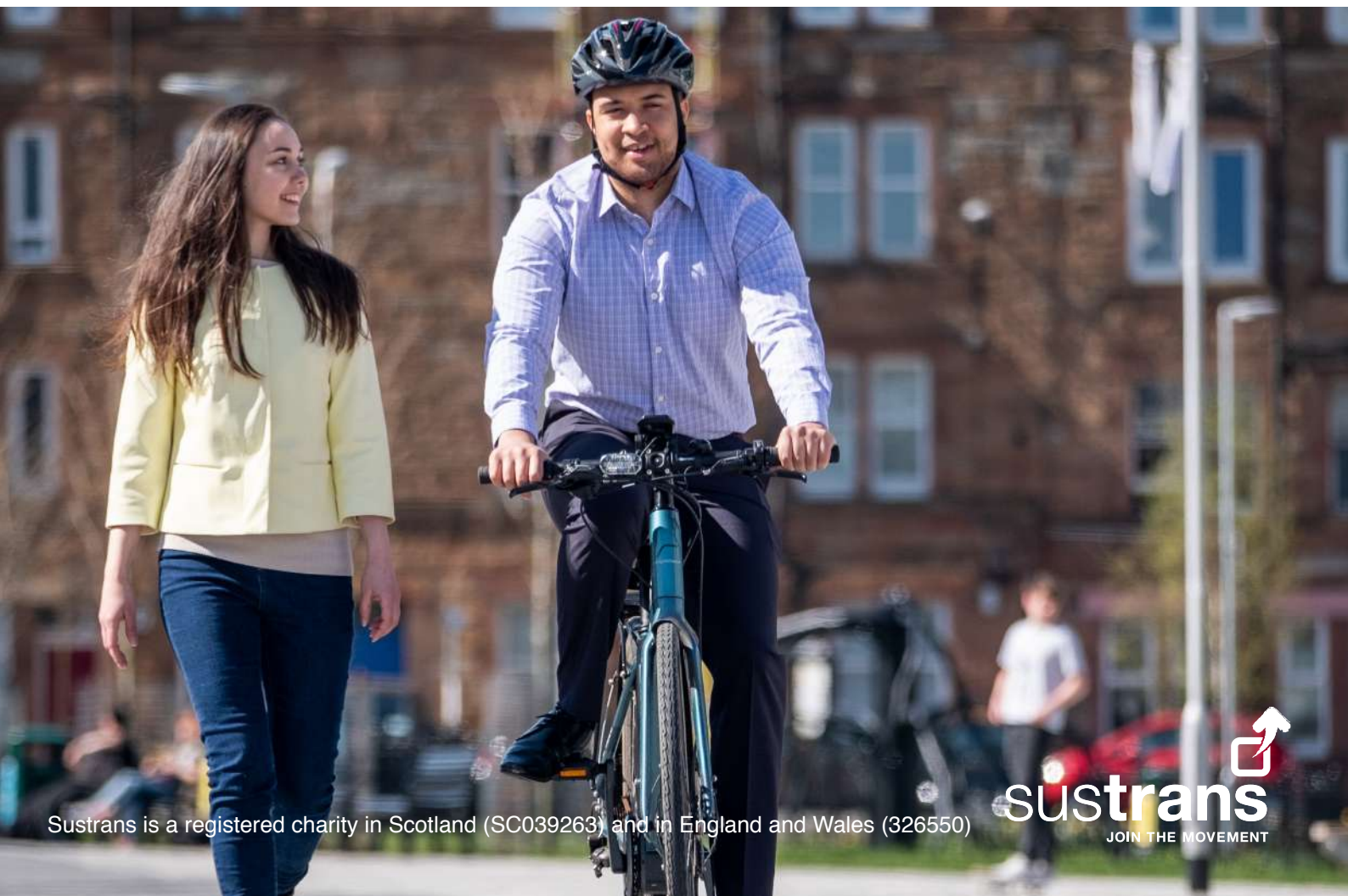
45% decreased risk of cancer if you cycle to work



£94m is the yearly cost of physical inactivity to the NHS in Scotland



1/3 lower risk of developing type 2 diabetes if you are physically active





SUSTRANS MAKE IT EASIER TO CYCLE AND WALK TO GOOD HEALTH!

From sitting at a desk all day at work, to the two hour commute home by car or public transport, modern living is becoming increasingly sedentary.

The implications of this are obvious, with 65% of adults aged 16 and over overweight in Scotland (2016). And it's not just our waistlines that are being affected; inactivity is costing the NHS £94 million a year.

As well as being bad for us physically, inactivity is linked to a number of illnesses including cancer, heart disease, diabetes, asthma and mental health.

Tackling these issues, however, doesn't need to involve fad diets or intense gym sessions. For a happier, healthier Scotland, the answer is surprisingly simple and cost effective; move more every day.

Swapping the car keys for short journeys by foot or bike is a quick and easy way to get around and the benefits aren't limited to your appearance. Cycling and walking has been shown to improve feelings of stress, anxiety and low self-esteem, a fantastic opportunity for adults and children to explore their local surroundings and a great way to boost everyday activity levels.

It's recommended that adults take part in 2.5 hours of moderate activity per week. One way to achieve this is to do 30 minutes exercise five times a week- the perfect length of time for short, local journeys on foot or by bike, be that to the shops, work, or even a gentle stroll in the evenings.

Here's some easy ways for you to sneak in extra exercise:

Travel by foot or bike for short journeys

Going to and from work doesn't need to involve sitting in a traffic jam. Even if you can't cycle all the way, you can still cycle part of the journey.

Take the stairs instead of the lift

The age-old tip, but a great way to stay active.

Organise walking meetings

Boost productivity and break up the working day by having a walking meeting with colleagues.

Walk or cycle to the supermarket

If you know you're not doing a huge food shop, leave the car at home and walk or cycle there. The bags will act as weights and you'll have contributed to your daily physical activity.

Active travel is a great way to improve people's mental and physical health. By making small changes to our daily routine, we can have a big impact on our future health and wellbeing and save the NHS millions of pounds each year.

Sustrans is the charity making it easier for people to walk and cycle. We connect people and places, create liveable neighbourhoods, transform the school run and deliver a happier, healthier commute. Join us on our journey. www.sustrans.org.uk

The Top Five Celeb Diets to Avoid in 2018

Rosa Parker Hinton of the BDA introduces their famous annual list

The British Dietetic Association recently revealed its much-anticipated annual list of celebrity diets to avoid in 2018. The line-up this year includes **Raw Vegan, Alkaline, Pioppi** and **Ketogenic diets** as well as **Katie Price's Nutritional Supplements**.

Over recent years we have been excited to see people's interest in food, health, fitness and 'wellness' increase. At the same time, however, there has been an equally large jump in the number of faddy, factually incorrect – and at times dangerous – diets out there supported by celebrities and claiming to be the secret to a new, healthier, more attractive and energetic you.

The BDA receives hundreds of calls from the media every year on this subject and our spokespeople are asked for comment on a huge range of diets and diet claims – from the slightly odd to the downright bizarre!

In seemingly ever increasing numbers celebs and self-appointed nutrition 'experts' will be filling our screens, pages and social media feeds with their latest fads, products and programmes – many promising more than they can possibly achieve.

To help you push back against this tide of misinformation, we've looked back over our media requests, as well as the questions we've received on social media and in our dietitians' day-to-day work, to predict the top 5 celeb diets to avoid in 2018:



Raw Vegan diet

Celeb Link: Gwyneth Paltrow, Megan Fox, Sting

What is it? This diet is out there in many versions but the premise is the same – go vegan and eat raw. It has been promoted as a cure for obesity and other disease.

BDA Verdict: A carefully planned vegan diet with the necessary supplements like vitamin B12 and vitamin D can be healthy, but it is not a guarantee of losing weight. A vegan cake is still a cake, vegan syrups are adding sugar and vegan foods often contain the same calories as non-vegan foods.

A food is considered raw if it has not been heated over 40–48°C. It should also not be refined, pasteurized, treated with pesticides or otherwise processed in any way. While some foods are good to have raw, others are more nutritious cooked – like carrots – and some foods cannot be eaten raw at all – like potatoes. The human body can digest and be nourished by both raw and cooked foods so there's no reason to believe raw is inherently better. Raw food can be time consuming to prepare, hard to find when eating out, and is not suitable for certain groups like children or pregnant women so family meals could be a challenge and you could miss hot food.

Bottom line: Raw-ther a challenge. May not damage your health in the short-term but could in the long-term if not balanced.

Alkaline diet

Celeb Link: Tom Brady, Gwyneth Paltrow, Sarah 'Fergie' Duchess of York

What is it? Supporters of this diet believe that changing the foods they eat, consuming more alkaline and less acidic foods, will help change the pH balance of the blood and reduce health risks. Worryingly some wrongly claim it can treat cancer and that incorrectly 'acidic' foods cause osteoporosis.

Our Verdict: Unfortunately, this diet is based on a basic misunderstanding of human physiology. While encouraging people to eat more fresh veggies is a good thing, the pH of your food will not have an impact on the pH of your blood – and you wouldn't want it to! Your body is perfectly capable of keeping its blood within a very specific pH range (between 7.35 and 7.45). If it fails to do so you would become very ill very quickly and die if not treated! Diet can change the pH value of urine, but testing the pH of your urine just measures the pH of your urine and is not related to the pH of your blood, which cannot be affected by diet.

Bottom Line: It's alka-lie! You'll most likely lose weight as you are cutting out processed foods and eating more healthily – nothing to do with acid or alkali nonsense.

Katie Price – Nutritional Supplements

Celeb Link: Katie Price, the clue is in the name!

What is it? The range includes hydration, breakfast and meal replacement products. According to the website, Katie Price's Meal Replacement is a "great tasting, low fat, meal replacement shake, containing essential nutrients and only 185 calories". It also makes unsupported claims to support muscle tone and maintenance with 'essential' ingredients including L-Carnitine and Green Tea. It seems to include the ingredient 'Satiereal' based on saffron which they claim will decrease snacking, cravings and promote weight loss and positive mood.

Our Verdict: You need to like the meal replacement products to stay with the plan. Rapid weight loss can be motivating, but it is unsustainable. Appetite suppressors are not a healthy, advisable or sustainable way of losing weight either. Interestingly the website admits that their claims have not been evaluated by the appropriate authorities.

BDA Spokesperson and registered dietitian Nichola Ludlam-Raine "Selling supplements, especially protein supplements, is an easy way to make money! Whey protein is a fairly cheap ingredient that companies can make a lot of profit on when sold in fancy packaging.

"Although useful in the right scenarios, protein supplements are often mis-sold as the only answer to weight loss, with misleading claims attached to them."

Bottom Line: Price-y! She may have business talent but no nutrition qualifications. Meal replacement products work by restricting calories, whoever's name is on them and they do not need to be part of a healthy balanced weight loss plan.

Pioppi diet

Celeb Link: Keith Vaz MP, chair of the All Party Parliamentary Diabetes group, urged 100 MPs with the highest prevalence of type 2 diabetes in their constituencies to follow the plan over the 2017 parliamentary summer recess. Andy Burnham Former secretary of state for health and Mayor of Manchester has described the book as having "the power to make millions of people healthier and happier, and help sustain our NHS".

What is it? Authors Dr Aseem Malhotra and Donal O'Neill take the small Italian village of Pioppi – recognised by UNESCO as the home of the Mediterranean Diet – as the name of their new spin on a low carb, high fat diet. The diet recommends a higher fat diet than the traditional Mediterranean one - adherents are encouraged to eat lots of vegetables, nuts, legumes, and fish and discouraged from eating red meat, starchy carbs, and sweetened treats.

Our Verdict: The book pays homage to eating plenty of fruit and vegetables, fish, olive oil, alcohol in moderation and

not being sedentary (much like the current UK government guidelines). But the authors may well be the only people in the history of the planet who have been to Italy and come back with a diet named after an Italian village that excludes pasta, rice and bread – but includes coconuts – perhaps because they have a low carb agenda. The suggestion that this Italian village should be associated with recipes for cauliflower base pizza and rice substitute made from grated cauliflower or anything made using coconut oil is ridiculous. It also uses potentially dangerous expressions like "clean meat" and encourages people to starve themselves for 24 hours at a time every week. Following a more typical Mediterranean diet, would also be kinder on the wallet, as the dietary approach in Pioppi is unlikely to be cheap

Bottom line: Pioppi-ably not a good idea! The traditional Mediterranean diet is a healthy choice but this had been hijacked here. Fasting may help weight loss but the only reason their other advice is likely to help people lose weight is because it involves eating less food and calories.

Ketogenic diet

Celeb Link: A plethora of celebs have been linked with this diet including: Kim Kardashian, Kobe Bryant, LeBron James, Halle Berry, Gwyneth Paltrow, Mick Jagger, Rihanna, Alec Baldwin, Matthew McConaughey, Tom Jones.

What is it? This diet is out there in many versions rather like Atkins or Paleo but the premise is the same: very low carb (around 20-50g per day or 5% total calories), relatively high in fat, moderate protein. Typically it excludes grains, dairy, legumes, soy, most fruits and starchy vegetables. The carbohydrates in the diet come mainly from non-starchy vegetables, nuts and seeds.

If you significantly decrease the amount of carbohydrate in your diet, the body switches from primarily burning carbohydrates, to burning fat, for energy. This causes an increase in levels of ketones in our bodies. Supporters claim it can help you to lose weight, control hunger and improve your health. Worryingly some say it can treat or prevent a number of different types of cancer which is just not true.

BDA Verdict: A carefully dietitian-planned ketogenic diet can be a very effective treatment for people with epilepsy. For weight loss, there's no magic, the diet works like any other by cutting total calories and removing foods people tend to overeat. Initial side effects may include low energy levels, brain fog, increased hunger, sleep problems, nausea, digestive discomfort, bad breath and poor exercise performance. It can be an effective method of weight loss in the short term with careful planning but it is hard to sustain for many in the long term and most of the initial weight loss seen is often associated with water/fluid losses. It is never a good idea to 'over-restrict' any one food group (including carbohydrate), as this can mean it is more difficult to achieve a balanced diet overall with respect to vitamins, minerals and fibre in particular. If consuming high fat then the type of fat needs to be considered.

Bottom line: May suit some but ketone-ly with careful planning for balance, heart and gut health.

Fad diets

Speaking about these and other fad diets, Sian Porter, consultant dietitian and spokesperson for the BDA, said:

As an organisation, and as practising dietitians, we hear it all when it comes to the latest health and weight loss diets from the good to the bad, and at times, even the down-right dangerous!

"When we see a celeb – looking fabulous and seemingly having a wonderful life – telling us that they did through the latest fad diet it can be very tempting to believe that it will be the magic bullet to change our lives too! The truth is most celebs have a busy team of professionals and assistants preparing their food, monitoring their exercise, picking their clothes, doing their makeup and making sure they always look their best.

"In reality, if something sounds too good to be true, it probably is. Always ask for evidence and get your advice from someone properly qualified and regulated with nothing to sell or promote.

"Make small changes you will be able to sustain forever and aim for an eating pattern for life – which should be the one you can stick to in the long term, not just a quick fix you will inevitably give up on! Enjoy a rich variety of foods in appropriate portion sizes – moderation and keeping physically active are key.

Save your money and access a whole raft of FREE BDA Food Fact Sheets including one specifically about weight loss.

Please note the BDA Food Fact Sheets hold The Information Standard certification, are all evidence-based and are peer reviewed.



Do you have sight loss? Do you live in Dumfries & Galloway; Ayrshire; Lochaber, Skye & Lochalsh; Arran & Cumbrae; Argyll & Bute; Western Isles?

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Feeding Baby out and about

-So what's the fuss? Asks Shereen Fisher, CEO of the Breastfeeding Network

Fact: Feeding your baby out and about is protected by law. In Scotland breastfeeding is protected by the Breastfeeding etc. (Scotland) Act 2005, which says that it is an offence to stop someone in a public place from feeding their child, if under two, with milk. The legislation allows for fines for preventing breastfeeding in public places.

Fact: Few people know the legal position. While the law is more explicit in Scotland, does it offer more protection? We don't yet know as the current EA 10 law has not been tested in court. All cases brought have been settled out of the courts.

Fact: Many women are worried about feeding in public places. They are worried about feeling embarrassed, possible negative reactions from the public and the risk of confrontation.

Fact: Worries about feeding in public are real for women and form a serious barrier to starting to breastfeed, or can mean a mum stops breastfeeding before she wants to.

What does this mean for parents breastfeeding out and about? This would mean that although the law is protective, it has little cultural influence at societal or individual level unless it is better understood and adhered to.

Although infrequent, there have been several high profile cases of women being vilified in public for breastfeeding outside the home. The negative treatment of breastfeeding women in the media affects feeding decisions. One mum recently told me that her reason not to breastfeed was that she was worried about feeding in public; she had since questioned herself and felt guilty about her decision. She became less assertive as she reflected on her experience but I was sorry to hear her apologise for something that was not within her control.

Was her choice not to breastfeed based on freedom or the lack of it? Who is responsible for that? The law? The media? Society? The influence of an industry that repeatedly and blatantly blurs the line between breastmilk and formula?

Many women tell us they worry that if they do decide to breastfeed they will end up isolated from their friends and family because they don't feel welcome to breastfeed their baby when they are out and about.

So, you can understand any woman or concerned relative being worried that she might be treated badly, even though we know that breastfeeding happens all the time and largely goes unnoticed. Most women have a positive experience of breastfeeding, but this isn't seen or shared with others. Only the negative stories make the press. Whether it's just perception or reality, the worry stops breastfeeding happening.

We need to change the conversation about feeding out and about. This doesn't mean pitching individual women against each other or suggesting women are more discreet or, indeed, by asking individual women to speak up alone for breastfeeding.

We collectively need to support communities to understand and value breastfeeding, so it can be seen as just a normal thing to do. This is only achieved if we can bring it from the closet or home and into the mainstream in an open and celebrated way. This requires conversations with others outside of the present breastfeeding movement.

We know what works. It is essential that breastfeeding protection and support is embedded in all maternity care and birthing facilities. This must be accompanied by consistent training of medical professionals.

Using a peer support model, through which women support each other, is a

proven way for them to develop skills and confidence to rehearse breastfeeding out and about. This has a positive impact on breastfeeding choice and duration.

Designating places as breastfeeding-friendly is another way a community can act together to declare support for the value of breastfeeding, with the intention of changing local culture one place at a time. The Breastfeeding Network has developed a scheme with information for parents, families, businesses and organisations to use. It is simple and accessible and can be used in a variety of contexts: single small businesses, retail parks or even airlines! The information is available for anyone who wants to help make places more breastfeeding-friendly

by equipping them with information to help change the conversation around breastfeeding. The BfN scheme helps families feel confident breastfeeding out and about, offers communities and businesses a way to show that they welcome and support breastfeeding, and raises awareness about the benefits of and barriers to breastfeeding.

