

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. 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.

RCPCH response to the consultation questions

1. Are services safe, effective, and evidence-based?

Patients must receive high quality, safe care in every setting in Scotland. However outcomes for children's health are far from perfect and this suggests that services are not effective for all children. Scotland fares poorly in some child health comparisons with other wealthy countries. Mortality is the most concerning with data showing that child deaths are higher than in comparable countries. We need to look forward and improve how we deliver healthcare to children and young people in Scotland.

In addition to the need to improve the care delivered workforce pressures, medical and technological advances, children and young people's changing needs and the economic climate all need to be considered in the future. The RCPCH's [Facing the Future publication](#) clearly makes the case for change in paediatric service. To deliver the standards in acute care that children and their families can expect and deserve, some paediatric inpatient units must close, while increasing consultant numbers, expanding the number of nurses that work in paediatrics, expanding the number of GPs trained in paediatrics and decreasing the number of paediatric trainees. In Facing the Future, the RCPCH presents standards and proposals for the configuration of paediatric services which include:

- i. Fewer, larger units
- ii. More multidisciplinary teams delivering child healthcare outside the hospital with fewer inpatient units
- iii Listening to patient voices

Alongside being safe, effective and evidence based, research needs to be made a core function as stated in the Scottish Governments [Improvement Focused Governance what Non-executive directors need to know](#). Research is an essential function of health and social care and for our health and wellbeing and for the care we receive. The RCPCH [State of Child Health Report 2017](#) report highlights that while there have been notable improvements in health indicators for children in recent years, the rate of improvement is slower than it should be. Recommendations from the State of Child Health report ask for sustained expansion of applied research into many conditions that affect infants, children and young people to develop research capacity to drive improvements in children's health. Specific recommendations include:

- i. NHS Scotland and local health boards should ensure protected time in job plans for NHS clinicians to contribute to and support child health research.

- ii. NHS Scotland should place the 20 percent ring fenced time for young clinicians participating in the Scottish Clinical Research Excellence Development Scheme into dedicated three to four month “research only” blocks where there are no clinical duties.
 - iii. The Scottish Government should encourage increased investment in research relating to child health, across the pharmaceutical, medical, social sciences, youth justice and education domains.
 - iv. Higher educational institutions should ensure that faculty structures and career opportunities support careers and capacity development in child health research.
2. Are patient and service users’ perspectives taken into account in the planning and delivery of services?
- There is room for greater patient and public involvement in service planning and delivery. The level of current involvement is hard to find out. The [Patient Focus and Public Involvement](#) initiative of 2006 has not had an obvious impact. However, through the [&Us@](#) engagement collaborative RCPCH works to ensure patient voices are at the heart of the College’s work. RCPsychiS Child and Adolescent Faculty Executive has benefitted greatly over the past few years from having service user reps as part of the committee. The involvement of service and parent user input into CAMHS in Scotland is inconsistent across Scotland and should be mainstreamed as part of day to day clinical practice as well as with service planning.
3. Do services treat people with dignity and respect?
- We broadly agree that services treat people with dignity and respect, but long waiting times (in A&E and for primary and secondary clinic appointments) can lead to patients not feeling respected. It is clearly of paramount importance that services treat people with dignity and respect. Children's best interests are central to clinical practice. The Mental Health Act and involvement of the Mental Welfare Commission have highlighted this need, particularly when children and young people require detention and compulsory treatment.
 - We also assume that 'people' also includes staff working in the NHS. There are concerns that staff may not be treated with dignity and respect. In our survey on [Paediatric Rota Gaps and Vacancies](#), published July 2017, findings of a survey carried out between January and April, reported of Clinical directors in Scotland who responded, 27.3% were very concerned with 72.7% moderately concerned that their service will not be able to cope with demands placed on it during the next 6 months. These vacancies mean that doctors are expected to do more for less, under pressure, covering work caused by colleagues' sick leave. We see a similar situation for nursing colleagues.
4. Are staff and the public confident about the safety and quality of NHS services?
- The RCPCH and its members are confident that the service that they deliver today is safe and high quality despite workforce shortfalls. We have previously described our concerns for the future. The introduction of physician assistant and nurse practitioners into the role traditionally carried out by doctors might impact on public perceptions of safety and quality. Although the recent focus of the media on children and young people's mental health is welcome, there has often been a focus on services not responding adequately to their needs without a full exploration of all the relevant factors.

5. Do quality of care, effectiveness and efficiency drive decision making in the NHS?
 - The quality of care, effectiveness and efficiency do drive decision making in the NHS but in reverse order, i.e. efficiency/money is the main driver with quality of care being a secondary drive (which is still valued by staff and management).
 - CAMHS staff work hard to provide an excellent service but there is an impact of changes in the financing and organisation of other statutory services e.g. Social Work, Education. More public debate and transparency of what NHS CAMHS can provide in the current financial climate could be helpful as well as flagging up the discrepancy between funding of mental health versus physical health services and between children versus adult services. It is worth noting that CAMHS in Scotland received 0.75 % of the whole NHS Health funding.
6. Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?
 - We agree that the yes, in theory all the correct documents, policies and guidelines and systems are in place to detect unacceptable quality of care and act appropriately when things go wrong and that there is currently a more open and transparent approach to errors and improvement in services is supported within services.

For further information about any aspect of this consultation response, please contact Professor Steve Turner, Officer for Scotland at: s.w.turner@abdn.ac.uk