

Dr Gray's Hospital Developing a Plan for the Future (2023-2033)

Partner Engagement Report



March 2023

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Dr Gray's Hospital Partners Engagement for Dr Gray's Hospital Plan for the Future

Introduction

Dr Gray's Hospital (Dr Gray's) first opened its doors to patients in 1819 to serve the community of Elgin and the county of Moray. In the 1990s, Dr Gray's underwent a major redevelopment and extension to provide new services and facilities.

After more than 30 years, it's time to look at the facilities at Dr Gray's so we can make sure it continues serving the community's needs for the years ahead.

Since June 2022, engagement and involvement has been taking place to help this review. The public, Dr Gray's staff, and Dr Gray's "partners" (people who work with Dr Gray's, such as Scottish Ambulance Service, GPs, community hospitals, Aberdeen Royal Infirmary, etc.) have all been involved.

Face-to-face conversations, paper and online questionnaires, as well as in-person and online workshops, have all been used to engage with everyone. What we have learned will be included into the Dr Gray's 10-year plan. This will also be a part of the bigger NHS Grampian "Plan for the Future" (2022-2028).

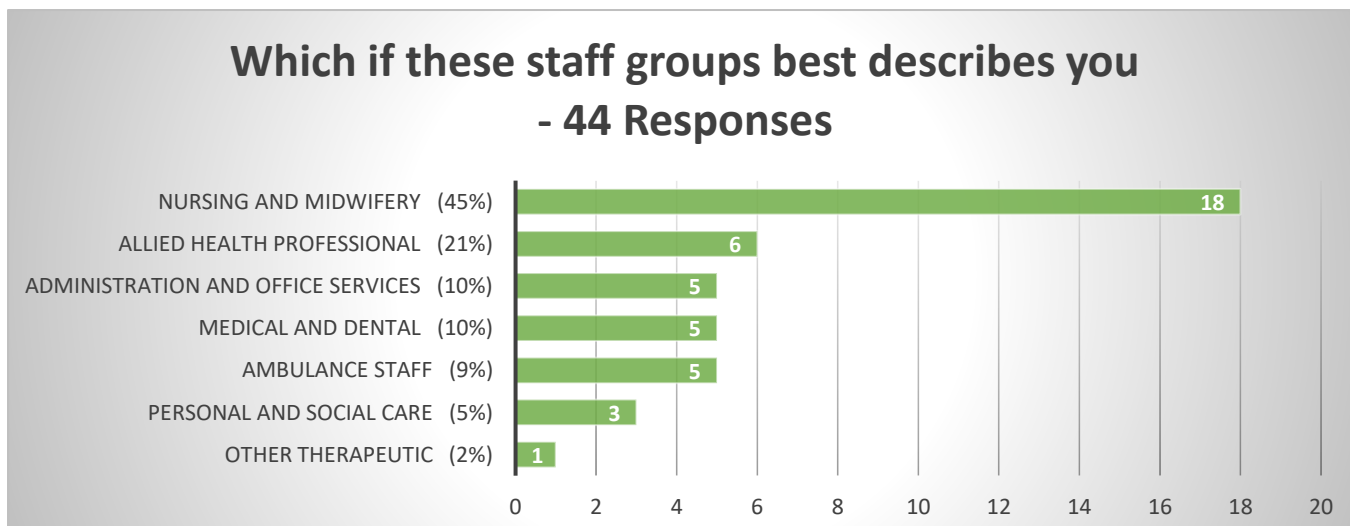
These plans will try to guarantee that health care is accessible to all Grampian residents and that it adapts to meet their changing needs as the population ages.

How we engaged with Dr Gray's Partners

Focused engagement began with Partners in mid-October 2022 and ended in January 2023. This engagement included a questionnaire, in person workshops and on-line workshops. This is in addition to 22 Partners that completed the questionnaire in June 2022, which accounted for 20% of responses received.

