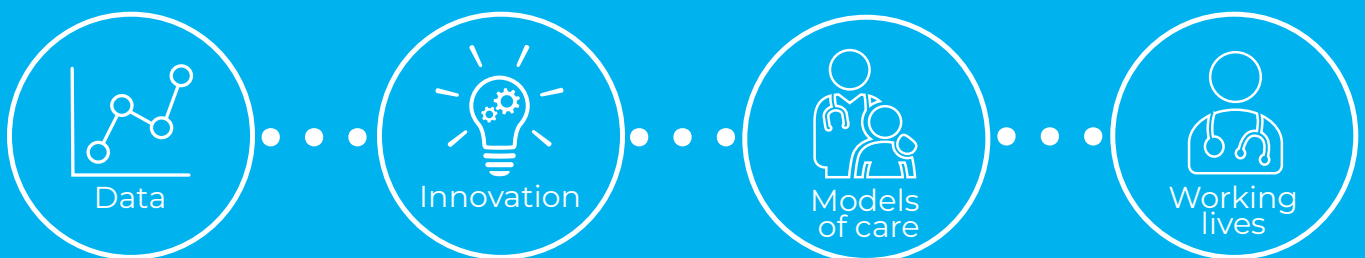


# Reimagining the future of paediatric care post-COVID-19

A reflective report of rapid learning  
from the Paediatrics 2040 project team

June 2020



# Acknowledgements

This report summarises views and experiences from across our UK membership, and we would like to especially thank our members for making the time to input to College work throughout this period.

Thanks also to young people and their workers from the following organisations that shared their views with RCPCH &Us: Youth Focus NW, iWill, YPAGNe, North Lincs Youth Voice, Torfaen Youth Forum, RCT Youth Engagement and Participation Service, Llanharan Drop In Centre, NI Youth Forum, NI Youth Parliament, North Lanarkshire Youth Voice, Scottish Youth Parliament.



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# 1. Introduction

In Autumn 2018, we embarked on the journey of our Paediatrics 2040 project, looking to guide and inform the delivery of the College's vision of a healthier future for children and young people. Since then, we have been busy collaborating with paediatricians, experts and young people across the UK to develop our credible vision for the future of paediatrics in the UK, concentrating on four areas – data and evidence, impact of innovation, models of care, and working lives.

Over the last few months, we have seen unprecedented changes in paediatric services, as a result of COVID-19. It has transformed ways of working, to the extent that lots of the theoretical futures we were exploring in this project have already been experienced. This is an opportune moment to refocus our thinking about the future of paediatrics and how we want to shape it.

The Paediatrics 2040 project work we have been doing up to this point remains important, and we look forward to sharing it in early 2021. For now, we wanted to take this opportunity to reflect on what we have learnt from this unprecedented period. We are encouraged by the pace and scale of change, and we hope that capturing and sharing this will support the paediatric community in planning for the future.

In May 2020, RCPCH published a set of principles for the future of paediatric care.<sup>1</sup> This report builds on these principles by sharing innovative learning from the paediatric community in response to COVID-19 and supporting our members with thinking about using what we've learnt to improve future paediatric models of care and working lives.

## Context

While children appear, fortunately, to be less severely affected by COVID-19 than adults<sup>2</sup>, the pandemic has caused enormous pressure and disruption to paediatric services and working lives. Paediatricians have had to adapt to new ways of working, navigating how to best care for patients and continue to learn from each other in new and innovative ways.

Our State of Child Health 2020 report highlights the continued challenges we face in improving health outcomes for children and young people<sup>3</sup>. England currently has worse child health outcomes in many fields compared to the EU15; unless additional efforts are made it is likely that health outcomes in England will fall further behind the EU15 in the coming years<sup>4</sup>. COVID-19 further adds to our challenge of levelling up and making child health a priority.

