Evaluation of the pilot Brain Health Service

Final Report

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Riaghaltas na h-Alba

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Executive summary

This report presents detailed findings from Blake Stevenson's independent evaluation of the Brain Health Service demonstrator in Aberdeen, developed and delivered collaboratively by NHS Grampian, Alzheimer Scotland, and the Scottish Government. The evaluation is an early deliverable for the ten year dementia strategy.

Introduction

Conducted between March 2024 and May 2025, this evaluation assesses the context, delivery, outcomes, sustainability, and potential scalability of an innovative brain health model. The evaluation adopts a comprehensive mixed-methods approach, incorporating qualitative service-user feedback and stakeholder engagement and service and clinical data analysis.

Context

Dementia prevention has become an increasing focus of public health driven by emerging evidence that a significant proportion of dementia cases may be preventable through targeted interventions. Within Scotland's national dementia strategy is the commitment to evidence -informed delivery and enhancing the approach to dementia prevention, early intervention, and support services. The Brain Health Service demonstrator was introduced in Aberdeen to test a public health-based model aimed at early intervention, lifestyle modification, and dementia risk reduction. The service seeks to promote long-term cognitive health through structured stages, from early engagement and awareness-raising to reduce dementia risk (Stage 1) through to specialist clinical assessments with the Nurse Practitioner (Stage 2) and the Consultant (Stage 3).

Evaluation purpose

The evaluation aimed to

- understand the service's effectiveness in reaching intended populations, particularly those at risk of cognitive decline;
- assess the quality and outcomes of interventions provided across all service stages;
- evaluate the integration and sustainability of the service within NHS Grampian's existing healthcare infrastructure;
- examine levels of public awareness and the effectiveness of promotional strategies; and
- identify the broader implications for public health policy and future scaling across Scotland.

Key Findings

Service reach and engagement

The Brain Health Service officially launched in December 2023 and undertook a wide-ranging public awareness campaign in early 2024 to raise its profile across Aberdeen and surrounding areas. This included bus and radio advertisements, targeted social media, NHS Grampian communication channels, and the distribution of posters and leaflets in GP surgeries, pharmacies, libraries, and other community venues. Community outreach was also prioritised, with over 30 presentations and networking events engaging community groups, healthcare workers, public event attendees, and strategic partners.

These activities generated high levels of visibility and public engagement was further supported by public health professionals who played a key role in spreading awareness.Despite these efforts, feedback from service users and stakeholders indicated there is still limited awareness of the service which highlights the importance of ongoing awareness-raising and clear messaging about the preventative and proactive nature of the service.

Between December 2023 and January 2025, 159 people engaged with Stage 1 of the Brain Health Service. Most were aged 60–79, with women slightly more represented (55%). The vast majority identified as White (91%) and more than half (56%) lived in Aberdeen City. Only 18% of users were under 50, and individuals from Black and Minority Ethnic communities were underrepresented.

Most users accessed the service through informal channels—74% walked into the Resource Centre, while others were supported via Healthpoint (15%) or GP referrals (11%).

Users reported diverse motivations for accessing the Service, ranging from memory concerns and family history of dementia to physical or mental health challenges (e.g., hypertension, diabetes, anxiety, stress). Others were motivated by lifestyle concerns or a proactive desire to maintain cognitive wellbeing.

Effectiveness and user outcomes

The evaluation found that the Brain Health Service was widely perceived by users as positive, person-centred, and reassuring. Users highlighted the empathetic and knowledgeable approach of staff, the welcoming environment of the Resource Centre, and the comfort they felt during their consultations—key factors in encouraging initial engagement and building trust.

A feature of the Service’s effectiveness was the use of personalised action plans. These plans offered tailored, achievable suggestions for lifestyle modifications based on each individual’s circumstances, covering areas such as physical activity, diet, social engagement, mental stimulation, and alcohol intake. Service users valued the relevance and accessibility of the advice and many noted that, while they had been aware of the general benefits of healthy lifestyles, the service played a key role in reinforcing this information and motivating change. One user remarked that the service “hammered it home,” helping him act on existing knowledge.

There was strong evidence of self-reported behaviour change among users following their engagement with the service. Common changes included increased walking or physical activity, more attention to mental engagement (e.g., puzzles, reading), healthier eating habits, and moderation of alcohol use. In some cases these changes were supported by structured follow-up, especially for those who progressed to later stages of the service. Users with additional sessions or reviews were more likely to report maintaining or deepening the changes they initiated.

Stages 2 and 3 offered more detailed clinical assessments. These stages were particularly effective in identifying early cognitive issues and coexisting health concerns such as anxiety, depression, and physical comorbidities. This helped inform appropriate referrals and further interventions, reinforcing the tiered service model as both responsive and holistic.

Despite these strengths, some limitations were noted. The variability in how action plans were developed and recorded meant that, whilst personalised, there was a lack of consistency in the approach. Additionally, while Stage 2 was seen as highly beneficial, it was resourced to only be available to residents of Aberdeen City. This created inequity, with some users in Aberdeenshire unable to access the next stage of support despite being suitable candidates—a frustration shared by both staff and users.

Implementation

The implementation of the Brain Health Service was underpinned by a well-defined model and delivered in collaboration between NHS Grampian and Alzheimer Scotland. The service is based in the Alzheimer Scotland Resource Centre in Aberdeen and brought together NHS Grampian Healthpoint staff, clinicans and third sector support via the Centre Manager. The operational model was seen by staff and stakeholders as coherent, clearly articulated, and strongly person-centred.

The physical space of the Resource Centre was described as welcoming and informal, helping to reduce anxiety and encourage honest discussions. Stakeholders praised the quality of staff team and the strength of inter-agency cooperation at the delivery level. Nonetheless, the service's implementation also revealed the difficulty of introducing a preventive offer into a system largely structured around diagnosis and treatment. It required careful communication and positioning to differentiate the service from dementia diagnosis or support for people already experiencing cognitive decline.

Integration

While the Brain Health Service succeeded in establishing an operational model within NHS Grampian, improving integration with the wider local healthcare system emerged as a key priority for staff and stakeholders. Initially, the novelty of the Brain Health Service meant that efforts were focused on setting up the model and delivering support, which limited early opportunities to build strong connections with NHS colleagues. The Resource Centre, while consistently praised by service users for its accessible and informal setting, the clinic based in the Centre was separate from NHS Grampian clinical environments. This separation contributed to a

perception that the service operated in parallel rather than as part of a cohesive system. One stakeholder described this as “working in silos rather than as a cohesive system.”

GP engagement with the service was also more limited than anticipated, in part due to the pressures on general practice and a need for clearer communication around referral pathways. Similarly, while informal links existed with services such as neurology, psychiatry, and allied health professionals, staff noted that more formalised referral routes would enhance the service’s ability to connect users with appropriate follow-on care.

By the end of the evaluation period, there were some signs of improved integration—for example, secretarial teams in older adult psychiatry had begun redirecting referrals to the Brain Health Service. Staff also recognised opportunities for greater collaboration, particularly with services supporting individuals with mild cognitive impairment who may not meet thresholds for traditional support but are well suited to the Brain Health Service’s proactive model.

Sustainability

In terms of sustainability, despite the clear benefits of the Service, the test site’s longer term viability was uncertain because of funding constraints Stakeholders with expertise in brain health emphasised the growing importance of services like the Brain Health Service, citing several key factors. Advances in diagnostics and emerging therapeutics are increasing the need for early intervention pathways, as biomarker technologies and treatment options become more widely available. The service also fills a critical gap in current healthcare models by offering preventative support to individuals with mild cognitive impairment (MCI) or early symptoms—groups often underserved until formal diagnosis. Integrating brain health services into wider public health strategies was seen as essential, with Stage 1 demonstrating potential to drive behaviour change and reduce long-term dementia risk. Although this evaluation did not measure cost-effectiveness directly, stakeholders noted that early detection and intervention are likely to improve resource use and make better use of clinical expertise as new treatments become available.

Recommendations

The evaluation identified eight key recommendations.

Recommendations for the Aberdeen Service and others considering a dementia prevention model:

- Enhance integration: formalise referral pathways and consider transferring management of the clinic aspect from public health to clinical services;
- Improve data sharing: address NHS Grampian’s data governance issues to facilitate improved communication between the clinical team and the Stage 1 service;

- Introduce follow-up support: Explore ways to offer consistent, person-led follow-up within Stage 1 of the Service, to support individuals to reflect on their progress and encourage ongoing engagement with behaviour change;
- Assess population awareness: consider how to assess and enhance local awareness to ensure equitable service access, especially targeting underrepresented groups; and
- Long-term outcomes monitoring: incorporate longitudinal tracking to accurately measure long-term behaviour change and health outcomes in future evaluations.

Recommendations for local and national policymakers:

- Demonstrate economic value: collaborate to produce evidence of the cost savings of proactive dementia prevention;
- Promote brain health within public health: encourage other areas to integrate brain health services within broader public health strategies; and
- Integrate brain health into national policy: embed proactive, preventive brain health strategies within national dementia and healthcare policies to support widespread and consistent adoption.

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1. Introduction

This report presents the findings from the independent evaluation of the Brain Health Service demonstrator site in Aberdeen.

Aims of the evaluation

In March 2024, Blake Stevenson Ltd was commissioned to evaluate the new Brain Health Service demonstrator site in Aberdeen, which is delivered through a partnership between NHS Grampian, Alzheimer Scotland and Scottish Government.

The evaluation aimed to examine the effectiveness of the service and its ability to achieve service outcomes to support learning, service development and change. To meet the aims, the evaluation had four key objectives:The purpose of the evaluation was to recommend strategies to:

- to evaluate the Service including its reach, quality and effectiveness, adoption, implementation and maintenance;
- to utilise both qualitative and quantitative data to assess if objectives are being met;
- to assess the impact on equity of access, and effectiveness of intervention in the immediate term; and
- to evaluate the integration and coordination of the Service within the existing healthcare system in NHS Grampian.

The results of this evaluation will provide an evidence base to support decision making in respect of any modifications recommended of the Service model, as well as evidence its efficacy and the potential for adoption elsewhere, including to other areas and settings.

Structure of the report

The remainder of this report is structured as follows:

Chapter 1 introduces the commissioned work, the purpose of the evaluation, and the overall structure;

Chapter 2 describes the policy context and methodology employed to gather and analyse data;

Chapters 3 and 4 set out the key findings, organised around the RE-AIM framework (reach, effectiveness, adoption, implementation, maintenance).

Chapter 5 offers a discussion of these findings, including alignment with evaluation objectives

Chapter 6 concludes with recommendations for both short-term service improvements and longer-term scalability.

2. Context and methodology

Dementia in Scotland: Everyone's Story

Scotland's national dementia strategy, Dementia in Scotland: Everyone's Story, was launched in May 2023 as a joint initiative between the Scottish Government and COSLA. This 10-year strategy sets out a vision in which people living with dementia have their strengths recognised, their rights upheld and can live free from stigma. The strategy reflects a commitment to ensuring that individuals, their families, and carers receive the support necessary to live independently.

A central pillar of this strategy is the commitment to evidence-informed delivery, ensuring that policy and services are developed based on high-quality research, data, and the lived experiences of people with dementia. This approach acknowledges the complexities of dementia care and the importance of integrating real-world perspectives to inform service design and implementation.

The strategy also emphasises establishing "building blocks" for future work. This includes fostering an environment in which people with dementia and their families are empowered to influence decisions that affect them, ensuring that their voices shape Scotland's approach to dementia care.