While some might see schemes like this as controversial or as a necessary evil, many women report positively that breastfeeding friendly schemes helped them cross the threshold from home to out and about and allowed them to see and feel that their community would support their decision to breastfeed their baby.

As one mother put it, seeing a breastfeeding friendly scheme in operation by a coffee shop owner made '... me feel like I was being held by my community while I was holding my baby ...'.



Photo by Dave Clubb on Unsplash



The activity route to mental health

New charter links physical activity with mental wellbeing.

February saw the launch of 'Scotland's Mental Health Charter for Physical Activity and Sport' which aims to use sport to improve equality and reduce stigma through positive conversations and action on mental health.

Work on the Charter was launched by SAMH Ambassador, Sir Chris Hoy, in 2016 and since then more than 300 people with lived experience have contributed to its development.

Leading the way as the first signatories of the Charter are sportscotland, sporta, SPFL Trust, Jog Scotland, Glasgow Life, KA Leisure, NL Leisure and Oriam, all whom will be taking action on mental health in their respective organisations.

This SAMH project, funded by Comic Relief, encourages physical activity and sporting communities from grassroots to the elite level to incorporate mental health into their strategies to make sport more accessible to people with mental health problems.

Welcoming the launch of the Charter Sir Chris explained,

"I am a firm believer in the link between physical and mental health and I know from experience that if I don't get out on my bike regularly it affects my wellbeing.

There is still a long way to go but initiatives such as this Charter will certainly help remove barriers, supporting people to increase their confidence and self-esteem.

That is why I am delighted to support Scotland's Mental Health Charter for Physical Activity and Sport. We must ensure that having a mental health problem is never a barrier to engage, participate and achieve; whatever your goal"

SAMH Director of Delivery and Development Sarah Blackmore was quick to agree.

"At SAMH we know the positive impact that physical activity through sport or recreation can have on mental health and wellbeing.

Sporting communities have a role to play in using the collective power of physical activity and sport to create positive lasting change in mental health and wellbeing.

I urge those in sport and physical activity communities to sign up to the Charter to signal to anyone with a mental health problem that there is no barrier to getting active."

On behalf of the Charter steering group sportscotland Chief Executive Stewart Harris added,

"It is clear from the work that we do in communities across the country the very positive and sometimes life-changing effects that physical activity and sport can have on health and wellbeing."

"By working together, the sporting community can help break down barriers to participation, challenge stigma, and help make



"My mental health deteriorated after being diagnosed with Complex Regional Pain Syndrome (CRPS) caused by a football injury. Unable to play football and get active the way I was used to whilst trying to manage my physical pain; I started to feel suicidal and was later diagnosed with depression at 21.

My doctor suggested I try to get active again in some way, and this is where my recovery really started.

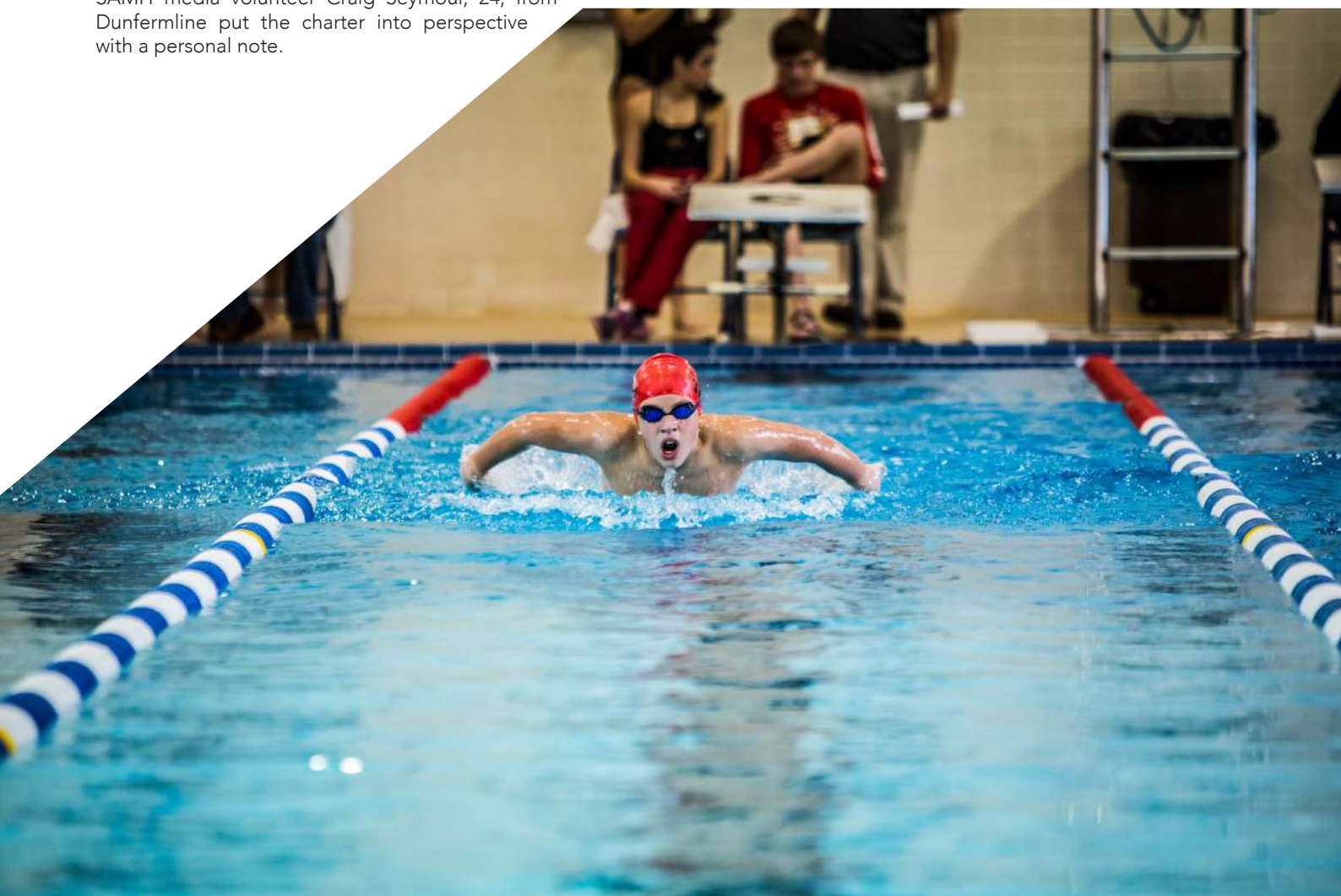
Through walking and going to the gym, I was able to set and achieve my goals giving me great focus and motivation. The reassurance and support I received from my gym gave me such confidence to keep going."

a very real difference to the lives of people faced with mental health problems.

On behalf of the sporting community in Scotland we are delighted to support Scotland's Mental Health Charter for Physical Activity and Sport."

SAMH media volunteer Craig Seymour, 24, from Dunfermline put the charter into perspective with a personal note.

Scotland's Mental Health Charter for Physical Activity and Sport comes as SAMH looks forward to a big year on this issue with results emerging from its work on ALBA (Active Living Becomes Achievable), Jog Scotland and The Changing Room; behaviour change programmes aimed at improving the lives of thousands of people, supporting them to become active.



The Bitterest Pill

SPH offers a regular, alternative view

I would not necessarily have thought of myself as an obvious candidate to be the Editor of a health and fitness related magazine. For most people, including myself, the assumption would be that such an honorific would be better bestowed upon either a dedicated health professional, or at the very least, an enthusiastic personal fitness devotee. The type for whom healthy living has always come as second nature. A regular at the local gym, who spurns fatty foods with aplomb, thinks of a glass of prosecco as a rare and very occasional treat, and who genuinely appears to enjoy the taste of quinoa. For them, their body is a temple, and their devotions are unfailing.

In contrast, I have always succumbed all too easily to the many and varied pleasures of the flesh. I have consistently resisted everything except temptation. I simply adore spicy foods, very often in excessive quantity. I prefer sirloin to fillet, because of that generous skirting of delicious fat. I find paradise in the firm construction of a Cuban cigar. And perhaps worse of all, I devised a career as a whisky writer and critic, as a subconscious excuse to drink far, far more than I should. Yes, my body is also a temple. Unfortunately, it resembles that one just outside Athens which crumbled in to decay, many thousands of years ago.

However, it is precisely that lifestyle, and the quite inevitable decline in my health which it spawned, which positions me rather uniquely to comment upon these crucial issues of health and fitness with which ordinary Scots must battle on a daily basis.

As a survivor of a heart "event", a minor stroke, severe liver failure, plus everything from varicose veins to gout, I have had rather more experience of the Health Service, and of the marvellous professionals who work within it, than most. This, of course, is nothing to be proud of on my part; and I have long since learned my lesson and been forced to mend my (very) errant ways. However, it certainly qualifies me to comment with authority on how we should NOT be living our lives, and on the inevitable consequences of such self-indulgent foolishness.

In particular, as a reformed alcoholic, who was not long since given one hour to live, as my liver finally raised a white flag and cried out in surrender, I feel abundantly qualified to offer an opinion on minimum pricing for alcohol, the Scottish government's latest and most significant move to curb the culture of drinking, so unique to Scotland.

It is unquestionably a most serious problem; and therefore, unquestionably justified some sort of government action. However, I am always a little concerned when governments act because they are required to be seen to be acting; when public opinion dictates that something has to be done. The road to imperfect legislation has often been paved in the past with good intentions. Just think of the Dangerous Dogs Act, the Firearms ban and the Smoking in Pubs legislation.

I'm not denying that each of those has done an enormous amount of good. However, good legislation, brought in for the right reasons, and without the taint of political motive, would have done far more good.

It concerns me when Nicola Sturgeon announces the implementation of minimum unit pricing with the words, "I am extremely proud that the eyes of the world will once again be on Scotland." Really? The world also watches, in fascination, as lemmings toss themselves over a cliff; so I think we will need a



slightly more serious critique of the merits of the legislation than that it brings the bold Nicola to world wide attention.

I also have a natural aversion to any punitive action which deliberately sets out to target the poorest in society and to harm them the most.

Make no mistake, the hardened alcoholic who has a tenner left of his benefits, will still buy his two-litre bottle of cider before spending the change on food for his kids. Only now he will have a damn sight less change out of the tenner with which to do so. To imagine that he will be put off by the price and that this will spark some kind of epiphany is little short of delusion.

Worse still, we do not even have the consolation of knowing that the higher price is due to higher taxation – and that the money will be going towards the NHS or other public services. In fact, this is just an artificial corruption of the pricing structure, which means that retailers can now make vast profit margins on extra strong drinks, while those alcoholics who have friends with a makro card can continue to drink "wholesale" at a much reduced price.

It all sounds quite bizarre; and is precisely what I mean about imperfect motives spawning imperfect legislation. Worse, the punitive element which targets the poor means it is also unfair.

Yes, something had to be done. But there's something about minimum unit pricing for alcohol which gives me a similar gut-wrench to that which I used to get from my first drink of the day.

Letters to the editor

Dear SPH,

I heard about the new magazine from my sister in law, who is a nurse at the RAH in Paisley. It sounds like an absolutely brilliant idea. Last time I had a lengthy wait at a doctor's surgery, the only reading materials I could lay my hands on were a copy of Farmers Gazette and an eighteen month old issue of Hello or Goodbye or something like that. If you aren't feeling nauseous beforehand, you certainly are after reading through that.

Waiting times maybe aren't as long as they sometimes appear to be, that's probably just a trick of the mind to a certain extent. But anything that can help to ease the boredom is bound to be a good thing, if you ask me.

So, hopefully its hello and goodbye to Hello and Goodbye, or whatever they're called.

*P. Gilchrist
Renfrew
18th May.*

Dear SPH,

Just wanted to wish the new magazine and all those involved the very best of luck. Anything which raises awareness of health issues and helps to keep the Scottish public better informed, and in better health, has to be a good thing.

Here's to the success of Scottish Personal Health.

*Donna MacDonald
Edinburgh
26th May*



Ask Doctor C.

For almost any persistent medical question that's causing confusion or distress, the best answer is invariably to consult your family doctor in confidence and to take his advice. However, on the very rare occasion that this is not an option, or perhaps where your question relates to a third party or a more general point of interest, SPH can possibly help.

From our next issue, there will be the option to Ask Dr C.

Dear SPH,

The other day I watched a report on the televised news about the Scottish Governments policy on diet, sugar levy and obesity. I hung on every word, desperately hoping to hear some proper critique, or at least an indication that there was another side to the argument. I need not have bothered.

If Scottish Personal Health really allows the other side to be heard, then I will be the first to get my hands on every issue – because there is a crying need for a critical voice, to counter balance the health sycophants who believe everything that comes out of Holyrood and the ruling medical elite.

However, if it's simply going to join in the ongoing vilification of fat people, then it will go down as a real chance wasted. I shall be watching, but on past experience I won't hold my breath.

*John Buchanan
Drumchapel
22nd May*

Dear SPH,

It's bad enough that local authorities spend our money publishing magazines and newsletters, the sole purpose of which seems to be to assure us that they are not wasting money – and that they need and deserve more.

Can we at least be assured that none of the tax payers money is going, via the NHS, to pay for this new health magazine?

*C. B. Young
Dumfries
19th May.*

(Absolutely. Not a single penny.) The Editor.

Dear SPH,

Can I make a personal plea for Scottish Personal Health to take a far more modern, progressive and optimistic view of the health issues facing the Scottish public than some other health-related publications from the past which I could readily name.

Many Scots today – far more than some would acknowledge – are intensely interested in questions of diet and nutrition, personal health and fitness, and in making the most of their lives. They eat well, exercise regularly, don't smoke and only drink within sensible limitations. These are just such the potential readership which would most appreciate an informative and positively written health magazine, aimed at Scots.

Please let us not go down the obvious and dismal routes of the past, assuming that everyone in Scotland has an alcohol or nicotine dependency, a poor diet and couch-potato lifestyle. It is simply not true.

Times have changed. The health issues of today's generation are monumentally different from those of our parents. I shall be watching with interest to see which generation your magazine caters for most.

*Hugh Campbell
Oban
22nd May*

Please send your letters, on any current topic, either by e-mail to admin@westargyll.org or if you prefer, by post to: West Argyll Technical Publications Ltd, 16 Robertson Street, Glasgow G2 8DU. You must include your full name and address, but this can be with-held upon request.



It's something that most of us would rather not think about but, in Scotland, for over 15,000 of families that is the reality – being told that their child may die young.

It's something that most of us would rather not think about – being told that your child will die before adulthood, but in Scotland for over 15,000 families that is the reality.

How do you start to have a conversation with new parents that their precious bundle of joy has an incurable condition?

For over 25 years, Children's Hospices Across Scotland – better known as CHAS – has been working alongside dedicated NHS staff helping to care for families and their babies, children and young people by offering palliative care, family respite and support.

Every week in Scotland, three children die of an incurable condition. Currently, CHAS can only reach one of them but are determined to reach every family in Scotland that needs them which is why referrals are so important.

Anyone can make a referral and one phone call might just make a huge difference to a family.

The word 'hospice' is a word that can scare a lot of people currently making decisions for an ill child. It's one of the hardest conversations that any health professional may have to have with parents - that of introducing the possibility of using the services of a children's hospice. Yet, doing so has the power to change a family's experience.



The Youngs family, whose daughter Kacie passed away at Robin House



Senior Staff Nurse Lynsey Grant plays with 6 year old Eilidh Duncan



Lynne McKenzie, with daughter Holly, whose son Jack passed away



Mum Gill White with son Leo in the multisensory room at Rachel House

CHAS has teamed up with Care Opinion, an independent not-for-profit service, to offer people who have used the services of CHAS to share their stories and experiences to help families in similar positions. This partnership helps parents and indeed those working with families in health and social care settings to learn more about CHAS in making informed care choices for their child.

The stories on Care Opinion can be from the child who uses the services or a family member. One service user recently wrote,

"Robin House is big and spacious and you can wander about and I didn't feel isolated, like when I'm in the hospital. I liked being able to take food and drink from the fridge when I wanted. I like the football pitch and going in the pool with my family. I come here to have fun and enjoy myself. I like the garden cause it's kind of like a park. I like my room as it has a door straight into the garden so I can go out when I want."

The site also includes many stories from parents with children still using the services or, in some cases, parents whose child has passed away and are sharing fond memories. One parent writes,

"We went to Robin House for nearly three years with my daughter who had complex health needs and multiple disabilities. Initially I was reluctant to go as I couldn't see past the word hospice. But it changed our lives forever. The staff supported our family through the worst times imaginable and helped build memories with our girl that will help our family through the hardest of times. The sight of Robin House still fills me with a safe feeling, like a weight has been lifted and everything will be OK. Can't ever thank the staff enough."

CHAS offers the highest standards of specialist children's palliative care and support. The clinical teams specialise in providing care for children with needs such as ventilation, enteral or parenteral nutrition, and peritoneal dialysis. The family support team make sure the emotional and practical needs of every member of the family are supported, throughout a child's life and after bereavement. Care and support can be offered in the family's home, or in hospital or in one of CHAS's two hospices – Rachel House and Robin House. The team work closely with all the health and social care professionals involved and the Diana Children's Nurses have been working alongside colleagues in the NHS for over three years helping to develop paediatric palliative care services and support for babies, children and young people in Scotland.

Anyone can make a referral by using the online form or simply making a call to one of the two hospices. Caring for a child with a life-shortening condition can be extremely demanding for a family – both physically and emotionally. By making that call to CHAS, families can receive the right palliative care for their child, including; short planned breaks together in one of the two hospices, planned sessions of nursing care in the home, symptom management – which may involve a doctor visiting the child at home, receive visits from the nursing or family support team, have step-down care after a hospital admission where there has been changes in a child's condition, receive emotional support including counselling as well as medical advice and support 24/7, access to end of life care and ongoing bereavement support.

Introducing a family to CHAS services really can change the life that is lived even if it may be cut tragically short.



Amanda Reid, Chaplain at Robin House

Will you help us reach every child with a life-shortening condition in Scotland?

