

# **\*RCPCH** Briefing – children and young people and the NHS England urgent Royal College of Paediatrics and Child Health and emergency care plan

This briefing outlines the situation in children's urgent and emergency care settings, our views on the UEC recovery plan, and sets out what needs to happen next. We have included questions we hope you can ask during the statement or as written questions afterwards. If you need further information, please contact bruce.warwick@rcpch.ac.uk.

## Introduction

Health systems have been under unparalleled pressure this winter, with children's urgent and emergency care settings experiencing their highest ever levels of demand. The out of season spike of Group A Strep in December revealed the fragility of the urgent and emergency care system for children.

Winter pressures combined with longstanding challenges around paediatric bed availability, the need for better safety netting and join-up between primary and emergency settings, and workforce capacity all have had an impact on the system's ability to provide safe, effective and high-quality care to children.

### What is the current situation?

- RCPCH has heard how footfall in Paediatric Emergency Departments doubled across the country, with some children waiting for over 10 hours to be seen by a doctor, and surgeries cancelled to freeup beds on paediatric wards. As children can deteriorate very quickly, timely assessment and response is essential to providing safe and effective care for children.
- While Strep A and winter illnesses contributed to emergency department attendance, they did not create the crisis in urgent and emergency care out of nothing, but only highlighted the fragility of the system.
- The extremely high level of A&E attendance was not linked to an equivalent rise in admissions, suggesting that many children and families may have benefited from other interventions and support, particularly through primary care if they were able to access this more easily.
- In the wake of concerns over Group A Strep and high levels of winter illness, calls to the NHS 111 service rocketed and NHS data showed that close to 50 per cent of calls were abandoned in the second week of December.
- Data also showed that hundreds of children's beds were closed to admissions because of respiratory viruses. Throughout December, only a handful of paediatric intensive care beds were available each day across the entire country, leaving some regions with no capacity. Whilst heightened in the context of winter pressures, the lack of paediatric critical care beds is a longstanding issue which requires urgent attention.
- Paediatricians are working extremely hard to deliver care in a very pressurised system. Supporting and prioritising the wellbeing of clinical staff working in these difficult and busy conditions is essential to ensure children and young people have access to quality services, now and in the future.

# **NHS England Urgent and Emergency Care Recovery Plan**

Today NHS England and the UK Government have published a new two-year delivery plan today to help recover urgent and emergency care services, reduce waiting times, and improve patient experience.

While the focus remains primarily on the experience of adults, particularly older adults and frailty, and the need for join-up with adult social care, the plan includes a number of welcome solutions to improve paediatric urgent and emergency care. These are:

- Expanding advice offered through NHS.UK and NHS111 online to support decision making for young people and families, including self-care and management
- More paediatric specialist input for children and young people embedded within 111
- National roll-out of a standardised paediatric early warning system (PEWS)
- Spreading best practice models of Same Day Emergency Care
- Roll out of acute paediatric respiratory hubs for children ahead of next winter
- Expansion of virtual wards, with priority pathways for paediatrics.
- Embedding family support workers in A&E settings to provide additional support to children and families presenting with non-urgent medical issues but overlapping needs

### What do we want to see next?

- For any plan to be a success, delivery is key and this new blueprint will need to be accompanied by a workable implementation plan backed up by appropriate funding for children, that integrated care boards can take forward with local partners.
- For paediatric care, focused investment is required, and measures that emphasise improving the quality and access of urgent and emergency care for children and young people will be critical.
- Alongside this, there must be real investment in the paediatric urgent and emergency care workforce. As such, we call on the DHSC and NHS England to publish their multi-year workforce plan at the same time.
- Children cannot be an afterthought, we recognise that the focus of the recovery plan is the frail elderly, and therefore we continue to call for a child health and wellbeing strategy, that will be cross-departmental in approach.

## **Questions to the Minister**

- Too often children and young people are forgotten by policy makers and consequently in implementation. Currently, none of the funding streams available to tackle this problem are ringfenced for children and are mostly focused on adult social care and frailty. Can the Minister commit to ensuring that a proportion of the £1 billion dedicated fund will be used for paediatric services?
- Children and young people's health needs are not seen in parity with adult care. Can the Minister commit to writing to every local area to remind them of the solutions included within this plan to improve paediatric urgent and emergency care?
- This plan includes welcome solutions for paediatric urgent and emergency care, but we know this is closely linked to challenges with providing appropriate support to children before they reach crisis. With hundreds of thousands of children remaining on waiting lists for community services and with elective surgery being cancelled due to pressures in emergency settings, can the Minister state what steps the Government is taking to reduce waiting times in paediatric elective services?

# **About us**

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, and we have over 21,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.