falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Consultation about Mobile Emergency Care Service with Lynn Adams MECS team manager, Rachel McIntyre Telecare Supervisor and Andrew McCall NHS GP and Primary Care Out of Hours Service Manager.

Held on Friday 6th November 2026

At the Carers Centre, Falkirk

Chaired by Sharlene Ramage
Online option facilitated by Sharlene Ramage
Notes by Dana Horsburgh (Carer Representative and Zoom Assistant)

Quick recap

The meeting focused on the Mobile Emergency Care Service (MECS) and its role within the broader out-of-hours care review. Lynne and Rachel explained that MECS provides both standard pendant-based alarms and enhanced telecare equipment, such as smoke and heat detectors, door alarms for overnight wandering, epilepsy bed sensors, and GPS location devices. They clarified that standard MECS costs £5.25 per week and requires a key safe, while enhanced equipment is free and requires a professional referral. Rachel detailed the technical aspects of the 4G units, battery monitoring, and the use of lifestyle monitoring kits for short-term assessments. Carers shared positive experiences with MECS wardens, noting their reassurance and support in keeping loved ones at home. Some participants raised concerns about the lack of a direct out-of-hours line to district nurses for specific needs like catheter care, which currently requires going through 111. Andrew McCall explained the overnight community nursing resources across Forth Valley and how the review aims to streamline pathways between MECS and clinical services. The session also included updates on upcoming consultations, a questionnaire for palliative care services, and information on the Winter Vaccination Helpline.

Upcoming Consultations and Events

Sharlene provided updates on upcoming consultations and events. Sharlene discussed NHS Forth Valley out-of-hours palliative care review and asked carers who are

interested in participating/completing questionnaire to reach out to Sharlene. Sharlene discussed upcoming sessions including an advocacy consultation with Bob Thompson on November 13th 10.00am-12noon and a dementia session with Yvonne Cairns and Emma Douglas on November 19th 10.00am-12noon. Sharlene also promoted Carers Rights Day on the same day from 12.30pm to 6.00pm which will feature information about services for carers and provide light refreshments. Sharlene provided information about NHS vaccine support services, including a Winter Vaccination Helpline for those needing additional assistance.

MECS Out of Hours Service Review.

Lynn then discussed an ongoing review of the MECS out-of-hours care, with Lynne and Andrew seeking feedback on what's working well and areas for improvement.

MECS Services and Equipment Overview

Rachel explained the two types of MECS services available: standard MECS with an emergency pendant and enhanced Telecare equipment. Rachel detailed that the current 4G alarm units require only a working electrical socket and come with built-in SIM cards for connectivity, 2G network alarm units will be replaced through time, people who have 2G units don't need to worry as these are all working well for the people who still have these units at home. Rachel clarified that while automatic fall detectors exist, they are only effective for falls from height and not suitable for those who forget to activate the pendant due to cognitive issues.

Telecare Services Overview

Rachel provided a comprehensive overview of telecare services, explaining various equipment options and their requirements. Rachel detailed the standard pendant system (£5.25 per week) and explained that enhanced telecare requires professional referrals, while smoke and heat detectors are now mandatory under Scottish legislation by 2025, people must have both standard smoke and heat detectors and the ones provided by MECS if they want to use the MECS side of this. The discussion covered specific equipment for different needs including door alarms (limited to overnight use), epilepsy monitoring, bed and chair mats, and PIR infrared beams as alternatives to bed

sensors. Rachel also explained the difference between systems that connect to MECS alarms for emergency responses versus internal alert-only systems for carers.

Monitoring Equipment Options Discussion

Rachel described the options for monitoring equipment, including GPS location devices, lifestyle monitoring kits with motion sensors, and door alarms, with pricing details and usage criteria. Rachel clarified that GPS devices can only be provided to promote independence with client consent, while lifestyle monitoring kits can be installed for up to 8 weeks to assess movement patterns. A carer shared a personal example of how the monitoring kit helped demonstrate a family member's night-time wandering behaviour, which led to obtaining additional support.

