

## Minutes of Patient Focus Public Involvement Group

Held on Friday 27<sup>th</sup> September 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  
Lucy Hogg (LH), Administrative Officer  
Richard Allan (RA), Trainee Clinical Scientist  
Kevin Inglis (KI), WDRRS Manager  
Carol Orr (CO), Prosthetics Team Lead  
Cath Robertson (CR), Therapy Lead

**Patient Representative:** George MacLeod (GMacL), Patient Representative

**Apologies:** John Hill (JH), Patient Representative  
Lynda Campbell (LAC), Business Manager  
Liz Love (LL), Orthotist  
Hannah Gillies (HG), Trainee Clinical Scientist

Items	Lead
<b>Welcome, Introductions and Apologies.</b>	
The group noted the above apologies. The group accepted the previous meeting minutes (26/07/24) as an accurate and true representation of the meeting.	LM
<b>1. Matters Arising</b>	
<b><u>SMART Website</u></b> LM reported that various web pages on the SMART website have been updated. Marlene Mackenzie has updated the driving assessment web page. Sarah Sutton is looking at updating the Disabled Living Centre web page. The clinical scientists are looking at updating the WSS web page to make it more user friendly.  LM asked that members from each department check their web pages to ensure the phone numbers, information, and links are all working and up to date.	LM
<b><u>Analysis of email contacts from online forms</u></b> LM reported on the number of people who have contacted SMART services using the website up to August. There were 38 repair requests in June for Wheelchairs and Seating (WSS), the highest number so far. Repair cards have been handed out by WDRRS, and CR noted that the wheelchair clinicians have been handing them out in clinic. LM noted that more need to be printed, as	LM

WDRRS have run out. LM also noted that the messages on the updated phone system have been directing patients to the website.

LM passed on a comment from the Admin Team Meeting from the previous day (26/9/24): orthotics patients have been calling, hearing the automated message about the website, then hanging up and going online for a self-referral. LH confirmed she thinks this has been happening, and noted that in August lots of children were going back to school and their parents wanted them to be reviewed. They expected a high volume of phone calls, but many went onto the website rather than calling. In August there were 90 Patient Initiated Follow Ups (PIFU) for Orthotics, the most they've ever had.

#### **Comment and Patient Feedback**

LM noted that feedback cards have been steady lately. In yesterday's Admin Team Meeting, reception staff said they would encourage patients to complete feedback forms. LM noted that in some months there have been over 50 feedback cards received, so it would be good to have a periodic push to get feedback.

LM noted that recently there has been a mix of positive feedback and some suggestions, with most services receiving feedback over the past 3 months.

LM reported that service has been given an 87.6% rating since recording feedback began. LM stated it would be good to do an analysis of how the service has done year on year.

LM noted in June to August there was positive feedback for the DLC.

CO commented that staff like to hear feedback, and can be surprised what people have written, as they can write different things to what they say face to face.

GMacL commented that for services such as Blue Badge, WSS, and Scottish Driving Assessment Service (SDAS) we should bear in mind that people are getting turned down for things, so they are more likely to give negative feedback. This negative feedback may not be a reflection on those services. LM noted that these services have had comments which praised the professionalism of staff in spite of being turned down in their assessment.

LM reported on feedback about a bin with the word "Nappy" on the label, which described it as patronising. This label has now been changed by MD and Shona Nielssen (SN), and noted on Q Pulse.

LM reported on feedback for the SDAS about how the service is for the whole of Scotland, so individuals from outwith Edinburgh might be disadvantaged by being unfamiliar with local roads. TC commented that in a patient satisfaction

LM

survey for the SDAS, the outcome of the assessment usually determined the feedback given.

LM reported that following feedback on the chairs in the clinic rooms, SN and LAC have been working on an audit of the clinic room chairs, including their colours and whether they have arms. LM noted that some patients need chairs with arms; others prefer chairs with no arms. We don't just have 1 type of patient, and we need to cater to different needs. Having too many chairs in a clinic room would make it difficult to manage, so it may be best to prepare clinic rooms for appointments, e.g. by bringing in a bariatric chair when needed.

GMacL asked if low levels of online feedback are concerning, and if we are too dependent on feedback cards. LM responded that some feedback cards are received by post, and CR confirmed that feedback cards are given to patients during some home visits, so LM said we are not overly concerned. LM noted that the phone system signposts the website, and the website signposts the online feedback form, so it may pick up over time.

LM reported that there was feedback about wanting there to be a Barbie doll with a brace put on display. One has now been put in the display cabinet in reception.

LM reported that there was feedback about having more room in reception for wheelchairs. LM noted that the reception is quite open, and that when that individual was here it may have been quite busy. LM said he doesn't think we can change the layout, but will continue to monitor through the reception team.

LM also reported that the fire alarm was set off by vapes in the toilet, and the signage has been amended in the toilets to warn against this.

#### **RefHelp**

LM noted that at the last meeting there were 4 services still to be added to RefHelp. MD confirmed these have now been added, so all 9 services at SMART are now on there. LM commented that he has read them, and there is a lot of information to assist GPs and other community health professionals make referrals.

LM asked if RefHelp will contact our services to review what's on there. MD confirmed that every 2 years RefHelp will look to review the content.

#### **East Region SMART Consortium Group**

LM reported that LM, MD and GMaCL attended on August 15<sup>th</sup>. The service specification has been circulated to the group, and put on Q Pulse. LM noted there was discussion of the financial position, and MD confirmed they will be looking at options to make savings to bring to the next consortium meeting.

