

Potential impact on other women's services – gynaecology

Currently elective (planned), non-elective and outpatient gynaecology services are provided at the Friarage by consultants who are both obstetricians and gynaecologists. This requires 24-hour consultant cover.

If, in future, the Friarage offers a midwifery-led service, there will no longer be a requirement for Friarage-based obstetricians to be on-call. This means we have had to look at how gynaecology services could, potentially, be managed in the future for local patients. Patients should see very little change in the way services are delivered.

Outpatient services

There will be no change to gynaecology outpatient services and the vast majority of women already receive their care in an outpatient setting.

Inpatient services (planned and emergency care)

More complex cases are already seen at The James Cook University Hospital because of the specialist facilities available there.

Elective (planned) admissions

Around 600 women come into the Friarage for an elective (planned) surgical procedure and most of them stay one day or less as they are at a 'low risk' of having any complications after their operation.

This factsheet has been produced as part of the public consultation on our proposal for maternity and children's services at the Friarage Hospital in Northallerton.

We want to continue to provide elective surgery for patients assigned as low risk at the Friarage.

Women identified as 'high risk' (which are small in numbers) will be admitted to The James Cook University Hospital which is in line with what already happens.

Non-elective (emergency) admissions

Between January 2012 and January 2013, 114 patients came into hospital for emergency care through one of three routes:

- GP referral (after contact with the on-call gynaecology team)
- Self-referral via accident and emergency
- Consultant to consultant referrals (following admission under a different specialty)

Again most of these women (80) stayed a day or less and were considered as low dependency, only needing outpatient care or to be assessed. We will continue to provide non-elective assessment and treatment for this low risk group of patients at the Friarage through a dedicated (in-hours) emergency outpatient assessment service – a model which has been very successful at The James Cook University Hospital.

For the remaining women who are considered 'higher dependency' they would receive their emergency care at James Cook as most do now. There will be no inpatient non-elective care at the Friarage Hospital.

Any patients 'out-of-hours' would be assessed by the consultant on-call who will decide whether they need to be immediately admitted to James Cook or seen next day by the emergency outpatient assessment service at the Friarage.

A woman needing urgent admission to hospital could also be admitted by their GP to Darlington, York or Harrogate and the service on offer will be explained to them so that they can make an informed choice.