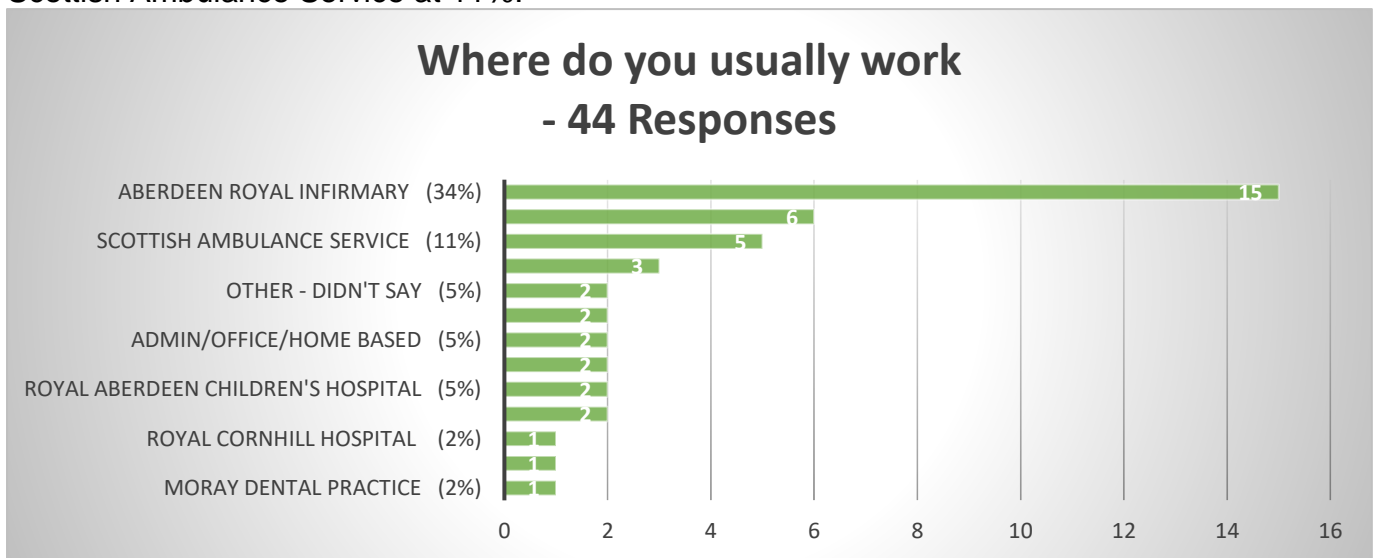
Engagement Findings

The first question was what role the person did from a drop down menu. 58 people answered this question. 44 were Partners of Dr Gray's but unfortunately 14 members of Dr Gray's Staff answered this question. This caused some confusion/upset for the Dr Gray's staff as there was no option for them to select and some thought they had been missed off the list. These staff views were not included in the Partner data analysis but were included in the Staff feedback analysis.



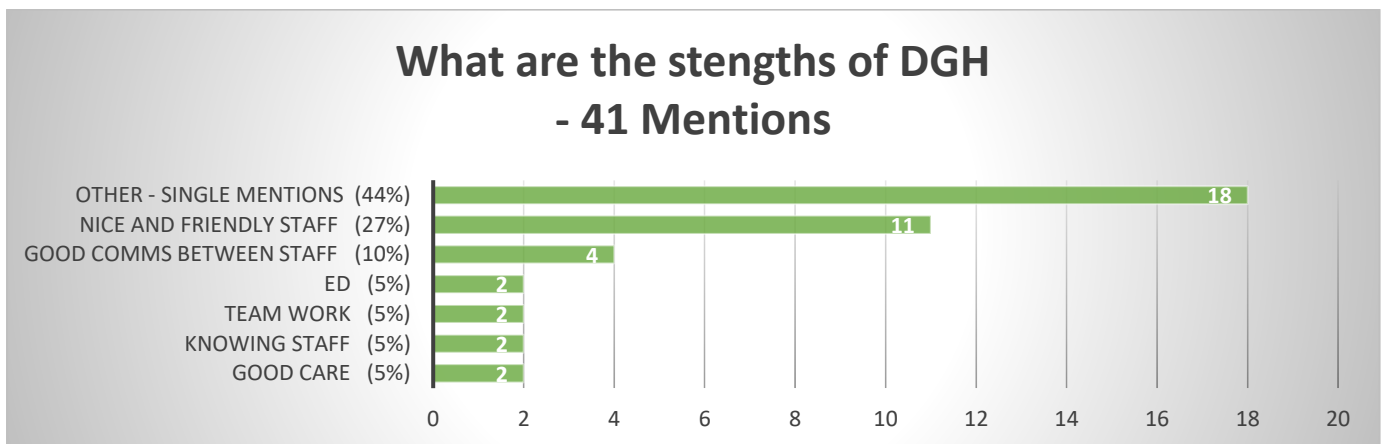
Where the Respondents Worked

Aberdeen Royal Infirmary (ARI) staff were the largest group of Partners to have responded at 34%. Next highest responses were from along with Moray community partners at 14% and Scottish Ambulance Service at 11%.



