

Minutes of Patient Focus Public Involvement Group
Held on Friday 26th July 2024 at 10.00am on Microsoft Teams

In Attendance: Les Malone (LM), Quality and Performance Manager – Chair
Mike Dolan (MD), Head of SMART Services
Tash Chaudhry (TC), Specialist Doctor
MJ Jackson (MJ), Administrative Team Lead – Minutes
Liz Love (LL), Orthotist
Lucy Hogg (LH), Administrative Officer
Richard Allan (RA), Trainee Clinical Scientist
Kevin Inglis (KI), Operations Manager (WDRRS)

Patient Representative: George MacLeod (GMacL), Patient Representative

Apologies: Lynda Campbell (LAC), Business Manager
Carol Orr (CO), Prosthetics Team Lead
Hannah Gillies (HG), Trainee Clinical Scientist
Catherine Robertson (CR), WSS Therapy Lead
John Hill (JH), Patient Representative
Ann McCutcheon (AM), Patient Representative

Items	Lead
Welcome, Introductions and Apologies.	
Meeting began with the introduction of a new member of the group: MJ. The group noted the above apologies. The group accepted the previous meeting minutes (31/05/24) as an accurate and true representation of the meeting.	LM
1. Matters Arising	
<u>SMART Website</u> <u>Analysis of email contacts from online forms</u> LM reported on the number of people who have contacted SMART services using the website up to June 2024. There has been steady progress across services, with 30 contacts in June for Wheelchairs and Seating (WSS), an increase from previous months, 10 for Prosthetics, and 88 for Orthotics Patients Initiated Follow Ups (PIFU). Nicola McCormack (Orthotics Team Lead) had passed on that we are leading for the number of referrals via this route compared to other sites. LM noted that we had received a few online feedback forms in the last few months, but filling in the feedback cards in person is still the preferred option. RA reported that the Clinical Scientists are looking to review the Wheelchair and Seating Service (WSS) part of the website in particular make the online forms more user friendly. It was noted that some of the forms are currently	LM

displayed at the bottom of the WSS web page, and they are looking to make them more front and centre.

RefHelp

LM explained how RefHelp is used by GPs across NHS Lothian to find out how to refer patients to services. We have received communications over the past months from GPs who would like our services to be on there. MD has been working to get our services on there. Orthotics were already on there. WSS, Blue Badge, the Disabled Living Centre and Driving Assessment have now been added. Custom Design, Environmental Control, Gait Analysis and Prosthetics are still to be added. We will review progress next time.

LM / MD

East Region SMART Consortium Group

LM noted that the next meeting will be on the 15th August 2024. LM and MD are working on performance reports to send to the consortium later today or early next week. GMaL will receive an email. LM noted that WSS are performing well, including WDRRS.

LM / MD

Digital Communication Board SMART Reception

LM noted that posters were displayed on the board for What Matters to You Day on 6th June 2024, as well as on Estates and Facilities Day on 19th June 2024. LM shared the posters on screen. The poster on 6th June 2024 encouraged patients and service users to complete feedback cards on that day. The poster on 19th June 2024 highlighted the work facilities do.

LM

LM noted that the Clinical Scientist staff photos continue to be displayed on the board, and suggested that we look to highlight another team, such as Orthotics. LL said she would bring this up at the next Orthotics team meeting. LM said he would bring this up with Team Leads and Managers.

LM/LAC

Proposed Changes to Indoor/Outdoor Area

This is still a work in progress. We are in the process of getting quotes and will progress as soon as we can.

LM /LAC

SMART Reception – Outdoor Space

LM shared that an article has been drafted to go to the NHS Lothian Charity, and a link will be sent out when it goes live. GMaL commended the efforts on the work done outside, and suggesting passing comments on to the managers of the Royal Infirmary, as the entrance is quite depressing compared to SMART. LM thanked GMaL for the comments he gave for the article.

LM noted that there are a couple of bags of gravel sat by the pavilion. The garden team are thinking of using it to replace some turf with plants and gravel.

LM/LAC

SMART Painting Programme

LM updated the group in LACs absence. Work has been done over the last few months. The bars in some of the clinic rooms needed repainting, as the paint was starting to flake and chip. The bars in one room have now been repainted