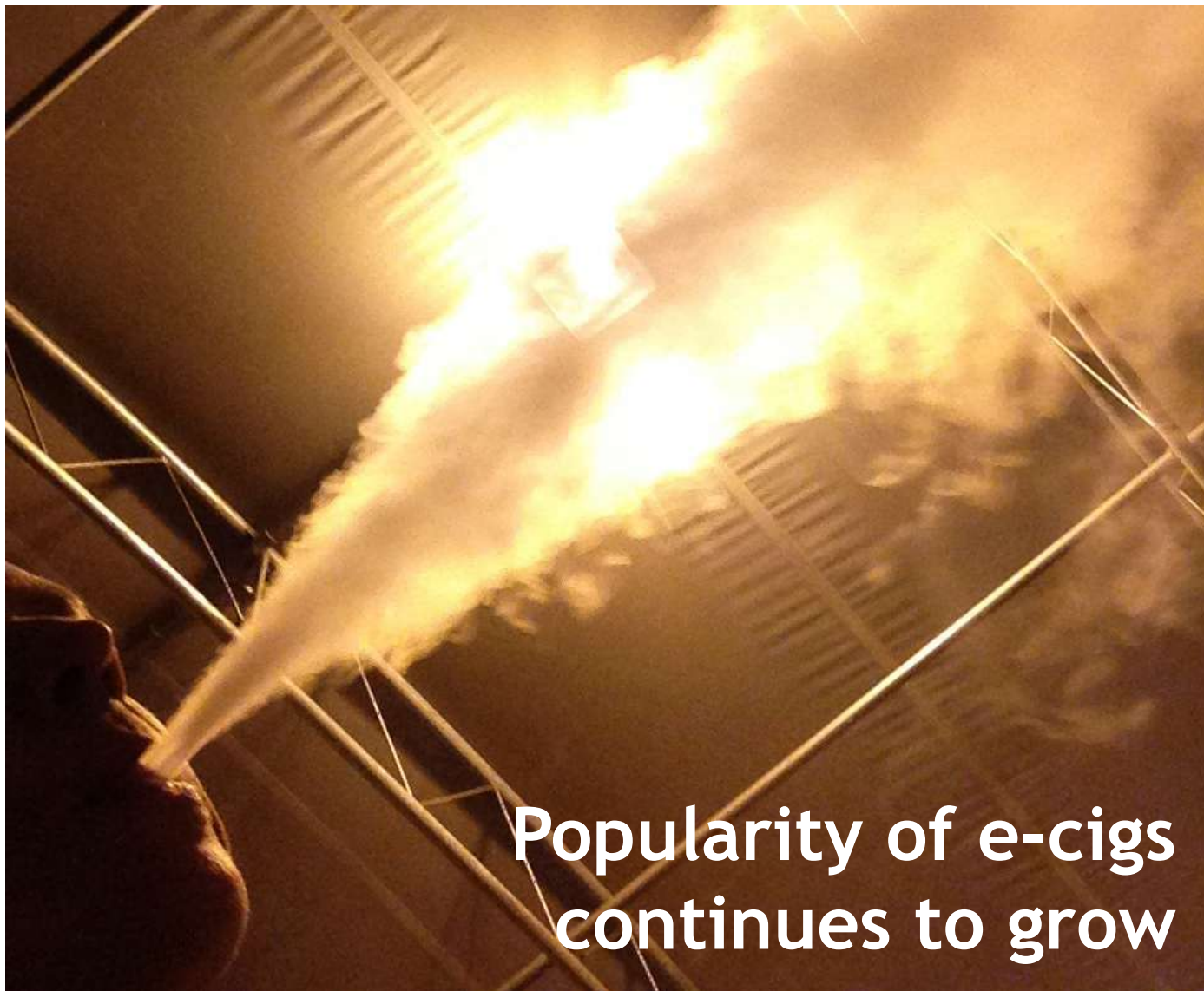
Imagine being told your child will die before you do. That's the heartbreaking reality facing thousands of families across Scotland right now. In fact, every week three children in Scotland die from a life-shortening condition. Tragically, Children's Hospices Across Scotland – better known as CHAS – can only be there for one of them.

Your support today will help our professionals do all they can for more families. So please make a donation of £20, or whatever you can spare and help keep the joy alive.

www.chas.org.uk



Keep the joy alive



Popularity of e-cigs continues to grow

"a far safer alternative" says Cancer Research UK

Research so far shows that e-cigarettes are far less harmful than smoking. This is because e-cigarettes don't contain cancer causing tobacco. They do contain nicotine, which is addictive, but isn't what causes the damage from smoking.

Electronic cigarettes (e-cigarettes or vapes) heat a liquid that has nicotine in. The liquid then becomes a vapour that people breathe in, as they would smoke from a tobacco cigarette. E-cigarettes give smokers the nicotine hit they need to help beat their cravings. But the vapour doesn't contain the same dangerous cocktail of chemicals found in tobacco smoke.

Over recent years, e-cigarettes have become the most popular "stop smoking" tool in the United Kingdom.

The most effective way to stop smoking is still with the medication and support that is available from free local Stop Smoking Services. But for people who've tried to quit before, or don't want to use

other aids, e-cigarettes could be another option. Most Stop Smoking Services will let you take an e-cigarette along to help with your quit attempt.

Studies show that levels of key harmful chemicals are lower in people who switch from tobacco to e-cigarettes. There are still some questions about long-term safety, as e-cigarettes haven't been around that long. But the evidence is pointing towards them being far less harmful than tobacco.

In terms of safety, e-cigarettes are actually far closer to nicotine replacement therapy (NRT). NRT has long been known as a much safer alternative to smoking.

The most important thing for your health is to stop using tobacco. For instance, no evidence has shown that e-cigarettes cause the disease known as popcorn lung. The chemical thought to be responsible for this disease has been banned from use in e-liquids in Europe.





The evidence so far shows that e-cigarettes are far less harmful than smoking.

And for some people they're a helpful aide to stop smoking.

Up to two-thirds of long term smokers will die because of their addiction. E-cigarettes don't contain tobacco, which is the biggest cause of preventable death worldwide.

E-cigs are a relatively new technology and so we can't be certain about any long-term effects the devices might cause to health – they haven't been around long enough for this to be completely worked out. But compared to smoking, the evidence so far shows they are less harmful.

Studies like this are important for building up the evidence around vaping, and how e-cig vapour might damage cells in controlled conditions. It's a small piece in the puzzle and must be viewed alongside other studies. Large, long-term studies are also needed to definitively answer health questions, because those conclusions can't be made from lab-grown cells and mice alone.

The popularity of e-cigs continues to grow, but figures show that most people using these devices are now ex-smokers, and people mainly use them to quit smoking or cut down.

So conclusions around the health effects of vaping must be viewed alongside the damage that smoking has wreaked for decades. Only then can smokers make a call that could have a big impact on their health.

The view is clear "We support a balanced approach towards e-cigarettes, which maximises their potential to help people quit smoking, whilst minimising the risks of unintended consequences that could promote smoking." Cancer Research UK.

As, GP Owen Carter explains, "E-cigarettes have become the most popular way to break the habit, and research so far shows that they're a far safer alternative to smoking. For smokers who've struggled to stop in the past, e-cigarettes are a worthwhile option to consider, especially when used alongside support from a Stop Smoking Service."

Importantly, many people are also able to save hundreds of pounds a year after making the switch away from tobacco. As with most things, some people will spend more than others. But people generally find that vaping works out cheaper for them than smoking.

Recent headlines saying 'vaping might cause cancer' are wildly misleading.

In fact, the study that these stories are based upon, published in the journal PNAS, doesn't show this at all.

Researchers from New York University School of Medicine looked at how e-cigarette vapour affected the DNA of mice, and human cells in a dish.

They didn't look at how it affected people. And they didn't directly compare it to smoking.

The researchers focused on how components of e-cig vapour damage cells' DNA. And DNA damage increases the risk of cancer.

But they didn't look directly at whether e-cigs caused cancer, either in mice or in people.

They found that e-cig vapour raised levels of DNA damage in the lungs, bladders and hearts of mice.

They also found that the molecular machinery cells use to repair this DNA damage was less effective in the lungs of mice exposed to e-cig vapour.

Then they looked at how nicotine, the chemical that e-cigs vaporise, affects human lung and bladder cells grown in a lab dish. Nicotine is what makes cigarettes addictive, but isn't what causes the damage from smoking. Both e-cigarettes and conventional cigarettes contain nicotine, but e-cigs have much lower levels of the harmful components of tobacco smoke.

The researchers found that nicotine damages the DNA inside those lab-grown human lung and bladder cells. And they found that these cells were less able to repair this damage. These cells were then more susceptible to further genetic faults that could give them properties like those of cancer cells.

The researchers described their results with an interesting line: "It is therefore possible that e-cigarette smoke may contribute to lung and bladder cancer, as well as heart disease, in humans."

While this is technically possible, the study didn't look at humans, and so didn't show any effect on the health of humans.

Different e-cigs deliver different amounts of vapour, and people use them in different ways. So the levels of e-cig vapour and nicotine used in the study might not match the levels that people are exposed to through normal use.

And other research didn't show a link between nicotine products and cancer.

Finally and crucially, the study didn't compare vaping to tobacco smoke.

Get Out Get Active

with the help of Scottish Disability Sport

Get Out Get Active (GOGA) supports disabled and non-disabled people to enjoy being active together. Funded by Spirit of 2012, it focuses on getting some of the UK's least active people moving more through fun and inclusive activities.

GOGA is driven by a consortium of 18 local partners and 15 national partners across the UK. This unique programme aims to increase demand for, and the accessibility of, existing provision in local authorities, sports clubs and the voluntary sector. It aims to reach those with the greatest need, contributing to measurable health and wellbeing benefits for individuals and stronger, more cohesive and active societies. It offers genuinely inclusive opportunities for everyone.

Across the 18 GOGA locations, partners will engage local groups in 'active recreation'.

In Scotland we will receive £376,000 over a three year programme involving three SDS Branches; Forth Valley Disability Sport, Disability Sport Fife, Grampian Disability Sport; and three national partners in; Paths for All, Blazing Saddles and Scottish Swimming.

In Fife they aim to increase the present workforce and deliver more opportunities to potential participants across the region.

In Grampians, they are looking to provide better opportunities for people with disabilities of all ages, along with their families and friends, to integrate within existing mainstream walking, cycling and triathlon programmes across the rural and urban Grampian region.

In Forth Valley their goals are to Challenge gender imbalance, seeking to increase significantly female participation in activities.

The GOGA programme will help SDS to understand what works best to get those who are least active into activity, and how best then to keep them active and engaged.

Over the three years of UK programme delivery SDS aim to reach 16,500 individual participants, at least 40% of whom will remain active ; deliver over 30,000 sessions through 550 different activities ; recruit, train and deploy over 2,000 volunteers and improve confidence and competence through 500 training sessions.

Beyond the immediate impact of GOGA delivery, SDS have committed to support participants engaged in the programme to remain "active for life".

Record Entry for Fife Cross Country Championships

A total of 187 athletes registered for the 2018 Disability Sport Fife (DSF) cross country championships at the Beveridge Park in Kirkcaldy in May. The Championships were organised by DSF in conjunction with Fife Athletic Club and with support from Kirkcaldy Rugby Club and the Kirkcaldy & District Lions Club. The Championships followed immediately after the Fife Primary Schools Cross Country Championships.

Athletes with additional support needs competed over 500m, 1K, 2K or 3K for individual Fife titles and points towards the Russel Hogg Team Trophy. Balwearie HS won the title with 24 points and Woodmill HS finished runners up with 15 points. Joint third were the pupils from Madras College and Bell Baxter HS with 13 points each. Lochgelly HS, Levenmouth Academy and Glenrothes HS finished in 5th, 6th and 7th positions.



Grampian Schoolkids Have a Ball at Boccia Festival

Children from across Grampian came together to compete in the last of this year's School Boccia Festivals organised by Active Schools Aberdeen & Active Schools Aberdeenshire.

Anna Ritchie School, Westfield School & Riverbank Primary turned out for the event, played at Sheddocksley Sports Centre, where they took part in a series of fun drills before competing in a round robin event against the other teams.

The Festival was enjoyed by both pupils and staff alike, and pupils will be able to continue to improve their skills at one of the many regular boccia sessions available throughout Grampian. A massive thank you to Marna and Cath, two of our fantastic volunteer boccia coaches, who played a huge part in running the event!

If you, or anyone you know, lives in Grampian with a physical, sensory or learning disability and is keen to get involved in Para Sport, please contact Alison Shaw on alison.shaw@scottishdisabilitysport.com or on 07828 744 848



Second Fife Walk in the Park

As part of Get Out Get Active (GOGA in Fife) supported by Spirit of 2012, the second GOGA in Fife walk in the park was held prior to the first race of the 2018 Fife cross country championships.

28 walkers and 23 "buddies" walked the 500m course in a non competitive leisurely manner. All had prepared appropriately for the walk and at the conclusion everybody had their GOGA

participation certificates duly signed. Each time an athlete participates in a GOGA walk in the park their certificates are signed and dated.

Most participants had severe and complex needs and all are planning to complete four GOGA walks and lots of training every three months.

Forth Valley Flyers AC to host Open Athletic Championships

This year's event in July will be a Special Olympics Scotland invitational and the day will also include the FPSG Scottish Athletics Sprint Relay Championships. Any Scottish Athletics affiliated athletes may submit an entry for the Sprint Relay Championships.

Use the SDS website to access a list of events on offer and to enter athletes accordingly. An athlete should be listed as Ambulant/PD, VI or LD along with their event and current best time or weight thrown and distance. Special Olympics athletes may throw 3Kg for women and 4Kg Special Olympics athletes wanting to compete at this level should input these weights on the entry form.

Athletes may enter a maximum of four events and one relay. Events may be combined to make viable races however separate medals for LD, PD and VI will be awarded.

Please note the club throw is for athletes with a physical disability only. The softball throw and standing long jump are for lesser able athletes who cannot throw javelin or do a running long jump. Athletes entering the 50m event may not participate in 100m or 200m track events including the relays and athletes

taking part in the walking events cannot compete in running events.

Please complete the entry form on the website and e-mail to forthvalleyflyers@btinternet.com (entry fee for these will be collected on the day) or post completed entries along with payment of £3.00 per athlete (made payable to Forth Valley Flyers AC) to:-

Ann Finlayson
24 Bruce Terrace
Cambusbarron
Stirling
forthvalleyflyers@btinternet.com
07886 600659



Wheelchair Basketball – Regional Junior Championships

The Peak, Stirling Sports Village will play host to the 2018 Wheelchair Basketball Regional Junior Championships on Saturday 23rd June. The event will offer an exciting opportunity for young people from across the country to represent their region.

The Wheelchair Basketball Regional Junior Championships, sponsored by RGK wheelchairs and supported by Scottish Disability Sport and Lord's Taverners, will provide the chance for existing players and individuals who are interested in trying the sport the opportunity to participate with other young people from across Scotland.

There will be teams entered into the under 13 and under 19 age categories and all players will be supported throughout by an experienced coach in a fun and friendly environment. Experience of playing the game is not essential.

Details of the event can be found below –

Date: Saturday 23rd June 2018

Venue: The Peak, Stirling Sports Village, Forthside Way, Stirling, FK8 1QZ

Time: 10am – 6pm

For further information or if you are interested in registering for this opportunity, please contact basketballscotland Disability Talent & Pathway's Manager Tina Gordon on tina.gordon@basketball-scotland.com or 07734 845 950.

GOGA in Fife Walk Leaders Course

Disability Sport Fife (DSF) is working with the well-established and highly respected "Bums off Seats" programme, plus national partner Paths for All, to introduce health walks to the DSF programme of weekly sessions. DSF hopes to promote and encourage member organisations and individual athletes to take advantage of Bums off Seats local health walks that are currently available across Fife to all sections of the community.

This initiative is part of the Get Out and Get Active (GOGA) programme that DSF has signed up to with support from Scottish Disability Sport and Spirit of 2012. GOGA in Fife will inspire inactive children, young people and adults with a physical, sensory or learning disability, plus significant others, to access and enjoy active recreation inclusively. GOGA in Fife is inclusive in ethos and practice and will involve Disability Sport Fife key partners.

On behalf of GOGA in Fife, Vivienne McNiven from Active Fife tutored a third Walk Leaders Training Course at the Michael

Woods Sports and Leisure Centre in May. The overall plan is to identify a group of local people over the age of 18 who are trained to promote and lead inclusive health walks on an ongoing basis. A health walk is a short, local walk usually lasting between 30 and 60 minutes and ½ to 2½ miles long. Once trained, the attendees will join a network of over 6000 volunteers throughout the UK. The training is recognised by the British Heart Foundation National Centre for Physical Activity and Health.

In attendance at the most recent GOGA in Fife walk leaders course were representatives from West Fife Community Support Services, Auchmuty HS, Fife Cultural Trust, Fife Council Social Work Department etc. All attendees are committed to leading inclusive walks and/or encouraging inactive individuals with disabilities to be active. The most recent GOGA in Fife "walk in the park" attended by over 50 participants with severe and complex needs and their buddies is a clear indication that, offered the opportunity, there is a willingness among many to be active.

Wheels to Water at Castle Semple

Forty-two young people and adults enjoyed the sun and fun as they participated in a unique opportunity to try cycling (adapted bikes), sailing, rowing, kayaking, power-boating and canoeing at Castle Semple recently.

It was a fabulous day and a fantastic opportunity for people with disabilities, their family and friends, to experience different sports in a safe, fun and supportive environment. The day was organised by Clyde Muirshiel Country Park partnered with Scottish Canoe Association, Help for Heroes Sports Recovery, Royal Yachting Association Scotland, National Deaf Children's Society, Scottish Disability Sport and Scottish Cycling. The day was only possible thanks to the generous support provided by BP Coast to Coast.

There were 17 young people from the deaf community who participated in such a day for the first time.

One commented, "I liked the whole day, I had never tried any water sports before."



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Leading the Fight Against Urology Disease

The only UK medical charity dedicated to improving the nations urological health

You might not be aware of your urology health each day. It's one of those areas of our health that, like so many others, we often take for granted. However, the reality is that 1 in 2 of us will have a urology condition in our lifetime and when your urology health fails you, it can be life changing.

Urology health problems mean different things for different people. For some it means always having to be by a toilet, for others it can wreak havoc in their sex life, and for others, sadly, it is fatal.

Urology is an area of medicine that includes cancers such as bladder, kidney, prostate, testicular, and cancer of the penis. It also includes UTIs, male infertility, erectile dysfunction, kidney stones, kidney failure, and much more.

The Urology Foundation (TUF) is the UK and Ireland's only charity that is dedicated to fighting all of these urology diseases. Their goal is to improve the urology health of people in the UK and Ireland.

They have three key areas of work.

They fund ground breaking research into urology health conditions, often providing seed funding for research that is right at the beginning of an exciting journey to providing new cures and treatments for some of the most deadly diseases.

They give urology professionals the training, education, and skills they need to provide urology patients with the best service available.

And they raise awareness of urology diseases so that taboos can be broken down and people can get help and support as fast as possible. Catching a urology disease early is often crucial in treating and curing it.

