

Evidence for LSE-Lancet Commission 'The Future of the NHS'

Name of Organisation/Individual: Royal College of Paediatrics and Child Health

Name and Job Title of person/s submitting evidence: Melissa Ashe, Policy Lead

Deadline: 31st October 2018

Role organisation/individual plays within the NHS?

The Royal College of Paediatrics and Child Health (RCPCH) is a membership organisation responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 18,000 members in the UK and internationally. 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.

A: From your/organisation's perspective what are the biggest challenges facing the NHS in the immediate future and also looking forward over the next 20 years?

- 1) **The poor health of UK children:** The UK lags behind much of Western Europe on key measures of child health and wellbeing¹, and infant mortality has begun to rise after more than 100 years of improvement². UNICEF places the UK 16th out of 29 rich countries in measures of child wellbeing³. One in five children in Year 6 are classified as obese⁴, nearly a third of five year olds have tooth decay⁵ and the number of children with ongoing health needs is increasing alongside the proportion of children dying as a result of their condition^{6,7}. Mental health problems affect about 1 in 10 children and 70% of those children and young people will not have had the appropriate interventions at a sufficiently early age⁸.
- 2) **Inadequate investment in health:** Infants, children and young people (ICYP) make up over 20% of the population, are high users of healthcare services, and hospital attendances and admissions continue to increase; yet preventive health services for ICYP are bearing the brunt of cuts to public health spending in England. The public health budget had a £200 million cut in 2015-16 and is set to fall by at least £600 million in 2020/21; of the £50.5 million reductions planned for 2016-17 by local authorities, the biggest single cut was a £7 million reduction to services directly aimed at ICYP, such as health visiting, school nursing and childhood obesity programmes⁹.
- 3) **An inadequate child health workforce:** Rota gaps in acute paediatric and neonatal services have increased and averaged 23.4% at senior trainee level¹⁰ across the UK in 2017, giving rise to major concerns about safety and the impact on training of new doctors. In paediatrics this has meant an increase in consultant workload to cover gaps. The RCPCH have calculated that in 2017 the UK required an additional 752 whole time equivalent paediatric consultants to meet service standards¹¹. Workforce shortages are particularly severe in community child health where the RCPCH and British Association for Community Child Health estimate that an increase of 25% in career grade paediatricians is needed over the next five years to meet current and anticipated demand¹².
- 4) **The low priority afforded to ICYP, lack of join up to maternity services and the lack of a life course approach:** Key forums established to champion the needs of ICYP have been closed (Chief Medical Officer's Children and Young People's Health Outcomes Board; Children and Young People's Health Outcomes Forum); although maternity services have been included as national priority for Clinical Networks in England, infants, children and young people's work streams were removed. The focus on the ageing population and drastic cuts to the public health budget in England fail to

acknowledge that better care in early life will enhance wellbeing and resilience as well as physical and mental health longevity and reduce the long-term burden on physical and mental health services and social care.

- 5) **Brexit:** The UK's departure from the European Union potentially will have a profound influence on medical training, recruiting and retaining the medical and nursing workforce, the regulation of medical products and biomedical research. 5.6% of paediatric consultants in the UK in 2013 were graduates from the European Economic Area (EEA); and 5.1% of paediatric trainees are EEA graduates compared to 3.6% of trainees across all medical specialties¹³. However, 18.7% of paediatric trainees are international graduates compared to 11.7% of all trainees; hence any restrictions on immigration from outside the EU would have a larger impact on paediatrics.

B: What innovative solutions has your organisation trialled to address these challenges and what was your experience regarding their effectiveness?