Discussion

There was discussion around the use of cameras in care settings/care homes, noting that while some families install cameras for monitoring, paid carers often cover cameras during personal care to maintain dignity and respect.
Lynn explained that their current alarm system is being upgraded from 2G to newer units with higher resilience, and that all alarms are regularly monitored and maintained. The discussion also covered procedures for updating contact information, managing absences, and need for key safes.

District Nurse Pathway: The exact boundary between MECS and district nursing roles for catheter care is being clarified through ongoing professional discussions.
Resource Review: The wider out-of-hours review is assessing whether current staffing levels (e.g., two community nurses for all of Forth Valley overnight) are sufficient for demand.
Service User Feedback Group: MECS is looking to re-establish a regular feedback group to showcase developments and gather ongoing input. Lynn hopes that the group will meet every 3-6 months.
Carers: If you have a change of phone number or health condition, please call MECS to update your records.
Carers: If you are going on holiday or have a planned hospital admission, please can you notify MECS who will set an "absence" on the record.

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MECS Awards

Staff from the service will attend the British Care Awards on November 16th, with several nominations including a manager award and an outstanding contribution to social care category. The conversation also touched on the history of MECS services in Scotland, including their origins and evolution from Stirling County Council.

MECS Service Delivery Discussion

Lynn and Andrew led a discussion about MECS and out-of-hours healthcare services, focusing on the importance of feedback from carers and service users about service delivery. Participants shared positive experiences with MECS support, particularly for night visits and equipment assessments, while one carer identifying challenges with service coordination, especially regarding catheter care where multiple services might respond to the same call. The discussion revealed resource constraints in out-of-hours care, with only two community nurses covering the entire Forth Valley area overnight. The conversation between Andrew, Lynn and carers, explored opportunities to streamline pathways between different services to improve efficiency and reduce duplication.
A key outcome was the identification of a need for clearer pathways between MECS and district nursing for specific clinical issues like catheter care.

MECS Referral Process/Services and Supports.

- **Referral Process:** All MECS referrals are now online; self-referrals should be made via **MyFalkirk** using the "start without an account".
- **Standard MECS Cost:** The standard "box and button" service is **£5.25 per week**, preferably paid monthly by direct debit.
- **Palliative/End-of-Life Exemption:** Palliative or end-of-life users receive the service for free, provided there is a **special rules form**.
- **Key Safe Requirement:** A working key safe must be installed before a referral is submitted; MECS will not install equipment without one.
- **Temporary Key Safes:** For short-term needs, MECS provides a temporary key safe looped around a secure external point, as they no longer take one-off keys for storage.

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- **Enhanced Telecare Cost:** All additional enhanced equipment is currently **free of charge**.
- **Enhanced Telecare Referral:** Unlike standard MECS, enhanced equipment requires a referral from a **health professional** (GP, social work, OT, hospital staff) after an assessment.
- **Equipment Connectivity:** All new units are **4G** and do not require a phone line or Wi-Fi; they only need a working electrical plug socket.
- **Power Backup:** Units have a backup battery that lasts up to **72 hours** during a power cut.
- **Pendant Battery Monitoring:** MECS monitors pendant batteries and will dispatch a warden to replace them when low; users are encouraged to perform routine test calls.
- **Smoke/Heat Alarms:** MECS alarms are additional to required homeowner interlinked alarms; they are designed to stop sounding once the call is processed by MECS and emergency services are contacted.
- **Door Alarms:** Currently installed for **overnight wandering only**, with agreed timeframes (e.g., 8:30 PM to before the morning paid carer arrives).
- **Door Alarm Response:** MECS staff do not respond to door alarms; a local family contact within a **20-minute drive** is required. If no one is available, social work may refer to a private company called **Carr Gomm** (operating 11 PM–7 AM).
- **Epilepsy Equipment:** Bed sensors are available for **tonic-clonic seizures** (hard jerking movements); they are not suitable for absence seizures.
- **Bed/Chair Mats:** Used for high fall risks; they can be set with a delay (e.g., 20 minutes) or as an instant alert.
- **PIR Infrared Beams:** Used as an alternative to bed mats, especially for hospital beds or incontinence issues; they can also be used in hallways to alert a co-resident when a person leaves a "safe zone."
- **Internal Alerts:** Most equipment (except smoke/heat alarms) can be set to internal alerts only (e.g., via a pager) for carers/family who provide the response themselves.
- **GPS Location Devices:** Provided only to promote independence for those who occasionally get disoriented and agree to wear the device; they are not for those unsafe in the community.
- **Lifestyle Monitoring Kits:** Motion-sensor-only kits (no cameras/audio) are available for assessment for up to **8 weeks**; they require a Wi-Fi hub provided by MECS.
- **Activity Sensors:** Can be placed on fridges, microwaves, kettles, or phones to monitor if a service user is attempting to eat or make calls.