What are Dr Gray's Strengths?

Partners responded with a wide variety of single mentions of strengths that they appreciated, including collaboration, the value of clinics and approach to treating patients. The 'stand out' strengths were focused on the friendliness of the staff and good team communication. Dr Gray's size seemed to be a contributory factor and the development of relationships across organisations.



Some quotes about Strengths:

"Because of the small size of Dr Gray's, staff know each other and can communicate easily."

"For me it's the central base for our team and I would describe [it as] the 'nucleus'."

"Friendly staff who take care and pride in their work with local services which makes a massive difference to the delivery of effective healthcare in Moray."

"The admin team who set up the clinic are helpful and efficient as are the clinic nursing staff who support us"

"Staff are always helpful and where possible accommodating."

"Spey unit - on days that they are open its great for patients to save the long travel to ARI for treatments."

“Interaction with cardiology good, prompt replies from Dr X who investigates and treats patients well. A&E consultants from Aberdeen covering Dr Gray’s is helpful but difficult for those involved. Helps to unify service. XX doing regular clinics for paediatric orthopaedics in Elgin saves patients travelling large distances. Regular shoulder clinics with surgeons from Aberdeen.”

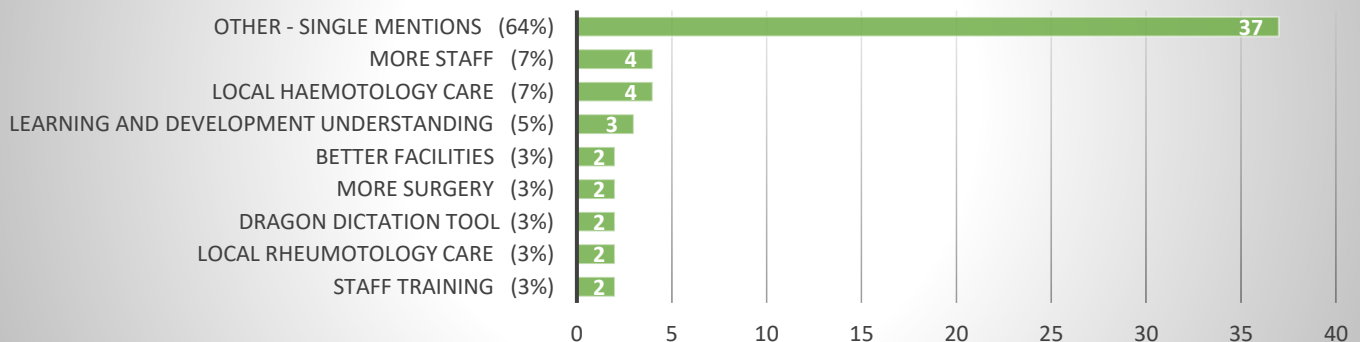
“Given the geographical spread of Grampian it is sensible and necessary to have an acute service covering the Moray area. It is clear that the local population appreciate a local service. Onward referral to specialist services in Aberdeen often works well and communication between staff in Elgin and Aberdeen appears improved from previous years overall.”

What could be improved?

Once more, there were numerous single references to how having better facilities could enhance services and systems. Opportunities for enhancing communications and streamlining existing procedures, particularly those involving admission, were also mentioned.

What improvements could be introduced?

- 58 Mentions



Some suggested Improvement quotes:

“I would like to work with the Dr Gray’s team to develop some Pathways that our SAS clinicians can access, to improve patient outcomes, link patients with the services they need, minimise unnecessary conveyance to the ED and improve SAS turnaround times.”

“Direct entry into ward from GMEDs / GPs.”

I believe that there are not enough Haematology beds available, therefore patients are having to travel to Aberdeen causing more stress to patients and their families at an already difficult time.”

“Consider opening minor injury units as there are still people turn up at local hospitals and have to signpost people to other services.”

“Need to be more flexible regarding haematology patients and need more availability for arranging and delivering blood transfusions in Elgin as at present there is very little capacity and staff aren’t always receptive.”

“Appointment letters could be sent via email - I have had patients miss appointments recently as the letters were received days after the appointments - due to Royal Mail strikes.”

“Building and systems being fit for purpose”

“It would be good to have DRAGON in all the clinic rooms (it is in some)...If letters are not dictated on Dragon they cannot be typed in a timely manner when secretarial staff are in Aberdeen.”