LM / MD

LM / MD

<p>LM noted that there are lots of projects relating to this, including invoicing where anomalies are being reported to ensure we are only paying what we should.</p> <p>The next consortium meeting will be November 23<sup>rd</sup>.</p> <p>GMacL noted his admiration for LM's presentation at the consortium meeting, and expressed his consternation for services and patients in this difficult situation, wishing us good luck.</p> <p><b><u>Digital Communication Board SMART Reception</u></b></p> <p>LM shared one of the series of posters that were put up for Prosthetics and Orthotics Day on September 6<sup>th</sup>. LM noted that we also had facilities and admin days recently. LM said it was good to promote and recognise the work of Prosthetists and Orthotists, as well as the technicians, admin and students.</p> <p>LM noted that the clinical scientist team is still on the board. Last meeting LL was going to bring this up at the Orthotics team meeting, but is not present today. LM noted that photos are not needed; it could just be information, such as stories, relating to a different team. LM put it to the different teams to come forward.</p> <p><b><u>Proposed Changes to Indoor/Outdoor Area</u></b></p> <p>MD reported that the proposed floor plan has been sent to estates, and we are awaiting a quotation. MD noted that work on the Eye Pavilion will occupy estates for the coming months, so we may not have much support for this project until next year.</p> <p><b><u>SMART Painting Programme</u></b></p> <p>LM noted that there will be the same issue with estates being occupied as above. LM noted he is keen to freshen the clinical corridor, including changing the artwork a few months down the line.</p>	<p>LM</p> <p>LM / MD</p> <p>LM</p>
<p><b>2. Service Improvement Projects</b></p>	
<p>LM noted that last meeting we heard from KI and RA regarding the WDDRS service improvement project. This has been highlighted in the Summer issue of the SMART Newsletter.</p> <p>LM reported on some of the other work highlighted in the SMART Newsletter. The garden redesign and new outdoor space was covered, including quotes from GMaCL and JH. It also included the telecoms project, the work done on RefHelp, Napier University students training at the Disabled Living Centre, and the Orthotics PIFU rate being the highest in NHS Lothian.</p> <p>The newsletter also covered team members from Driving Assessment attending an NHS Scotland event where they presented a poster about their</p>	<p>LM</p>

<p>work implementing remote appointments and reducing their carbon footprint. They also won a prize in recognition of this work, which will be covered in the next newsletter.</p> <p>GMacL commented that this is very good for staff morale, reading about themselves and staff around them.</p> <p>LM added that the newsletter also includes a team and staff member of the season, to recognise staff going above and beyond.</p> <p>LM plans to discuss how to share service improvements with MD.</p>	
<b>3. SMART Centre – Art Exhibition – Albert’s Hats</b>	
<p>LM reported that Tonic Arts took down the previous exhibition “By leaves we live” on 24/8/24. We now have “Albert’s Hats”, from a former patient of the Royal Edinburgh Hospital. This exhibition has also been displayed in St John’s hospital and the Royal Edinburgh. It should be here for 3 months, then will possibly change to an exhibition of graduate artwork.</p> <p>LM noted that it this exhibition is not to everyone’s taste, the previous exhibition was better received, but this one is generating a lot of interest.</p>	LM
<b>4. SMART PFPI Action Plan – Updates</b>	
<p><b><u>Telecoms System Update</u></b></p> <p>LM reported that the updated telecoms system is up and running. Final tests were done in and out of hours last week. Only a few small tweaks were needed, e.g. length of time before going to answering machine for some services who wanted the time to be shortened.</p> <p><b><u>Euan’s Guide – Self Assessing Against Top 10 Tips</u></b></p> <p>LM reported that some areas have not been started, while some have been completed. LM noted there has not been much progress since last meeting, as we are coming out of the summer holiday period. LM is looking to get people involved e.g. to update information sent out to patients regarding buses.</p> <p>GMacL suggested inviting patient feedback, perhaps by revising what we put on patient feedback cards.</p> <p>LM noted that we have had feedback relating to accessibility over the last couple of years, but it would be useful to get more feedback about this from patients.</p>	<p>LM</p> <p>LM</p>

5. Any Other Competent Business	
<p><b><u>Terms of Reference</u></b></p> <p>LM noted that the terms of reference for this group are due for review. On this occasion, it may just be the membership that needs to be changed, and we could look to do a full review next year.</p> <p>GMacL asked who we are responsible to for setting terms of reference. LM answered that we report to the SMART Senior Management Team, which includes LM and MD.</p> <p>MD added that there is no formal governance for this group beyond SMART, but we may need to look into guidance for terms of reference to make sure we are in line with current practice, as we haven't looked in a few years</p> <p><b><u>WDDRS 10 year anniversary</u></b></p> <p>MD noted this week is the 10 year anniversary of WDDRS moving in house, having previously been provided by an external contractor. WDDRS are the top performing wheelchair delivery and repair service in Scotland, and provide savings compared to using a contractor. This will be in the next SMART Newsletter.</p> <p>GMacL commented that having things done in house, as opposed to using a contractor, is appreciated as a patient.</p> <p><b><u>Meeting Format</u></b></p> <p>LM asked if about the format for PFPI meetings, whether we should meet on Teams, hybrid, or do more face to face.</p> <p>GMacL suggested that once a year we hold a physical meeting, as it would be good to meet face to face.</p> <p>LM said he will look to arrange a face to face meeting after Winter, when the weather is better.</p>	<p>LM</p> <p>MD</p> <p>LM</p>
6. Date of next meeting	
<p>It was noted that the next meeting would take place on <b>Friday, 29<sup>th</sup> November 2024 at 10:00am</b> on MS Teams</p>	