A number of organisations have reported on what COVID-19 means for UK children<sup>5</sup> acknowledging the gap between those with the right support and resources to make it

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- 1 RCPCH May 2020. Reset, Restore, Recover – RCPCH Principles for recovery <https://www.rcpch.ac.uk/resources/reset-restore-recover-rcpch-principles-recovery> (Accessed 04 June 2020)
  - 2 RCPCH 2020. COVID-19 – research evidence summaries. <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries> (Accessed 20 May 2020)
  - 3 RCPCH 2020. State of Child Health in the UK. <https://stateofchildhealth.rcpch.ac.uk/> (Accessed 20 May 2020).
  - 4 RCPCH 2019. Child health in England in 2030: comparisons with other wealthy countries. <https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries> (Accessed 20 May 2020).
  - 5 RCPCH. COVID-19 - research studies on children and young people's views. <https://www.rcpch.ac.uk/resources/covid-19-research-studies-children-young-peoples-views> (Accessed 04 June 2020)

manageable, and those who rely on systems that have significantly weakened, including schools, health and social systems, and the voluntary sector - leaving many unprotected. In particular, the effects on children's rights are significant, leading to calls for UK Government to ensure the voices of children are heard<sup>6</sup>.

## Report aims

We want this reflective report to support our members with thinking about the future of paediatrics in the UK in light of learning from COVID-19.

The Paediatrics 2040 project is working on four lines of enquiry to develop a vision for the future. We believe these four areas – **Data, Innovation, Models of Care and Working Lives** – provide a useful lens through which to capture what we have learnt from this period and move forwards to thinking about the future.

To inform our lessons for the future, we asked members of the paediatric community to consider:

- What innovations do you want to keep and take forwards into the future?
- What elements of old practice should remain in the past and not be reverted back to?
- What principles should we be using to judge what stays and what goes?

Through our engagement team, we also asked children and young people to share:

- What has changed over the last 6-10 weeks?
- What would you like to stay changed in 6 months' time / 12 months' time?
- What are the best ways to let children and young people know the latest information on COVID-19?

The intention of this report is not to talk in detail about specific paediatric service areas or configurations, local case studies, or RCPCH functions. We will summarise our learning from this period of rapid change, focusing in particular on the elements of new practice that we want to keep and take forwards into the future.

This report is the first in a series of publications from the Paediatrics 2040 project that will inform RCPCH's vision for the future of paediatrics in the UK. More information can be found at [www.rcpch.ac.uk/paediatrics2040](http://www.rcpch.ac.uk/paediatrics2040)

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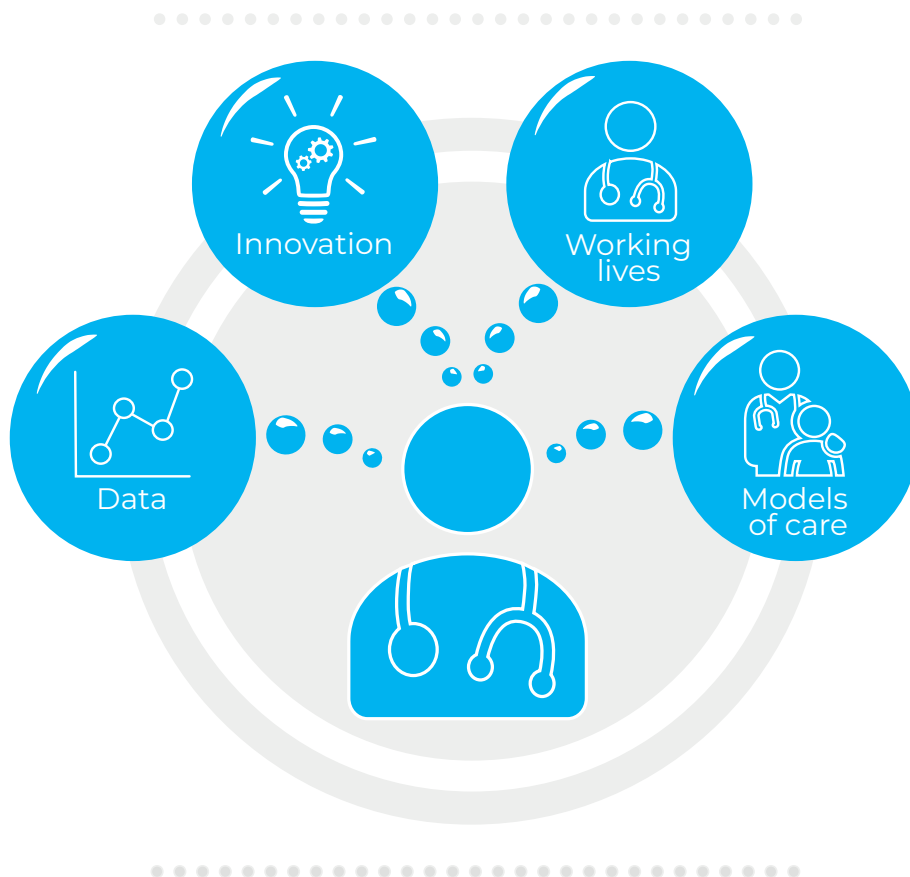
6 UNICEF. Children in lockdown: what coronavirus means for UK children. <https://downloads.unicef.org.uk/wp-content/uploads/2020/04/Unicef-UK-Children-In-Lockdown-Coronavirus-Im-pacts-Snapshot.pdf> (Accessed 20 May 2020)