To enact this vision, the Two-Year Delivery Plan (published in February 2024) identifies key priorities, including an independent evaluation of the Brain Health Service (BHS) demonstrator site in Aberdeen. This evaluation is overseen by a cross-governmental, cross-sector group and is intended to assess how well the service is achieving its objectives, inform potential service improvements, and provide evidence to guide future brain health policy and practice in Scotland. The evaluation will help determine the efficacy and sustainability of the Brain Health Service model, ensuring that lessons learned from the initial implementation can contribute to the long-term strategic vision for dementia care in Scotland. This aligns with the broader goal of enhancing Scotland's public health approach to dementia prevention, early intervention, and support services.

Brain health

Dementia prevention has become an increasing focus of public health efforts, driven by emerging evidence that a significant proportion of dementia cases may be preventable through targeted interventions.

Building on previous research, the 2024 Lancet Commission on Dementia Prevention, Intervention, and Care highlights 14 modifiable risk factors associated with dementia. These risk factors include less education, hearing loss, hypertension, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol consumption, traumatic brain injury, air pollution, and social isolation. The 2024 report further adds untreated vision loss and high LDL (low-density lipoproteins) cholesterol as newly recognised risk factors. The report underlines that addressing these modifiable risk factors across the life course—from early childhood education to midlife and older adulthood—could potentially prevent or

delay nearly half of dementia cases. This strengthens the case for early intervention strategies, including promoting cognitive and physical activity, reducing exposure to air pollution, encouraging the use of hearing aids, and implementing policies to reduce high-risk behaviours such as smoking and excessive alcohol consumption.

Scotland's commitment to integrating this into policy and practice is reflected in the Brain Health Service model, which is designed to raise awareness of brain health, support individuals in reducing their risk factors, and provide structured clinical assessments and interventions.

Brain Health Scotland

Recognising the potential for prevention in dementia care, the Scottish Government in partnership with Alzheimer Scotland, established Brain Health Scotland in 2019. This initiative was designed to explore preventive approaches to brain health and translate emerging scientific evidence into practical public health interventions. Brain Health Scotland operates with a public health focus, aiming to educate the population on risk reduction while supporting healthcare integration. Its work includes developing new service models, such as the Brain Health Service, and fostering collaborations with NHS Scotland to implement innovative care pathways. A key milestone in this work has been the establishment of a demonstrator site in NHS Grampian, which aims to test the Brain Health Service model in a real-world setting. By integrating prevention into Scotland's dementia strategy, the demonstrator Brain Health Service provides a proactive model—moving beyond reactive dementia care toward early engagement and intervention.

Brain Health Service model

The Brain Health Service model consists of two interconnected components – a service and a two-stage clinic. Across all three stages of the Brain Health Service (the Service) outcomes include:

- offering individuals concerned about their brain health a place to discuss their concerns in depth and with professional advice;
- raising awareness of people's ability to influence their brain health;
- providing the individual with different levels of personalised action plans to guide them towards health behaviour change; and
- individuals are signposted to relevant research opportunities and, where necessary, referral to other specialist services.

Stage 1 of the service functions as a walk-in to the Alzheimer Scotland Brain Health Resource Centre or a telephone call to NHS Grampian Healthpoint where individuals are offered access to brain health information, self-assessments, and guidance on modifiable risk factors. This stage prioritises early engagement and awareness-raising, equipping individuals with the knowledge to take proactive steps toward reducing their dementia risk. The discussions can explore personalised strategies and plans to support brain health and serve as a gateway to clinical services, with those (from Aberdeen) requiring further evaluation referred to the Brain Health Clinic.

The Brain Health Clinic forms stages 2 and 3 of the Service. Stage 2 involves the specialist Nurse Practitioner who undertakes clinical assessments with individuals undergoing risk profiling, cognitive and lifestyle assessments, and targeted interventions to support lifestyle changes and risk reduction.

If individuals are identified as being at higher risk of cognitive decline or requiring further evaluation, they are then referred to the third stage of the Service for a consultant-led assessment. This stage may involve diagnostic imaging to provide a detailed understanding of an individual's brain health status and/or onward referral to psychiatry or specialist neurological services. The Consultant may also diagnose specific conditions.

Methodology

The remainder of the chapter describes the evaluation approach. Diagram 2.1 summarises the methodology and is followed by a more detailed description of the key elements.

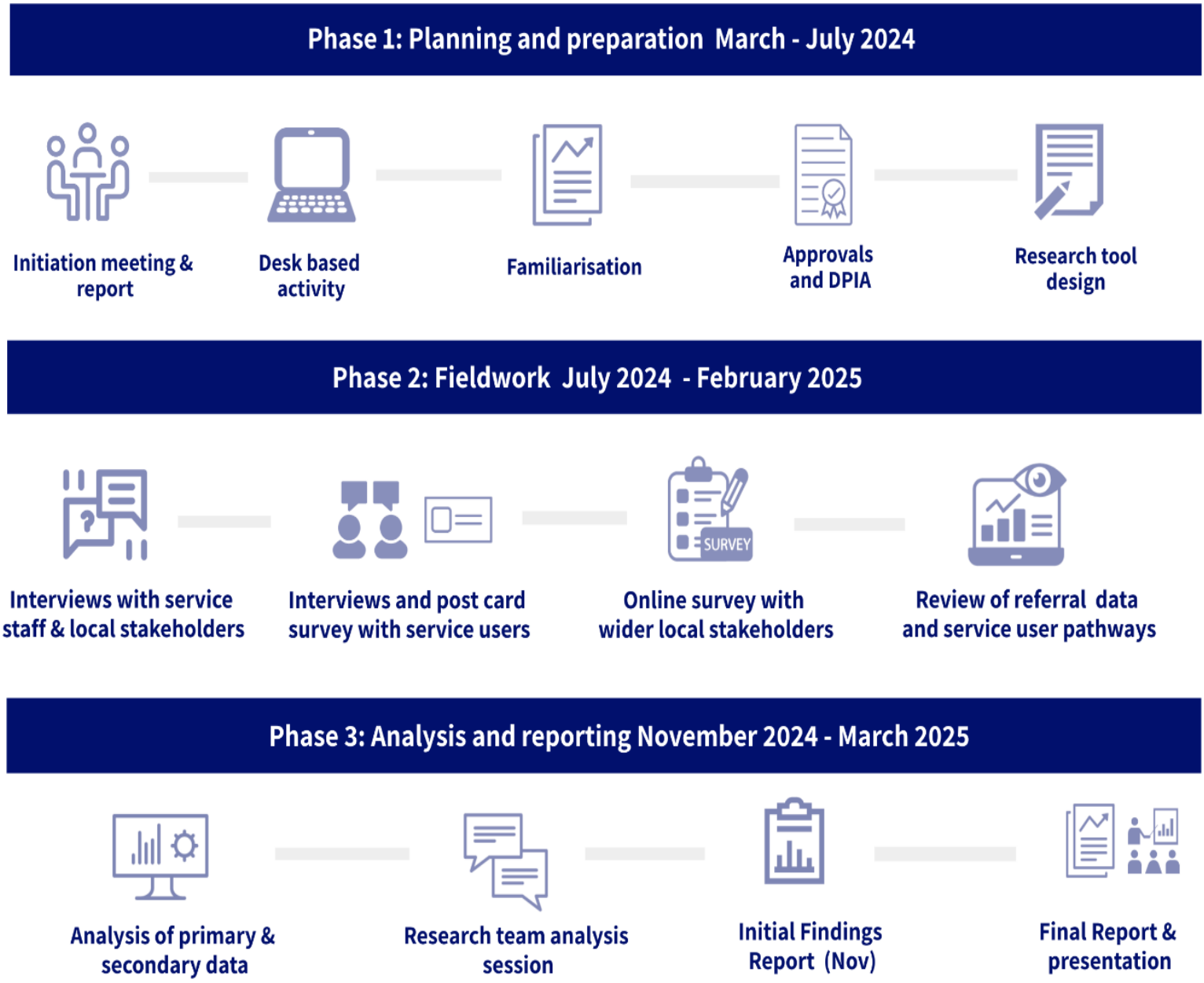


Figure 2.1 Methodology

Data governance approvals

To ensure compliance with NHS Grampian information governance requirements, the Blake Stevenson team needed to obtain specific data protection approvals and by July 2024 the Data Protection Impact Assessment (DPIA) and Information Sharing Agreement and Cyber Essentials Plus accreditation were in place, allowing the fieldwork activities to begin.

Interviews with staff supporting the delivery and management of the service

The staff delivering the service were interviewed at three points during the evaluation to capture their experiences, learning and insights as the service became established. The discussions centred on their role, service operation, enablers and barriers to delivery and changes required in ways of working, processes and systems. The discussions also considered the impact of the service and the opportunities for learning and innovation. For those overseeing the service there was also discussion about their experiences of managing the stages and service fit within existing NHS Grampian systems. A total of ten staff in delivery and management roles were interviewed as part of the evaluation.

Interviews and postcard survey with service users

People accessing the Brain Health Service engaged with the evaluation in two ways. A pre-paid postcard was handed to individuals after accessing any of the three stages of the service. This had three short questions about their experience, the support they received and their short-term plans to positively support their brain health. If these were completed by individuals, they were posted to the Blake Stevenson team and a total of 25 postcards were received.

Individuals could also volunteer to take part in an interview with one of the evaluation team. The prospective participants were provided with information and if they gave consent for their information to be shared with the evaluators, in-person or virtual interviews were offered. Between September 2024 and February 2025 24 individuals were interviewed as part of this evaluation. Of these, 11 interviewees accessed Stage 1 via the Resource Centre and 13 individuals accessed Stages 2 and 3 of the Brain Health Clinic.

Online survey with wider stakeholders

The online survey was aimed at those stakeholders who may refer into the Service and wider health, social care and third sector staff involved in delivering elements of care and support that service users might access. The survey was designed and administered using Snap Surveys and the questions explored a range of issues including awareness of the service, the experience of interacting with the Service, integration and coordination of the Service within existing healthcare system and perceived changes in brain health awareness.

The survey link was distributed by NHS Grampian, it was live for three months and 27 people responded. Most respondents (21) were NHS Grampian staff followed by staff from GP Practices (5), with one respondent from another NHS Board. The NHS Grampian staff represented a variety of services including Older Adults Mental

Health, Clinical Support Services, Radiology, Genetics and Speech and Language Therapy.

Local stakeholder interviews

The final set of interviews were with local stakeholders, some who had been involved in the original design and implementation of service and others that were part of the wider NHS Grampian system. These interviews explored, in more depth, the expectations of the Service and its achievements, the fit with existing local system and referral pathways and further opportunities for collaboration and wider learning. Eight local stakeholders were interviewed from NHS Grampian and Brain Health Scotland.

Review of clinical data and service user information

The data collected as part of Stage 1 service was reviewed. The clinical audit data contained information on 117 individuals who had accessed stages 2 and 3 of the service (for the period 4 January 2024 to 31 January 2025) was analysed.

Analysis and reporting

The content of the report is informed by the:

- 24 service user interviews and 25 service user postcards;
- 10 service staff and management interviews;
- eight local stakeholders;
- 27 survey responses from wider stakeholders; and
- analysis of the clinical audit data and service data from December 2023 – January 2025 and additional materials like the promotion activities and communication plans

The qualitative data gathered from the interviews, the survey responses and the service and clinical data were analysed in line with the evaluation aims and key questions. This involved a process of coding responses to identify key and recurring themes as well as any differences in viewpoints among different groups of participants. To further protect anonymity, all interview data were anonymised, and any identifying details were removed during analysis.

