What does this mean for existing patients?

We have identified a range of scenarios and explained how they would be dealt with now and potentially in the future, under our preferred option for both paediatrics and maternity services.
Paediatric (children’s) services

Dylan’s story
Dylan, two, lives near Leyburn and has had a slight cold for a couple of days. By Monday afternoon he has developed a high fever, stiff neck and has a rash which his mum is worried about so she rings for an urgent GP appointment. The GP, who sees Dylan, is also concerned and, suspecting meningitis, gives the appropriate medication of penicillin and rings 999 for an ambulance.

What happens now
The ambulance crew bring Dylan to Friargate Hospital where he receives urgent treatment including blood tests, fluids and antibiotics. The doctors and nurses feel that Dylan is seriously unwell and requires paediatric intensive care so they phone the specialist children’s transfer team, who come and collect him and take him to the nearest available intensive care bed which today is in Leeds.

After a few days in intensive care Dylan is recovering well and goes back to the Friargate Hospital where he receives daily antibiotics. After five days he is well enough to go home and his Mum drives him into Northallerton every day for his dose of antibiotics. Dylan is offered follow up with one of the local paediatric consultants at The Duchess of Kent Hospital in Catterick or Northallerton.

New service
The ambulance takes Dylan to the nearest hospital – Darlington Memorial Hospital – where he has blood tests and receives the appropriate fluids and antibiotics. The doctors and nurses feel that Dylan is seriously unwell and requires paediatric intensive care, so they phone the paediatric intensive care unit in Newcastle, who send their specialist team to collect him.

After a few days of intensive care Dylan is recovering well and returns to Darlington for daily antibiotics. After a couple of days he is discharged home and receives his last two days of antibiotics at home, near Leyburn, given by a children’s community nurse.

Dylan is offered follow up with one of the local paediatric consultants at the Duchess of Kent Hospital in Catterick or Northallerton.
What happens now

The GP phones the children’s ward, and faxes in a referral. Peter arrives on the ward at midday and is assessed and observed by a children’s nurse. He is seen by a junior doctor and a diagnosis of possible asthma is made.

Treatment is given with regular inhalers and steroids and by 4pm, Peter is much better and after seeing a consultant goes home, with the advice mum can call the ward and return if she is not happy with him any time over the next three days (this is called open access).

As the family lives five minutes away, mum is advised to bring Peter in by car if he is not too unwell or ring 999 if she is extremely worried.

Next morning, Peter’s mum is still worried and phones the ward, before bringing him in. This time he does not respond particularly well to treatment and, after two hours, it is decided that he needs to be admitted.

After 24 hours Peter is fit for discharge, and is allowed home, again with open access. His asthma had been very unstable over the previous few months, so he is offered follow up at the specialist paediatric respiratory clinic at the Friarage Hospital.

New service

The GP phones the paediatric assessment unit (PAU) and faxes in a referral. Peter arrives at the unit at midday and is assessed and observed by a children’s nurse. He is seen by a junior doctor and a diagnosis of possible asthma is made.

Treatment is given with regular inhalers and steroids and by 4pm, Peter is much better and after seeing a consultant goes home. Next morning, Peter’s mum is still worried and wonders if he is wheezy again. Peter has been given three days open access to PAU, so his Mum phones the unit and brings him in.

He is assessed again and given further inhalers but does not respond particularly well to treatment and after two hours it is decided that he needs to be admitted.

Peter is transferred to The James Cook University Hospital, by ambulance with his mum, where he receives regular inhalers and some overnight oxygen.

His mum stays with him on the ward. After 24 hours, Peter is fit for discharge and is allowed home, with a review arranged the following day on the paediatric assessment unit at the Friarage Hospital. His asthma had been very unstable over the previous few months, so he is offered follow up at the specialist paediatric respiratory clinic at the Friarage Hospital.
What happens now
The GP phones the children’s ward at the Friarage Hospital and faxes in a referral. Harvey is offered a review on the ward.

When he arrives on the ward he is met by one of the nursing staff, weighed and measured. The junior doctor examines him and confirms constipation. After a discussion with the consultant, Harvey is given some strong laxative and kept on the ward for observation. He has a good result from this and is discharged home on regular medication.

Harvey is offered a follow-up appointment and attends a consultant follow-up clinic at the Friarage Hospital 12 weeks later.