“Dr Gray’s as a whole requires investment to provide more beds in all wards/ departments. The population of Moray has grown over the past 20 years but the hospital has not expanded to accommodate the larger population.”

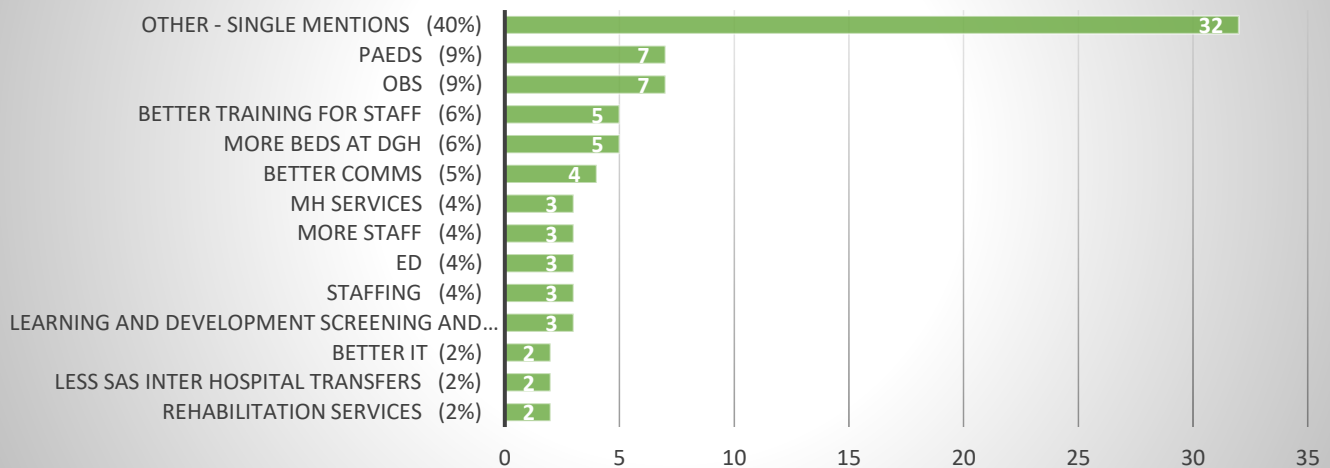
“Everything going through A&E is making waiting times longer.”

“It would be helpful if IT could be streamlined across Grampian. For example we use Dragon for dictation of clinic letters but this is not available in Moray so we have to carry a laptop with us in order to dictate letters for our clinic. It is also difficult to access the shared drives to access stored documents, it does not seem to be easily available on my desktop when in Moray.”

What could the Future Opportunities be?

There were many single mentions, such as reducing the need for patients to travel elsewhere for care, offering fewer but higher-quality services, improving patient flow and discharge rates, and forging stronger ties with NHS Highland. The most often mentioned topics were paediatrics and maternity care, along with a desire to cut back on transfers and ambulance use.

What should be Priorised Going Forwards - 81 Mentions



Some quotes about things to prioritised going forwards:

“Mental health facilities development for all ages, space to move old age mental health assessment

“Thinking creatively and innovatively about our Women, Young People and Children's physical and mental health & wellbeing services. In full consultation about those who use services about what they feel their

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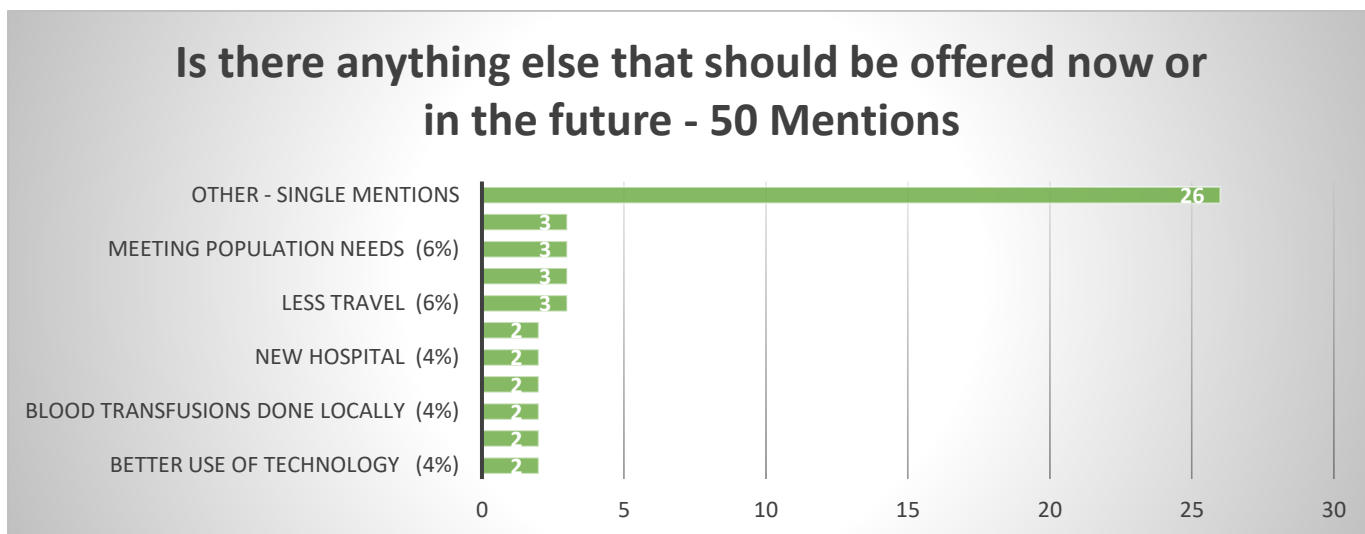
“More beds, quicker handovers, less