An internal team meeting to discuss the key emerging themes was held before producing the report outline. This was shared with the Evaluation Advisory Group for comment before the draft report was produced. The results of the analysis are presented in this report.

Advantages and limitations of the evaluation approach

The eight-month fieldwork period allowed for multiple discussions with staff and management teams, enabling real-time learning from service adaptations. This timeframe also provided an opportunity for a sufficient flow of service users, which helped in securing participants for the evaluation. The Service’s staff and management successfully integrated the evaluation activities into their day-to-day

responsibilities, making it easier for the evaluation team to engage with staff despite their busy workloads.

There were some limitations to the evaluation which included:

- some service users were still progressing through the Service stages, making it difficult to observe and measure behaviour change. In particular, individuals awaiting clinical assessments or moving to the next phase of support had not yet shown measurable outcomes;
- stringent NHS Grampian data protection protocols prevented the straightforward tracking of individuals from Stage 1 through the clinic stages. This limited the ability to chart each person's journey or develop deprivation profiles of those accessing the service;
- a survey was used to gather wider stakeholder feedback; however, a higher response rate would have yielded a broader, more diverse sample. This increase in participation would also have strengthened the reliability and generalisability of the stakeholders' views; and
- the final phase of evaluation activities took place during a period of funding uncertainty for the Service. As a result, the focus of discussion with some participants remained on delivering the existing service model rather than planning for long-term changes or enhancements.

Despite these constraints—and the short-term nature of this evaluation relative to a service with a long-term focus—this qualitative evaluation offers a better understanding of how a demonstrator brain health service can effectively operationalise dementia prevention.

3. Key findings: Brain Health Service effectiveness and outcomes

In this chapter and Chapter 4, the evaluation findings are presented and organised to align with the core evaluation questions and RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance).

The first section considers the visibility and access to the service before exploring effectiveness and service outcomes.In this chapter we provide details of the delivery model and impact of the PDS innovation site in East Edinburgh.

Reach

The Brain Health Service was officially launched on 4 December 2023 by Maree Todd MSP, attracting media attention from outlets including Aberdeen Live and STV News. To further enhance visibility, and promote the novel concept of brain health, from February – March 2024 a public awareness campaign ran across multiple media channels.

The objective of the campaign was to engage with people aged 18-65+ who might have concerns about brain health and want to find out more about reducing their risk of developing dementia in the future. The campaign incorporated bus advertising on the rear of 20 buses, a 40 second radio advert on Northsound 1 and Northsound 2 with a potential reach of 277,000 listeners as well as NHS Grampian marketing activities on hospital screens, webpages and radio interviews .

There was also targeted Facebook and Instagram adverts.The results of the paid social media campaign showed:

- significant campaign visibility with 939,369 impressions generated which identify a wide reach of the adverts in driving awareness;
- 6950 link clicks through to the landing page (click through rate – CTR of 0.74%) demonstrating audience interest and intention in learning more;
- 698 positive sentiment engagements with post reactions, comments, saves and post shares

To reinforce the public's awareness a range of resources was developed and distributed across key locations. These posters and leaflets were placed in GP practices, libraries, pharmacies, and community centres, making the service more visible to the public. They provided details on the importance of brain health and how to access the Service, helping potential users understand its benefits and availability.

Community outreach efforts were a key component of the promotion strategy with more than 30 presentations and networking events held to introduce the Service to various community groups and healthcare professionals. This included:

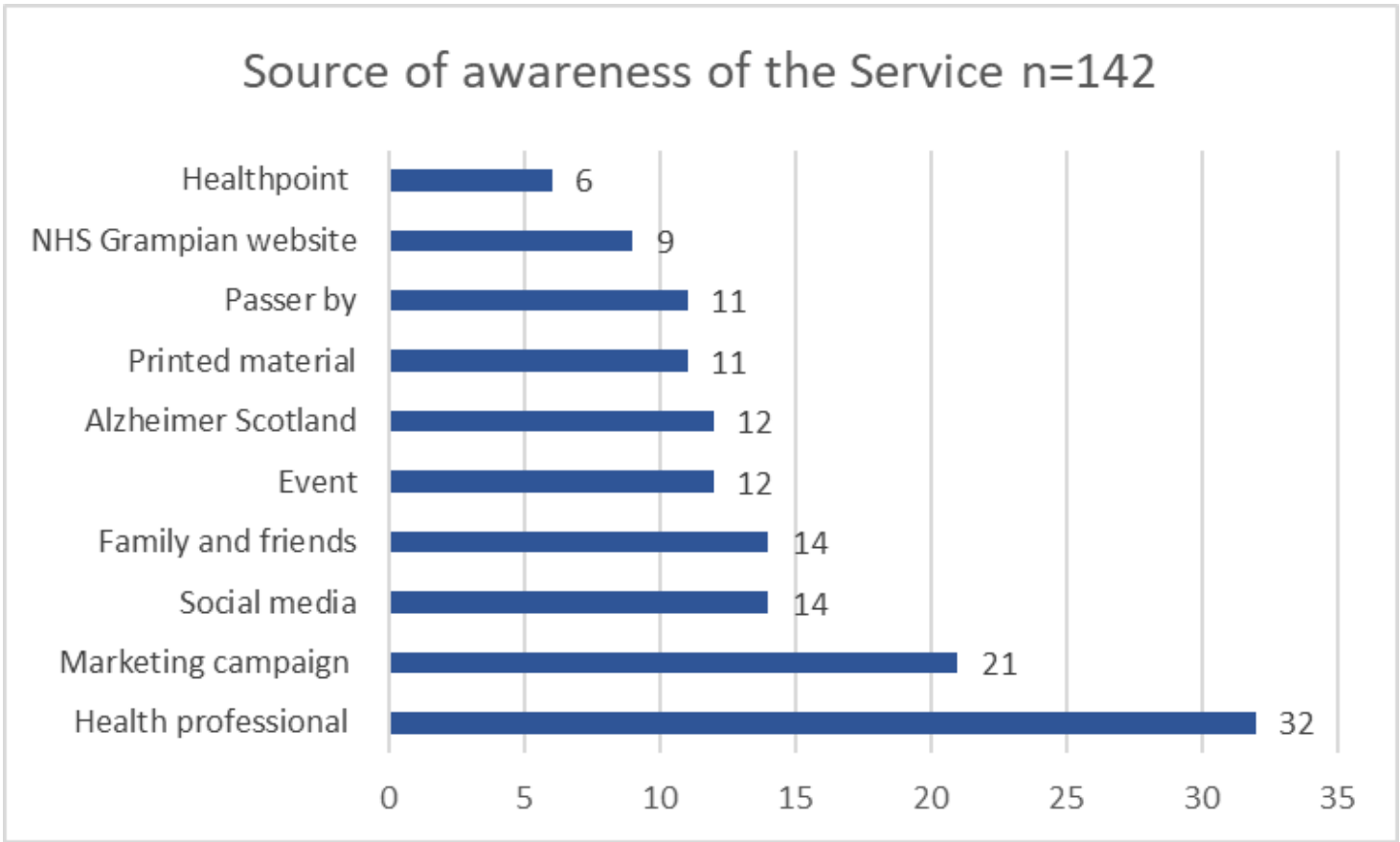
- targeted work with community groups and professional organisations to deliver hands-on resources, fostering direct interaction with attendees;
- engagement with healthcare workers with presentations at rehabilitation units and occupational therapy teams to provide a platform to engage healthcare professionals who could act as referral points to the service;
- public events with a pop-up stall at events like Challenge Poverty Week at Aberdeen Music Hall and the Grampian Gathering at The Beach Ballroom;
- volunteer and support networks to reach the volunteers and social care professionals supporting vulnerable populations; and
- strategic partnerships facilitating discussions with key organisations like Sport Aberdeen and the Aberdeen City Council to explore opportunities for future collaboration.

The wide range of approaches to raising awareness of the Service reflected the need for varied forms of communication so that the public and stakeholders understood the unique nature of the Service and its existence.

Awareness of the service

When asked about how they became aware of the Service, users highlighted these multiple channels and promotional activities. Chart 3.1 summarises the key sources.

Chart 3.1 Sources of awareness of the Brain Health Service



The most frequently cited source was a health professional which included GPs, and pharmacists within those roles. The marketing campaign, particularly the radio advertisements was the next most commonly cited source of information – following by social media adverts, all through Facebook. Information from family and friends was a source of information as was and the pop-up stalls at events that people attended. For many of the service users who were interviewed, word of mouth through colleagues, family and friends and local organisations was their main source of information about the Service.

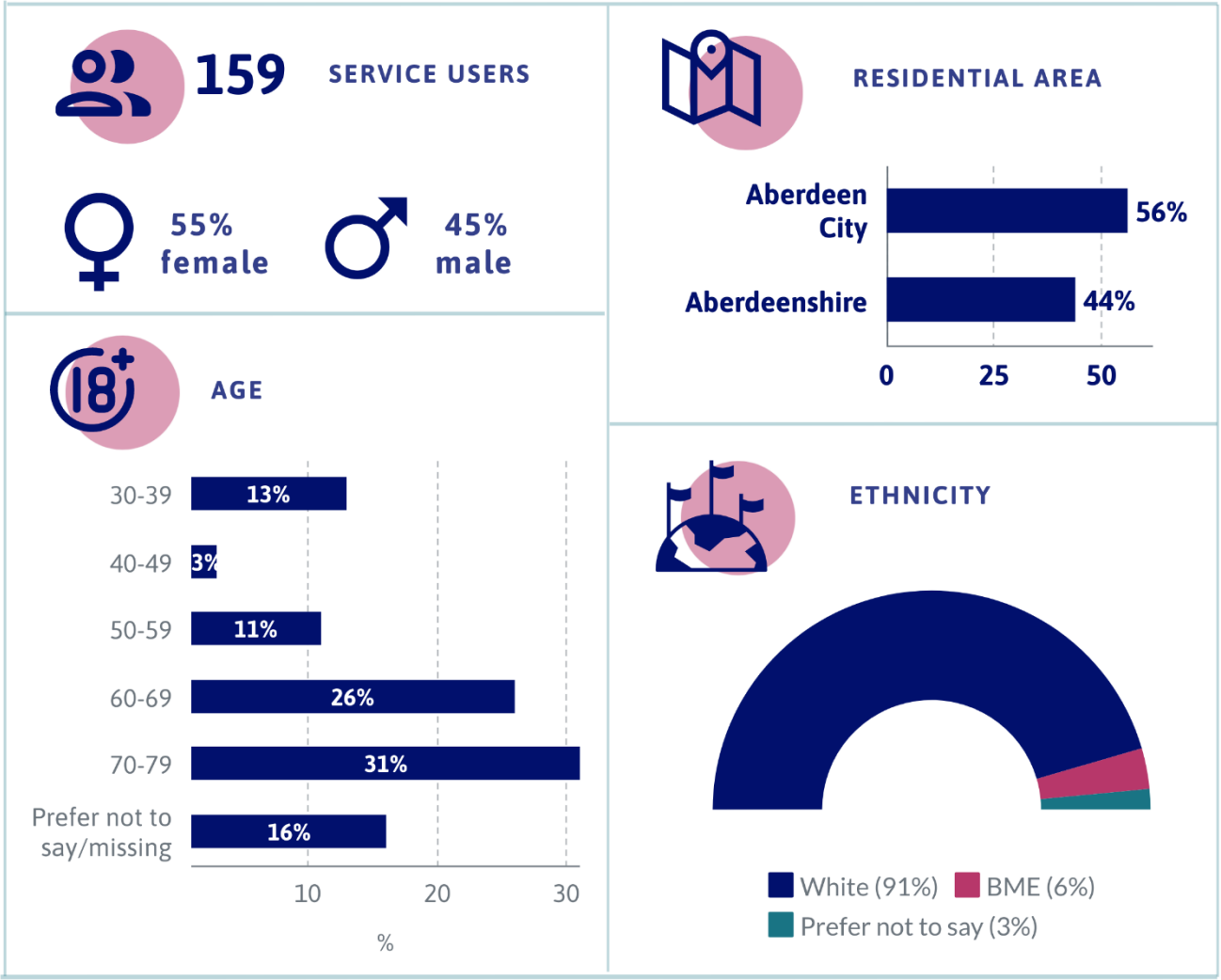
Despite the wide range of promotional and engagement activities, there was still a call from various evaluation participants for increased awareness-raising both with potential service users and for wider stakeholders:

“I would say that it should maybe be publicised more, for more people to be more aware of it. I just thought it [Resource Centre] was for people who had Alzheimers.” Service user

Accessing the service

Stage 1 of the Service is open to all NHS Grampian residents, and between 11 December 2023 and 31 January 2025, 159 people were supported through the first stage of the Service.