TUF has been pushing the boundaries in the fight against urology disease for nearly twenty five years. Thanks to training that they provided, the UK saw the first ever kidney transplant performed by robotic surgery – a technique that means that patients previously pronounced unfit for surgery may benefit.

They have also funded research that has provided a new urine test for bladder cancer. Previous tests meant running a small camera through a person's urinary tract and a surgical biopsy. Instead of that procedure, this new test uses urine samples and is highly accurate at picking up bladder cancer.

TUF may well have provided funding for research that could save the life of yourself or someone you love. They may well have trained someone who will use robotic surgery to save your life or the life of someone you love. But here's how they can help you today. On their website is a 'urology health' section. You can use the information there to learn to spot the first signs of cancer or other diseases and to learn about how to keep healthy.

Your urology health is too important for you to ignore. Don't take it for granted. Visit their website today at theurologyfoundation.org/urologyhealth and get yourself healthy.



Is it so hard to just smile?

**by Charlotte Underwood,
mental health blogger.**

What do you think when someone mentions loneliness? Do you think about the elderly? Or maybe a person with a disability that leaves them housebound? What if I said that loneliness affects more than just those set groups, even the young and healthy.

At 22, with perfect physical ability, it seems strange to say that I am lonely, but I am. In truth, I've always felt this way, I am incredibly introverted and I just don't understand other people. With my inability to understand social cues and the crippling anxiety that leaves me unable to talk, it makes it very hard for me to make or maintain relationships. I just don't know how to do it. I do enjoy spending time on my own, I love being independent and not being tied down by relationships. However, I find myself craving the ability to just leave my house once in a while, so that I can grab a coffee with a friend or go on an adventure. I want that companionship of a good friend, an unromantic soul mate of sorts.

Many seem to assume that because I am married, that I cannot possibly be lonely. I don't know how to explain this correctly, it's just that although my husband is my best friend, he cannot satisfy my loneliness. Is it so wrong to want more than just one person in my life? It's incredibly hard to rely on just one person, to have the same conversations over and over again. I want to be able to talk to someone else, do things without having to wait till my husband has time off work. One person is just simply not enough. If anything, loneliness makes me feel more tied down and limited.

But how do you make friends? That is what I want to know. It seems that as we become adults, it makes it even harder to meet people. We get so wrapped up in our own lives and commitment that it makes it hard to make relationships outside of our day to day lives. Gone are the days of childhood where it seemed so easy just to go up to someone and start a conversation. Now, it seems impossible to even wrack up the nerves to say 'Hi', or find a topic of conversation, people are just too busy.

It doesn't mean that I have not tried to make friends. I do on occasion try to meet new people and talk to strangers where I can. The problem is that none of them seem to stick, I am

not sure if it is my lack of social skills but it feels like I just scare people away. Is this my fault?

I envy the people in the movies who seem to have a fruitful life, where they can go on double dates, go to parties or host a birthday party where people actually show up. I cannot tell you how much it hurts when an event comes around and you have no one to invite, or you invite people and they just don't show. It really hurt to get married when it seemed impossible to set up a bridal party, let alone invite anyone outside of my family, it made me feel so unloved and unwanted.

My life has become one where I am a lone wolf. I am not ever the person who gets invited out or who has people talk to them first. I always have to initiate or I will go months without talking to anyone outside of my family. It really hurts, it leads to a lot of self-doubt, you start to see yourself as the problem. After all, who else is there to blame?

I do embrace my loneliness where I can, I still try to do things and not let this heartwrenching feeling let me down. I am very lucky that I do have a support network online, even if it is not the same. I still feel like, if I go missing, or if I left the country tomorrow, or even if I died, no one would notice.

I believe that in this modern society, we messed up our priorities, so we live to work. No one seems to have time for anything other than earning their next pay check, is it really worth it?

Wouldn't it be lovely if people started to make a little bit more of an effort? If we stopped relying on texts or getting extra hours at work. If instead we actually went out and checked on our friends, if we lived and spent it with the people we care about. I am constantly told that we can't act like teenagers forever and have that kind of time for others, but why is that?

Being popular is not important. However, having a strong support network does. Everyone I know complains about not having any friends since they left high school, so why do we make it so hard if we all want the same thing. Why is it so hard to just smile and say 'Hi'.

Youth Commission takes on mental health

New body to research services for young people.



A team of young people are aiming to improve mental health services by leading a study, commissioned by the Scottish Government, drawing on their own experiences.

The 22 members of the Youth Commission on Mental Health Services began work recently to reshape the support available, in a partnership between the Scottish Government, Young Scot and the Scottish Association for Mental Health (SAMH).

The Youth Commission will gather evidence on existing services, encourage debate among young people and develop recommendations for ministers and service providers on how child and adolescent mental health services can be improved.

It is part of the 10 year Mental Health Strategy launched last year and mental health is a key theme of the Year of Young People 2018.

Mental Health Minister Maureen Watt said:

"It is vital that we recognise that good mental wellbeing is as important as physical health and periods of ill mental health can be recovered from with treatment and support. The work

of the young commissioners will guide how we improve the mental health services available to young people, and just as importantly, I want the discussion around their work to break down the unjustified stigma that persists around seeking treatment or experiencing poor mental health.

"This is the Year of Young People 2018 and this commission gives us an opportunity to deliver real change, based on evidence and experience, and create a society and health service that better meets the mental and physical health needs of our children and young people."

Youth Commissioner Hannah (17) said:

"I see mental health as one piece of the puzzle that makes up all of a person's wellbeing. Throughout my life I've faced challenges with my mental health and getting support which has made me eager to see what can be done to improve access to mental health services. Many people close to me also deal with mental health issues and so I know how important and wonderful it is to build a support network.

"This is an opportunity to make a difference in a system that so many people in my community rely on."

ILF Scotland opens new fund for young disabled people!



Building on the successful transition from ILF UK to ILF Scotland, the organisation has opened an exciting new fund (totalling £5 million per year) for young people who need support in Scotland. The Transition Fund supports those aged between 16 and 21, offering short term grants to provide opportunities that facilitate their participation and inclusion within their communities.

Ryan Cuzen, a successful applicant, said:

"This fund is a positive step forward and a gate opener for young disabled folk in transition to improve their lifestyle, to get out and about and to develop community social skills.

I wanted to be able to try new adult orientated activities, like mixed martial arts, and the fund has given me the chance to do this.

The hope is that the fund will give young disabled people, including myself, more confidence and help to develop community social skills."

Since the opening of the fund, we have received a variety of applications from young people, ranging from IT equipment to driving lessons to fees for activities to assistance dogs.

Peter Scott, CEO of ILF Scotland, remarked:

"We are thrilled that our Transition Fund is now open, providing a real opportunity for young disabled people to break down social barriers to fully participate in their communities and enhance their independence.

Disabled people, their organisations and their carers have been at the heart of developing this fund and its implementation. We will continue to work closely with them to maximise the positive outcomes and the impact of the Transition Fund for young disabled people."

To find out more information about the Transition Fund, the full eligibility criteria and how to apply, please go to ILF Scotland's website www.ilf.scot or phone and speak to our staff team on 0300 200 2022.

Website – ilf.scot

Email – enquiries@ILF.scot

Phone – 0300 200 2022

Ground Floor, Denholm House
Almondvale Business Park,
Almondvale Way,
Livingston
EH54 6GA



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Find out more on the [contactSCOTLAND](https://www.contactscotland-bsl.org/) website.



For further information on the Transition Fund, or simply to learn more about the work of the Independent Living Fund, visit our website or give us a call.



Gavin's Story

Gavin is a talented young athlete and has been recognised for winning various medals in swimming and athletics for both mainstream and disability clubs.

Being on the Autistic Spectrum, Gavin struggles with communication and has a limited social life. The swimming and athletics communities provide him with a stable and secure environment to meet friends and mature as an adult while keeping fit.

Gavin's goal is to be selected for the GB Paralympic Squad. In the longer term, Gavin would one day like to become a sports coach for children and adults with disabilities.

Gavin applied to the ILF Scotland Transition Fund to pay for swimming and athletics fees, personal fitness fees and his uniform.

The funding will be a valuable stepping stone for Gavin to achieve his goals. The long term impact will be life changing, providing Gavin with the vital skills to develop a career in sports coaching.

Gavin said, "I applied for money for my swimming and athletics fees for the upcoming season. I hope these activities will help me gain the confidence and independence I need to become a sports coach and member of the Team GB Paralympic Squad."

Baby care diary boost in Aberdeen

Parents of babies who need extra care in Aberdeen's Neonatal Unit will now be able to receive video updates of their baby's progress directly to their smartphone or tablet.

The vCreate App will allow nurses to capture baby's first moments through video updates and send them securely to parents own devices. Once the video clip has been sent to a parent's account they can access videos of their child at any time of day or night. The videos that staff in the unit make form part of a baby care diary that can be downloaded once their child has been discharged.



The neonatal unit at Aberdeen Maternity Hospital plan to hold a special event on Tuesday 15th May to mark the launch of vCreate; parents will be invited to the

launch and they will have an opportunity to register for an account.

One of the reasons for introducing the application is so that the unit can provide additional support to parents who, for many, the early arrival of their baby comes as an unexpected shock and they are concerned about their baby's wellbeing.

Nicole Bauwens, Nurse Manager at the Neonatal Unit, said: "We are delighted to be launching this new service. We hope that seeing their baby's progress will help to reassure families of their child's wellbeing. I would like to say a massive thank you to the Friends of the Special Nursery for funding this service for the Neonatal Unit, it will help parents to feel closer to their baby even when they are not able to be at their baby's cot side."

Kirsty Bishop, Chairperson for the Friends of the Special Nursery, a charity that provides a wide range of items to support the work of the Neonatal Unit, said: "Having experienced first-hand the shock of having a baby born too soon, I can appreciate the huge benefit that seeing their baby's face on video will have for parents. We are always pleased to support projects that help parents, and I can see this service being especially beneficial for parents who live far from the Unit, such as parents that travel from across the North East and Orkney and Shetland to see their baby."



The Aberdeen Neonatal Unit plan to use hospital-owned iPad devices that were donated by a grandparent earlier this year after he found out that the Unit was planning to introduce the vCreate service. Nurses will record short video clips that capture special moments that parents might miss when they aren't in the neonatal unit, such as baby sucking his thumb, or baby opening her eyes for the very first time.

The service is open to all parents of babies receiving care in the neonatal unit at Aberdeen Maternity Hospital and it will be free thanks to funding provided by the Friends of the Special Nursery.

Trustees of Tayside Endowment Fund meet at Ninewells

The Board of Trustees of Tayside NHS Board Endowment Fund met recently and approved a number of actions and funding proposals.

Speaking after the meeting, Chairman of the Board of Trustees John Brown said, "This was a very productive meeting where Trustees agreed a number of important actions.

"As Board Trustees of this fund, it is very important that we are transparent so the public and our staff can be reassured and see exactly what their donations are being used for.

During the meeting, the Trustees considered and approved two funding proposals, one for almost £90,000 to support research into a hormone disorder

"Our Board of Trustees' meetings are in public and I would encourage anyone to come along and see how donations and other funds are used and what a difference they are making to health and care here in Tayside."

and a £50,000 contribution for ultrasound equipment in the Clinical Research Centre at the University of Dundee.

Trustees heard an update on the work of the Community Innovation Fund, which is financed through Tayside Health Fund. The fund helps community groups to develop local improvement projects that will benefit the health and wellbeing of their local population.

An update was provided on the education and training endowment fund, which is used to help staff develop skills outwith their core technical skills necessary for the effective care of patients.

All Board papers can be viewed on NHS Tayside's website
<http://www.nhstayside.scot.nhs.uk>

Royal recognition for NHS Lanarkshire



HRH The Princess Royal officially opens the new alongside midwifery unit at University Hospital Wishaw

Midwives and maternity support workers at University Hospital Wishaw received royal recognition for their work as Her Royal Highness (HRH) The Princess Royal visited their award-winning maternity service.

During her visit, The Princess Royal also formally opened the new alongside midwifery unit.

Dr Mary Ross Davie, Royal College of Midwives (RCM) Director for Scotland, said: "NHS Lanarkshire is an excellent

example of a maternity service that has been consistently seeking to improve the service it delivers and they have an engaged, enthusiastic and empowered team of midwives supporting the wider-multi disciplinary team.

"NHS Lanarkshire were also one of five Heath Boards chosen in Scotland to take forward early implementation of the Best Start recommendations, including the implementation of continuity of carer and the development of a system of local delivery of maternity care.

"The positive working culture has undoubtedly been part of the success of Wishaw's maternity services over the past number of year and the implementation of changes and improvements has resulted in high quality care for women and their babies."

HRH The Princess Royal, who is patron of the (RCM), met with midwives, MSWs, neonatal midwives and other members of staff from NHS Lanarkshire.

She was welcomed on arrival by RCM President, Kathryn Gutteridge, RCM's Director for Scotland, Dr Mary Ross Davie, RCM's Chief Executive, Gill Walton, and Lyn Clyde Chief Midwife at University Hospital Wishaw.

During the visits HRH The Princess Royal met midwives at the Wishaw's Early Pregnancy Unit and also viewed their state-of-the-art birthing rooms and training rooms used by student midwives.

In March this year NHS Lanarkshire was named 'Midwifery Service of the Year' at the RCM's Annual Midwifery Awards 2018.

The Maternity team at Wishaw care for women across north and south Lanarkshire and deliver 4,500 babies every year. Maternity care is also delivered to approximately another 2,500 women that live within Lanarkshire but choose to deliver in other units nearer to their homes.



Lyn Clyde, Chief Midwife at University Hospital Wishaw, introduces HRH The Princess Royal to staff.

Therapy Ponies “precious” to dementia sufferers.

A group of Shetland ponies played a starring role at a special healthcare conference which took place in Aberdeen recently.

Those living with dementia, carers and health and social care professionals from across Grampian gathered in the city to hear about how the specially trained ponies can bring joy and comfort to people living with the condition.

The conference at AEC, organised by NHS Grampian, was aimed at raising awareness of the latest care, support and research on dementia.

Dementia affects almost 10,000 people in Grampian – a rise of more than 45% compared with 2007.

Dr Jennifer Adams, Consultant in Older Adults Mental Health said: “That’s a significant increase and a real concern. Dementia is already one of the biggest healthcare challenges in Grampian and, as we are all living longer, we expect the number of people affected to continue to rise.

“The figures - as stark as they are - don’t tell the whole story. Dementia affects more than just the person who is living with the diagnosis. It has also a significant impact on carers, families and friends and we all need to be aware of that.

“That’s why it’s important that we make sure that we’ve got the right support in place for everyone who is affected with a consistent approach.

“The therapy ponies are another tool that will help provide that. As an organisation we already support the use of Therapets within the clinical areas and the feedback from people living with dementia, carers and relatives was fantastic so we hope that the ponies and the specifically trained dementia dogs will be just as big a hit.”

Lyn Irvine, Nurse Consultant for Alzheimer Scotland and NHS Grampian, said: “Therapy Ponies Scotland do some fantastic work and the animals are really affectionate and fond of a good cuddle. The interaction with the ponies often helps stimulate a positive social response from people living with dementia and minimise stress and distress. The animals provide comfort, joy and a sense of excitement.

Team Award for Wishaw Hospital

NHS Lanarkshire’s obstetrics and gynaecology multi-disciplinary team at University Hospital Wishaw was crowned ‘Team of the Year’ at the annual NHS Education for Scotland (NES) Medical Directorate Awards.

The team was recognised for its outstanding achievements and contributions to undergraduate and postgraduate medical education and training in Scotland.

Chair of the judging panel, Professor Rowan Parks, said: “Medical education

and training is vitally important in developing and maintaining the skills of Scotland’s healthcare professionals.

“It’s always both a difficult task and a privilege to review the nominations for these awards. Every year we are impressed by the inspiration, dedication and leadership of the nominees.

“They all demonstrate innovation, perseverance and a commitment to the highest standards in medical education and training.”

The team - which comprises medical staff, midwives, coordinators, gynaecology nurses, sonographers, pharmacists and allied health professionals - was nominated by Dr Ian Hunter, NHS Lanarkshire Director of Medical Education.

Dr Ian Hunter said: “The team have shown significant effort and commitment to education and have created a department with a broad and encompassing learning ethos with excellent working relationships and support from the multi-disciplinary team.”



Photo: NHS Lanarkshire’s obstetrics and gynaecology multi-disciplinary team with NES Chair David Garbutt and chief executive Caroline Lamb.

NHS Board Member Vacancies in Ayrshire

Are you interested in becoming an NHS Board member?

Are you interested in a challenging and rewarding role which will have a lasting impact on the delivery of healthcare across Ayrshire and Arran? If so, becoming a non-executive member of Ayrshire and Arran NHS Board could be just for you.

NHS Ayrshire & Arran is looking for a non-executive member to join our Board from September 2018. The Board isn't involved in the day to day running of the organisation, but it provides leadership, guidance and direction.

Being a non-executive Board member shows your ongoing commitment and it asks for a few days of your time a month. Martin Cheyne, Chairman of Ayrshire and Arran NHS Board, commented: "This is a great opportunity for anyone with an interest in their local health service to become more involved in decision making and in ensuring the accountability of the executive Board members. I would urge anyone who is keen to make a difference to consider applying."

For an application pack and full details of these and other public appointments, please visit the website: www.appointed-for-scotland.org.

If you would like to find out more about the role, you are welcome to contact the Chairman, Martin Cheyne, by calling the Corporate office on 01292 513628; or by emailing AA-UHB.ceo@nhs.net.

New Profile for Lanarkshire Care Plan

Around 50 per cent of deaths in Scotland occur in an acute hospital.

So, prompted by the recent national Dying Matters week, two NHS Lanarkshire hospital consultants are raising awareness of the NHS Lanarkshire Hospital Anticipatory Care Plan (HACP) and the benefits it can have for patients, families and clinical staff.

The plan has been developed and implemented over the last two years.

Professor D. Robin Taylor, Respiratory Consultant at University Hospital Wishaw, said: "Better patient care starts with being honest about a patient's situation and effective planning. The HACP summarises decisions about the need for treatment escalation or limitation if a patient's condition deteriorates.

"The HACP prompts discussion about the likely benefits, or not, of major medical interventions. This is often an important question for patients. They do not want treatment that may be burdensome if it is not going to achieve any meaningful benefit. It is vital to good quality care that this should be openly discussed especially at the end of life.

"The HACP is designed to ensure good communication about what treatments are likely to be beneficial and to distinguish them from ones that are going to have no benefit or are contrary to the patient's wishes. One size fits all is no longer acceptable.

"Another major aim of the HACP is to reduce the risk of medical harms in a crisis

situation. This is especially important at nights or weekends."