“Get maternity and Paeds back to what they were before and fully functioning. If patient do not need medical interventions then they do not need an ambulance to transfer them.”

“Redesign A&E department to work as minor injuries and emergencies only, not as a gateway for all patients being admitted to DGH.”

What could be offered in the Future?

Again there were many single mentions. Developing current services and having good co-ordination of services and discharge were the more commonly mentioned areas.



Some quotes about doing things differently:

“Is there an opportunity for community and acute services to better connect - perhaps an ambitious aim to be seamless, is there an early and effective space or responding space somewhere between targeted community support and acute hospital services that better recognises social and emotional vulnerability, something not necessarily third sector but integral? I think if there is Moray is small enough to think differently about service provision across the whole service.”

“The amount of beds in Moray which have been lost at Spynie, Leancoil, and Aberlour is alarming as the bed capacity has not been made up within Moray. Future planning for the area needs to be looked at by the government and NHSG, a new hospital or expansion to existing is vital.”

“I think it is a shame that the people of Moray are expected to travel at least 100 mile round trip when appointment could be facilitated at DGH with the use of IT.”

“Transport is often an issue and I am sure it would ease the pressure on the Ambulance service if more patients could be treated in Dr Gray’s for day treatments and blood product transfusions.”

“The provision of Rheumatology Day Case Unit facilities for administering IV infusions. These are once a year and take no longer than 30 mins to give- 1 hour max. No Observations and very straight forward.”

“The provision of Day Case Unit facilities for administering IV Zoledronate infusions. These are once a year and take no longer than 30 mins to give- 1 hour max. No Observations and very straight forward.”

“Secure bicycle parking for staff near to the staff entrances.”

“Would be helpful to have Oncology Dr on site for at least part of the time but with access to all specialties within oncology.”

Summary

The engagement that took place enabled feedback from a variety of stakeholders regarding their positives, concerns, thoughts, and ideas for future ways of working at Dr Gray's Hospital. It included thoughtful consideration of how Dr Gray's could be an Anchor Organisation for the people of Moray, and more connected with community care colleagues and acute partners from both NHS Grampian and NHS Highland.

The feedback received has been incredibly valuable in explaining what people value and what benefits could be realised, ensuring what is strong is not lost and what needs strengthened is supported. It provides a plausible account of what matters most, as future models of service delivery are considered.

Word Cloud below contains a summary of things most mentioned by Partners when asked what the Dr Gray's future should include.



Next Steps

As mentioned above, the incredibly rich and valuable feedback gained through public, staff and partner engagement has allowed for a detailed understanding of what is important to the people who use, work in and work with staff at Dr Gray's Hospital.

This information is being used in the development and consideration of different models of service delivery, and will be at the heart of the plans that are developed for Dr Gray's going forward.

Thank You

We would like to thank everyone for participating in the engagement opportunities and taking the time to give their views in person and through the questionnaires. We greatly appreciate and value everyone's input and time, especially given how busy everyone and the hospital has been.

We would also like to pass on special thanks from Adam Coldwells and the rest of the senior leadership team to all staff, partner stakeholders and the public for their participation and wealth of information we received. This will make pulling together a plan for Dr Gray's much easier and will ensure it is based on what is important to the people in Moray.