## 2. Reflecting on the past

The Paediatrics 2040 project is a two-year programme of work that is seeking to establish a credible vision for the future of paediatrics in the UK. Economic, political, and social changes mean that the role of paediatricians, and the shape of paediatrics as a field today is very different to what it was two decades ago. It is likely that two decades from now, in 2040, paediatrics in the UK will look very different from how it looks at present.

In February 2020, we ran a survey across our UK membership. This was in large part a thought experiment, encouraging paediatricians to take a moment to imagine themselves in 2040 and think about what they would want paediatrics to look like. We received a wide range of creative and practical responses and will be sharing the full analysis of these through the output from our workstreams in early 2021.

In the same survey, we also asked paediatricians reflect on the past and the present, casting their minds over the last ten years. Over 300 paediatricians joined us to share their thoughts to three questions. To set the scene for this report, we are sharing these responses, to help build the foundations of what paediatricians want to see left in the past, and what they want to see more of. We have used grounded theory<sup>7</sup> to analyse the qualitative responses we received.



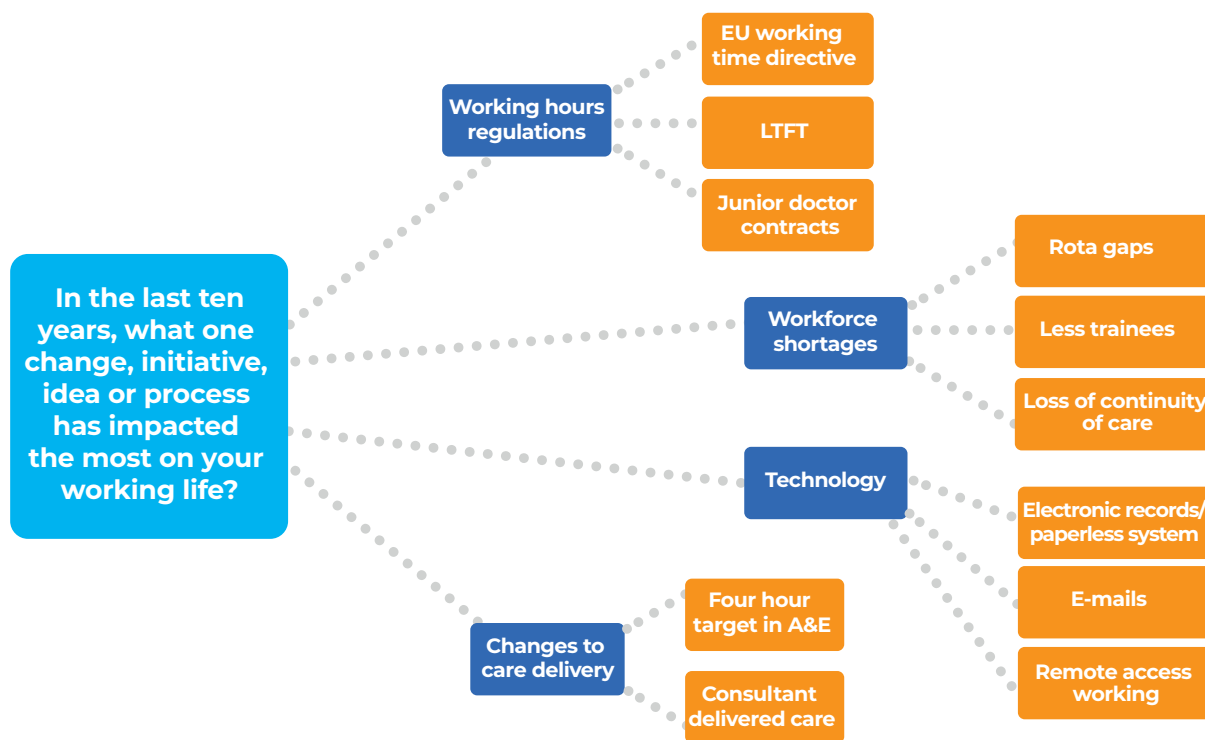
<sup>7</sup> Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine*, 7, 2050312118822927. <https://doi.org/10.1177/2050312118822927>