Figure 3.1 Profile of service users accessing Stage 1 of the Brain Health Service



Based on the available profile data, it shows that the Service predominantly supported older age groups, with the majority of users aged between 60-79 years (57%). Younger individuals, particularly those under 50, were less represented, with 18% of service users under the age of 50.

The gender distribution of users accessing the service showed a higher proportion of females (55%) compared to males (45%). Geographically, the Service primarily reached individuals residing in Aberdeen City (56%), compared to the broader NHS Grampian area (44%) and in terms of ethnicity, the vast majority of service users identified as White (91%), with only a small [1]proportion from Black and Minority Ethnic (BME) groups (6%). The data collected on service users did not enable analysis of the socioeconomic profile of Stage 1 users.

The Service was resourced to a level that meant Aberdeen City residents could access the clinic and so individuals from Aberdeenshire, despite demonstrating suitability, were not referred to Stage 2 of the Service but instead they were encouraged to make follow on appointments with their GPs. This did create some

[1] From the 2022 Census 17.1% of the population in Aberdeen identified as an ethnic minority

frustration for both users and a few staff and presented inequalities across areas of NHS Grampian.

"It can be frustrating because I know some [Aberdeenshire residents] would be perfect for Stage 2." Staff member

The majority (74%) of individuals accessed the Service by walking in to the Resource Centre, 15% phoned Healthpoint and were supported by the advisors and 11% were referred by GPs directly into Stage 2 of the Service.

Motivation for accessing the Service

Craig has a family history of dementia and was prompted to contact the Resource Centre after watching a TV documentary on brain health. After an initial conversation with the centre manager, Craig was referred to the nurse and then doctor but scored highly on the memory assessment.

Behaviour change

The conversations with the centre manager and nurse reassured him that the type of dementia his family member had experienced was unlikely to have a genetic link. He was also given advice on what he could do to reduce his risk of dementia, and it was suggested that he could improve his diet, increase his physical activity and do more to keep his brain active. Craig is now trying to walk more and keep "the brain ticking" by doing crosswords. While he already knew about the benefits of a more active and healthier lifestyle, the Brain Health Service was described as "hammering it home."

Experience of the Service

Craig described his experience of the service positively and felt that he was put at ease by the team:

"It was very good, it was a relaxing atmosphere. I suppose I was a little bit apprehensive but [resource manager] put me at ease. I felt quite comfortable yapping away."

Craig, 47-year-old male

Motivations for accessing the Service

Individuals accessed the Service for diverse reasons, ranging from health concerns to proactive health management. Individuals with a family history of dementia or who were experiencing memory issues or challenges with daily tasks and were therefore worried about cognitive decline were keen to access support. Physical health conditions were another common motivator, particularly among individuals with hypertension, diabetes, or a history of stroke or head injuries. Mental health and emotional wellbeing also influenced users, with anxiety, depression and stress prompting them to seek advice.

Service users with concerns about their lifestyle - smoking, alcohol consumption, poor sleep quality, and reduced physical activity were also motivated to seek help. Lastly, a proactive group engaged with the Service to actively monitor and maintain their brain health, particularly if approaching an age associated with increased dementia risk. These individuals sought reassurance and preventive guidance.

Effectiveness of the service

The Service was intended to provide people with concerns about their cognitive well-being within a dedicated space for in-depth, professional guidance; increase public awareness of how lifestyle factors can influence brain health; offer tailored action plans to support positive behaviour changes; and, where appropriate, undertake clinical assessments and refer them to additional specialist services.

Brain Health Service Stage 1

The data from the Stage 1 Service provides a wealth of information about the tailored support and advice given to individuals based on their reported symptoms, personal concerns, and identified risk factors.

Service users experiencing mental health or emotional challenges were signposted to support services and local groups as well as self-help resources on NHS Inform.

Lifestyle recommendations were comprehensive, with Healthpoint staff and the Centre Manager encouraging gentle physical activities, joining local sports clubs, attending organised health walks, or participating in exercise classes. Healthy eating advice emphasised increased fruit and vegetable consumption, reducing processed foods, balanced dietary intake, and portion control and was supported by resources like the Eatwell Guide, and staff also advised on alcohol moderation and better sleep management practices.

Cognitive engagement was encouraged through recommendations to participate in stimulating activities, including learning new skills, engaging in brain games or puzzles, and, in some cases, joining research studies. Practical memory aids such as diaries, calendars, or task lists were also suggested to improve organisation and daily functioning.

To reduce social isolation and enhance emotional wellbeing, service users were advised to join local community groups, increase social interactions, and engage openly with family members regarding their concerns, drawing on both emotional and practical support networks.

Motivation for accessing the Service

Mary is 54 years old and was referred to the Brain Health Service by her GP because of short term memory problems that were making work and driving difficult. Mary was assessed by the nurse and told that she had “nothing to worry about” but referred to the consultant to discuss her memory problems. The consultant identified medications and another health condition as the potential

causes. After changing her medication, Mary still forgets things but is “now managing to function” and carry out everyday tasks again.

Experience of the Service

Mary described how, when she was first referred to the Service, she was “scared because I’d got into my head that I had dementia” but was “made to feel relaxed” by the nurse. She saw the consultant afterwards and said that:

“It was an amazing, smooth, easy process. I’m one of the lucky ones because it was so quick, from me initially realising that something was definitely wrong to seeing the doctor.”

Behaviour change

The actions Mary could take to reduce her risk of dementia were discussed during her appointment with the nurse and more exercise was recommended. In identifying medication as the potential source of her memory problems, Mary’s GP has also referred her back to the relevant hospital department for a review.

Mary, 54-year-old female

An essential aspect of Stage 1 interactions involved raising awareness about modifiable dementia risk factors. Informational leaflets reinforced the advice on maintaining brain-healthy behaviours further supporting their ongoing brain health journey.

Brian Health Service – stages 2 and 3

Aberdeen City residents could be referred to the second stage of the service by the Centre Manager, Healthpoint advisors or GPs. When a service user is referred to Stage 2 of the Service, they have a detailed assessment with the Nurse Practitioner that includes:

- a comprehensive review of the individual's personal concerns;
- lifestyle evaluations, including sleep quality, mental health questionnaires, and assessments of Activities of Daily Life (ADL);
- a physical health check; and
- administration of the Addenbrooke’s Cognitive Examination (ACE-III), an objective cognitive assessment tool.

The clinical audit data provided rich insights into outcomes from nurse assessments, highlighting the complex interplay of cognitive, mental, and physical health factors.

Memory and cognitive function

Assessments revealed diverse underlying factors influencing cognitive concerns. In instances where individuals displayed no clear evidence of Mild Cognitive Impairment (MCI), memory lapses were commonly attributed to lifestyle and

physiological factors such as busy or stressful lifestyles, menopausal symptoms or alcohol consumption. In a smaller number of cases, objective evidence of MCI emerged clearly, frequently linked with factors such as anxiety, depression, chronic physical health conditions, or possible early dementia. ACE-III scores were valuable in indicating the need for further investigation. Even users with ACE scores within normal limits occasionally exhibited subjective cognitive concerns that warranted ongoing monitoring.

Mental health and emotional wellbeing

Mental health factors significantly impacted cognitive presentation. Numerous assessments uncovered underlying issues with depression and anxiety, which manifested as cognitive difficulties, low mood, and disrupted daily functioning. Contributing factors frequently identified included poor sleep hygiene, stress related to personal responsibilities such as caregiving, and other emotionally taxing lifestyle components. These findings highlighted the necessity of integrating mental health support into the clinical planning process.

Physical health influences

Physical health challenges were prevalent among users and significantly influenced cognitive health concerns. Conditions such as fibromyalgia, cardiovascular issues, previous chemotherapy or radiotherapy treatments, and peri-menopausal or menopausal symptoms were all noted as contributing to subjective memory concerns and cognitive decline. This recognition informed referrals to appropriate physical health services, ensuring a comprehensive approach to users' cognitive health management.

Following the initial nurse assessment and subsequent case discussions with the Consultant, tailored clinical plans were developed and according to the clinical audit data relating to 117 individuals:

- 56 were referred to the Consultant for further evaluation;
- 28 were directly discharged with advice like GP follow-ups, signposting to mental health support resources or community-based support groups or lifestyle guidance; and
- 17 had specialist referrals e.g. audiology, physiotherapy with Nurse follow-up.

The Consultant reviews played a crucial role in determining the ongoing care pathway for service users. Following these assessments, common outcomes included scheduling six-month reviews, referring service users to specialist services (for example, psychiatry, neurology, stroke clinics, or ADHD clinics), requesting further diagnostic investigations such as CT or MRI scans, and recommending ongoing clinical or nurse oversight to manage cognitive health or related conditions.

The data indicate that the highest proportion (27) individuals were recommended for a six-month review with the Nurse or the Consultant, some (14) were discharged directly after consultant assessments, suggesting that initial concerns had been sufficiently addressed and a smaller group (10) required additional diagnostic testing.

This approach ensures that all service users, regardless of their specific cognitive concerns or contributing factors, benefit from comprehensive, person-centred support. Tailored interventions help address both cognitive symptoms and underlying health factors, demonstrating a structured and responsive approach to clinical management within the service, and reflecting the original vision and model for the Service.

Service outcomes

The available data indicates that wide-ranging conversations about brain health took place in response to the concerns and risk factors presented by people accessing the Service.

Awareness and knowledge of brain health

Where people had a family history of dementia, the Service provided a space for them to learn and better understand their genetic risks. More often though, discussions focussed on the modifiable risk factors and the types of actions that could be taken to reduce risk. Informational leaflets about each of these had been prepared by the service and shared with people as appropriate but, amongst those people engaged in the evaluation interviews, information was commonly given verbally.

From the responses to the service user postcards, 21 out of 25 people reported that after receiving support they felt that they had increased awareness of brain health and had information about how to support their brain health.

In the interviews with service users, many explained that they already possessed a solid understanding of healthy living—such as eating well, moderating alcohol intake, and staying active—before engaging with the Service. Several had also learned about brain health risks through television programs, newspaper features, or presentations. This existing knowledge often prompted their initial interest in accessing the Service.

Owing to these differing levels of familiarity, the effect of the Service on users' awareness varied. Some reported a notable increase in their overall understanding, while others found that the information simply reinforced what they already knew. Where people did describe an increase, it was typically described as a broader improvement in their awareness of brain health.

