Minutes of Patient Focus Public Involvement Group

Held on Friday 25th July 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

Maria Rochon (MR), Administrative Officer

Liz Love (LL), Orthotist

Patient Representatives: Ashley Milroy (AM), George MacLeod (GMacL)

Apologies: Ann McCutcheon (AMC), Patient Representative

Cath Robertson (CR), Therapy Lead

Lynda Campbell (LAC), Business Manager Hannah Gillies (HG), Clinical Scientist

Graham Henderson (GH), Clinical Science Lead Kevin Inglis (KI), WDRRS Operations Manager

Items	Lead
Welcome, Introductions and Apologies.	
The group noted the above apologies.	LM
The group accepted the previous meeting minutes (30/5/25) as an accurate	
and true representation of the meeting.	
1. Matters Arising	
1.1 Recruiting New Patient Representatives	LM
LM and MD are still to follow up.	
1.2 Patient feedback	LM
Following the presentation at the last meeting, LM plans to do another	
presentation in a year's time to cover the past year's feedback.	
4.4.4. Overlike Objective 4000 Feedback Conde	1.04
1.1.1 Quality Objective – 1000 Feedback Cards	LM
It was noted that we were slightly under target for June, but are on track for July. MJ has created card holders for feedback cards which are now on the	
tables in reception.	
tables in reception.	
1.1.2 Analysis of email contacts from online forms	LM
LM noted that in the past 12 months, we have averaged 41 wheelchair repair	
requests a month, compared to 19 the previous 12 months.	
Prosthetic accessory requests have averaged 12 a month, compared to 9 in	
the previous 12 months.	
Orthotics self referrals averaged 70 a month over the past 12 months,	
compared to around 60 over the previous 12 months.	

For each service there has been an increase year on year, however patient feedback received online has stayed much the same.

GMacL asked if physical cards will remain to be the main source of feedback for the foreseeable future.

LM replied that it is important to have multiple ways to receive feedback. We currently have a supply of feedback cards to get through. Next year we may review the design of the feedback cards and the questions we ask on them.

LM noted that when Orthotics patients start booking follow-up appointments at the reception desk, that will be an opportunity to promote feedback.

AM said that when she makes a wheelchair repair request, she doesn't go into SMART. The technicians come out to visit her, so she isn't coming in to the building to get a feedback card.

LM noted that when repair cards are handed out, there is a QR code on the back with a link to give feedback online. Previously KI's team handed cards out to fill in and hand back to the technician or post. Is this something we want to look to do for a period of time? LM will discuss this with KI.

1.3 East Region SMART Consortium Group

Quarterly performance reports were sent out on Monday. The service is performing relatively well. The SMART Wheelchair and Seating Service is the best performing in Scotland. Prosthetics is picking up; a member of staff is due to return from maternity leave at the end of August, and there is a new workshop manager due to start in August, then the department will be fully staffed.

1.3.1 Equality & Children's Rights Impact Assessment

MD reported they are still working on the report, and hope to present it at the next Consortium group meeting in August (21.8.25).

1.4 Prosthetics Fitting Rooms – Capital Funding Bid

MD and LM caught up this week regarding updated quotes, drawings and further information that was required. They hope to send this off to the Capital group today. The group next meets in August. Hopefully it will then get signed off. This will be a big benefit for the Prosthetics service, as they will no longer have to juggle rooms.

2. Service Improvement Projects

2.1 Environmental Controls

The group will invite HG to present on the work relating to the mental health impact of Environmental Controls later this year.

MD noted a new video on Environmental Controls is now on the SMART website, "Improving my independence with Environmental Controls". The video can be found here: https://www.youtube.com/watch?v=Ayzd5q8wa3g

MD

MD

MD

MD

Or by visiting the SMART Website (smart.scot.nhs.uk), and selecting "Services", then "Environmental Controls", then scrolling down past the other videos. In the video, a patient shared his story and the benefits he's got from his Environmental Control system.

3. Environmental Sustainability

MD reported that the 4 sub-groups are continuing to make progress.

MD

The paper team is focussing on the changing processes in the Blue Badge service, aiming using tablets instead of paper to reduce paper use.

The plaster waste team is looking at plaster use in Prosthetics and Orthotics, including the cost of both purchasing and disposing if it, as it is classified as specialist waste. They are also looking into whether plaster waste could potentially be reused in some way.

The workshop waste group is looking into wheelchair parts we don't need. For example, some wheelchairs are provided to a standard specification by suppliers, which include standard lap belts that are not suitable and have to be removed. They are investigating whether we can return unused parts to the supplier, or whether the supplier could not send them in the first place.

