

Minutes of Patient Focus Public Involvement Group
Held on Friday, 31st July 2026 at 10.00am on Microsoft Teams

In Attendance: Les Malone (LM), Quality and Performance Manager – Chair
MJ Jackson (MJ), Administrative Team Lead – Minutes
Mike Dolan (MD), Head of SMART Services
Ashley Milroy (AM), Patient Representative
George MacLeod (GMacL), Patient Representative
Caroline McClosky (CM), Senior Prosthetist
Maria Rochon (MR), Administrative Officer
Emma Purdie (EP), Wheelchair Therapist
Tash Chaudhry (TC), Specialist Doctor

Apologies: Ann McCutcheon (AMC), Patient Representative
Jade Hanbidge (JH), Prosthetist
Liz Love (LL), Orthotist
Cath Robertson (CR), Therapy Lead
Tracey Wright (TW), Patient Representative
Lynda Campbell (LAC), Business Manager
Beth Dias-Scoon (BDS) Lead Clinical Scientist
Kevin Inglis (KI), WDRRS Operations Manager

Items	Lead
1. Welcome, Introductions and Apologies	
The group noted the above apologies. LM welcomed everyone to the meeting.	LM
2. Minutes of Previous Meeting	
The group accepted the previous meeting minutes (29/05/2026) as an accurate and true representation of the meeting.	
3. Matters Arising	
3.1 <u>Analysis of email contacts from online forms</u> LM shared his screen to show the report with updated figures to the end of June 2026. Wheelchair and seating averaged 55 repair requests in the last quarter, up from 41 over past year. Prosthetics accessory requests averaged over 12 in the past quarter, up from 8.5 over the last year. Orthotics PIFU (Patient Initiated Follow-ups) averaged 84 over the past quarter, up from 70 over the past year. There is an overall positive trend of increasing use of online forms.	MD/LM
3.2 <u>East Region SMART Consortium Group</u> The quarterly performance report was sent to consortium this morning.	MD/LM

4. Adult and Children's Wheelchair Service Presentation	
<p>Emma Purdie (EP), an Advanced Practitioner Occupational Therapist, gave a presentation providing an overview of the Wheelchair and Seating Service (WSS) at SMART. SMART is one of five mobility centres in Scotland, covering Fife, the Lothians and the Borders. The service, comprising nine therapists and two therapy assistants, supports around 24,000 users with long term mobility needs across all age groups with a vast number of different conditions. It also provides a repair service based at Peffermill Industrial Estate in Edinburgh. EP explained that assessments consider physical, biomechanical, cognitive and social factors to identify the most appropriate mobility solutions for patients.</p> <p>EP showed examples from the range of wheelchairs available for adults. She explained that modular wheelchairs can be adapted and adjusted to provide additional support according to an individual's needs. Chair sizes range from 15-inch hip widths through to bariatric sizes. Assessments consider how frequently the wheelchair will be used, for example daily or weekly, as well as the activities it will support, such as mobility within the home. For powered chair assessments, therapists consider posture, cognition and physical ability, including whether the individual can sit upright, use their hands effectively and operate the chair safely. Visual ability is also assessed, particularly where outdoor use is anticipated.</p> <p>EP then showed some of the equipment available for children, including wheelchairs and specialist buggies. Children's wheelchairs are available in smaller sizes ranging from 8-inch to 15-inch widths and, like adult equipment, are modular and can be adapted as needs change. Specialist buggies can help children who can walk short distances and maintain their posture independently, offering a more robust option than those typically available on the private market. Postural support can be provided from approximately 18 months of age. EP highlighted how this equipment enables children to participate in family and community activities, including outings and visits to parks. Assessments focus on identifying the child's specific difficulties and determining what equipment can be provided within the service contract. For children who have never previously experienced independent mobility, powered chair pathways are available to help them learn how to control a chair and develop mobility skills, for example travelling independently between locations within their school environment.</p> <p>LM thanked EP for providing an overview of the service, and for giving a reminder of the large geographical area the service covers.</p>	
5. Service Improvement Projects	
<p>5.1 <u>Scottish Driving Assessment Service (New Vehicles & Driving Rigs)</u></p> <p>MD reported that we received new quotes from the supplier, and went with the option for getting 2 new rigs at the same time, which is the cheapest option. We are now awaiting clearance from IT & IG for use of</p>	<p>MD</p>