## In the last ten years, what one change, initiative, idea or process has impacted the most on your working life?

Firstly, we asked RCPCH members to share what one change, initiative, idea or process has impacted the most on their working life over the last ten years. The most common themes that emerged are presented in Figure 1. These ranged from the more positive, including opportunities to work less than full time, to the more negative, including workforce shortages. Technology was a prevalent theme, as were key regulatory and policy changes, including working hours regulations, and national targets for delivery of care.

Many of the responses link to having a positive working environment, including working flexibly, and having enough staff capacity.

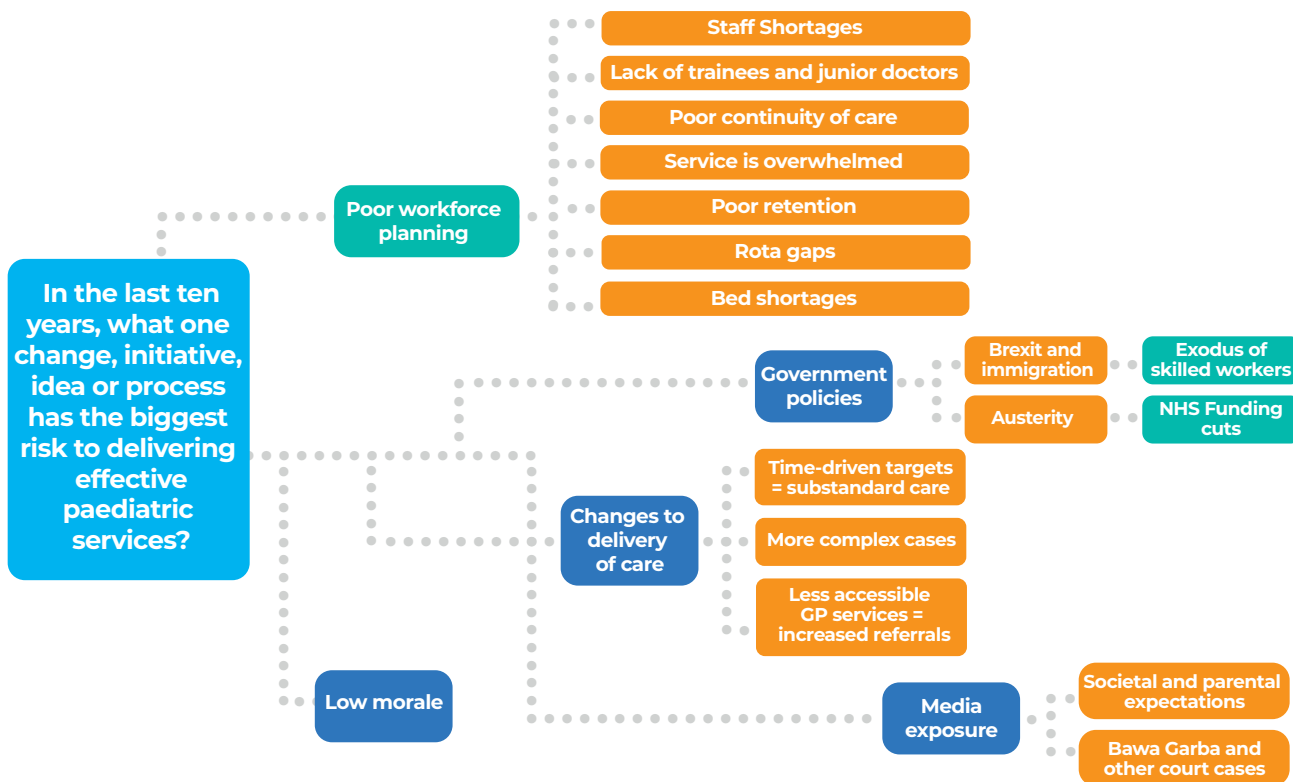
**Figure 1: In the last ten years, what one change, initiative, idea or process has impacted the most on your working life?**



## In the last ten years, what one change, initiative, idea or process has created the biggest risk to delivering effective paediatrics services?