"I'm just more aware of things now, how I think, what I think. So it's improved." Service user interview

"I think it's given me a little bit more awareness." Service user

Others described how they were now more aware of the specific risk factors that they needed to reduce, with the importance of keeping the brain active, managing high blood pressure and cholesterol, and addressing hearing loss all being mentioned.

Motivation for accessing the Service

Theo, is 64 years old and first learned about the Brain Health Service through a pop-up promotional stand in the Shopping Centre. For some time, he had been feeling "out of sorts" and experiencing increasing forgetfulness in everyday tasks. His role at work required him to engage members of the public and direct them to designated seats, but often by the time he escorted them, he would forget which seat was their allocation. This ongoing forgetfulness caused him significant anxiety.

Experience of the Service

After speaking with staff at the promotional stand, Theo was encouraged to visit King Street, where he booked an appointment with the Centre Manager. His initial consultation was reassuring and non-judgmental, making him feel at ease. Following the Brain Health questionnaire assessment, it was decided that he should be referred to the Nurse, and this happened quickly. During his appointment, the Nurse identified that Theo had high blood pressure, requiring medical attention. Accessing his GP was challenging, and with his next appointment scheduled four weeks away, he was unable to secure an earlier slot. The Brain Health Service intervened, contacting his GP directly to ensure an urgent appointment. At this appointment, an ECG confirmed high blood pressure and angina, and he was prescribed medication.

Behaviour change

Beyond medical intervention, Theo received lifestyle advice, encouraging him to be more active and make healthier food choices. While he still enjoys some of his favourite foods, he now consumes them in moderation. He has also increased his physical activity, walking 20-25 miles per week, and is gradually losing weight.

Theo is booked to see the Consultant at the Brain Health Service but already, his memory has improved, and he feels more confident in both his everyday life and work. Reflecting on his experience, he shared:

"Memory loss makes you anxious and question yourself. Instead of waiting months to see my GP and worrying, I was able to access a service that not only helped me with my medical condition but also supported me in changing my habits. I'm not sure I would have gone to the GP with these concerns—getting past the receptionist to book an appointment is hard, and if I had said it was about my memory, I don't think they would have taken me seriously. At the Brain Health Service, I was listened to, and my concerns were acted upon."

Theo, 64-year-old male

The tailored discussions that considered the modifiable risk factors also encompassed broader issues that were affecting cognitive function of individuals such as a lack of sleep, mental health concerns and in response to these issues, people were given advice and signposted or referred as appropriate. This holistic

response was appreciated by users and for one individual, this broader conversation was particularly helpful to them:

“The initial conversation was around family background, lifestyle, potential indicators, info gathering. Potential strategies and plans that we could look at just to assess the potential of any future problem. That was very much the initial part of the conversation, but it quickly expanded beyond the whole dementia thing, and I found, well, I found myself opening up on other mental health issues. That’s where the major benefits have been, on that expanded service.”

Behaviour change

The Service’s approach to facilitating behaviour change evolved over time. The Recommendations for Clinical Practice provides the template for the Service and describes a key intervention as the personalised action plan prepared at Stage 1. Initially this was intended to be a written document but learning throughout the delivery period identified that what constituted an action plan varied according to individual need. For example, an action plan might simply be a recommendation to have a hearing test or for an onward referral to be made to a GP for the management of high blood pressure, cholesterol or diabetes. Other recommendations were made around lifestyle, cognitive stimulation and social engagement to address isolation.

There has then been an individual person-centred rather than a standardised approach to the preparation of action plans:

“An action plan can be verbal advice [rather than a physical thing]. It’s patient centred, it’s what the patient wants. If it’s one thing they want to change, we won’t send a massive thing out by post. The patient might be happy to look online, so we’ll email them links. That action planning, it’s about what the patient needs and is appropriate to them… We didn’t want to make it too structured, it won’t work for every person. I think it’s more about the personalised advice we can give.” Staff interview

Staff and stakeholders highlighted Healthpoint's involvement in Stage 1 of the Service as a significant strength. Given their established public health role, Healthpoint staff are particularly adept at identifying appropriate NHS services and support groups, collating relevant information effectively, and clearly communicating tailored behaviour change messages to service users.

“The Healthpoint always delivered those key messages, it’s what we do all the time.” Staff

However, because formal action plans were not consistently prepared, some interviewees were unable to clearly identify specific recommended behaviour changes. This limited the assessment of the service’s impact on behaviour change, resulting in mixed evidence. Some participants reported no changes, while others indicated they were already proactively taking steps to support their brain health. For these individuals, the service primarily reinforced the importance of existing behaviours rather than initiating new actions.

Amongst those who did report behaviour changes, a reduction in alcohol intake was common:

“I’ve cut down my use of alcohol. It was just making me think about the whole way I lived and when I did things, it made me reflect back.”

“I think I’m probably more aware of alcohol, I used to have a G&T every other night but I’ve reduced my intake. I know that alcohol is bad but [the Consultant] reinforced that. Made me more aware of everything.”

Other people were taking action to keep their brain active through doing daily crosswords, for example, and others were now more physically active.

The service user postcards echoed these findings from the service user interviews with 21 out of the 25 postcard respondents reporting a variety of planned or initiated behavioural changes to positively support their brain health. Like those interviewed, some intended to take specific health-related actions, including reducing alcohol consumption, improving diet, managing their weight, and increasing physical activity. Others highlighted plans for better sleep management using resources such as the Sleepio app or Alcohol Focus Scotland. Several users who completed the postcards emphasised the importance of maintaining social interactions and engaging in activities outside the home to improve overall wellbeing.

Some individuals were waiting for the next phase of support and had appointments, e.g. with their GP or follow-ups with the Nurse to address specific health concerns like diabetes management or blood pressure monitoring. What was clearly expressed from the postcard surveys was service users intentions to keep their brains active.

For those accessing the clinic, follow-up appointments with the Nurse or Consultant were scheduled when they were required. For individuals accessing Stage 1, the model was not designed for follow up under this stage but, within the Centre Manager, using Alzheimer Scotland, arranged for users to return to receive limited support in progressing their personalised actions.

It was suggested by both a service user and staff interviewee that further encouragement of lifestyle changes could be facilitated through follow up reviews (for example via a phone check-in). The experiences of one person who had benefitted from multiple follow up appointments with the Centre Manager provided support for these views. The review meetings were perceived to provide additional motivation for behaviour change and, in a follow up evaluation interview in January 2025, were reported to have been sustained over six months after the initial Stage 1 appointment:

“I think back regularly to the conversations [Centre Manager] and I had and what a positive impact it had on me. If I’m feeling a bit susceptible then I just replay some of the things and some of the self-help tools, we talked about. It works for me and I think knowing that the additional support is there almost on tap if required is a real support. Especially when not all services and support services are so readily

available. So knowing that they're there and accessible is helpful." Service user interview

Discussions with service users across all service stages reveal that they are making plans and taking actions to support their brain health. The nurse and consultant assessments further reinforce these behaviour changes or help manage underlying conditions. Although the Nurse and Consultant have been conducting six-month follow-ups with some patients for this evaluation there was limited access to clinical data—such as changes in cholesterol levels—that would indicate improvements in relevant health markers.

In the survey responses, participants acknowledged the Service's potential to foster meaningful behaviour change, while also recognising that sufficient time and a larger volume of service users would be required for these medium to longer-term benefits to fully emerge.

"Huge potential long-term benefits. Allowing patients to self-manage better but at this stage there are too few patients to understand that difference". Survey respondent

Motivation for accessing the Service

Susan is a 47-year-old user of the Brain Health service. At the age of 43, Susan had begun to experience difficulties finding some words, not knowing where her keys were and a range of other memory issues. She had noticed that it was beginning to get worse and thought she may have a problem that required further investigation.

"At certain times I felt – am I stupid? I also felt like I was numb with tiredness."

She had seen an advertisement on a bus about dementia, and, having read a lot about the importance of maintaining good brain health, she decided to visit the Brain Health Service with her husband.

Experience of the Service

Susan met the Centre Manager who worked through the Brain Health Questionnaire with her and then referred her into the Brain Health Clinic to meet the Nurse where she undertook a clinical assessment. The memory test results from the assessment were lower than would be expected for a person of Susan's age but the Nurse attributed this to English being an additional language and potentially a symptom of peri-menopause.

The Nurse developed a personalised action plan with Susan which included setting up a meeting with her GP, making changes to her diet, including incorporating fish into her vegetarian diet weekly, eating meat once a month, and taking a daily dose of Kaffir, exercising more and undertaking therapy with a psychologist.

Behaviour change

Susan has found having an action plan really helpful. Susan reflected that the results provided by the nurse did not alarm her, and in fact motivated her to “fix things”.

Shortly following her visit to the GP, Susan began taking hormone replacement therapy (HRT) and many of her symptoms improved quickly.

“My mental health is better, and I am now undertaking training with the intention of changing jobs.”

She feels that her understanding of brain health has significantly increased and has made changes that will help which includes exercising four days a week – two days weight training and two days. The combination of these changes has had a knock-on effect on her husband and son because she is feeling so much better, and the dietary changes have also positively impacted on them.

Susan, 47-year old female

User satisfaction

As evidenced by both the service user postcards and interviews, experiences of all stages of the Service were positive. The interviews with service users described how accessing the service provided reassurance, reduced anxiety and prevented potential issues from going undiagnosed. The levels of user satisfaction highlighted through consistently low Did Not Attend (DNA) rates, indicating strong engagement and suggesting that the Service was effectively meeting user needs and expectations.

“Our DNA rate is extremely low, which reinforces the demand and engagement with the service." Staff

As a new service, many people arrived with few specific expectations. In some cases, however, their experiences surpassed what they had anticipated. For instance, one individual initially expected only to receive information on brain health, but their discussion with the Centre Manager encouraged them to think more broadly about their overall wellbeing.

"[The Service] can make a difference...they can have a 1-1 session about behaviour change and risk factors, not just been given a leaflet, so much more”. Stakeholder

The available evidence indicates that the following factors were particularly important in creating a positive service user experience:

Ease of access

The ability to self-refer via a phone call to Healthpoint or a walk-in to the Resource Centre was an important feature and meant that the service was easy to access. In recognising this, staff and stakeholder interviewees often highlighted the accessibility of the service as a key strength.

“I love that people can just self-refer and walk in. They don’t have to go through any clinical gateway first.” (staff interview)

A city centre location also meant that the service was visible to passers-by. While some stakeholders felt that King Street had relatively low footfall compared to other parts of the city centre and noted limited parking, evidence suggests that visibility nevertheless encouraged some people to explore the Service. For example, one individual found out about the Service after visiting a nearby shop and another walked past several times before deciding to go in.

Those accessing the Service via the Resource Centre described being seen by the Centre Manager soon after walking in – often the same day or, if necessary, with an appointment scheduled for the following day.

One person who had accessed the Service as a walk-in explained how this experience contrasted sharply with waiting for a GP appointment, which they reported took several weeks. Access was also reported to be quick and easy for another user who was referred to Stage 2 by their GP:

“It was an amazing, smooth, easy process. I’m one of the lucky ones because it was so quick, from me initially realising that something was wrong to seeing the Consultant. The process was very, very quick. It was amazing.”

Welcoming environment

"Trust, person-patient relationship...first impression, when you’re met with warmth, it can improve your connection with service." stakeholder

The Resource Centre was consistently described as welcoming and supportive, with staff immediately engaging users in conversation and offering refreshments to help them feel at ease. As one service user noted:

“Welcoming as you arrive, the receptionist arranged for us to have a cup of tea while we waited.”

Another user praised the simple but reassuring process:

“It was unbelievable, when you press the buzzer and go in, it’s amazing. The receptionist was out of this world…. I had to see a lady and didn’t have to wait long. They made an appointment for an assessment.”