- 1) **Using data to profile children:** The RCPCH *State of Child Health report* collects information across 25 health indicators and is presented as an evidence base to underpin key recommendations targeted at government departments and agencies to drive improvements. The RCPCH publishes 'scorecards' every year to monitor whether progress is being made from the recommendations, and this has been a key activity in which to influence improved decision making in healthcare. The RCPCH is the lead organisation that collects data for the Medical Workforce Census¹⁴, the National Paediatric Diabetes Audit¹⁵, National Epilepsy¹² audit¹⁶ and National Neonatal Audit Programme¹⁷. Data are used to inform policy recommendations needed to profile the needs of children within the health system. The RCPCH are leading the development to standardise national Paediatric Early Warning Systems to recognise the deteriorating child and minimise clinical variation.
- 2) **Leadership and Quality improvement:** The RCPCH supports a range of quality improvement projects for paediatricians¹⁸, including the National Children and Young People's Diabetes Quality Programme¹⁹, but health organisations often fail to ring-fence dedicated, protected time for clinicians to lead and drive improvements in the health system. A standardised, robust education offer in leadership and quality improvement, focussed on giving clinicians tools to not only design and implement solutions, but to lead and work in their teams and wider clinical environment is needed to drive innovation and best practice.
- 3) **Redesign of services around patient needs:** Key components include hospitals organised in managed clinical networks; breaking down the current divide between acute and primary care services; integration with strengthened public (preventive) health services, social care, the voluntary sector and crucially for ICYP, education and youth justice services. The RCPCH &Us network seeks and shares the voice of ICYP and parents to influence and shape policy and practice. Guidance on how to involve children and young people in strategic decision making is available via the RCPCH &Us website²⁰.
- 4) **Integration of services:** RCPCH *Facing the Future: Together for child health* standards aim to build connectivity between hospital and community settings; primary and secondary care; and paediatrics and general practice²¹. *Facing the Future* standards are illustrated with practice examples and the RCPCH works to collect and share these to enable local improvements. For example, an evaluation of the collaborative integrated child health system in North West London, called Connecting Care for Children, shows the economic benefit of integrating services²².
- 5) **Sustainability and Transformation Partnerships/Integrated Care Systems:** The RCPCH undertook an initial analysis of the 44 published STP plans in January 2017 and has since worked with Area Officers and Regional Leads to promote the profile of children within plans²³. We want STPs to prioritise children as much as other cohorts

of patients [e.g. cancer patients], and for the plans to enable a framework to enable children to be at the centre of health service design and delivery.

- 6) **Addressing perverse commissioning:** Perverse funding arrangements can often mean children's healthcare experience is inequitable. To address this, Taunton and Somerset have set up an advice and guidance system to prevent unnecessary outpatient appointments by bringing paediatric expertise to the front end of the care pathway²⁴. Similarly, since the removal of health visiting and school nursing services from the NHS to local authorities, Surrey Heartlands Health and Care Partnership have partnered with Public Health England to develop a joint commissioning model that supports the needs of the whole family²⁵.
- 7) **Better workforce planning:** Governments across the nations must prioritise adequate resources to fund the workforce needed to fully implement standards in children's health services²⁶. The RCPCH conducts a biennial paediatric medical workforce census which allows us to quantify workforce shortages, and make evidence-based recommendations to planning bodies. Greater emphasis needs to be placed on the changing nature of childhood illness and the growth of patients with multiple comorbidities which has increased demand. Initiatives to increase the numbers of medical students and trainees will not impact on current shortages; there needs to be a child health and wellbeing workforce strategy to consider non-medical workforce solutions such as advanced nurse practitioners and physician associates and how they are utilised more effectively to deliver healthcare for children.
- 8) **A national child health and wellbeing strategy:** The RCPCH recommend that NHS England must develop a Children and Young People's health and wellbeing strategy for England, to be delivered by a funded transformation programme led by a dedicated programme board². RCPCH involvement on the Healthy Childhood and Maternal Health working group for the NHS long term plan has provided opportunities to address these challenges, although more detail and potential impact of these plans remain to be seen.
- 9) **Interoperable information systems:** The RCPCH are supporting members in England to develop SNOMED-CT codes which standardise a comprehensive, multilingual vocabulary of clinical terminology to allow clinicians to accurately record patient data at the point of care and share information across health systems. The RCPCH wants to see NHS England driving digital innovation and transformation, and to prioritise development and implementation of the Child Protection Information System²⁷.

C: Any other issues your organisation wishes to highlight to our commission?

- 1) **Paediatrics 2040:** The RCPCH will be launching a project in February 2019 to understand the future of paediatrics as a discipline by 2040, and the role paediatricians will play in it. The project will seek to understand the likely burden of need for children, the future impact of innovation on the field of paediatrics, scenarios for future models of care and a vision for the future workforce requirements, training and models of work. Data collection and evidence gathering will be undertaken in 2019, with the report due in October 2020. The RCPCH would welcome an opportunity to discuss the proposal with The Lancet.

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