	<p>the software which will be linked into the NHS network. Once we have clearance, the capital steering group have agreed the finance and will place the order. There is a 3 month lead time, including staff training. The order should be placed in August, so we hope to have the rigs in November.</p>	
5.2	<p><u>Wi-Fi</u></p> <p>eHealth visited and identified areas with strong and weak Wi-Fi signal. They also met with a Prosthetics Team Lead to look at signal for microprocessor knees, and a tweak was made to the tablet used in servicing them.</p> <p>We have a quote for 4 more access points, including the workshop, Ainslie room and library. We are now awaiting quote for cabling and installation. It looks to be a few thousand pounds. Due to the cost, we will review whether to go with 3 or 4.</p>	LM
5.3	<p><u>NHS Scotland Event Posters</u></p> <p>MD and LM made a submission to NHS Scotland to present a poster at a national event. There were many submissions, so they were lucky to be accepted. The event will take place on the 4th of September. It will be based on feedback cards, covering data gained and service improvements. They already have info from presentations given to the PFPI the group.</p> <p>MD noted this is an annual event for the whole of NHS Scotland, and includes government ministers. There are normally about 200 posters shown at each event. This year there will also be poster from WSS about cutting waiting times and improving workflow.</p> <p>LM and MD will report back about the event at the next meeting, and we can display the posters in lower corridor in SMART in the poster holders.</p>	LM/MD
5.4	<p><u>Travel and Parking Survey</u></p> <p>MD reported that patient travel and parking have been recurring themes in feedback received through feedback cards. Similar concerns were also raised during the recent What Matters to You Day, particularly regarding limited parking capacity and signage.</p> <p>MD noted already actions taken: raising signage issues with the AAH Site Management Group and securing funding for the extended parking bay, with the final step of line painting due to be completed today.</p> <p>A patient questionnaire was undertaken during the week commencing 6th July 2026, achieving 101 responses against a target of 100. In addition, parking bay usage was monitored every 30 minutes on the 6th July. Though the survey took place during the school holidays, so parking demand may have been lower than usual.</p> <p>The survey found that 74 respondents travelled by car, while 10 used public transport, highlighting the importance of clear pedestrian signage. Of car users, 57% held a Blue Badge and 43% did not. 44 Blue Badge</p>	MD

<p>holders used the disabled parking bays nearest the centre, and only one parked elsewhere on-site. Non-Blue Badge holders reported greater difficulty finding parking close to the building. Overall feedback was positive, although wayfinding, signage, parking capacity and the lip at the front entrance were identified as areas for improvement.</p> <p>Parking observations indicated that visitor parking demand peaked during mid-morning and early afternoon. At one point, six non-disabled visitors were seeking parking despite only three standard visitor bays being available, resulting in inappropriate use of some bays. Disabled bays were only 12% occupied across the day, suggesting they are underutilised.</p> <p>Next steps include improving signage for pedestrians and public transport users. The entrance threshold issue has been raised with Estates and work is planned. Survey findings were also presented to the Traffic Management Group, which confirmed that the AAH site does not currently have sufficient disabled parking bays to meet legal requirements and therefore these spaces cannot be reduced. However, an opportunity has been identified to create two additional bays through revised line markings, and this proposal will be presented at the next meeting.</p> <p>GMacL raised concerns regarding non-Blue Badge holders using disabled bays and suggested improved signage to encourage appropriate use.</p> <p>MD noted that there is no parking enforcement or attendant onsite, but highlighted that disabled bays were never fully occupied during the survey period. It was also noted that many visitors may be unaware that standard patient parking is available beyond the roundabout and instead stop at the first available bays. MD further explained that parking demand has changed significantly since the building opened over 20 years ago, particularly following the relocation of the Orthotics service, which now accounts for more than half of appointments and serves many patients who do not hold Blue Badges.</p> <p>AM asked about the existing disabled bay signage, and MD confirmed that standard road markings are in place but agreed that additional signage could be explored, particularly to direct visitors to appropriate parking areas and to highlight the newly extended bay, which is intended for ramp access.</p> <p>LM confirmed they will take these issues to the Traffic Management Group, then provide an update in a couple of months' time.</p>	
6. SMART PFPI Action Plan 2026-27	
6.1 <u>Patient Feedback</u> LM noted that the draft feedback card has been circulated to the PFPI Group, as well as managers and team leads across SMART, for comment. LM presented the revised feedback card, which had been updated in response to previous feedback and included questions	MD/LM