Others highlighted the sense of safety the environment fostered:

“For the first time ever, I think I was in what I deemed a safe place and that enabled me to open up.” Service user

Although the clinical assessments by the Nurse are conducted in a dedicated consulting room within the same building, individuals generally remained at ease in the familiar setting. In many instances the Nurse contacted them beforehand to explain the assessment process, ensuring they knew what to expect.

Other users shared similar views, noting the absence of the stigma often linked to psychiatric settings. They also embraced Alzheimer Scotland's decision to rebrand some of the Centres as “brain health resource centres,” seeing this as a meaningful way to focus on overall well-being and encourage more open conversations about memory concerns. In doing so, brain health “is just like any other form of health.”

Compassionate staff

The evidence suggests that staff members were key in creating positive experiences, with interviewees frequently describing the team as personable and empathetic. Many noted that the Centre Manager, Nurse, and Consultant provided ample time and space to discuss their concerns and there were repeated examples from service users of that compassionate approach:

“It felt like I was talking to someone [Centre Manager] that cared and wanted to help.”

“The Nurse was brilliant. She went through all the tests with me and she was excellent.”

“When I first saw the doctor, I got emotional and apologised for taking up his time. I was never rushed, the doctor sat and explained everything.”

Users and staff also contrasted the lengthier sessions with shorter GP appointments, noting that the extended timeframe allowed them to share concerns they might otherwise withhold.

“We can spend time with people—an hour or so—so they feel they can open up, which is different from a 10-minute GP appointment.” Staff

Access to a clinical assessment

As previously noted, some individuals were referred to the clinic component of the Service, where they were assessed initially by the Nurse and subsequently by the Consultant. Service users highly valued these clinical assessments, including appropriate onward referrals to specialist services or departments. These assessments provided reassurance, alleviated anxiety related to memory concerns, and identified suitable actions to address their health conditions. One individual particularly appreciated the early access to the service and timely diagnosis, stating:.

“To be honest, I’m very grateful that the service was there. Otherwise this could have gone undiagnosed for long enough.”

Reflecting these positive experiences, few improvements were suggested and where they were, these most often related to a perceived need to better promote the Service and increase its availability across Scotland:

“I don’t think anything could have been done better, but the NHS should make it more available and publicise it more.” Service user

“I’d like to think other people could get that opportunity. I think it’s a great intervention to avoid much more serious and complex problems both mental and physical.” Service user

Motivation for accessing the Service

Sarah has been retired for six years; her husband was diagnosed with dementia in January 2023 and to reduce their social isolation she attended an unpaid carers’ support group at the Resource Centre with her husband.

The Centre Manager mentioned the Brain Health Service and Sarah decided to make an appointment and complete the brain health questionnaire.

Experience of the Service

Sarah was very positive about the Brain Health Service and thought that there were more opportunities to advertise it more widely – she only found out about it due to attending the carers’ group – but suggested that advertising the service on social media, like Facebook, in workplaces, as well as services that the wider population use, e.g. at vaccination centres could be beneficial. She noted the importance of the preventative message - emphasising to people that “It’s not just about your memory.” and also felt that a service in the Resource Centre could be seen to be a gentler route to a memory test for people who were reluctant to visit their GP.

“I feel like I know a lot more about brain health now. It has pushed me to get out, and to look after my own mental and physical health.”

Behaviour change

Sarah had anticipated that she would need to take a memory test but the need for that was not identified. Instead the outcome of the questionnaire showed that Sarah would benefit from lifestyle changes which included losing weight and increasing her exercise. These two actions were set out as goals in her Brain Health Action Plan and the discussion with the Centre Manager explored how she could achieve these goals. Two targets were set for her – to go walking three times a week, and to attend local yoga classes.

Sarah explained that the support she received had encouraged her to get out and walk, it had raised her awareness of brain health generally, and in particular has helped her understand the importance of doing something for herself to improve her own mental and physical health alongside caring for her husband.

The support she has received has had the additional benefit of encouraging her husband to take part in more activities too, and he has recently suggested activities like visiting art galleries or the supermarket as a means of staying mobile.

Sarah, retired female

4. Key findings: Brain Health Service implementation and sustainability

In this chapter the evaluation findings focus on the adoption, implementation and maintenance of the Brain Health Service demonstrator site.

Adoption and implementation

The implementation and operation of the Service in Aberdeen have been marked by adaptability and effective collaboration between NHS Grampian and Alzheimer Scotland. As expected with any new service practical challenges arose, some were successfully addressed and others are ongoing.

Service establishment

Stakeholders involved in establishing the Service described extensive co-ordination and liaison to set up this innovative service, specifically embedding an NHS clinic within a third sector organisation. In addition to building alterations and IT arrangements, considerable effort was required to develop referral pathways and protocols and secure access to diagnostic tools like MRI, CT and PET scans. Stakeholders also described delays due to funding uncertainties as budgets were finalised. Overall, interviewees acknowledged that the complexity and effort required were initially underestimated:

“I hadn’t fully anticipated how much work it would take to get this service up and running and how many people we’d need to bring along with us." Stakeholder

Collaboration and communication

Staff and stakeholders praised the strong partnership between NHS Grampian and Alzheimer Scotland recognising its importance in successfully delivering the three-stage service model. Efforts were invested in fostering a positive team dynamic and supportive work environment. Regular operational meetings facilitated reflections on service design and implementation, resulting in improvements such as multiple enhancements to the brain health questionnaire, reinforced guidance on personalised action planning and effective changes for managing bloodwork.

However, ongoing information-sharing constraints remain a source of frustration, particularly impacting on the communication between the Alzheimer Scotland Centre Manager and the clinical staff. The existing protocol restricts a two-way dialogue so the outcome of the Centre Manager referrals cannot be discussed even when the Nurse refers a person back to the Centre Manager for additional support. In this scenario the Centre Manager has to elicit those support needs from the individual rather than being able to talk directly with the Nurse. Whilst the team works within these restrictions it does prevent sharing key information and inhibits continuity of care.

Healthpoint staff enjoyed the time spent at the Resource Centre when providing cover for the Centre Manager but they would welcome greater opportunities to discuss service user outcomes with the wider delivery team as well as collaborating more closely with the Centre Manager so that they can share learning across Stage 1 of the Service.

Nevertheless, despite these constraints, both staff and stakeholders were very positive about the collaborative approach and can-do attitude consistently demonstrated by both organisations.

Referrals and integration with NHS Grampian systems

Improving service integration within NHS Grampian's existing healthcare systems emerged as a key priority identified by staff and stakeholders. Factors contributing to integration challenges included:

- novelty of the service - initial efforts to establish the service took precedence over relationship-building activities, limiting early engagement with wider NHS colleagues;
- service location: although highly praised for its welcoming, non-clinical setting—encouraging walk-ins and reducing stigma—the clinic's physical separation from NHS Grampian sites hindered recognition and required more concerted effort to make those connections and ensure the clinic complements and supports other services;

  "To be honest, it [the clinic] feels a bit like something that exists in parallel rather than in collaboration. We are working in silos rather than as a cohesive system " Stakeholder
- GP engagement: one stakeholder noted fewer-than-expected GP referrals, attributed partly to the busy nature of general practice and indicating a need for ongoing outreach and clear communication regarding the Service existence and referral pathways; and.
- onward referral pathways: while informal connections existed with neurology, older adult psychiatry, and primary care, stakeholders and staff recognised a need for clearer formal pathways. There was also potential for better integration with allied health professionals, including occupational therapists and other clinical areas;

  "Because we sit within public health rather than psychiatry, we sometimes struggle to make referrals that would otherwise be straightforward." Staff

However, more recently there has been a notable improvement

"One positive change is that secretaries in the older adult team are now redirecting inappropriate referrals to us instead of rejecting them outright. This means patients who might otherwise fall through the cracks are getting the support they need". Staff

The staff team felt that with stronger alignment and collaboration with other clinical areas there will be opportunities to liaise more closely with services that are

providing care or support to individuals who could access the clinic. Individuals with MCI were a good examples of those who do not meet the threshold for accessing traditional services and would simply be waiting for cognitive deterioration before they could access support.

Staffing and resource management

The staffing arrangements - Healthpoint advisors and the Centre Manager delivering Stage 1 and the nurse and consultant-led Brain Health Clinic worked well and there had been sufficient capacity and flexibility to accommodate fluctuations in demand for the Service.

With the Service managed by non-clinical staff and with limited Consultant capacity, the supervision and support for the Nurse is provided by the NHS Grampian Nurse Consultant for Dementia. Clinical colleagues also provide advice to the manager if clinical issues arise that need their insight. With limited physical space at the Resource Centre a regular managerial on-site presence is restricted. Although these are complicated management arrangements, the team adapted well and continued to work effectively across multiple sites.

A persistent challenge remains the inability to fully utilise the electronic patient record system TrackCare. Although functional for appointments and ordering blood tests, it is not possible for the team to upload patient notes, which means other healthcare professionals do not have access to the comprehensive patient histories and assessments carried out in the clinic. At the time of writing, no solution has been found which creates a frustration and an additional administrative burden for the team.

These challenges have not prevented the Service from operating well but there is recognition of the potential for improving the connections across the team and with other local stakeholders. Nevertheless staff and stakeholders recognised the benefits of such a novel and preventative Service that has supported over a hundred people to address their memory concerns and promote their brain health.

Motivation for accessing the Service

Graham is 59 years old and found out about the Brain Health Service from a friend. He expected the Service to offer a memory assessment and thought that the results would provide a benchmark that could be used to monitor brain health over time.

“My thoughts were, I’d heard from a friend that you can take a test. I thought that was a great idea, I’d like that repeated every year so you have a trend of your brain health year on year.”

Experience of the Service

Having read a newspaper article about brain health, Graham was familiar with the risk factors prior to accessing the Service. He chose to walk into the Resource Centre where he then met with the Centre Manager. During the conversation about brain health, the actions he could take to mitigate against some of those risks were

identified. Graham thought that a memory assessment would provide the motivation needed to make changes to his lifestyle:

“If you look at your overall health, you run a mile and then improve your time a year later, you’ve got a template of where you are with your physical health. You can train that, if it goes low, then you think you need to do something about it, that is biggest motivator to do with physical health. With brain health, I was looking for something similar. That would be the biggest motivator to change the 19 inputs.” However, Graham wasn’t referred to the clinic for an assessment and recognised that, without a memory concern, a referral wasn’t a good use of NHS resources. He instead called for some form of assessment to be made available online so that “everyone could do one.”

Behaviour change

Despite not receiving the information he felt he needed to take action, Graham had recently bought a blood pressure monitor and was going to try to reduce saturated fat within his diet.

Graham, 59-year-old male

Alignment with the service model

The Service in Aberdeen closely aligned with the original model presented in the Brain Health Services: Recommendations for Clinical Practice. The service effectively adopted the recommended structured, three-stage approach, providing initial public-facing awareness and advice (Stage 1), followed by detailed clinical assessments and interventions through nurse and consultant-led teams (stages 2 and 3). The ongoing commitment to community outreach and public education on brain health and personalised assessments of risk are consistent with the original model's principles.

Key aspects, such as the triage processes, patient-centred approach, and tailored support plans, have been implemented. Additionally, the community-based, stigma-reducing settings aligned with the recommended practice of delivering accessible, supportive environments. While operational aspects, such as better integration with local NHS systems and information sharing require ongoing improvements, the service's overall implementation fulfils the goals and strategic vision outlined in the original recommendations.