The energy group has done an audit of 23 rooms (meeting rooms & offices). They went 5 times a day over week, checking whether the room is in use, and if lights and devices have been left on. The group has also ordered devices to measure energy use and monitors over time which links to an app. These will be used to see how much energy PCs and printers are using when not in use, e.g. over the weekend.

Abigail Attwell, who is leading the sustainability project, will hopefully present to the PFPI group in November.

AM asked about digitalising BB, and whether this will impact how Blue Badges are used.

MD replied that this not a change to the actual badges you display, just a change in the way SMART does the medical assessments (assessing whether people meet the criteria set by Department of Transport). This will hopefully reduce paper use and save staff time, as they currently handwrite notes during assessments, then type them up later.

GMacL commented that this is a commendable top down objective, and asked are we going to see significant savings? As there is pressure to save money all the time. He also hopes the work involved isn't detracting staff by patient care.

MD replied that staff have set working times, and only work on this if their clinical commitments allow. Last year SMART spent £77k on energy (this is paid by NHS Lothian, and does not come directly from the SMART budget), so there will be a saving.

LM noted some work streams will have positive impact on our own budgets.

MD added that some things like suppliers sending wheelchairs in waste packaging wastes staff time unpacking. Some chairs just come in a plastic bag, while others arrive in lots of boxes etc., and come with unneeded parts like lap belts which have to be removed. Cutting down on unnecessary packaging and parts will save staff time.

4. Photography Workshops

The first workshop with the LEAP service has been rescheduled to next Monday as the photographer was not available. Next Tuesday there will be a session for staff to attend. There are 12 places for each workshop, and there's still one spot left for next Tuesday. There will be a follow-up session in September.

M

The older pictures that were displayed in the clinical corridor have been removed. The plan is to have photos from the photography sessions blown up and presented in the corridors of SMART.

LM noted there are currently 4 people booked onto the session on 8th September, but it should get filled closer to the time.

5. SMART PFPI Action Plan – Updates

5.1 SMART PFPI Action Plan 2025/26

LM shared his screen to review the action plan.

LM

Sight loss & Hearing Loss

Website – the font size is appropriate for sight loss with the ability to increase the size of text, and the videos have commentary. This will be marked as complete for now, and we can revisit if needed.

There is information about how to get to SMART on the website: a video, as well as an access guide in word and PDF formats.

MJ has looked into training modules available on the Turas learning platform, and has identified suitable modules for both Hearing Loss and Sight Loss that may be helpful for staff. MJ has completed the Hearing Loss module, which covers different types of hearing loss, strategies for effective communication, as well as differences in culture and expectations. MJ will take this forward to discuss at the next Admin Team meeting, and MR will support.

LM suggested adding these training modules to the agenda for the next OMT meeting. The modules can also be circulated to staff, and can be recorded on the Ideagen system (formerly Q Pulse), or add them as learning requirements to individual profiles on Turas.

Videos

LM asked if it would be beneficial to have videos for each department providing information to show what may happen in an appointment. Gait Analysis already have a video like this which is available on the SMART website. LL will take this forward within the Orthotics Service.

LL

Long Disabled Parking Bay

MD also noted that a request has been put in for a deep, long disabled parking bay, with enough space for a ramp. This has been put to the site management team.

3. Any Other Competent Business

3.1 Plans to Close Inpatient Beds on the Astley Ainslie Site

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MD reported there are plans to close the inpatient beds on Astley Ainslie site. This is planned for September, and will include the East and West Pavilions. There is a potential impact on services – e.g. post amputation patients will be managed as outpatients. We will also potentially lose access to nursing cover onsite.

GMacL noted he has been following this in the press, and that it is an unfortunate coincidence that Prosthetics will have a full staff compliment in September, but the wards are due to move at the same time.

MD noted most patients will go home from Royal infirmary and get rehab as outpatients, instead of receiving rehab as inpatients at the Astley Ainslie Hospital.

TC reported that the amputee rehab service will be changed. Patients will now go home when fit to leave, and be seen as outpatients. There are only 4 beds being provided in East Lothian Community Hospital (ELCH), so the number of beds is being cut drastically. There are implications for SMART providing rehab input, especially Prosthetics. Patients are currently just across the road. There won't be nursing cover, but there also won't be medical cover either. Currently there are junior doctors on the wards, but we won't have that going forward. TC will be between SMART and ELCH, so won't always be here. There will be no doctors permanently onsite, so we will need a new plan in place to deal with emergencies. All clinicians will need to be made aware, and will have to call an emergency ambulance if someone is unwell.

GMacL expressed concern, and suggested we audit this closely to ensure good quality of care is maintained.

TC replied that everyone is aware this is a massive change, and we will be auditing the impact.

4. Date of next meeting

It was noted that the next meeting would take place on **Friday, 26th September 2025 at 10.00am** on MS Teams