

## Minutes of Patient Focus Public Involvement Group

Held on Friday 31<sup>st</sup> January 2025 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  
Kevin Inglis (KI), WDRRS Operations Manager  
Cath Robertson (CR), Therapy Lead  
Maria Rochon (MR), Administrative Officer  
Graham Henderson (GH), Clinical Science Lead

**Patient Representatives:** George MacLeod (GMacL), Ashleigh Milroy (AM)

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

Items	Lead
<b>Welcome, Introductions and Apologies.</b>	
LM welcomed AM and MR to the group.  The group noted the above apologies.  JH has made the difficult decision to step down from the group after 5½ years as a member. LM and the group expressed their thanks and appreciation for all the time and contributions JH has made to the group. LM was hoping to catch up with JH in person.  LM will look into recruiting more patient representatives.  The group accepted the previous meeting minutes (27/09/24) as an accurate and true representation of the meeting.	LM
<b>1. Matters Arising</b>	
<b><u>1.1 Patient feedback</u></b> LM shared data up to December 2024, noting that there had been a slight increase in feedback in December. Feedback is predominantly positive – 82% gave 5 star ratings.  Feedback has been received for podiatry which we do not manage, however MD will pass this on to their service manager.	LM

<p><b><u>1.1 Analysis of email contacts from online forms</u></b></p> <p>LM noted a 100% increase in wheelchair and seating (WSS) online form usage since the same time last year.</p> <p>KI noted more repair cards have arrived which WDRRS will give to patients to encourage use of the online repair form.</p>	<p><b>LM</b></p>
<p><b><u>1.2 East Region SMART Consortium Group</u></b></p> <p><b>1.2.1 Resource Allocation</b></p> <p>MD gave a presentation on the funding of SMART services, covering where money comes from and how is it allocated.</p> <p>A copy of the slides are to be circulated to the group.</p> <p>GMacL thanked MD for an excellent presentation, as he raised the subject at the East Region Consortium. He also asked if the presentation could be circulated more widely or put on the SMART website.</p> <p>MD replied he will think about how to put it up and report back next time.</p>	<p><b>MD</b></p>
<p><b>1.2.2 Equality &amp; Children's Rights Impact Assessment</b></p> <p>MD gave a presentation on the ongoing impact assessment that was initiated following a request to the service to consider what options were available to seek financial balance. The service has sought to make efficiency savings and will continue to do so, but due to raising costs of the equipment supplied to patients and other unavoidable costs these will not be sufficient to close the gap between the available budget and what is needed.</p> <p>A copy of the slides are to be circulated to the group.</p> <p>The next step is gathering evidence. There are meetings planned with service staff, from Prosthetics on 5/2/25 and WSS on 11/2/25. We are considering possible dates for a meeting with patient representatives. MD asked whether to have the meeting in person or online, whether to send out background information beforehand, and who to invite.</p> <p>GMacL suggested doing the patient representative meeting in person, and disseminating information beforehand.</p> <p>AM suggested inviting Lothian Centre for Inclusive Living (LCIL) to the patient representative meeting. LM suggested inviting the Ella group that AMC is involved in. MD suggested inviting the carers' network.</p>	<p><b>MD</b></p>

<p><b><u>1.3 Proposed Changes to Indoor/Outdoor Area</u></b> MD noted we are still awaiting a quote, and this will be discussed at the building management meeting on Tuesday 4<sup>th</sup> Feb.</p> <p><b><u>1.5 SMART Painting Programme</u></b> LM noted the painter is back, so hopefully we will be able to progress with painting in the clinical corridor which is still to be painted.</p>	<p><b>MD</b></p> <p><b>LM</b></p>
<p><b>2. Service Improvement Projects</b></p>	
<p><b><u>2.1 Environmental Controls – Smart Glasses Project</u></b></p> <p>GH gave a presentation on this project.</p> <p>This project started a year ago. It explores usability and satisfaction of using smart glasses with environmental control systems, to control things like lights and TVs. Instead of having a display on a separately mounted tablet, it is on wearable smart glasses.</p> <p>4 people took part in the trial. There were satisfaction questionnaires and interviews following 3 week trials with the glasses.</p> <p><b><u>Results</u></b> GH showed graphs with the results. There was a downward trend for before compared to after trying the smart glasses– 3 of 4 were less satisfied with the smart glasses than the tablets.</p> <p>Negative feedback included the glasses creating a visual barrier to environment, making it hard to see people, the glasses slipping down noses, and being tethered to the display.</p> <p>Positive feedback included that they can be used in different positions e.g. in bed, and reduce discomfort from poorly positioned screens.</p> <p>Where someone sits during the day is important. For those sat in a static chair, there is not much advantage, but if moving around they are more useful.</p> <p>Suggestions were to have a customisable nose fit, and to be able to change where display is on the glasses.</p> <p>As there were only 4 participants, and it was only a 3 week trial, we can't draw too wide conclusions.</p> <p>MD commented that the feedback looks negative, but looks like it's overcomable i.e. customising to meet patient needs. We have to use criteria to work out who it's good for.</p>	<p><b>GH</b></p>