The stakeholders involved in the early design of the Service highlighted how closely the current operation reflected the intended preventive and educational emphasis within the model which has been successfully translated into practical service delivery through the unique partnership between NHS Grampain and Alzheimer Scotland.

Motivation for accessing the Service

Joe, aged 62, lives in Aberdeenshire and found out about the Brain Health Service at a wellbeing event in the city. Because he had a family history of dementia, he decided to speak to the team at the event and then follow it up with a visit to the Resource Centre. Joe didn't think he would have accessed the service without this initial contact:

"Probably wouldn't have gone along to King Street if they hadn't been there [at the outreach event]. I don't think it would have been a natural move to make."

Experience of the Service

Joe expected it to be an information gathering visit but, because he felt at ease, went onto have a broader discussion about his lifestyle and his risk factors with the Centre Manager.

"For the first time ever, I think I was in what I deemed a safe place and enabled me to open up. It became a much broader conversation… It's the space and the individual you're dealing with. It's obviously a skill, there's not a lot of prompting there. Encouraged me to open up and be honest about where I was at and from that, we then moved into possible solutions or approaches we could try to help with some of the other stuff."

Behaviour change

What was described as an "informal action plan" which focused primarily on alcohol reduction was put in place. Joe has since reviewed his progress in several follow up visits to the Service and felt that the support he's received has motivated him to make changes:

"Most of what I've done has been self-initiated and motivated but only because *[Centre Manager] facilitated it and has supported and encouraged me to do it. I think it also gives me another reason to persevere because… I would be letting myself down as well as her if I didn't do the actions."

Joe is maintaining his healthier lifestyle and feels like he's now "in a far better place" because of it. As well as having the action plan in place he was also encouraged to visit his GP if wanted to have a more formal memory test. This took place with his GP and no issues were identified.

Joe, 62-year-old male

Maintenance and sustainability

Ensuring continuity of the Service beyond its initial test site phase was a priority for most stakeholders, who highlighted the importance of stable, long-term funding, sufficient staff capacity, and ongoing national commitment. There was confidence that the Stage 1 could be maintained within the public health function of Healthpoint without substantial additional investment, but the same staff members emphasised

that the clinical components of the Service needed to be more closely aligned with NHS Grampian clinical areas in order to solidify the Service's viability and attract a financial commitment so that the long term benefits of the Service could be realised.

The stakeholders with a detailed understanding of brain health recognised the essential role that the Service and other brain health clinics will play in the near future, highlighting several critical reasons:

- advancements in early detection and therapeutics: the emerging therapeutic options and biomarker technologies are significantly improving the early detection of cognitive impairments and dementia-related conditions and so as these diagnostic capabilities become more sophisticated, the demand for dedicated brain health services to provide early intervention, ongoing support, and preventative strategies will inevitably rise;
- preventative health emphasis: with current healthcare models predominantly offering support only after a dementia diagnosis is confirmed, it is leaving individuals with MCI or early symptoms with limited resources or structured support and brain health clinics address this gap by providing targeted, preventative interventions aimed at slowing or reducing the progression to dementia;
- integration with public health initiatives: there is a growing recognition of the value of integrating brain health services within broader public health frameworks, and as Stage 1 of the Service has shown, there are indications it can promote widespread behavioural change through public education, early intervention strategies, and structured action plans, which could significantly reduce the overall burden of dementia on healthcare systems; and
- cost-effectiveness: although the evaluation did not consider the resource allocation, stakeholders felt that the early identification of cognitive impairment through brain health clinics should allow for more effective resources and use of healthcare professionals' skills. In their view, as new medications and treatments emerge having established pathways for early detection and management should prove cost-effective and clinically beneficial.

Service users and survey respondents echoed some of these sentiments, stressing the importance of accessibility to maximise service reach and effectiveness:

"Excellent service, just fear it is not reaching the massive target audience and promoting early intervention to the extent it could." Survey respondent

"I just hope that going forward that funding is put in place to maintain it. It's been hugely beneficial and probably helps avoid more complications and serious issues down the line. It's a great intervention and support tool." Service user

Scalability

Stakeholders were broadly optimistic about the scalability of components of the model, identifying its clear potential for expansion and replication in other areas. However, they acknowledged key elements like an extensive planning phase, prolonged outreach activities with the public awareness and local partners to ensure visibility and support integration with existing healthcare infrastructure.

"Needs a significant investment in promotion of the service and engagement in public settings..." Survey respondent

Considerations were highlighted about the practicalities of extending a model of this type, such as managing staffing capacity, resource allocation, and the optimal placement of the service within health or third sector structures. Stakeholders advised careful planning based on regional demographics and healthcare demand to ensure effective and sustainable implementation. They also recognised the challenge of funding a service focused on prevention during a tight fiscal period.

Stakeholders valued the upstream and proactive role that public health played within stage 1 of the Service, it aligned well with its public education and health promotion function. However, these stakeholders and some staff felt that the clinical element of the service should sit within existing clinical departments like psychiatry or neurology so that the Service could be embedded in established structures which would enhance its sustainability and acceptance. They suggested that the Aberdeen Service could still be based in a third sector organisation, but the management of the clinic could sit within a clinical department.

“If the Service is to continue, I think it would make sense for the clinical aspect to be based within an existing NHS service—such as mental health or another part of primary care.” Stakeholder

Stakeholders and staff repeatedly expressed concerns about sustainability, particularly highlighting the challenges associated with funding uncertainties and the lack of long-term funding commitments and strategic planning for preventative services which constrained innovation and longer-term development of models like the Brain Health Service.

Adaptability to local contexts

Despite this, stakeholders were optimistic that the model could be rolled out to other areas. They recognised the importance of adaptability to local contexts as a cornerstone of scalability. They emphasised that there should not be a rigid, one-size-fits-all approach but rather an adaptable model responsive to local resources, needs, and existing healthcare infrastructure. Several stakeholders advocated for testing various service models in diverse settings to learn from different approaches and maximise effectiveness:

“Didn’t think there was a single model...each area should work within the envelope of resources available to them.”

Some stakeholders expressed their aspiration for a Scotland wide network of brain health services, tailored to local need and with the flexibility to adapt as the dementia prevention innovations develop. They saw the Aberdeen model as a demonstrator as to how this could be done and what could be done differently.

As the evidence becomes clearer about how sustained, personalised interventions, such as those provided by brain health services can facilitate lifestyle adjustments and health improvements, some stakeholders were confident that dedicated brain health clinics will become essential to meet the increasing demand for preventative services providing comprehensive support to individuals experiencing early or mild cognitive concerns.

5. Discussion

In this chapter, we reflect on the findings and respond to the key evaluation questions.

What are the demographics of people accessing the service?

The model's clinical practice guidelines highlighted that significant effort should be made to ensure that the serive is accessible to people from under respresented groups. Community engagement activities demonstrate the efforts made to reach sections of the population and rause awareness of the new service.

Overall, while the service demonstrates reasonable gender balance and effective engagement with older age groups, there are opportunities to improve equity by enhancing outreach efforts to younger populations to encourage them focus on brain health before middle age and individuals from BME backgrounds.

In the absence of recording full postcode data for individuals accessing the service, it was not possible to considered the socioeconomic profile of those accessing the Service and so there is no commentary on the deprived backgrounds of individuals. The Brain Health Clinic was resourced to provide services for Aberdeen City residents, which effectively created a two-tier system for NHS Grampian residents living in Aberdeenshire and beyond.

- Key facilitators: central location of the service within Aberdeen, enabling easy access for city residents, effective local marketing and outreach strategies within Aberdeen City.
- Key barriers: limited service engagement to younger demographics and ethnic minorities and data not collected on deprivation, geographic limitations in extending clinical services beyond Aberdeen City

What is the motivation for people accessing the service?

Individuals accessed the service for diverse reasons, primarily driven by personal or family health concerns related to dementia, cognitive decline, memory issues, and lifestyle risk factors including hypertension, diabetes, anxiety, and stress. A small proportion of individuals sought preventive guidance to maintain cognitive health, reflecting increasing public awareness about the importance of early intervention.

- Key facilitators: public interest in preventive healthcare and dementia awareness, accessibility of self-referral enabling proactive engagement, absence of other services addressing MCI
- Key barriers: limited public understanding of the full scope of the service offerings, stigma or misconceptions around dementia potentially discouraging early engagement.

What is the success of efforts to highlight the service and subsequent clinic, including a reach analysis within the Aberdeen area?

The service was promoted through comprehensive marketing approaches, including targeted media coverage, social media campaigns, public events, and distribution of educational materials. This was reinforced by significant community-based awareness raising activities through dedicated public health practitioner time to engage targeted groups. Users primarily learned about the service through promotional materials, events, and word-of-mouth referrals. Despite these extensive efforts, feedback highlighted the ongoing need for increased visibility, especially given the distinct preventative role of the service as separate from traditional dementia diagnostic clinics, emphasising a need for clearer communication and sustained public health outreach.

- Key facilitators: diverse and multi-channel promotional strategies, effective use of local community events to raise awareness.
- Key barriers: insufficient awareness among wider stakeholder groups and potential users, need for sustained and extensive public health campaigns clearly distinguishing the preventative nature of the service from dementia diagnostic clinics.

What is the understanding of how people have found engagement across the various stages - what were their expectations and to what extent were these met?

Overall, service users reported highly positive experiences, often surpassing initial expectations. Users specifically appreciated the welcoming, stigma-free environment, the compassion and empathy of staff, and the efficiency of the referral and assessment processes. Stakeholders indicated that offering more follow-up activities at Stage 1 could improve engagement, adherence, and positive behavioural outcomes, reinforcing the importance of ongoing support rather than isolated interventions.

- Key facilitators: empathetic and approachable staff, creating trust and reassurance, quick access to comprehensive, tailored clinical assessments, personalised follow-up interactions promoting ongoing engagement.
- Key barriers: limited initial awareness or clarity of the service scope among some users.

What are the initial responses to personalised action plans, adherence to these, and whether people feel they benefit from these?

Personalised action plans emerged as an important component for encouraging behavioural changes among users. These action plans ranged significantly in their structure and detail, tailored specifically to individual user needs—from simple

verbal advice to comprehensive lifestyle and behavioural guidance. Users highlighted the effectiveness of tailored recommendations around physical activity, dietary adjustments, cognitive engagement, and reduced alcohol consumption. Stakeholders noted that seeing tangible, positive behavioural changes reinforced the value of continuous, personalised follow-up.

- Key facilitators: person-centred, flexible approach to developing action plans, continued follow-up and support reinforcing sustained behavioural change, visible outcomes reinforcing the effectiveness and value of ongoing support.
- Key barriers: inconsistency in the format and documentation of action plans potentially limiting user clarity, lack of structured follow-up for some users.

What are the initial findings around overall brain health awareness, and whether the Service has increased this in the Aberdeen area versus nationally?

Whilst it was not possible to compare the increased awareness of brain health in Aberdeen to other parts of the country, engagement with the Service has increased users' awareness and understanding of brain health and dementia prevention. Although some users already had baseline knowledge, the majority reported either an enhancement of their existing understanding or that they had acquired new actionable information regarding modifiable risk factors.

- Key facilitators: detailed, personalised educational conversations during appointments, availability of informative resources and leaflets
- Key barriers: variability in users' baseline knowledge, requiring more tailored communication strategies, need for wider public health messaging to reinforce broader awareness.

What are the interactions with other services ahead of and post referral?

The service successfully established interactions with external healthcare and support services, offering comprehensive clinical and non-clinical referrals. However, stakeholders highlighted the urgent need for clearer referral pathways and stronger integration with the existing NHS Grampian system particularly neurology, psychiatry and primary care services. The limited data sharing and integration of patient records posed challenges to continuity of care and efficiency.