In a major study of 300 patients, Taylor and Lightbody have shown that the HACP reduces medical harms by nearly two thirds. Often this is due to overtreatment.

The theme of Dying Matters national awareness week this year was 'What can you do?'

Talking about death makes it more likely that a person will die as they might have wished and helps those left behind know they had a 'good death'.

The HACP can help move this conversation into action. It is designed to encourage shared decision-making so that medical interventions are realistic especially if the prognosis is changing.

Dr Calvin Lightbody, Consultant in Emergency Medicine at University Hospital Hairmyres, said: "Around 30 per cent of patients admitted to hospital are in the last year of life. Understanding a patient's illness trajectory and considering their wishes about treatment are key elements underpinning the HACP.

"Although it may be possible to turn things around and stabilise things, for many the chances are that success will



Photo: Professor D. Robin Taylor, Respiratory Consultant at University Hospital Wishaw.

only be temporary. Another crisis is not just possible but probable and, when it happens, the challenge is to manage it well.

"The HACP has been welcomed by ward staff across NHS Lanarkshire as a means of recognising and communicating the goals of treatment consistently. It provides easily accessible information especially out-of-hours and at weekends."

Bumper charity cheque boosts hospital haven for bereaved parents

A charity has raised a fantastic total of £15000 to help NHS Lanarkshire create a special haven for bereaved parents who have lost a baby.

The Glasgow Sands stillbirth and neonatal death charity met staff to hand over their generous cheque, which will boost funding for a maternity bereavement suite set to open soon at University Hospital Wishaw.

Elaine Hamilton, NHS Lanarkshire bereavement specialist midwife/counsellor, said: "Glasgow Sands are continually supporting our work and have underlined that commitment once again with this wonderful donation.

"Thank you to all involved in donating and raising the money, which will be going to a very worthwhile cause as this bereavement suite means so much to many."

The Wishaw development has been designed using the best aspects of existing bereavement suites throughout the country and it's hoped it will be open by the end of the summer.

NHS Lanarkshire chief midwife Lyn Clyde added: "The bereavement suite will be a place of comfort to those who have sadly lost a baby after coming to the hospital to have their child.

"It will provide a peaceful, homely area separated from other parents and babies where bereaved mums and dads can spend some quiet time with their child."

Glasgow Sands befriender Gavin Moir, who handed over the bumper presentation cheque, said: "Our supporters in Lanarkshire and beyond pulled out all the stops to raise this funding through events like gala balls, discos, sponsored runs and many other things.

"We initially raised £10,000 then met the challenge of collecting £5000 more when it became clear through a survey of families' views that state-of-the-art soundproofing would need to be funded to ensure the suite offers a completely peaceful space amid a busy and potentially noisy maternity department."

Sands network co-ordinator Chris Somerville added: "We recognise the huge benefits of bereavement suites like the one that's opening in Lanarkshire and we'd like to see one in every maternity department in the country.

"It's great to see it happening in Lanarkshire through the passion and dedication of the maternity staff and the commitment of the members of the public who have supported them and raised so much money over recent years."



Pic caption: from left – midwife Jane Hunter, chief midwife Lyn Clyde, midwife Vicky Grove, Sands network co-ordinator Chris Somerville, Glasgow Sands befriender Gavin Moir, midwife Veronica Winters, bereavement specialist midwife/counsellor Elaine Hamilton, senior midwife Amanda Kennett

Cancer nurse awarded for 'going that extra mile'

Rhona Scott, Macmillan Nurse Specialist Gynaecology has just been awarded The Isabella Kimmett Compassionate Care Award thanks to one of her patients.

Anne Thomson nominated Rhona for "the incredible and outstanding work she does for the patients in Ayrshire with cancer."

Anne continued, "Rhona's kindness and 'going that extra mile' for so many should be recognised. She is a jewel in the crown for NHS Ayrshire & Arran and I, for one, am so thankful and grateful she was there to help and support me through my journey."

Isabella Kimmett's daughter, Jacqueline Thomson, presented Rhona with her award. Rhona said: 'I am very humbled

and grateful to receive such a thoughtful nomination from Anne. I am blessed working with a dedicated team of colleagues in gynae-oncology and we all work hard in supporting each other to provide the best we can for our patients.

"It is lovely to be appreciated but even more rewarding to be involved with such a special group of women and their families."

Professor Hazel Borland, Nurse Director, commented: "I am so pleased to hand over this award to Rhona, such a deserving nurse."

"This nomination by one of her patient's shows how true compassion and understanding is at the heart of nursing

and what lasting effects that can have on an individual who is suffering such an illness as cancer."

The Isabella Kimmett Compassionate Care Award is given three times each year and celebrates staff members who have shown compassionate care.

If you know someone who deserves to be awarded for the quality of their compassionate care, you can nominate them for the Ayrshire Achieves Award under the category 'Caring for people - incorporating the Isabella Kimmett Compassionate Care Award'.

The closing date is 28th September and you can request a nomination form via ayrshireachieves@aapct.scot.nhs.uk



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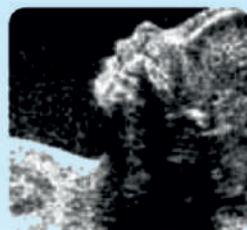
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Goody2Shoes signs up to 'Breastfeed happily here'

Goody2Shoes is the latest local business to sign up its shops in Ayr, Kilwinning and Largs to NHS Ayrshire & Arran's public breastfeeding initiative, Breastfeed happily here.

Breastfeed happily here is a way of making sure that employees in local businesses are aware of The Breastfeeding etc. (Scotland) Act 2005, which means that it is illegal to stop a mother feeding her baby breast or formula milk in premises where the public has general access.

Venues display the Breastfeed happily here sticker to let all customers know that breastfeeding in public is protected by law and that they openly support and encourage mothers to feed their babies.

Pauline Cassidy, Manager of Goody2Shoes – Ayr, Kilwinning and Largs said: "I was surprised to learn that many people are not aware of the law - even mums.

"We are happy to help get the message out there to our staff and customers that it's perfectly normal for women to breastfeed in public and in our shop."

Ruth Campbell, Consultant Dietitian in Public Health Nutrition, explains: "We want all mothers in Ayrshire and Arran to make their choice about breastfeeding feeling fully informed and supported not only by us, but by their peers and local community.

"Mums want to be out and about with their new babies, who may need fed every few hours. There should be no barriers to them feeling able to do that.

"We have more proven information about the benefits of breastfeeding than we ever had before. We know that breast milk helps protect babies from things like ear and chest infections, as well as tummy upsets like diarrhoea and vomiting. Long term, it means children have a lower risk of diabetes, eczema and obesity later in life."

If you would like to find out which venues have signed up to the Breastfeed happily here campaign, or you are a business owner who would like to display a sticker, please email ayrshire@breastfeedingnetwork.org.uk.

The 'Breastfeed happily here Ayrshire' Facebook page has the latest news of venues that have signed up, as well as pictures, stories and videos from breastfeeding mums around Ayrshire.

If you are a mother looking for breastfeeding advice and support, speak to your midwife or health visitor. You can also visit <https://www.breastfeedingnetwork.org.uk> or call National Breastfeeding Helpline on 0300 100 0212. The Breastfeeding Network also runs free groups every day across Ayrshire where you can receive support and information.



Julie Peterkin with Noa McLean, Kayleigh Brown and little Lyla, and Carrieann Sullivan, Goody2Shoes.

Quit Your Way Tayside - How smoking can impact on your medical treatment

To mark the launch of new Quit Your Way posters on NHS Tayside sites, people are being encouraged to be aware of the impact that smoking can have on their medical treatment.

New posters have been displayed across sites in Angus, Dundee and Perth & Kinross to raise awareness of NHS Tayside's No Smoking Policy.

The 'Quit Your Way – with our support' posters were created after research by Health Scotland found smoking cessation services should have one national identity to encourage more people to seek support to quit smoking.

NHS Tayside's Smoke Free Services is now known as Quit Your Way Tayside, in line with smoking cessation services across Scotland.

NHS Tayside operates a strict no smoking policy and asks staff, patients and visitors to respect the policy by not smoking on NHS Tayside premises or grounds. Only one in five people now smoke and NHS Tayside's policy aims to protect and improve the health and wellbeing of the people using its services.

Respiratory consultant Dr Tom Fardon said he would encourage people to follow NHS Tayside's No Smoking Policy and access NHS Tayside's Quit Your Way services to seek support to quit smoking.

He added, "On top of the significant long-term benefits, giving up smoking will also mean that your medical treatment could be more effective. NHS Tayside's smoking policy aims to protect patients from inhaling smoke. Unfortunately when people do not adhere to this policy, they often smoke near entrances and windows and patients are being exposed to some of the second-hand smoke."

Although the health risks of smoking are well known, many people are less aware that continuing to smoke during treatment may mean medication is less effective.

Dr Fardon added, "There are obviously massive long-term health benefits to giving up smoking as it reduces your risk of developing heart disease, cerebrovascular disease, COPD, lung cancer and many other cancers.

"What people may not be aware of is that many of the medicines we use to



treat illness may not be as effective if the patient smokes. This is also likely to be true for second-hand smoke.

"For respiratory illness, there are new advances in medicine that are very effective for treatment, including inhaled steroids for asthma conditions, but they simply do not work as well for patients who continue to smoke.

"People can get support to stop smoking while being treated at the hospital and for many it is the start of their journey to quit smoking for good. Many people who come into hospital use it as an opportunity to change their habits and become a non-smoker.

"People find it difficult to single out a reason to quit but coming into hospital can be a trigger point in their lives. We can provide support during inpatient stays, offering them Nicotine Replacement Therapy and medications proven to increase quit rates."

NHS Tayside's smoking policy now allows the use of e-cigarettes on NHS Tayside grounds but they remain prohibited in buildings and enclosed spaces.

Later this year, the Health (Tobacco, Nicotine etc And Care) (Scotland) Act 2016 will make it illegal to smoke within 15 metres of a hospital building. Anyone

breaking this law will be liable to receive a fixed penalty notice which can be issued by enforcement officers employed by the Local Authority. Guidance about the new law will be issued by the Scottish Government, including the responsibilities of NHS and Local Authorities and how they will work in partnership to enforce it.

NHS Tayside's Quit Your Way services provide smoking cessation services and information about support available to NHS staff, patients and members of the public, including the availability of Nicotine Replacement Therapy. Help is also in place for patients that smoke to help them remain smoke free while in hospital.

Giving up smoking is the single most important lifestyle decision that anyone can make to improve their health immediately. Anyone who wants to stop smoking can visit any local community pharmacy or call Quit Your Way on 01382 424127 to find out about all the ways NHS Tayside can help support people to become smoke free.

Anyone wishing to find out more about the free 'Quit Smoking in 12 weeks' programme which offers support and free products can also follow our Facebook page at www.facebook.com/nhstaysidequityourway

NHS Tayside nurse representing Dundee ‘down under’

A Ninewells nurse has been awarded a scholarship to attend the 29th International Nursing Research Congress in Melbourne, Australia in July.

Wendy Warden, a cardiac rehabilitation nurse, has been invited to attend the conference to present her Master of Science qualitative research project in the Rising Stars of Research – Invited Poster category.

Wendy undertook the project entitled “Patients’ experiences of the Educational Component of an Outpatient Cardiac Rehabilitation Exercise Programme” as a part of her study towards her MSc in Advanced Nursing Practice. Her research

project was selected to represent the University of Dundee at the prestigious event.

Wendy said, “This is an exciting opportunity for me to share my project on an international stage and to further develop my knowledge and skills in research.

“On my return, I will be able to share my experiences as well as my learning with the University of Dundee and NHS Tayside. I hope to inspire others to undertake research which will positively influence patient care.

“I’m pleased to say that my abstract has

also been selected for presentation at the European Society of Cardiology Congress in Munich in August.”

The International Nursing Research Congress brings together nurses, researchers and clinicians from across the world to provide a platform to collaborate, learn and share information on topics affecting research and evidence based practice in nursing.

Each year in excess of 800 nurses attend to learn from research based presentations and posters. The theme of this year’s conference is “Innovative Global Nursing Practice and Education Through Research and Evidence Based Practice”.



Celebration of patients’ art & crafts at PRI Stroke Unit

Colourful glass work, felting, painting and flower arranging created by stroke patients went on display at the Stroke Rehabilitation Unit at Perth Royal Infirmary recently.

The work was created as part of the annual ST/ART art programme, an engagement project for stroke participants which is delivered across Tayside. The project is run by Tayside Healthcare Arts Trust (THAT) in association with NHS Tayside.

Artist Rachel Bower has been working with inpatients at the stroke rehabilitation unit over the past four months, introducing participants to a variety of art and craft techniques, tailoring each process to suit their abilities and interests.

Participants in the programme received one-to-one sessions and also had the

opportunity to join in weekend group sessions which allow participants to work together in a social atmosphere.

A wide range of the work produced by the group is on display, including jewellery, bowls, clocks, textile panels and floral displays.

Chris Kelly, the ST/ART project coordinator, said, “It has been really exciting to bring Rachel back to the PRI stroke unit again this year. It has been a very satisfying and successful programme, seeing a new group of participants discover that being creative can be good for their health and wellbeing.”

Rachel added, “It has been great for me to be working in the hospital setting again and a pleasure to engage with new participants in such a positive way.

“The staff treat me as part of the rehab team and support me having time with participants to develop their interests. The participants have been amazed and delighted to discover what they can achieve despite their stroke and most find that taking part in the programme is a really positive, empowering experience for them.”

Senior charge nurse Bernie McLaughlin said, “Although it has only been her second time leading the programme here, Rachel is well established in our team. She has been fantastic with the patients who have really responded to the variety and choice on offer. We are always impressed by the way the art programme helps each individual differently. It’s fantastic to have the work on display and see it on show together.”

Your Community, Your Voice, Your Future – Community open day at Crieff Community Hospital

Residents in South Perthshire are being invited to attend an open day at Crieff Community Hospital.

The drop-in event is being held on Saturday, 30 June, and will offer local people the opportunity to meet the South Perthshire health and social care partnership team, as well as local community groups who provide support to people in the area.

Members of the community can also share their ideas, views and opinions on how available space in Crieff Community Hospital could be used in the future to support the local community.

This available space includes ward 1, an area which was previously used for dementia assessment until a new

model of care for older people's mental health services in South Perthshire was implemented last year. This model shifted the delivery of care for older people with dementia or a mental health illness closer to their own homes.

Health and social care professionals are working in partnership with patients and their families to deliver a more localised service for those living with dementia.

The hospital open day is being held between 10am and 2pm and refreshments will be available.

A range of activities provided by local groups and services will also be on offer during the event, including learning about upcycling, light exercise routines, local transport options and lots more.

South Perthshire & Kinross locality manager Lindsey Bailie said, "This will be a good opportunity to meet members of the local community and discuss health and social care in the area. The open day will provide information on what services are provided from Crieff Community Hospital, as well as information on what support is available in the community. We hope people from South Perthshire come along and share their views."

For more information or if you're interested in your group being involved in the event please get in touch with Christine Grace, community engagement worker on 01738 452234 or christine.grace@pkavs.org.uk

Tayside Mental Health Services Independent Inquiry - Progress Update

The establishment of an independent inquiry into NHS Tayside mental health services is advancing with discussions to finalise arrangements progressing well.

Since NHS Tayside Chairman John Brown and Chief Executive Malcolm Wright announced that they were to commission an independent inquiry, work has been ongoing to secure key roles within the inquiry and establish how the inquiry will be set up.

Three potential independent chairs have been identified and expressed a willingness to take up the role.

The potential chair of the inquiry will be invited to meet with families and key stakeholders before a final decision is made on who will lead the independent review.

The independent chair will be supported by high level professional advice from a leading psychiatrist from out with Tayside.

The Health and Social Care Alliance Scotland (The ALLIANCE) – a national intermediary organisation which aims to ensure people are at the centre and their voices sit at the heart of the delivery and improvement of support and services – will lead the involvement of patients,

families, the public, the third sector and mental health charities to the inquiry.

The Chief Executive of the ALLIANCE, Professor Ian Welsh OBE, will independently lead a Stakeholder Participation Group made up of families, the public and other external stakeholders. He will meet with families and the public providing them with expert independent advice, leadership and support to ensure people know how they can input and give evidence to the inquiry in a very transparent way.

The Stakeholder Participation Group will be asked to shape and agree the Terms of Reference of the inquiry. These terms will include agreed timescales for the inquiry and reporting processes.

It is expected that the Terms of Reference will review safety, the quality of standards of care and, importantly, access to mental health services.

A Clinical Participation Group, including staffside representatives and mental health staff, will be established.

The inquiry will have independent administrative support.

Mr John Brown, Chair of NHS Tayside, said, "We have been working hard

to ensure that this inquiry is set up in the right way from the beginning. I am pleased to report that all those we approached to play a role in this critical review have been supportive from the outset and the inclusion of the ALLIANCE demonstrates our commitment to it being truly independent and giving a voice to the concerns of families and the public.

"There is further progress to be made as we set up the participation groups and establish the terms of reference, but we are taking the time to ensure the inquiry is aligned in every aspect with the five principles agreed at the cross-party debate in the Scottish Parliament.

"The next step is to ensure that the Terms of Reference of the inquiry are shaped and agreed by families and the public and the ALLIANCE will be leading this first stage.

"It is important that the people of Tayside know that we are making progress and we will keep everyone updated as we finalise arrangements. Although the timescales for the inquiry will be agreed in the Terms of Reference, it would be our intention that there is an interim report provided to Tayside NHS Board by the end of September."

Veterans First Point Ayrshire & Arran celebrates its first birthday

Veterans from across Ayrshire came together recently to celebrate the first birthday of Veterans First Point.

The Provosts from East, North and South Ayrshire, Jim Todd, Ian Clarkston and Helen Mooney, and the Deputy Lord Lieutenant, Erica Lockett attended what is usually the weekly drop in session (10am to 12pm on Wednesdays) to celebrate with local veterans.

Veterans First Point was first launched in Ayrshire in March last year to support service veterans and their families with the move from military to civilian life.

Lindsay Kirkwood, Clinical Lead for Veterans First Point Ayrshire and Arran, explains: "Since its opening, Veterans First Point has managed to support over 300 veterans to get help with things like housing, support with gaining employment, and accessing psychological treatment for mental health difficulties.

"We'd like to say thank to everyone who has supported us since we launched and everyone who attended the celebration. Also to Hugh Walker, one of our veterans, who baked a delicious birthday cake and presented it to the team."