New service
The GP phones the paediatric assessment unit at the Friarage Hospital and faxes in a referral. Harvey is offered a slot that morning and when he arrives on the unit, he is met by a nurse, weighed and measured.

The junior doctor examines him and confirms constipation. After talking with the consultant, Harvey is given a strong laxative. He has a good result from this and is discharged home on regular medication.

The following week, one of the nursing staff telephone Harvey’s mum to see how he is doing and he has a follow-up appointment two weeks later in the community nurse follow-up clinic. He attends a consultant follow-up appointment 12 weeks later at Catterick.

Sarah’s story
Sarah, six, lives in Thirsk. Over the weekend she develops red swollen knees and her mum makes an appointment to see her GP on Monday morning, who suspects arthritis.

What happens now
The GP phones the children’s ward at the Friarage Hospital and asks for a review, faxing in a referral letter. When Sarah arrives on the ward later that morning, she’s met by a nurse, weighed, measured and anaesthetic cream applied in preparation for blood tests.

She is seen by the junior doctor on the ward and a consultant, who suspects reactive arthritis and an ultrasound scan is arranged as an outpatient. A junior doctor takes bloods and suitable pain relief is prescribed.

Sarah is also referred to a physiotherapist at the children’s centre and an outpatient appointment is made in a specialist rheumatology clinic.

Sarah is seen four weeks later in rheumatology clinic, where the scan and bloods indicate she has juvenile arthritis so a specialist review is needed. Sarah is referred to the service in Leeds and will be seen twice a year in Leeds, and twice a year in Northallerton.

New service
The GP phones the paediatric assessment unit (PAU) and makes an urgent outpatient appointment for Sarah to be seen there that day by faxing a referral letter.
Sarah is offered an appointment in the afternoon and when she arrives on the unit, she’s met by a nurse, weighed, measured and anaesthetic cream applied.

She sees the consultant on that day, who suspects reactive arthritis and an ultrasound scan is arranged as an outpatient. A member of nursing staff takes bloods and suitable pain relief is prescribed.

Sarah is also referred to a physiotherapist at the children’s centre and an outpatient appointment is made in specialist rheumatology clinic.

Sarah is seen four weeks later in rheumatology clinic, where the scan and bloods indicate she has juvenile arthritis so a specialist review is needed. Sarah is referred to the service in Leeds and will be seen twice a year in Leeds, and twice a year in Northallerton.

He thinks Sammy may have a viral upper respiratory tract infection, but is unsure of the best way to treat this in children. He asks a senior colleague for advice. Unfortunately his senior colleague is treating a very sick patient and Sammy has to wait another 30 minutes. It is decided that he will need paracetamol and plenty to drink to treat the condition. In total Sammy has waited a little over three hours and is tired and fed up.

Mum brings Sammy to the accident and emergency department at Friarage Hospital where he is assessed by an experienced nurse. As he is not seriously unwell Sammy is directed to wait in the children’s waiting area. It is a winter morning and the department is very busy with people who have been injured in falls and have serious conditions such as pneumonia.

Sammy waits for two hours to be seen by an A&E doctor. The doctor is very experienced in dealing with injuries but is less experienced in dealing with minor illness in children.

What happens now

Mum brings Sammy to the A&E Department at Friarage Hospital where he is assessed by an experienced nurse. As Sammy is not seriously unwell, he is re-directed to a local GP appointment that morning. He will then be reviewed by a GP who is experienced in the care of children.

The GP finds that Sammy has a viral upper respiratory tract infection and explains this to his mum. The GP offers advice about managing Sammy’s temperature and ensuring that he does not become dehydrated. The GP recommends paracetamol to treat the condition.

Sammy’s mum feels reassured now that she knows what is wrong with Sammy and is able to take him home.
Maternity Services

Delivering the best possible care means making sure all women have a high quality, safe service and a choice of how to give birth. We have tried to explain what a potential change in service could look like for pregnant mums.

Mums with a low dependency (low risk) birth

Claire, who lives in Hambleton and Richmondshire, is expecting her first baby. She contacts her GP surgery and is given a booking appointment within two weeks with a community midwife either at the GP surgery or nearest children’s centre.

During the booking appointment, the midwife obtains a detailed medical/family history and carries out a risk assessment. No complicating factors are identified, which means Claire is a ‘low dependency’ birth. Options for place of birth are discussed and these include:

- Home birth.
- The midwifery-led unit at the Friarage Hospital.
- The midwifery-led unit at The James Cook University Hospital (which has a consultant-led maternity unit close-by).
- Another maternity unit of her choice at Darlington, Harrogate or York.