- Key facilitators: positive collaboration between NHS Grampian and Alzheimer Scotland, informal relationships with clinical area supporting flexible referrals.
- Key barriers: lack of clear, formalised referral pathways into certain clinical specialties, limited data sharing capabilities across the Service team due to information governance restrictions, challenges related to effective integration with relevant clinical services

What is the understanding of whether interaction with the service has improved (a) their understanding and (b) their likelihood to positively alter behaviour for their brain health?

Interactions with the service notably improved users' understanding of brain health and encouraged them to take proactive steps towards maintaining cognitive health. Users frequently reported tangible behavioural changes in diet, exercise, alcohol consumption, and cognitive engagement, directly influenced by their supportive discussions, action plans and clinical assessments. The evidence from service user interviews showed that this positive behaviour change was being sustained.

- Key facilitators: personalised, meaningful advice linked directly to users' health concerns, supportive follow-up processes maintaining user motivation.
- Key barriers: limited structured follow-up for some users potentially reducing sustained behaviour change

6. Conclusion and recommendations

In this closing chapter, we summarise the findings from the evaluation and suggest changes or enhancements that could support the development of the Brain Health Service in Aberdeen, other areas exploring a similar service and local and national stakeholders.

Summary

The Aberdeen demonstrator, delivered collaboratively by NHS Grampian and Alzheimer Scotland, aims to offer proactive brain health service through early engagement, risk identification, lifestyle modification, and clinical interventions. The evaluation findings highlight its effectiveness in improving public awareness of brain health, supporting personalised behavioural changes, and facilitating early identification of cognitive impairments. Despite operational challenges, users consistently reported high satisfaction, emphasising the value of accessible, empathetic, and stigma-free support.

Demographics and motivations

Service users mainly fell within the 60-79 age group, with a slight female majority. Users generally sought the service due to concerns about memory, cognitive health, family history of dementia, or lifestyle-related risks. Engagement was driven significantly by the desire for reassurance, early intervention, and preventative guidance.

Service awareness and reach

Efforts to raise awareness involve extensive multi-channel campaigns, community events, and stakeholder engagement. Although these initiatives successfully reached many individuals, further improvements in communication clarity about the preventative nature of the service and enhanced targeted outreach to underserved demographics and geographical areas would be beneficial.

User experiences and expectations

Users frequently described their interactions positively, citing compassionate staff, welcoming environments, and efficient access to support. The service surpassed user expectations by providing meaningful interactions and comprehensive clinical assessments.

Personalised action plans and behaviour change

Personalised action plans were important in supporting behavioural modifications, including improvements in physical activity, dietary changes, alcohol reduction, cognitive stimulation, and social engagement. However, the inconsistency in the format and documentation of action plans potentially limited user clarity. When there was follow-up, it was particularly welcomed by service users and was effective in reinforcing changes and lifestyle adjustments.

Brain health awareness

Service engagement markedly increased users' awareness of modifiable risk factors and preventive strategies, particularly through tailored educational discussions and supportive resources. The service's role in enhancing public understanding was considered essential amidst advancing therapeutic options and biomarker technologies for early dementia detection.

Integration with other services

The demonstrator successfully linked with external healthcare and community services, though clearer referral pathways and stronger clinical integration with existing NHS infrastructure were identified as key areas for improvement. Addressing limitations in data sharing and streamlining referral processes were highlighted as necessary steps for enhancing service efficiency and continuity of care.

Sustainability and scalability

Stakeholders recognised the essential role of brain health services in preventive healthcare, particularly with emerging therapeutics and biomarkers improving early detection. Key sustainability challenges included funding stability, clinical integration, and managing resource allocation effectively. There was a clear recognition of the potential for replicating the service model, emphasising adaptability and careful resource planning tailored to local contexts.

Recommendations

In the last section of this report, recommendations are identified for the demonstrator site and for local and national policymakers to consider.

Recommendations for the Aberdeen Service

Whilst these recommendations relate to the Aberdeen service they are factors that should be considered by other areas exploring preventative dementia services.

R1 - Enhance integration into local healthcare system: NHS Grampian and Alzheimer Scotland should collaboratively formalise and clearly document referral pathways and protocols between the Brain Health Service and NHS clinical services. This should include explicit guidance for primary care providers, specialists in neurology, psychiatry, and allied health professionals, to ensure seamless integration and enhanced continuity of care. Consideration should also be given to shifting the management of stages 2 and 3 of the Service from public health to a clinical service.

R2 - Improve data sharing: action should be taken to address barriers related to NHS Grampian's data-sharing and information governance policies. This should enable effective two-way communication between clinical staff and the Alzheimer Scotland-employed Centre Manager ensuring comprehensive and coordinated support for service users.

R3 - Introduce follow-up support: explore ways to offer consistent, person-led follow-up within Stage 1 of the Service, to support individuals to reflect on their progress and encourage ongoing engagement with behaviour change.

R4 - Assessing population awareness: to ensure equitable access and maximise the impact of the Brain Health Service, it is recommended that NHS Grampian considers how to assess awareness and understanding of the Service so that those in most need know of its availablity, purpose, and how to access it this would highlight potential gaps in awareness.

R5 - Long term outcomes monitoring: to fully understand the impact of the Brain Health Service and accurately capture behaviour change and long-term outcomes, it is recommended that future evaluations (commissioned by local or national stakeholders) incorporate longitudinal tracking of service users. This longer-term monitoring will provide stronger evidence of the service's impact on individuals' cognitive health trajectories and will support continuous improvement and resource prioritisation.

Recommendations for local and national policymakers

R6 - Demonstrate the economic value of dementia prevention services: given the fragility of funding and the significant pressures on public finances, clear evidence of the short-, medium-, and long-term benefits of investing in brain health services and other interventions is needed if other areas are to consider sustained investment during tight fiscal periods. It is recommended that local and national partners come together to develop evidence that demonstrates potential cost savings and resource reallocation opportunities through early intervention, dementia prevention, and sustained behaviour change.

R7 - Promoting brain health within broader public health approaches: given the positive outcomes observed in Aberdeen’s pilot, it is recommended that other areas across Scotland consider how they can embed a distinctive brain health offer within existing public health priorities and potentially minimal investment. This would recognise the value in positioning dementia prevention and brain health alongside other preventive public health strategies, enhancing early intervention and proactive health management at a population level.

R8: - Integrate brain health into national policy: The Scottish Government should explicitly integrate proactive, preventative brain health strategies within national public health frameworks, dementia strategies, and broader healthcare policies. This will reinforce dementia prevention priorities at a national level and promote consistency in approach across Scotland.

Appendix 1: Research tools

Staff Interview topic guide

Background

What's your role and how are you involved in the Brain Health Service?

Perceptions of the Service (all)

To date, what has been working well with the aspect of the service that you are involved in?

Thinking about the demands on the Service and your capacity, has the staff time allocation matched the demands of the service and have any changes been made in response to this?

What, if any additional systems have you put in place to monitor service user flow and interaction with the service?

The Service is delivered by both NHS Grampian Public Health and Brain Health Scotland – what opportunities has this approach created for the Service?

What challenges or barriers have you had to overcome?

What else would help you to fulfil your role in the Brain Health Service?

Healthpoint/ Resource Centre Staff

When people contact the service do they already have a basic awareness of brain health?

Based on your experiences so far, are these the people who you had expected to access the Service?

How well is the brain health questionnaire informing the support and advice that you provide to service users?

What's your experience of developing the personalised action plans? How are service users responding to what you're suggesting?

Nurse/Consultant

You have MDT discussions about the referrals, how well do you think the referral process is working [referrals into the clinic and onward referrals] and your understanding of what support the patients have received?

Based on your experiences so far, are these the people who you had expected to access the clinic

What else do you feel would help to ensure that the most relevant service users and patients are accessing the Brain Health Service?

How well do you feel that the clinic is integrated into the local health care system and particularly within the local dementia care pathway?

Outcomes (all)

To date, how much progress do you think the Service has made towards achieving its outcomes of…?

- Offering individuals concerned about their brain health a place to discuss their concerns in depth and with professional advice.
- Raising awareness of people's ability to influence their brain health.
- Providing individuals with different levels of personalised action plans to guide them towards health behaviour change.
- Referring individuals to other specialist services.

Have there been any unexpected outcomes?

Future delivery (all)

At this stage, what are the key learning points for modifying the Service model and/or that would help a potential roll out of the Service in other areas?

Would you like to say anything else about the Brain Health Service?

Service user topic guide

Experience of accessing the Brain Health Service (all interviewees)

Tell me a little bit about yourself

What made you decide to access the Brain Health Service?

When you decided to access the service, what did they expect to find out/ what support did you expect to receive

As part of the discussion with the (Healthpoint Advisor/Centre Manager) you covered a range of issues about your brain health and aspects of daily life that can support brain health and what actions you can take. How did this discussion help you?

The Healthpoint Advisor/Centre Manager created a personalised action plan for you, how have you used it?

As part of the discussion, was other support offered or were you referred to any other service? Experience of the Clinic and any other referrals made – establish understanding and expectations of the referrals

Experience of accessing the clinic (for relevant interviewees)

After accessing the service, you were referred to the Brain Health Clinic and met the nurse for an assessment, what were your expectations ahead of the assessment?

How did you find that experience?

What actions have you taken since meeting the nurse? Have you been referred to any other services or support? (including follow up appointments with the Nurse)

After your nurse assessment, you were referred to the Consultant, what were your expectations ahead of the Consultant appointment?

How did you find that experience?

What actions have you taken since meeting the Consultant? Have you been referred to any other services or support?

Impact (all)

As a result of accessing the Brain Health Service:

- Has your understanding of brain health improved?
- Are you or are you planning to do things differently to support your brain health?
- What have been the benefits for you/your family?

Was there any support that you would like to see offered as part of the service?

Is there anything else you would like to mention about the service?

Is there any other information we can help you access?

Wider stakeholder survey questions

About You:

What organisation do you work for?

- Aberdeen City Council
- Aberdeenshire Council
- GP Practice (please specify)
- NHS Grampian (please specify which service)
- Third sector organisation (please specify)
- Other (please specify)

Awareness of the Service

Are you aware of the Brain Health Service operating in Aberdeen?

Please identify how you are aware of the Service (Select all that apply)

- I attended an awareness raising session
- through marketing materials and information about the service
- through colleagues or word of mouth
- I have/my team has made referrals to the Service
- I have received/my team has received referrals from the Service
- other (please specify)

How would you describe your understanding of the purpose of the service ….:

[a good understanding/ a limited understanding/ no understanding]

How would you describe your understanding of how the service aligns within existing practices within dementia care in NHS Grampian?

[a good understanding/ a limited understanding/ no understanding

Experience of the Service

From your interaction with the Brain Health Service, how would you rate the:

- ease of making referrals into the Service
- appropriateness of the referrals you/your team has received from the Service
- communication you've had with the Brain Health Service
- alignment of the Service in local health systems

[Very good/ Good/Adequate/ Poor/ N/A]

If you would like to explain your ratings, please use the space provided below:

Benefits

What, if any, opportunities has the Service created for, your organisation?

What, if any, challenges has the Service created for your organisation?

To what extent do you think the Service has increased brain health awareness across NHS Grampian?

[Not at all/ a little/ a lot/ don’t know]

What else could be done to increase awareness of brain health?

What do you think could be the medium to long term benefits of the Brain Health Service?

Final Comments

Is there anything else you would like to add about the Brain Health Service?

Scottish Government
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