If you feel you could benefit from support from the Veterans First Point service, don't hesitate to contact them:

- Telephone: 01294 310400
- Email: AA-UHB.veteransfirstpoint@nhs.net
- Website: www.veteransfirstpoint.org.uk
- In person: 12-14 Bridgegate, Irvine, KA12 8BQ



Lanarkshire takes part in national initiative to improve patients' experience

NHS Lanarkshire is one of only four health boards in Scotland to be involved in a new Healthcare Improvement Scotland (HIS) initiative to improve patient management processes within general practice.

Boards across Scotland had to bid to be part of the fully-funded national collaborative programme called 'iHub'. The initiative provides staff with the training and skills to improve the overall patient and staff experience through: better signposting; shorter waiting times; better support for self-help and easier access to GP appointments.

Four general medical practices in Lanarkshire are taking part - Clydesdale, Camglen, Coatbridge, and Cumbernauld

North & Kilsyth - two from North and Two from South Lanarkshire. These practices will share the learning and the good practice they develop with others in their locality to maximise the benefits for all patients and practice staff across Lanarkshire.

NHS Lanarkshire's bid is part of their Primary Care and Mental Health Transformation Programme – an innovative, change programme which aims to improve patient access to health care services in the community.

Dr Linda Findlay, Associate Medical Director South Health and Social Care Partnership, said: "We're delighted that the Lanarkshire bid was successful and

that local general medical practices were keen to take part. This is a great opportunity to learn new skills, develop new ways of working and influence what will become national best practice in managing patient care in Scotland.

"It will result in a better experience for patients and staff, more joined-up working and better communication within and between practices and ultimately improved access to health care in the community which is what our transformation programme is all about."

The initiative got underway recently with a national conference in Dunblane and runs until March 2019.

Questionnaire on maternity care journey launched

Woman across Greater Glasgow and Clyde who have recently given birth are being asked to contribute to a national maternity survey which will help shape the future of maternity care.

Mums who gave birth between January and February will be sent a questionnaire about their recent experience of maternity care.

The results will help healthcare professionals understand what they are doing right and where there needs to be improvement.

Taking part is voluntary, all responses will be completely confidential and none of



the healthcare professionals involved in the women's care will know anything about their responses.

Evelyn Frame, Chief Midwife, NHS Greater Glasgow and Clyde, said: "This survey gives us the opportunity to get feedback from women who have recently been under the care of maternity services.

"It would be really helpful if every woman who gets a questionnaire takes the time to complete it as their responses can really help us focus on what we are doing right and what we need to improve our service.

Local heroes nominated

People from across Ayrshire and Arran were recently asked to share positive experiences of their local NHS by nominating staff and volunteers for an Ayrshire Achieves Award.

Ayrshire Achieves 2018, funded by NHS Ayrshire & Arran's Charity Fund, gave local people – and staff – the chance to recognise the positive contribution of health workers and volunteers to the NHS and health and social care partnerships.

The awards aim to celebrate success, applaud excellence and innovation, and demonstrate continuous improvement in the quality of care.

Stewart Donnelly, Employee Director – Ayrshire and Arran NHS Board, explains: "We know our staff often go the extra mile for the people they care for. This was a chance to nominate your NHS or partnership star and give them the recognition they deserve."

Any member of the public, employee of NHS Ayrshire & Arran and partner organisations was able to nominate an individual or team employed by NHS Ayrshire & Arran for an award. They could also nominate a volunteer, voluntary group or charity for the volunteer's award.

Watch this space for news of this year's award winners.

Celebration event marked third anniversary of Community Innovation Fund



Photo attached: Richard McIntosh, Community Capacity Building Officer, Tayside NHS Board, far left, with attendees at the celebratory event.

A showcase event was held in The Steeple in Dundee recently to celebrate the success of community projects funded by NHS Tayside's Community Innovation Fund.

Representatives from over 30 funded projects from across Tayside presented their work and shared their ideas and information with other projects. Over 150 community groups have been awarded money since the launch of the Fund three years ago.

The Community Innovation Fund helps community groups to develop local improvement projects that will benefit the health and wellbeing of their local population. The Fund is financed through Tayside Health Fund, the charity for NHS Tayside.

Trustee for Tayside Health Fund Munwar Hussain said, "I am delighted to see such a wide range of community activities being supported by the Community Innovation Fund. Building resilience in communities is a vital way of helping people to live healthy lives, and is a key part of the strategy of NHS Tayside to improve the wellbeing of our local population.

"The examples of the projects highlighted show really inspirational ways through which people all across Tayside

have come together to develop exciting ideas that are now coming to fruition and delivering major benefits to society."

Dave Barrie, project manager from ADDACTION, said, "We are delighted with the opportunity that the Community Innovation Fund has given us. Our Community Garden has been so successful in creating a safe, healthy and calming space, the project has significantly improved the lives of people throughout Dundee who experience many health inequalities.

"We have found that the wellbeing of everyone who has accessed the garden space as a volunteer or a service user has been uplifted. The garden has enabled individuals to engage in their community thus improving their overall wellbeing leading to improvements in the local community too. None of this would be possible without the support of the community capacity building officer and the Community Innovation Fund."

Richard McIntosh, community capacity building officer with NHS Tayside, said, "This was a celebration of the incredible work of community groups across Tayside where people have come together to make their lives healthier, to make the lives of other people better and, ultimately, make a better society for us all.

"NHS Tayside is a strong believer in the role community groups play and how their activities make a vital contribution to a healthier society. Community groups build their activities from firsthand experience and maximise the local knowledge and connections available.

"The Fund can really go to the heart of a community to make a difference, supporting local people to make decisions about the changes they want to see to help them improve the health, wellbeing and resilience of their own communities."

The Community Innovation Fund aims to support new, innovative projects which will work in partnership with communities in disadvantaged areas, promoting quality of life, overall health and wellbeing and creating a stronger sense of community and social relationships.

Community groups can apply for any amount between £500 and £25,000 over a three-year period to establish new and innovative projects.

Anyone interested in applying or finding out more information should visit the website www.communityinnovationfundtayside.scot.nhs.uk

New programme of pregnancy support

NHS Tayside has appointed a specialist midwife in Perinatal Mental Health to increase support to women to maintain good mental health and wellbeing during and after pregnancy.

Justine Anderson will provide expert advice and increase health professionals' awareness about mental health issues that might arise during pregnancy and after birth.

Perinatal mental health refers to the period during pregnancy and up to 1 year post-natal, and it can also include pre-conception counselling.

Justine Anderson, specialist midwife, said, "In Tayside, women and their families are at the centre of our maternity service. Healthcare teams acknowledge the importance of supporting women's physical and mental wellbeing throughout their pregnancy and after.

"My role is to raise awareness in perinatal mental health, provide education, training and advice for colleagues within maternity services to help them recognise early identification of mental health challenges and provide specialist support to women during pregnancy and after birth."

Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth. Trained and skilled professionals can often prevent the onset, escalation and negative impact of perinatal mental illness through early identification and expert management of a woman's condition.



Justine Anderson, specialist midwife in Perinatal Mental Health.

Rheumatology teams awarded for inspired initiative

A local Rheumatology team based at Stobhill Hospital have collected a national award on behalf of all their colleagues.

Rheumatology teams across Greater Glasgow and Clyde (GGC) have been awarded Best Practice Award at the British Society for Rheumatology (BSR) conference.

The award was presented for the development of a Rheumatology Associate Clinical Nurse Specialist training post.

The BSR recognised the significant benefits this initiative has made to rheumatologists in GGC since its introduction four years ago.

The award was presented to Dr Anne McEntegart, consultant rheumatologist and Liz McIvor, clinical nurse specialist, who are both based in Stobhill.

Anne explained: "Liz and I set up a training programme to train rheumatology clinical nurse specialists which is now in its fourth year in NHSGGC.

"The Rheumatology Clinical nurse specialist programme is a 12 month training post rotation through North Glasgow, South Glasgow and Clyde rheumatology departments and is an apprenticeship which aims to prepare the trainee to take on a substantive clinical nurse specialist post in rheumatology.



"It's fantastic to have the programme recognised by a national body."



Well-being and Gender Scans from 16 weeks

Well-being and 4D Scans from 24 weeks

Growth and Presentation Scans from 26 weeks

www.windowtothewomb.co.uk



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New MRI scanners will benefit patients

Investment to meet increasing demand.

Around 10,000 more Scots will receive MRI scans every year thanks to two new Magnetic Resonance Imaging (MRI) scanners funded by the Scottish Government.

The £2.4 million awarded to the Golden Jubilee National Hospital (GJNH) for new equipment will reduce waiting times for diagnostics by increasing capacity.

The hospital has experienced an 88% increase in the number of imaging exams carried out over the last six years, with MRI being one of those continually in demand.

This development is the first stage of a three year expansion of the hospital, which will also see ophthalmology, orthopaedic and other services increased.

Visiting the hospital, Health Secretary Shona Robison, said:

"In a matter of months these two MRIs have carried out 3,500 scans for patients across eight health boards and we hope they will have a significant impact on waiting times across Scotland.

"This is just the start of the expansion of the Golden Jubilee, which is a key part of our commitment to ensure our services meet the health needs of Scotland over the next decade and beyond."

Jill Young, Chief Executive of the Golden Jubilee Foundation, said:

"This direct investment to patient care will not only help us provide NHS Scotland with sustainable services for the future, but will allow us to have an even greater impact in diagnosing, treating and monitoring long term health conditions, including heart disease and cancer."

Health Boards who have benefited from the scanners are NHS Ayrshire and Arran, NHS Fife, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Dumfries and Galloway, NHS Western Isles, NHS Lothian.



Fast-track midwife education

Nurses in the Highlands and Islands can become fully qualified midwives in just 20 months, through a new £500,000 pilot scheme.

The shortened midwifery programme will be available to local registered adult nurses, and those from further afield who wish to study at the University of Highlands and Islands and then work in the region. It's being delivered in conjunction with NHS Highland and NHS Western Isles.

The programme will start in January 2019 and run for 20 months. The Scottish Government will fund tuition fees for 20 students, provide bursary support for those currently not in employment – about £6,500 per student – and, along with the NHS Boards, fund salary costs of existing employees undertaking the training.

Health Secretary Shona Robison explained, "We are taking action to widen access to midwifery and this pilot programme will allow nurses – both living in the Western Isles and Highlands and Islands and those who live elsewhere but wish to work in the region – to become registered midwives faster than the standard courses currently on offer. I hope as a result of this, more nurses will consider a career in midwifery where there will be more posts available.

"Applications are now open and I would encourage those who have considered training to become a midwife in the past but haven't pursued it to apply."

Said Mary Burnside head of midwifery for NHS Highland,

"NHS Highland welcomes the support of the Scottish Government to this exciting new initiative which will open up career options for nurses who are committed to working and living in Highland area.

"NHS Highland values the collaborative working with the University of the Highlands and Islands which is strengthening access to career opportunities for nurses and midwives at a local level."

Professor Crichton Lang, deputy principal of the university and head of the School of Health, Social Care and Life Sciences commented,

"We are delighted to be playing a key role in this innovative development which will strengthen the supply of qualified midwives, enhance career opportunities and help to meet the needs of our local communities. The programme will be part of our growing portfolio of teaching and research in allied health and social care, sport and wellbeing, rural health and

biomedical science."

Chris Anne Campbell, Nurse Director, NHS Western Isles said:

"NHS Western Isles welcomes this exciting new initiative that offers opportunities for qualified nurses to advance their careers further and for newly qualified nurses to complete their midwifery training within 20 months. This is an important development to sustain and enhance midwifery care in our island community and we are grateful to UHI and the Scottish Government for making this possible."



Primary care workforce plan includes major nursing investment

Improved nursing care provided closer to home will be made available – thanks to almost £7 million being invested in training.

The funding will ensure the existing nurse workforce have the skills to even better meet the needs of people requiring care in their own homes, GP practices or in other community settings.

The new Primary Care Workforce Plan sets out commitments to significantly expand and strengthen primary care across Scotland.

Following the introduction of the new GP contract, the plan emphasises the importance of highly skilled multi-disciplinary teams to ensure all patients continue to receive high quality care.

It also outlines plans to support the recruitment of an additional 800 GPs over the next ten years, plus an annual investment of £35 million by 2022 for an

extra 800 mental health workers in key locations such as A&E departments, GP practices, police stations and prisons.

Health Secretary Shona Robison said:

"A strong and professional workforce is at the centre of the success of Scotland's health and social system. The investment in nurse training will mean that more patients are treated in the community and ensure the sustainability of a multi-disciplinary team approach.

"Scotland is leading the way on workforce planning and I am proud that we are the first nation in the UK to publish a plan that not only puts community care at its heart, but also helps prepare us for the expected challenges Brexit may bring for our workforce."

Theresa Fyffe, RCN Scotland Director reacted saying,

"RCN Scotland is pleased that the

Scottish Government has listened to our concerns and that this plan reflects the need for a new approach to developing multi-professional primary care teams. We welcome the recognition that district nurses, advanced nurse practitioners and practice nurses are essential in providing safe, high quality care in our communities and to the overall success of primary care services.

"The commitment to investing £6.9 million over three years for the education and training of general practice nurses and district nurses is a move in the right direction. We will continue to work with the Scottish Government to support the development of plans for further investment to grow the community nursing workforce, and district nurses in particular, to meet the needs of patients and shift the balance of care from hospitals and into our communities. We look forward to seeing the detail of the Government's commitment to this by September."

Management structures at NHS Tayside

Health Secretary Shona Robison has approved the appointment of John Brown CBE as interim Chair of NHS Tayside.

Mr Brown, who is currently Chair of NHS Greater Glasgow and Clyde, will take on the role on an interim basis until a substantive Chair can be appointed.

The Health Secretary has also welcomed the NHS Scotland Chief Executive's decision to appoint Malcolm Wright as acting Chief Executive of NHS Tayside.

NHS Scotland Chief Executive, Paul Gray, said:

"As the Cabinet Secretary made clear, a change of leadership was needed within NHS Tayside to maintain public confidence.

"These appointments will provide stability to the Board and enhance

financial scrutiny, and their considerable experience in management and leading change will bring huge benefits. Most importantly, it will ensure that patient safety continues to be at the very heart of their work.

"I will be going to NHS Tayside on Monday to meet the Board, and thank them for their continued efforts throughout this challenging time."

Health Secretary Shona Robison added,

"I am pleased to approve the appointment of John Brown, and welcome the appointment of Malcolm Wright.

"Mr Brown already chairs a large Health Board and is a chartered management accountant, with significant experience in leading change. Mr Wright is a very experienced NHS Chief Executive, and has already been involved in a number of

successful Board transformations.

"I am confident that their appointments will bring a very valuable stability to the Board."

John Brown will retain the role of Chair of Greater Glasgow and Clyde, but in the meantime will pass some of his duties to the Vice-Chair, Ross Finnie, and to NHS GG&C sub-committee chairs, so that he can devote sufficient time to NHS Tayside, and to ensure continuity in GG&C.

Malcolm Wright will also remain as CEO of NHS Grampian. Amanda Croft, as Deputy CEO, will oversee the day-to-day operations of NHS Grampian.

Professor Sir Lewis Ritchie will continue as Chair of the NHS Tayside Assurance Advisory Group, but with an expanded role focused on non-executive development and support.



Help for refugee dentists to use skills

An existing project has been expanded following its success in supporting doctors.

Dentists are to be included in a scheme that has already helped 37 refugee doctors begin to re-train to work in Scotland.

Following the success of the scheme, dentists will now be given the same training, language support, professional mentoring and work experience necessary so that their qualifications can be recognised by the General Dental Council.

The New Refugee Doctors Project is run by the Bridges Programme and provides the most comprehensive support for refugees who were doctors in their home countries. It is expected 50 doctors and 10 dentists will be supported by the programme over the next year.

Equalities Secretary Angela Constance said: "The New Refugee Doctors Project has been a great success and is an example of how we can support refugees with medical skills start to practice in their new home country. Expanding the scheme to support dentists means Scotland will benefit from their expertise and highly specialised knowledge.

"We have a long history of welcoming refugees and are grateful for the contribution they make to our communities, economy and country. Projects like this show how we can embrace people now living in our country and make use of their skills to help others live better, healthier lives."



Equalities Secretary Angela Constance

Rabah El-Hassan from Sudan recently passed her final clinical exam and has submitted her papers for General Medical Council (GMC) registration. She said:

"The Refugee Doctors' Project has been amazing and helped me so much - from the support I have received for my exams, to sorting out my registration. I am very thankful for the support I have received from everyone. My biggest hope now is that I will soon be working as a GP in my new home town of Glasgow."

Maggie Lennon, Director of the Bridges Programmes, explained,

"Our doctors have worked extremely hard and have proved just how important it is to them to get back to practising medicine as quickly as they can.

"All of the doctors have made measurable progress towards their goals and in the coming year we will see many more gaining registration. This is down to their dedication and the quality of support from the project partners, and is delivering excellent value for money for the investment the Scottish Government has made in these remarkable women and men."

Research into asthma explains the use of digital technology

New funding is available for research that could improve the lives of people with asthma.

The Scottish Government and Asthma UK are offering an innovation grant of up to £60,000 to explore the use of digital technology to help patients – this could be linked to 'smart inhalers', other devices or similar.

Health Secretary Shona Robison said: "We are committed to providing the best-quality care and treatment for people living with asthma in Scotland.

"In partnership with the Asthma UK Centre for Applied Research at the University of Edinburgh we have already invested

£300,000 in asthma research, and I'm really pleased to now invite applications for this innovation fund.

"Collaborative working like this is crucial to enhance research, develop treatments and find new ways to improve the lives of people living with asthma."

Dr Erika Kennington, Head of Research at Asthma UK, said:

"We are delighted to partner with the Scottish Government's Chief Scientist Office to joint-fund an innovation grant into asthma and new technology. This area of digital health provides an exciting opportunity to improve care for the 5.4 million people with asthma in the UK,

helping more people stay well by offering personalised support to manage their condition.

"We look forward to seeing applications which include innovative project ideas that could really make a difference for people with asthma, and hope that this will bring us one step closer to preventing asthma attacks and curing asthma."

Asthma UK and the Scottish Government are contributing £30,000 each for an innovation grant to explore novel applications of digital technology in asthma, which could significantly enhance the quality of health and care for people with asthma and addresses an area of unmet need.

Get through the first 72

Campaign highlights support for smokers trying to quit

People considering stopping smoking are being urged to get support to help them through the first 72 hours, and beyond.

Public Health Minister Aileen Campbell and former Bay City Rollers lead singer Gordon Clark met in Edinburgh's Grassmarket to highlight the free smoking cessation advice offered by Scotland's Quit Your Way service. Mr Clark, 67, a founding member of the band, successfully gave up his 40-year-long smoking habit last year after attending a local support group and starting a 12-week plan.

New research highlights that almost three quarters of smokers (73 per cent) have attempted to quit in the past, with one in five (22 per cent) currently trying.