<p>with harder wearing paint. One may still need to be repainted. LM asked how the rooms are looking, especially where there have been prior leaks. LL said they are looking better, though there was a leak in clinic room 8 recently.</p> <p>LM shared that once the repainting of the bars is finished, the clinical corridor will be the next area for painting. LM noted progress has been delayed due to annual leave, including the painter.</p>	
2. Service Improvement Project	
<p><u>Wheelchair Delivery Repair and Refurbishment Service (WDDRS)</u></p> <p>RA gave a presentation on the service improvement project at WDDRS. KI wanted to further improve an already stellar service by introducing 2 hour slots. In the old system, patients were given a day when their repair would take place, but not a time. KI proposed to give patients a 2 hour window on the day before.</p> <p>The first step was information gathering, through a survey of patients to ascertain the demand, and through doing ride alongs over 2 weeks to work out capacity.</p> <p>The survey had 100 responses. 90% said that 2 hour slots would be better, and 86% said they would be willing to reschedule appointments for a slot. This showed the demand is there.</p> <p>From the ride alongs, there was a 95% completion rate with repairs, the most lengthy job. No jobs ran over a typical working day. All techs were found to have capacity to give slots.</p> <p>2 hour slots were implemented in July. The feedback has been positive so far. They are continuing to monitor, and will review after 6 months, when they will gather more data to compare to the original data.</p> <p>GMacL commented that RA gave a brilliant and concise presentation, and thanked RA for presenting in an informative and simple way.</p> <p>KI noted that WDDRS had their first team meeting since implementing, and the techs were positive. They do not have to make as many calls to patients to indicate when they'll be coming, and they are receiving lots of positive feedback from patients.</p> <p>KI thanked RA for his help and putting together the presentation. He thanked Andy Mein (WDDRS Team Lead) as most of the extra admin work has been done at WDDRS, and also thanked the WSS admin at SMART for asking patients extra questions to make this easier.</p>	<p>KI / RA</p>
3. SMART PFPI Action Plan – Updates	
<p><u>Telecoms System Update</u></p>	<p>LAC/LM</p>

LM reported that the system went live on 26th June 2024. We have changed to have a single number for SMART with 9 different options. There has been lots of work done setting up the new system, including setting up voicemails, consolidating numbers, and making sure patients can still ring the old numbers to get through to each service.

There have been some teething problems, but we linked with BT and Telecoms so that technical issues were resolved as soon as possible. There have been no major disruptions.

LM noted that we were unable to test the new system in advance. LM thanked LAC, MJ, Matthew Reid and Shona Nielssen for their work on the changeover day, for testing all the phone systems and resolving issues with minimal disruption.

The SMART website has been updated to show 1 central phone number and the option for each service. LM noted that it will take time for the new number to get out, as we have lots of information out there.

GMacL said he has not used the new system himself, but urged us to pick up patient feedback to correct issues, and concentrate on it for at least 6 months. LM confirmed he will meet with LAC upon her return and ensure everything is working as intended.

LM noted it is good that the phone system changeover has been completed without any cost.

Euan's Guide – Self Assessing Against Top 10 Tips

[Top 10 Tips for Improving your Accessibility \(euanguide.com\)](https://euanguide.com)

LM shared the action plan via screen share. It was agreed in the last meeting to look at Euan's Guide in detail to identify areas for improvement. MD has had a look and recorded feedback in the action plan.

LM listed possible actions:

- Register on Euan's Guide (after action in the other areas)
- Write a simple accessible access guide to put on the SMART website
- Staff training – LM noted action may not be required, as staff are already well trained, but maybe a reception procedure could be made

MD commented that we should focus on areas with bigger gaps

- Once on Euan's Guide, we could add a slide on the Digital Noticeboard, and survey patients over a 2 week period
- Toilets – ours are already registered with changing places, so no action required
- Reception and clinic rooms are already wheelchair accessible, so no action required

LM / MD

<ul style="list-style-type: none"> • Signage – review internal signage, has not been done for some time, could think about visibility and placement, though we may be limited in what we can do due to the nature of the spaces • Dogs – not common but we could do more to support guide dogs • Public transport – confirm info. And make sure it's available at reception, put it in the access guide <p>MD commented some local buses have changed numbers</p> <ul style="list-style-type: none"> • Disabled access day – do surveys to see if action is required <p>LM noted the time scale has been extended to March 25, though some actions could be completed earlier</p> <p>GMacL asked about training for staff, due to potential for lots of expense. LM replied that the only training might be to increase reception staff awareness. MD commented that we may only need to capture and record what we already do in case of audit.</p> <p>LM noted that LAC is interested in putting dog bowls in the outdoor waiting space.</p> <p>Any suggestions should go to LM or MD.</p>	
7. Any Other Competent Business	
<p><u>Art Exhibition in Reception and Clinical Area</u></p> <p>LM shared that he had met with Tonic Arts this morning. They are planning to rotate exhibitions. The current exhibition at the SMART Centre is earmarked to go to Dalkeith Palace. This will be organised in a month's time. LM will meet with them to discuss replacing it with another exhibition.</p> <p>LM noted feedback received: the current exhibition at SMART had been advertised, and people had come to view the exhibition here. As it's in the clinical corridor they couldn't view it. One possibility is to have exhibitions in reception and the lift area only, and have permanent pieces in the corridor, so that in the future people would be able to come and view the exhibition.</p> <p>LM noted that the NHS Lothian collections team may be brought in, as some of the art in the corridor has been in place since 2007, and is due for a refresh.</p> <p>GMacL commented that the artworks should be selected to try to make the environment pleasant for patients and staff. LM replied that we will try to view artwork prior to display to ensure it is appropriate.</p>	<p>LM</p>
8. Date of next meeting	
<p>It was noted that the next meeting would take place on Friday, 27th September 2024 at 10:00am on MS Teams</p>	