	<p>relating to the overall service, reception experience, ease of contacting the service, and ease of finding the centre and parking. A QR code had also been added to enable patients to provide feedback online.</p> <p>LM reviewed comments received to date. One comment mentioned the card appeared quick and easy to complete. Another comment noted that some questions were not applicable to all services, particularly the Environmental Control Service (ECS), where patients typically receive home visits and equipment installations rather than attending SMART. A suggestion was made to include "not applicable" options. A third comment highlighted that the questions are focused primarily on administrative aspects of the patient experience and could place greater emphasis on appointments and clinical care.</p> <p>LM suggested the collaboRATE survey tool as a validated measure widely used in other services to assess patients' experiences of involvement and support during appointments.</p> <p>CM said the new card looks good, but agreed with 3rd comment. If a patient has a bad experience with parking for example, that may skew the data. She was also wary of adding too many questions.</p> <p>GMacL agreed that we need to find the right balance with the design. If we have over complicated cards patients will be put off, so we need it to be simple enough that many patients will complete the feedback cards.</p> <p>TC noted that collaboRATE may not be relevant to all SMART services, as some services, such as Driving Assessment and Blue Badges, are based on professional assessment rather than shared decision-making, and that introducing such questions could be confusing for some patients.</p> <p>LM agreed that all 9 SMART services are all different and the last thing we want is something confusing that limits responses. LM suggested that if specific services are working on a project and wish feedback regarding the clinical experience they can look into using tools like collaboRATE.</p> <p>The group agreed that a "not applicable" option is not required. MD noted that patients had previously been comfortable leaving questions unanswered where they were not relevant, but suggested that an "N/A" option may be useful for the online version.</p> <p>LM proposed that the revised feedback card be used until March 2027, after which it can be reviewed.</p>	
6.2	<p><u>What Matter to You Day 2026</u></p> <p>This is an annual event which we ran at SMART on the 2nd June 2026 for the first time in a few years. The event is held to encourage meaningful conversations between staff and service users, focusing on "what matters to you" rather than "what is the matter with you".</p>	LM

<p>Reception staff and members of the clinical teams engaged with visitors throughout the day and collected feedback using "tops" and "shorts" cards to capture positive experiences and suggestions for change. A total of 24 "tops" and 13 "shorts" were received. LM thanked the reception team and clinical staff for their support, with particular thanks to LL and CR for their contribution.</p> <p>The "Tops" highlighted consistently positive experiences across SMART services, with service users commenting on the friendly, caring and professional approach of staff, person-centred and responsive care, the quality and effectiveness of clinical interventions, accessibility and convenience of services, the environment and facilities, and reliability and trustworthiness.</p> <p>The "Shorts" highlighted waiting times, travel and location challenges, parking and site facilities, and a preference among some service users for face-to-face contact rather than remote appointments.</p> <p>LM advised that the findings would be shared with the Operational Management Team (OMT) and would inform ongoing work relating to parking, site facilities and signage across the site.</p> <p>MD commented it was good to get insights over and above what we get from feedback cards. MD acknowledged there are some things we can't do, such as reducing remote appointments. For Driving Assessment, an initial remote appointment can prevent unnecessary travel, and for Gait Lab pre-assessment appointments help reduce lengthy face to face appointments and help young patients know what to expect.</p> <p>TC noted that Driving Assessment is a national service and that some patients face round trips of up to six hours. Initial remote screening appointments reduce unnecessary journeys and identify patients who are not eligible to proceed with assessment, which reduces waiting times.</p> <p>GMacL commented that feedback regarding remote appointments was interesting, and stressed the importance of maintaining patient choice and ensuring remote appointments are offered because they are beneficial for patients, rather than simply being more convenient for services.</p> <p>LM concluded that the event was a success, and helped confirm we are moving in the right direction.</p>	
7. Astley Ainslie Hospital Site – Update	
<p>MD noted that not much has happened since our last meeting. The canteen is due to close on the 28th August 2026. At the Western General and Sick Kids, there are third sector organisations running the canteens, and there is a possibility for a third sector org to take over the Astley Ainslie canteen. There has been a recent survey carried out looking at what is wanted. In case this doesn't work out, we are looking at what we can do onsite in terms of vending machines, as well as looking at options for having food available at reception for diabetic patients.</p>	MD

<p>There is going to be an occupancy survey for the Astley Ainslie Hospital site, to make sure that the estate is being fully used. A survey was due to start from 6th August. Sensors will be fitted next Thursday to capture the use of rooms.</p> <p>GMacL said we have to be careful that SMART doesn't get isolated, and get fewer resources. The canteen shutting may seem minor, but can lead to further problems.</p> <p>LM noted that we would ensure that SMART was represented on key groups where possible.</p> <p>MD said that he started at the Princess Margaret Rose Hospital, with the last service on site as the site closed down. He then moved to the Eastern General for 6 years. It was a boost coming to the Astley Ainslie Hospital, which was an active site with a canteen, which felt like being part of a community. The site will get less and less over the next few years, though a GP practice recently moved on site and the canteen is still always busy. GMacL is right about making sure we are not forgotten. MD noted a study found that \$6-\$10 are saved in acute care for every \$1 spent on rehab, ensuring people can be as independent as possible at home. It's important to highlight the value of what we do.</p> <p>TC said that his clinical colleagues on other sites very much aware of the value of rehab. It prevents hospital admission and reduces future care costs. But elsewhere in the public sector there may not be that same appreciation.</p>	
8. Any Other Competent Business	
<p>No other business was noted.</p>	
9. Date of next meeting	
<p>It was noted that the next meeting would take place on Friday, 25th September 2026 at 10.00am on MS Teams</p>	