Three quarters of those surveyed (75 per cent) agreed that the first 72 hours of giving up smoking are the hardest, with 82 per cent stating that the mental cravings can be harder to overcome than the physical cravings when quitting.

Quit Your Way Scotland is the national stop smoking service from NHS 24 and provides people who are thinking about

"If you're thinking about stopping smoking, getting the support that's right for you can hugely increase your chances of having a successful quit attempt, and stopping for good."

Mr Clark said: "I'd tried to quit several times with varying levels of success, probably because I wasn't in the right frame of mind. Last year I knew I really wanted to make a change and went along to a local support group.

"I used a combination of nicotine patches and chewing gum and gradually reduced the size of the patches to slowly wean myself off, using gum as an emergency back-up. By the end of the 12 weeks, I'd managed to quit altogether.

"For me, the hardest habit to break was having a cigarette first thing with a cuppa. I found the support of the group really helpful. There's a good sense of community and you meet people from all walks of life who are having the same experiences which makes it a bit easier. I still go along to get advice and offer support to others, even though I've completely stopped.

"I've noticed a huge difference in my health. I used to be on two inhalers a day which I've done away with, and I haven't had any chest infections. My vocal range has also totally changed. Life free from nicotine feels great."

Sheila Duffy, Chief Executive of health charity ASH Scotland, said: "As Gordon says, making that choice for yourself is key. Some smokers just stop, and find it easier than they thought. For others it can take a number of tries to find out what works best. Each time you try, you will learn something about yourself.

"There's no one way that works for everyone, but quitting smoking is well worth it however many attempts it takes to succeed. It's the best thing you can do for your own health and for those you love."



A campaign signposting the support available from the Quit Your Way service has already resulted in a 136 per cent rise in helpline calls and webchats in the first three weeks, compared with the same period in 2017.

The campaign acknowledges that for some people the first 72 hours of quitting can be particularly tough as the body craves nicotine, but that with the right support smokers are twice as likely to stop smoking for good.

quitting with individually tailored advice, either over the phone or online.

Ms Campbell said: "Not everyone finds quitting smoking easy and the first 72 hours can be tough. But with the right support, people can get through those initial difficult days and beyond.

"Trained Quit Your Way advisers are on hand to help people deal with the triggers that make them want to smoke, such as after a meal, or when out with friends.



Health Secretary encourages people to share their stories.

Health Secretary Shona Robison is encouraging people across Scotland to share their stories and memories of health care throughout the years at the launch of the celebrations to mark the run up to the 70th anniversary of the NHS.

At a visit to the Lothian Birth Centre today, Ms Robison heard the stories of two people touched by the NHS - Gavin Scott, born on the day the NHS was formed on 5 July 1948, and new mum Lisa Shoate, 36, who gave birth to her second baby yesterday.

National events to mark the anniversary include a civic reception for frontline NHSScotland staff, with local NHS board events including afternoon teas, photography exhibitions and services of celebration and thanksgiving.

Contributions from public, patients and staff will form part of the campaign leading up to the anniversary, with seven stories selected to feature in a short film of NHS memories across the decades.

Ms Robison said: "The 70th anniversary of the NHS provides the perfect opportunity to pay tribute to the institution that has

done so much for so many."

"At its heart are the thousands of employees whose skill, dedication and compassion make the NHS what it is, consistently striving for the highest possible standards in clinical excellence and patient care.

"The commitment to the founding principles of healthcare remains as strong today as it was in 1948, yet the service most take for granted has changed considerably over the 70 years, continually adapting and evolving to ensure people's needs are met.

"Through investment, innovation and reform, this evolution in the way care is delivered will continue.

"I'd encourage people show their support for the NHS during its special year by joining the celebrations, and am looking forward to hearing people's stories of what the NHS has meant to them over the coming weeks."

Gavin Scott, 69, was born in the Elsie Inglis Maternity Hospital in Edinburgh at 0750 on 5 July 1948, the first son of May

and Tommy Scott. Born and raised in Edinburgh, Gavin has lived in Dunblane for over 20 years and credits NHS Forth Valley with the quality of care he and his family have received through the years.

Gavin said: "I've been very proud in my life to say I was born on the day the NHS began. Over the years it's looked after me and my family well, helping with whatever we've needed. I believe all went well with my birth, and my mum went on to have two other sons under its care.

"As a child, I had measles, whooping cough and the other ailments that were fairly common in children at that time. I didn't get a BCG because my mother had tuberculosis when she was younger so I was immune. I remember getting a chest x-ray every year at my school in a mobile van, but that stopped in the 1960s.

"The NHS safely delivered our children into the world, and our four grandchildren, the most recent being our grandson who arrived a few months ago. Although it's easy for people to criticise the NHS we have much to be grateful for."

"Biggest conversation" aims to end stigma and discrimination

Young people are being encouraged to join the biggest conversation Scotland has ever had on mental health stigma and discrimination.

As part of the Year of Young People 2018, the Scottish Government and See Me, the national programme to tackle mental health stigma and discrimination, are working alongside young people to create a new campaign for eight to 26 year olds.

Young people are being surveyed to share their views on the mental health issues they face, including if they are able to talk about their feelings and if they could help someone who was struggling.

See Me volunteer and university student Rebecca Johnson, 22, from Glasgow, first started experiencing anxiety and panic attacks when she was at school, after developing an intense fear of change. However, when she tried to speak about what she was going through she found people didn't understand.

As Rebecca explains, "People didn't understand why I stopped going out or why I wasn't the same. They just put it down to me being a bad friend.

Even when I tried to explain they didn't understand. From my experience, I don't think young people are taken seriously when it comes to mental health.

"I was 16 when I first reached out for help and the reaction I got from the doctor was awful. I was told I was just stuck in a routine and playing everything up in my head. She told me I shouldn't book another doctor's appointment, just changing my routine and exercising more would fix it.

"The whole thing made dealing with life more difficult than it needed to be. But what was positive was that I decided if the help wasn't there then I could be that help. So I am now studying psychology as I want to be a child psychologist."

Speaking during Mental Health Awareness Week, Mental Health Minister Maureen Watt said the campaign will draw on the survey's research.

She said: "The Year of Young People 2018 is about giving young people a stronger voice and we have been told loudly and clearly that they want greater attention given to mental health and wellbeing. We

have listened, and this will be the biggest conversation on mental health stigma and discrimination young people in Scotland have ever had.

"Young people can contribute in ways that suit them, especially those less likely to engage in person. More and more people are recognising the importance of caring for our mental health as we would our physical health, and we want everyone to have their say."

Calum Irving, See Me director, added: "We want to create the biggest conversation young people in Scotland have ever had on mental health stigma and discrimination. Young people have already told us that it is okay not to be okay. We want to go further and find out why young people aren't always okay.

"We want to understand what gets in the way of seeking help so we can end the stigma. Only then will all young people feel confident to speak about how they feel, without the fear of being judged or dismissed."



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2018 marks the twentieth anniversary of CNM (College of Naturopathic Medicine) being established. Today, CNM is the UK and Ireland's leading training provider in a range of natural therapies.

With increasing recognition of the impact of diet and lifestyle on our health, a CNM Diploma in Naturopathic Nutrition, available through part time study in Edinburgh, offers an established route to a rewarding career helping oneself and others to better health.

What makes CNM teaching unique is its naturopathic approach to health, combining evidence-based research with traditional wisdom to help the body regain balance and achieve health. Here are some of the naturopathic principles applied:

- the body has innate healing energies that are stimulated if given the right conditions
- rather than simply suppressing symptoms, root causes of illness should be addressed in order to prevent symptoms from recurring
- each person is a unique combination of physical, mental, genetic, environmental, and emotional drivers, and should be viewed holistically
- prevention is always better than cure
- Naturopaths are not physicians. They are educators, guiding their clients towards taking

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The course provides an in-depth understanding of the therapeutic powers of food. It teaches students how to help identify factors which can contribute to ill health, and how to create fully personalised dietary and lifestyle plans to support health.

Students come from all backgrounds. Those with medical knowledge are exempt from part of the course, and those without, who come from every walk of life, start out with a course in biomedicine. Hundreds of hours of clinical practice in addition to classroom based learning, gives students the skills and confidence they need to become successful Naturopathic Nutritional Therapists. 80% of CNM graduates are practising, others use their skills in the health media or for supplement companies, for example.

CNM Diploma Courses in Naturopathic Nutrition, Herbal Medicine, Acupuncture, Naturopathy, Homeopathy, Natural Chef and Natural Vegan Chef, plus some Short Courses are available at different locations.

For further information on the full range of courses available at CNM please visit www.naturopathy-uk.com



Pregnancy Timeline

A detailed analysis of every stage, from conception to birth

Conception

About you

Start to take your folic acid supplements as soon as possible. Check out dietary and physical activity recommendations.

Weeks 1 - 4

About you

- By the end of the first week after conception, the fertilised egg, called a blastocyst, has made its way along the fallopian tube and attached itself to the womb lining.
- If you haven't already started, you should start taking a 400 mcg supplement of folic acid now to protect against neural tube defects. Keep taking it until you are 12 weeks pregnant.
- The outer cells of the embryo start to link into your blood supply so that they can start getting nourishment from it. This link will develop into the placenta, which is attached to the baby by a cord
- By week 4 (or around the time of your missed period) a home pregnancy test may be able to confirm whether or not you are pregnant

- Contacting a midwife early in your pregnancy gives you early access to the best care and the full range of screening options available to you.

About your baby

- The sex of your baby and all sorts of other things such as hair colour have already been decided — they were genetically determined from the moment of conception.
- Your baby is growing at a faster rate than at any time in pregnancy but would be difficult to see without a magnifying glass.

WEEK 5-8

Week 5

About you

- You may feel very tired.
- Your breasts may feel tender, as if you are starting your period. This is because the tissue is being prepared to store milk.
- If you haven't already been taking folic acid supplements you should start taking them now

About your baby

- The heart and blood vessels are just beginning to form.

Week 6

About you

- If you haven't already started to feel sick, it could start now, although some women go through pregnancy without feeling sick at all.
- Pregnancy hormones are kicking in and you may be very emotional.

About your baby

- The embryo is growing from three layers. The first will become the nervous system and brain, the second will be the major organs such as the digestive system and lungs and the third will be the heart, blood system, muscles and skeleton.
- The embryo is starting to look like a little tadpole but the 'tail bone' will disappear and become the coccyx.
- At this point, the embryo is the size of the nail on your little finger.

Week 7

About you

- Foods may taste different and your likes and dislikes may change.

About your baby

- Your baby's heart is already beating and her lungs have just started to form.
- She may start to move around now but you won't feel any movement for a while yet.

Week 8

About you

- Your hair may be getting thicker.
- You may need to go to the toilet more because your uterus has doubled in size and is putting pressure on your bladder.

About your baby

- Your baby is about 1.6cm (about half an inch) from the top of her head to her bottom. She will be measured this way until around week 20 when the measurement includes the legs.
- She's floating inside the amniotic sac (bag of waters) which will protect her throughout pregnancy.
- Your baby has tiny hands and feet and webbed fingers and toes

WEEK 9-12

Week 9

About you

- You don't look pregnant yet, but your waistline may be starting to thicken and your breasts are probably getting larger. Get measured for a new bra to ensure you're getting enough breast support.

About your baby

- Your baby is about 2.5cm (almost an inch) long from the top of her head to her bottom.
- She has eyelids, but they will stay close for a few weeks yet.
- The ends of her arms and legs are starting to look like hands and feet though they are not yet fully formed.

Weeks 10-11

About you

- You'll probably be feeling hungrier than usual — your body is busy growing a baby. Contrary to what you may have heard, you actually don't need extra calories at this stage.
- All the activity going on inside you is probably making you very tired, but you may find it hard to sleep.
- You may be finding that you're leaking urine when you laugh, cough or sneeze. This stress incontinence is completely normal and is caused by a combination of pressure on your bladder and your pelvic floor tissues being stretched and weakened by pregnancy hormones. If you are not already doing them, now is a good time to start your pelvic floor exercises.

About your baby

- Your baby's heart has developed fully and is working, but still can't be heard by your midwife.
- Her head looks big compared with the rest of the body, but don't worry, her body will catch up.
- Toes and fingers are beginning to lose their webbing and nails are forming.
- Her arms and legs are getting longer and her elbows can bend.
- Almost all of her organs and structures are fully formed. From

now until delivery they just need to grow

Week 12

About you

- Your waist may be getting a bit thicker and some women begin to develop a small bump at this stage.
- You may also find that your emotions vary: you feel happy one moment and sad the next. Don't worry - these feelings are normal and should settle down.

About your baby

- Your baby is moving her legs and she can curl her fingers and toes, but you won't feel this yet.
- She has 20 little buds, which will eventually become teeth.



WEEK 13-16

Weeks 13-14

About you

- You may start to develop a dark line from your tummy button (navel) to your pubic hair. This is called the 'linea nigra'. It is caused by increased pigmentation in your skin. It will fade after childbirth.
- Your nipple might go a darker colour too. This is also caused by increased skin pigmentation.
- You should not be feeling as sick as you were (although for some women sickness can go on longer).
- Although birth is still many months away, your breasts may already be making colostrum — the fluid that will feed your baby for her first few days.
- At week 14 you are in your second trimester.

About your baby

- Your baby is about 7cm (almost 3 inches) from her head to her bottom.
- Her ears have developed but she can't hear yet.
- The placenta is now your baby's source of nourishment.

- The liver, kidneys, digestive system and lungs are maturing.
- The baby now looks much more like a baby.

Weeks 15-16

About you

- You may have that pregnancy 'glow' — your hair looks thicker and your skin more plumped out.
- Your 'bump' is probably starting to show, and your waist is disappearing.
- Your ordinary clothes are feeling a bit tight.
- Hopefully you're feeling less sick and your breasts may be less tender.
- It's just possible you've begun to feel the fetus inside you, although this may not happen for weeks yet.

About your baby

- She's sucking her thumb and all her joints and limbs can move.
- Fine, downy hair called lanugo has started to grow on your baby's body, but this will disappear before birth.
- Her body is growing faster to catch up with the size of her head.

WEEK 17-20

Weeks 17 - 18

About you

- You may feel her move around — it may feel like bubbles or wind - but it's nothing to worry about if you don't feel anything yet
- You may be able to hear your baby's heart beating when you're examined
- You could be feeling hungrier — carry healthy snackslike fruit to deal with those pangs

About your baby

- Your baby is about 17cm (over 6.5 inches) from the top of her head to her bottom
- Her taste buds are beginning to form
- Your baby can kick and move around and is probably doing it a lot
- Her face looks more human with eyelashes and eyebrows too.

Week 19

About you

- You're about halfway through your pregnancy term: you may feel excited or scared or both.

- Your back may be sore, you may feel more tired and you could feel slightly breathless - take it easy.

About your baby

- Your baby's beginning to form her second teeth, behind the first ones
- At about this time your baby's body starts being covered with 'vernix', a greasy substance which coats her skin, forming a waterproof layer.

Week 20

About you

- You may be able to feel your baby kick and move now — although probably nobody else can.

About your baby

- From now on your baby is measured from her head to her toe. She's about 26cm (10 inches)
- She is very active — soon she will be too big to whirl around in your uterus
- Your baby can grasp with her hands



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WEEK 21-23

Week 21

About you

- Disturbed sleep may make you a bit absent-minded and forgetful.
- You may start getting indigestion.

About your baby

- Your baby's eyebrows and eyelashes are growing.
- Your baby can hear sounds both inside and outside your body — if you chat to her she will get to know your voice. Some parents like playing soothing music for their baby

Week 22

About you

- This may be the time when it really sinks in that you and your partner are going to be parents.

About your baby

- Your baby has probably reached the grand weight of one pound (about 500g).
- Your baby will probably be pretty active and may kick in response to certain sounds, such as your voice.
- She can grasp with her hands and may grip the umbilical cord.

Week 23

About you

- You may be suffering backache, varicose veins or leg cramps.

About your baby

- Your baby has skin but no fat so she looks a bit wrinkly
- Her hearing is well established and she can make out certain noises such as a rumbling stomach, your heartbeat and noises such as the vacuum cleaner.
- Your baby will gain weight rapidly over the next 4 weeks.

WEEK 24-28

Weeks 24 - 25

About you

- You may be feeling less tired and more energetic
- If you are constipated, eating fibre-rich food such as wholemeal bread, having lots of fruit and drinking plenty of water can help; so can a bit of exercise — try taking a brisk walk.
- Your baby's movements may feel like "rolling", "jabs" or "stretching", although everyone is different. Try to become aware of the times of day your baby moves so you can notice if these become absent or reduced.
- You may be noticing stretch marks on your stomach or breasts. Creams will help relieve itching but they won't prevent them forming

About your baby

- Your baby's lungs aren't completely mature yet, but she is practising making breathing movements.
- At 24 weeks your baby is viable — that is, some babies born this early have gone on to survive.
- Your baby could be 28-30 cm long by now (over 11 inches)
- She might be getting hiccups as she swallows small amounts of amniotic fluid. You might feel these as little jerks.
- She is passing tiny amounts of urine back into amniotic fluid.

Weeks 26 - 27

About you

- You are walking differently because your centre of gravity has changed.
- You may find your ankles and fingers swelling — sit with your feet up whenever you can
- At week 27 you are officially into your third trimester — late pregnancy.

About your baby

- Your baby is growing fast
- Her chances of surviving outside the uterus are growing by the week.

- She is gaining fat and muscle and looks a little less skinny and more baby-like now.
- Her heartbeat may be strong enough to be heard through a stethoscope now
- She may begin to open and close her eyes.

Week 28

About you

- At week 28 you are officially into your third trimester — late pregnancy.
- As well as swollen ankles you may develop leg cramps — try not to stand for long periods and drink plenty of water.
- You may start feeling so-called Braxton Hicks or practice contractions.

About your baby

- Your baby is making movements everyday. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.
- Your baby can turn her head towards a bright continuous light.
- Her brain is developing at a great pace.
- Talk, sing and play music to your baby — she will enjoy quiet time during the day when you can communicate with her.



WEEK 29-32

Weeks 29 - 30

About you

- You may be a little forgetful. You could also be a bit clumsier than usual.
- Good posture can help relieve the strain on your back as can gentle massage.
- You may find it hard to sleep — try sleeping with a cushion between your knees, or at your side to make yourself comfortable.

About your baby

- Your baby is around 40 cm from head to toe.
- She is getting on for 1.5 kilos (about 2.5 pounds). She is growing fast.
- She's making breathing movements more regularly
- The lanugo (fine hair covering your baby's body) may be starting to fall out

Weeks 31 - 32

About you

- You may notice stretch marks if you haven't already done so.
- You may be getting indigestion because of the pressure from your baby on your stomach.
- You may be panicking about how much you still have to do.