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- **Sharlene asked:** Can the canary equipment be purchased by Carers, Rachel explained that it can and costs around £300-£600 there is a pay up option too, there are many companies that sell equipment such as the canary system.

  Lynn shall share the MECS service user feedback survey with Sharlene and Sharlene will forward to the meeting attendees and include it in the slides for those who attend upcoming consultations. (If you are reading these minutes and would like to participate in the survey or service user group, please reach out to Sharlene).

Carers views/experiences/comments and flip chart.

- The canary system worked well for our family, it helped us to monitor our cared for person, we wondered why they were asleep all day and the canary told us why, they were up all night.
- Most carers in the room only knew about the standard box, before today's session.
- A carer was confident that the social work team would let them know about MECS services that could help them in their caring role.
- A carer commented that the professional who carries out the assessment would know all about the services that are provided by MECS.
- A carer commented that the motion sensor provided by MECS helped them to keep their family member at home for longer, Carr Gomm also helped with this as they provided nighttime calls.
- A carer commented that when the person they care for was coming home, they were worried about it, as the person was critical falls risk, this carer commented that the MECS service was fantastic for support in the evenings, the carer commented that it was a10 days wait for MECS to be put in place.
- A carer commented that MECS are amazing, the staff provide reassurance, physical support if you have a fall and even make a wee cup of tea, many people commented on what an important person-centred experience this is for everyone.
- A carer commented that the person they care for always wished to remain at home, this carer commented that MECS is supporting them to keep them at home for as long as possible, this carer commented that they could not manage without the support of MECS.

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- A carer commented that MECS could be filling gaps in services that others might not see, many carers in the room agreed.
- A carer commented that it is clear to see that MECS is going “above and beyond”.
- A carer commented that the person they care for fell, and MECS came out very quickly and helped them back into bed.
- A carer commented that the person they care for lives in a rural area, they did not get a speedy response, the staff member got lost and didn’t call the carer, the carer had to travel to the cared for person and call 111, this carer also commented that the district nurse is always required however they must go through MECS. This carer chatted with NHS and MECS staff after the session.
- A carer asked if someone who was vulnerable and lived alone, could have help putting in a key safe, Rachel explained that social work could possibly help with this.
- A carer commented that they have a direct line for the district nurse during the day, they also commented that their GP practice was fantastic.
- A carer mentioned that in the past there was a telephone option to speak with the district nurse, this carer felt that this worked better than calling 111/GP.
- Many carers in the room would prefer a direct phone line to speak with their district nurse.
- A carer commented that the district nurse team are great, it may take them time to come out, but once they are with you, they are great.
- A carer commented that MECS is the only service that is good in health services.
- A carer asked if systems could link to each other, eg MECS and district nurse, particularly for rural areas, this would be easier for carers too.
- A carer commented that winter vaccinations are also available at your local pharmacies.

- A carer described MECS as "amazing" and provides “critical backup that allows carers to keep loved ones at home longer”.

- **Pathway Clarity:** There is confusion and frustration when MECS is contacted for clinical issues (e.g., catheter care) that should go to district nurses, especially out-of-hours when 111 triage is required.

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- **Direct Access:** Carers expressed a desire for a more direct way to reach district nurses out-of-hours, similar to daytime direct lines.