GH noted we can probably address some of the points ourselves, but some have to go back to manufacturer. We can make some changes then possibly try for a longer period of time in the future.	
<b>3. SMART Centre – Art Exhibition</b>	
<p>LM shared pictures of the new exhibition, “New Foto”, an exhibition of photography from all over Scotland involving various colleges and universities. LM showed examples on display in reception and the clinical corridor, and gave a link to the exhibition website where there is more information and you can order prints:  <a href="https://stills.org/exhibitions/off-site-exhibition-new-foto/">https://stills.org/exhibitions/off-site-exhibition-new-foto/</a></p> <p>LM met with the AAH site ranger, Aisling Murphy, and the Tonic Arts exhibition manager. They discussed running photography workshops on the Astley Ainslie site. They are looking to make a submission for funding. Some of the resulting photos could be exhibited in SMART to replace some of the older art in the clinic corridor.</p>	LM
<b>4. Environmental Sustainability</b>	
This is a SMART wide project. Currently the focus is raising awareness and getting volunteers. MD noted this is our focus in SMART this year, as there are lots of things we can do that we have control of in SMART.	MD
<b>4. SMART PFPI Action Plan – Updates</b>	
<p><b>4.1 Euan’s Guide – Self Assessing Against Top 10 Tips</b></p> <p>MD noted this is nearly complete, and hopefully will be signed off at the next meeting.</p>	MD
<p><b>4.2 SMART Centre Access Guide</b></p> <p>MD noted this was sent out after the last meeting. The access guide has been updated following comments and feedback, and was posted on the SMART website on 10/1/25 on the news and about us pages, in word and .PDF formats.</p>	MD
<p><b>4.3 Low Vision Assessment</b></p> <p>Cirta Tooth, lead of the low vision service, visited on 18/12/24 and met Sarah Sutton from the Disabled Living Centre. Cirta was shown the reception and clinical corridor, and provided advice. There was positive feedback, including that we have lots of good contrast, as well as some suggestions:</p> <ul style="list-style-type: none"> <li>• Make the toilet signs bigger when we come to replace them.</li> <li>• The low tables in reception (which pre-date the reception update) have a wood effect which blends in with the flooring. More contrast is needed to make them clearly visible (magazines on the table help, but are not always there).</li> <li>• In the clinical corridor it’s hard to see where the exit is – we could put a panel on the floor with an arrow, or hang a sign from ceiling to indicate where the exit is.</li> </ul> <p>LM will look at ordering new tables – maybe white to contrast floor and match rest of reception.</p>	MD

<b>5. Any Other Competent Business</b>	
<p><b><u>5.1 Red Weather Warning on 24/1/25</u></b></p> <p>Due to the red weather warning last Friday, the decision was made Thursday afternoon to cancel all appointments at the SMART Centre. 4 Orthotics patients could not be reached on Thursday, so they were contacted on Friday. Most staff worked from home. Some urgent Orthotics technical work had to be done. Otherwise we just had a skeleton staff in SMART. We have learned from what happened, including that we need at least 1.5 hrs to 2 hrs to contact patients and cancel appointments.</p> <p><b><u>5.2 Prosthetics Fitting Rooms – Capital Funding Bid</u></b></p> <p>Prosthetics fitting rooms are no longer allowed to have multiple patients in them. Previously upto 4 patients were allowed in at a time, but now only 1. This has made it difficult to provide enough prosthetic fitting appointments. On Friday we submitted a bid for capital funding to provide more rooms with parallel bars. The idea is to split the 2 large fitting rooms and make them into 4 smaller fitting rooms.</p>	<p><b>MD</b></p> <p><b>MD</b></p>
<b>6. Date of next meeting</b>	
<p>It was noted that the next meeting would take place on <b>Friday, 28<sup>th</sup> March 2025 at 10:00am</b> on MS Teams</p>	