Options for Claire:

- If Claire chooses a home birth or the midwifery-led unit at the Friarage Hospital or The James Cook University Hospital, she will be offered a dating ultrasound scan (USS) at 12 weeks gestation and a second scan to screen for abnormalities at 18 weeks gestation, both at the Friarage Hospital. Claire will receive all her antenatal care with her Northallerton community midwife in the GP surgery or nearest children’s centre.
- If Claire chooses another maternity unit for her place of birth, the community midwife will contact the unit of her choice and forward all the booking information to them. All scans will be carried out at the maternity unit chosen for the birth. Claire will still receive all her antenatal care with her Northallerton community midwife in the GP surgery or nearest children’s centre.

If there are any complications, Claire will be referred to the consultant unit at The James Cook University Hospital or a high dependency unit of her choice.

If there are no complications at the onset of labour, Claire will be still be eligible for delivery at home, in the Friarage Hospital’s midwifery-led unit or the midwifery-led unit at The James Cook University Hospital (if that is her choice). All care during labour and shortly after birth will be provided by midwives with no medical input.

If Claire gives birth in the midwifery-led unit, an early return home is encouraged with postnatal care and support provided at home and in the postnatal clinics by the Northallerton community midwife and healthcare assistants.
High dependency (higher risk) birth

Susan from the Northallerton area is expecting her second child. She contacts her GP surgery and is given a booking appointment within two weeks with a community midwife either at the GP surgery or nearest children’s centre.

During the booking appointment, the midwife obtains a detailed medical/family history, including previous obstetric history, and carries out a risk assessment.

It is identified that Susan had her previous baby by lower segment caesarean section (LSCS) which means she will receive ‘high dependency’ care and options for place of birth are discussed including:

• The consultant-led maternity unit at The James Cook University Hospital.
• Another consultant-led maternity unit of her choice e.g. Darlington, Harrogate, York.

Delivery options will be discussed and a plan of care decided with the obstetrician. Susan will receive joint antenatal care with the obstetrician and the community midwife and a second ultrasound scan (to screen for abnormalities) will be offered at 18 weeks at the Friarage Hospital.

Susan will receive most of her antenatal care with her Northallerton community midwife in the GP surgery or nearest children’s centre but if further appointments with the obstetrician or scans are needed these will be arranged at the Friarage Hospital.

• If Susan chooses another maternity unit, the community midwife will contact the unit of her choice and forward all the booking information to them. All obstetric care and ultrasound scans will be carried out at the chosen consultant led maternity unit. Susan will still receive all her community midwife antenatal care with her Northallerton community midwife in the GP surgery or nearest children’s centre.

Options for Susan:

• If Susan chooses The James Cook University Hospital, she will be offered a dating ultrasound scan (USS) and booking appointment with a consultant obstetrician at 12 weeks gestation at the Friarage Hospital.

Important points

• If at any time during a ‘low risk’ pregnancy complications arise, the woman will be referred for a consultant obstetric assessment at the hospital antenatal clinic at the Friarage or in the antenatal clinic in the maternity unit that she has chosen for delivery.
• If complications arise in labour or the early postnatal period in the midwifery-led unit at the Friarage Hospital, the woman and baby would be transferred to the consultant unit at The James Cook University Hospital by emergency ambulance with a midwife escort. Remaining care will be given in the consultant maternity unit.

Postnatal care and support following discharge from hospital will still be provided at the woman’s home and postnatal clinics by the Northallerton community midwife and healthcare assistants

• If a woman chooses to change her place of delivery at any time during her pregnancy, this will be organised by her community midwife.
• Where an emergency situation occurs due to complications with the patient and/or baby at home or elsewhere the ambulance will transport to the nearest hospital whether that be Darlington Memorial Hospital or The James Cook University Hospital.

cont.
If at any time during a ‘low risk’ pregnancy complications arise, the woman will be referred for a consultant obstetric assessment at the hospital antenatal clinic at the Friarage or in the antenatal clinic in the maternity unit that she has chosen for delivery.

Delivery will take place at The James Cook University Hospital or the consultant led maternity unit of Susan’s choice and postnatal care and support following discharge from hospital will be provided at home and postnatal clinics by the Northallerton community midwife and healthcare assistants.

If Susan chooses to change her place of delivery at any time during her pregnancy, this will be organised by her community midwife.