About your baby

- Your baby is making movements everyday. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.
- Your baby is about 42cm (16.5 inches) from head to toe.
- Her lungs are formed and maturing and she is still putting on weight.
- Even when you feel a bit breathless your baby is getting all the oxygen she needs from the placenta.
- The lanugo that covers your baby is starting to disappear.
- There's some evidence that your baby dreams while she's asleep.
- By now your baby is usually lying head downwards ready for birth, although 3% of babies will settle bottom first (breech)

WEEK 33- 36

Weeks 33 - 34

About you

- Your tummy button may be sticking out.
- Your breasts may start to leak colostrum in preparation for breastfeeding. This doesn't happen to everyone
- You should be thinking about the birth such as what pain relief you may like. Attend an antenatal class; they are a good source of information.
- The puffiness may be getting worse — if your face is swelling too, check with your midwife or GP.
- Drinking plenty of water can help with fluid retention.
- Resting, with your feet up, will help deal with the varicose veins and swollen ankles.

About your baby

- Your baby's lungs are now fully developed.
- Your baby is making movements every day. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.
- Her skin is getting smoother.
- She can do all sorts of baby things such as suck and grab — not that there's much in there to get hold of.
- Your baby may be lying head down in preparation for being born.
- She will be able to feel you touching her when you rub your tummy — if you see a bump it might be a hand, foot or elbow.
- Her brain and nervous system are now fully developed
- Her skull bones will stay soft and separated to make the birth easier. Once she's travelled down the birth canal, her head may be slightly squashed. Don't worry, it'll sort itself out pretty quickly.

Week 35

About you

- Try to rest as much as you can — you'll be tired and there won't be much time for rest after the birth.
- Take some gentle exercise — for example a walk or a swim. It'll help you relax and make it easier to sleep.
- If you haven't thought of a name yet, visit your library to borrow a book on baby names.
- Your feet are bigger — slip-on shoes are easier to get on and off.

About your baby

- Your baby's toenails and fingernails could almost do with a trim!
- She weighs around 2.3kg (a little more than 5 pounds) and is still gaining weight rapidly.
- Your baby is making movements every day. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.

Week 36

About you

- You should feel movements each day, however small.
- Her head may be 'engaged' — which means the widest part of the head has passed below the pelvic brim (known as 'engagement'). That doesn't mean you will give birth early.
- Your bump is getting lower — called lightening — as your baby is preparing to be born.
- Your antenatal appointments will probably be more regular now.

About your baby

- You baby probably weighs about 2.7kg (about 6 pounds).
- Your baby will have less room for big movements now, her head may even be engaged, but she is still moving every day. If she isn't, inform your midwife straight away. Do not wait until the next day.



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WEEK 37- 42

Week 37

About you

- You should have your bags packed.
- You'll be getting curious about what your baby will look like.
- Take plenty of rest — labour and childbirth will take it out of you.

About your baby

- Your baby is putting on weight at about half an ounce (14g) a day.
- If it hasn't already happened, your baby's head will most likely engage around this time
- Your baby is making movements everyday. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.

Week 38

About you

- Although week 40 is your due date, remember that most babies are either late or early.
- Your baby is making movements every day. If she isn't, inform your midwife straight away. Do not wait until the next day.
- Your Braxton Hicks contractions could be more frequent and stronger.
- Taking a gentle walk may ease some of your aches and pains.

About your baby

- Your baby is fully developed and ready to go — at her own pace, that is.
- She's still covered in vernix, but the lanugo has gone.

Week 39

About you

- You could go in to labour any day now.
- Your baby is making movements every day. If she isn't, inform

your midwife straight away. Do not wait until the next day

- You're probably feeling tired and uncomfortable. Get as much rest as you can now.

About your baby

- Your baby is getting ready to greet the world!
- It's hard to say how big your baby will be — each newborn varies — but it's likely she measures at least 20 inches and weighs around 7 pounds or more.

Week 40

About you

- This is your due date. But don't worry, most babies are not born on their due date.
- Your baby is making movements everyday. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.
- Keep an eye out for the signs of labour. Make sure you're prepared.
- There are many old wives tales for bringing on labour. Whilst many won't harm, some may, and all are unlikely to really make a difference. Let nature take its course; your baby will come when she's ready.

About your baby

- Your baby is just putting on weight and biding her time

Weeks 41 - 42

About you

- You may be having more regular midwife appointments and you may be discussing an induction
- Your baby is making movements everyday. If there is a change in these movements, inform your midwife straight away. Do not wait until the next day.
- Keep moving and upright as much as possible. It should help get your baby in position and ready to go.

First principles for a healthy diet

How the Eatwell Guide from Food Standards Scotland takes our dietary habits back to basics.

The Eatwell Guide has been deliberately framed to have a universal relevance; to influence the dietary habits of the many, without dealing in unnecessary specifics. Its core principles apply to the vast majority of the Scottish population, regardless of weight, dietary restriction or ethnic origin. It plays the role of the rough guide handbook, keeping us on the correct road; rather than the GPS pinpointing our exact location.

Put simply, it explains in everyday terms the different types of foods and drinks which we should consume and in what general proportions that should be done. It allows the reader to categorise very simply – and thus to frame their eating habits within clearly defined, if very basic, rules of food consumption.

This categorisation can be summed up in the following terms.

- * Eat at least 5 portions of a variety of fruit and vegetables each day.
- * Base meals on potatoes, rice, pasta, bread or other starchy foods, choosing wholegrain varieties where possible.
- * Include some dairy (or dairy alternative) produce, preferably lower fat and lower sugar options.
- * Eat some beans, pulses, eggs, meat and other proteins, including two portions of fish every week, one of which should be an "oily" fish.
- * Choose unsaturated oils and spreads and eat them in small amounts.
- * Drink 6 to 8 glasses of fluid per day.

The Eatwell Guide divides the foods and drinks we consume into five main groups. Try to choose a variety of different foods from each of the groups to help you get the wide range of nutrients your body needs to stay healthy and work properly.

It is important to get some fat in the diet. However, foods high in fat, salt and sugar are placed outside of the main categories as these types of foods are not essential in the diet and most of us need to cut down on these to achieve our healthy balance.

Unsaturated fats from plant sources, for example vegetable oil or olive oil, are healthier types of fat. But remember, all types of fat are high in energy and so should only be eaten in small amounts.

Many of the foods we eat, such as pizzas, casseroles, pasta dishes and sandwiches, are combination foods and contain ingredients from more than one of the food groups. For these sorts of food, you just need to work out the main ingredients and think about how these fit with the sections on the guide.



Fruit and vegetables

Most people know we should be eating more fruit and veg, but many of us aren't eating enough. Fruit and veg should make up just over a third of the food we eat each day.

Aim to eat at least five portions of a variety of fruit and veg each day. If you count how many portions you're having, it might help you increase the amount and variety of fruit and veg you eat. A portion is 80g or any of these: 1 apple, banana, pear, orange or other similar-size fruit, 3 heaped tablespoons of vegetables, a dessert bowl of salad, 30g of dried fruit (which should be kept to mealtimes) or a 150ml glass of fruit juice or smoothie (counts as a maximum of one portion a day).

Potatoes, bread, rice, pasta and other starchy carbohydrates

Starchy food should make up just over a third of the food we eat. Choose higher-fibre, wholegrain varieties when you can by purchasing wholewheat pasta, brown rice, or simply leaving the skins on potatoes.

Base your meals around starchy carbohydrate foods. Some people think starchy food is fattening, but gram for gram it contains less than half the calories of fat. You just need to watch the fats you add when you're cooking and serving this sort of food, because that's what increases the calorie content.

Wholegrain food contains more fibre than white or refined starchy food, and often more of other nutrients. We also digest wholegrain food more slowly so it can help us feel full for longer. Wholegrain food includes: wholemeal and wholegrain bread, pitta and chapatti, wholewheat

pasta, brown rice, wholegrain breakfast cereals and whole oats. Remember, you can also purchase high fibre white versions of bread and pasta which will help to increase your fibre intake using a like-for-like substitute of your family favorites.

Dairy and alternatives

Try to have some milk and dairy food (or dairy alternatives) – such as cheese, yoghurt and fromage frais.

These are good sources of protein and vitamins, and they're also an important source of calcium, which helps to keep bones strong. Some dairy food can be high in fat and saturated fat, but there are plenty of lower-fat options to choose from.

Go for lower fat and lower sugar products where possible. For example, why not try 1% fat milk which contains about half the fat of semi-skimmed milk without a noticeable change in taste or texture? Or reduced fat cheese which is also widely available. Or you could have just a smaller amount of the full-fat varieties less often. When buying dairy alternatives, go for unsweetened, calcium-fortified versions.

Beans, pulses, fish, eggs, meat and other proteins

These foods are sources of protein, vitamins and minerals, so it is important to eat some foods from this group.

Beans, peas and lentils (which are all types of pulses) are good alternatives to meat because they're naturally very low in fat, and they're high in fibre, protein, vitamins and minerals. Pulses, or legumes as they are sometimes called, are edible seeds that grow in pods and include foods like lentils, chickpeas, beans and peas. Other vegetable-based sources of protein include tofu, bean curd and mycoprotein; all of which are widely available in most retailers.

Aim for at least two portions (2 x 140g) of fish a week, including a portion of oily fish. Most people should be eating more fish, but there are recommended limits for oily fish, crab and some types of white fish.

Some types of meat are high in fat, particularly saturated fat. So when you're buying meat, remember that the type of cut or meat product you choose, and how you cook it, can make a big difference. To cut down on fat: choose lean cuts of meat and go for leaner mince, cut the fat off of meat and the skin off of chicken, try to grill meat and fish instead of frying and have a boiled or poached egg instead of fried. If you eat more than 90g of red or processed meat per day, try to cut down to no more than 70g per day. The term processed meat includes sausages, bacon, cured meats and reformed meat products.



Oils and spreads

Although some fat in the diet is essential, generally we are eating too much saturated fat and need to reduce our consumption.

Unsaturated fats are healthier fats that are usually from plant sources and in liquid form as oil, for example vegetable oil, rapeseed oil and olive oil. Swapping to unsaturated fats will help to reduce cholesterol in the blood, therefore it is important to get most of our fat from unsaturated oils.

Choosing lower fat spreads, as opposed to butter, is a good way to reduce your saturated fat intake.

Remember that all types of fat are high in energy and should be limited in the diet.

Foods high in fat, salt and sugars

This includes products such as chocolate, cakes, biscuits, full-sugar soft drinks, butter and ice-cream. These foods are not needed in the diet and so, if included, should only be done infrequently and in small amounts. If you consume these foods and drinks often, try to limit their consumption

so you have them less often and in smaller amounts. Food and drinks high in fat and sugar contain lots of energy, particularly when you have large servings. Check the label and avoid foods which are high in fat, salt and sugar!

Hydration

Aim to drink 6-8 glasses of fluid every day. Water, lower fat milk and sugar-free drinks including tea and coffee all count. Fruit juice and smoothies also count towards your fluid consumption, although they are a source of free sugars and so you should limit consumption to no more than a combined total of 150ml per day.

Sugary drinks are one of the main contributors to excess sugar consumption amongst children and adults in the UK. Swap sugary soft drinks for diet, sugar-free or no added sugar varieties to reduce your sugar intake in a simple step.

Alcohol also contains lots of calories (kcal) and should be limited to no more than 14 units per week for men and women. The calorific content of an alcoholic beverage depends on the type of alcohol, the volume served and the addition of mixers. As an example, 1 pint of standard strength lager contains approximately 136kcal, a 175ml medium glass of wine contains approximately 135kcal and a 25ml shot of spirit (40% vol) contains approximately 56kcal.

Food labelling

Lots of pre-packaged foods have a food label on the front of pack which shows the nutrition information per serving. They also refer to reference intake which tells you how much of each nutrient should be included in the daily diet. The percentage refers to the contribution that the product makes to the reference intake for each nutrient.

Food labels can help you to choose between foods and to pick those that are lower in energy, fat, saturated fat, sugar and salt. Where colour coded labels are used you can tell at a glance if they are high, medium or low in fat, saturated fat, sugars and salt. For a healthier choice, try to pick products with more greens and ambers and fewer reds.

Remember that the portion sizes used on the label are suggestions and may not be the same as you actually consume. For example, some foods and drinks commonly consumed as single servings have the nutritional information presented per half pack.

Cutting down on saturated fat

Cutting down on saturated fat can lower your blood cholesterol and reduce your risk of heart disease. Most people in the UK eat too much saturated fat. The average man should have no more than 30g saturated fat a day. The average woman should have no more than 20g saturated fat a day. Children should have less saturated fat than adults. But remember that a low-fat diet isn't suitable for children under five.

One of the easiest ways to cut down on saturated fat is to compare the labels on similar products and choose the one lower in saturated fat. Watch out for foods that are high in saturated fat, including fatty cuts of meat, sausages, butter, cream, cheese, chocolate, pastries, cakes and biscuits. You don't need to stop eating these foods altogether, but eating too much of these can make it easy to have more than the recommended maximum amount of saturated fat.

Pauline's healthy provisions

Are you struggling to find time to cook a healthy meal, struggle physically or just struggling with the price of all the ingredients it takes to make a meal using fresh natural ingredients? (Which would also be compatible with some slimming meal plans.) Then why not allow me to take away the hassle for you. Food will be cooked and delivered HOT on the same day, for as little as £21 for 7 meals, (excluding delivery). You can order as little as one meal or as much as you like.

As meals are being cooked to order, any cancellations will be appreciated no later than 5 p.m. the day before delivery to prevent waste which will allow me to keep my cost low.

Week 1 and week 3 menu commencing 16/06/2018

Main meals

Red Thai curry beef/chicken or vegetable	£3.00	£3.50 with boiled rice
Indian dopiaza beef/chicken or vegetable	£3.00	£3.50 with boiled rice
Mince with onions and carrots	£3.00	£3.50 with potatoes
Caribbean Pepper pot stew	£3.00	£3.50 with potatoes/rice
Green pesto pasta	£3.00	£3.50 with chicken
Chicken or beef fajita with two wraps	£3.00	
Hunters chicken whole breast	£3.00	

Soups 12 oz (all £1.50)

Tomato and basil	Chicken noodle	Pea and mint	Lentil
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Week 2 and week 4 menu

Main Meals

Chinese curry beef chicken or vegetable	£3.00	£3.50 with boiled rice
Diet Fanta chicken	£3.00	£3.50 with potatoes
Chow mein	£3.00	£3.50 with chicken/beef
Beef stew	£3.00	£3.50 with potatoes
Italian meatballs in tomato sauce	£3.00	£3.50 with pasta
Creamy Cajun pasta	£3.00	£3.50 with chicken
Shepherd's pie	£3.50	

Soups 12 oz (all £1.50)

Chicken and sweetcorn	Spicy lentil and tomato	Carrot coriander	Butternut squash
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Delivery charge £1 1 - 5 miles, £2 6 - 10 miles, £3 11 - 15 miles. Over 50 miles to be agreed.

Half-price delivery for pensioners

To place an order please message the order or leave a voicemail at 07522 715092 7 days a week. All orders will receive a confirmation of receipt. Or you can access the Facebook page and leave a message at Pauline's healthy provisions with order details.

Remember there is a 36 hour cut off before delivery. Meals will be provided in both single and family portions suitable for five (charged for 4).

Please make sure you make me aware of any allergies you have when ordering.

At Poppyscotland, we think people who serve in the Armed Forces deserve special recognition and support. We're thankful for their sacrifices and understand the challenges they sometimes face. We also understand the strain on their families. Add them together, and we're here to help around 530,000 people in Scotland.

Armed Forces personnel give up many of their freedoms and civil liberties when they sign up. They'll often spend long stretches away from family. They're asked to move from one location to the next – making it hard to put down roots and establish a routine. They could also be asked to make the ultimate sacrifice in the line of duty.

It all means that simple things that civilians take for granted can create huge headaches for those who serve, and their families.

With routine, orders and camaraderie, life in the Armed Forces is sometimes described as 'institutionalised'. While it's a crucially important aspect of Service life, it can create problems in the civilian world. Giving up the certainty and support can be a real struggle. Where to live? How to get a job? What to do when life isn't going too well? Everyday situations can cause a lot of stress. And sometimes the problems take years to come to light.

Poppyscotland is here to provide a wide range of practical support – all designed to help those in the Armed Forces community enjoy the highest possible quality of life. We believe that those who serve or have served, whether Regular or Reserve, deserve support to live life fully without disadvantage after Service. No veteran should live without the prospect of employment, good health and a home.

Whether you are a veteran or still serving, or a family member of someone who is, Poppyscotland is here for you. These are just a few of the ways in which we offer a helping hand.



Tailored support and funding

Whatever you're struggling with, our tailor-made approach offers a number of services to meet your specific needs. We can offer a helping hand with practical things like home repairs, replacement household goods and clothing.

Advice

We provide guidance and support to help you deal with any problems you might be having. Contact us through our Armed Services Advice Project (ASAP) partnership with Citizens Advice Scotland via our dedicated helpline (0808 800 1007) or through our welfare centres in Inverness and Ayrshire (open Mon- Fri, 10am-4pm).

Employment

If you are struggling to find or sustain suitable employment, we can help. From training grants to support improving your CV and understanding the job market, we have a number of employment services to help boost your existing knowledge and skills.

Respite and breaks

When life gets hard, a short break can make an enormous difference. Poppy Breaks can help you relax, recover and re-energise, and start putting smiles back on faces.

Mobility

If you struggle with mobility issues, even if your disability was not caused by your Service, we offer support that can make a life-changing difference, from occupational therapist assessments to home adaptations and mobility aids.

Housing

Finding and keeping your own home can be difficult after a life in the Armed Forces. We directly fund home improvements and replacement household goods, but we also fund specialist housing organisations that are able to help disabled or homeless veterans secure social housing.

Mental health

If you are suffering from mental health issues of any kind, we are here to help. We fund a number of services which help you to identify and manage difficult emotions, build confidence, boost self-esteem and tackle social isolation.

So, don't ignore a problem. Call for backup. For more information or to access Poppyscotland's welfare services call 0131 550 1557, email gethelp@poppyscotland.org.uk or visit poppyscotland.org.uk.

Call for backup.



Your time in the Forces never leaves you. Neither do we.

0131 550 1557

Visit: poppyscotland.org.uk
Email: GetHelp@poppyscotland.org.uk

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Working with every Regiment & Corps of the British Army.

**To donate or to find out how you can support our Charity,
visit www.soldierscharity.org**

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Image: Ben Rishton & family, Andy Garthwaite and Les Fryatt, Soldiers' Charity beneficiaries