Next we asked about the biggest risk to delivering effective paediatric services in the last ten years. Similar themes emerged, with different elements of poor workforce planning being the most significantly represented. Government policies and changes to delivery of care were once again mentioned, but new this time were comments about increase in media exposure, including changing societal expectations, and low morale.

**Figure 2: In the last ten years, what one change, initiative, idea or process has created the biggest risk to delivering effective paediatric services?**



**In the last ten years, what one change, initiative, idea or process has changed paediatrics for the better for you?**

When responding to the third question – on the thing that has changed paediatrics for the better for you in the last ten years – responses ranged across a broader range of themes. Technology featured prominently, and when you drill into that theme further you can see this is linked to the increased communication and integrated working that technology has facilitated. Support across the working life also featured, including increased support from senior staff, and options to work less than full time.

Some took a slightly different take on the question and talked about things that have changed in relation to the way that care is delivered. Themes here included new models of care, increase in public health awareness and interventions, and access to research and evidence-based guidelines. Activities from RCPCH itself also featured, including exams, communication and patient engagement activity.



**Figure 3: In the last ten years, what one change, initiative, idea or process has changed paediatrics for the better for you?**



**Figure 3a: Further exploration of themes from Figure 3**

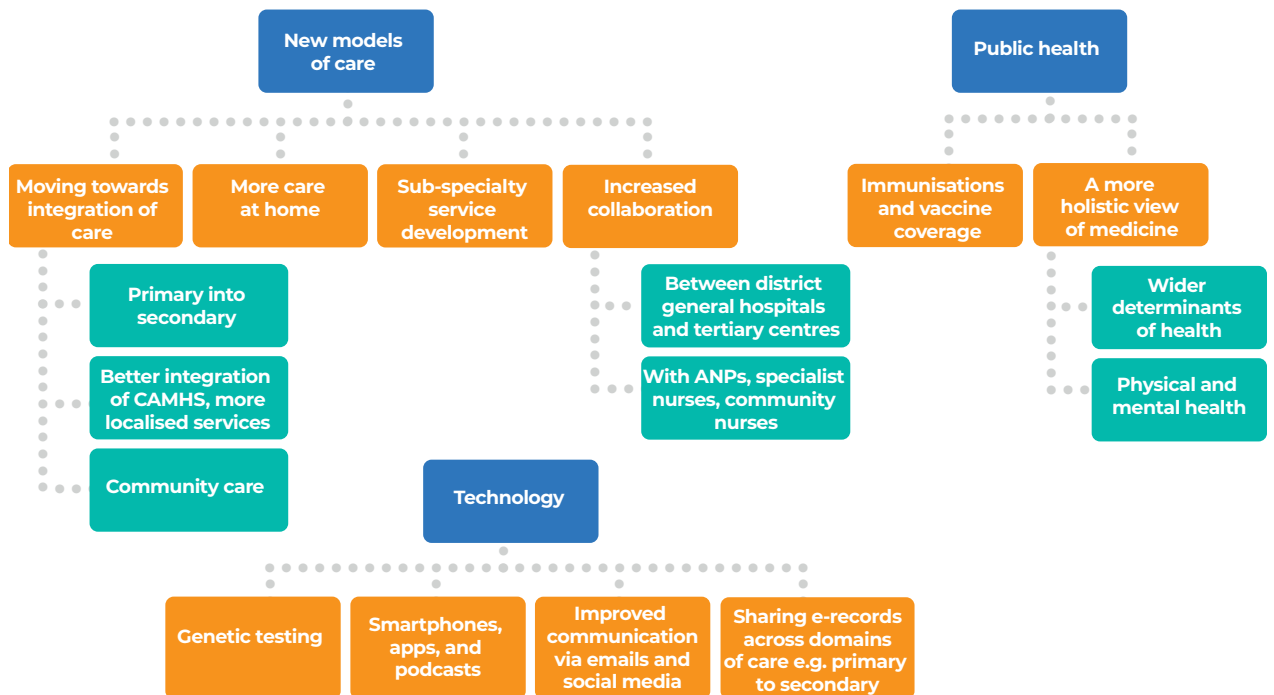
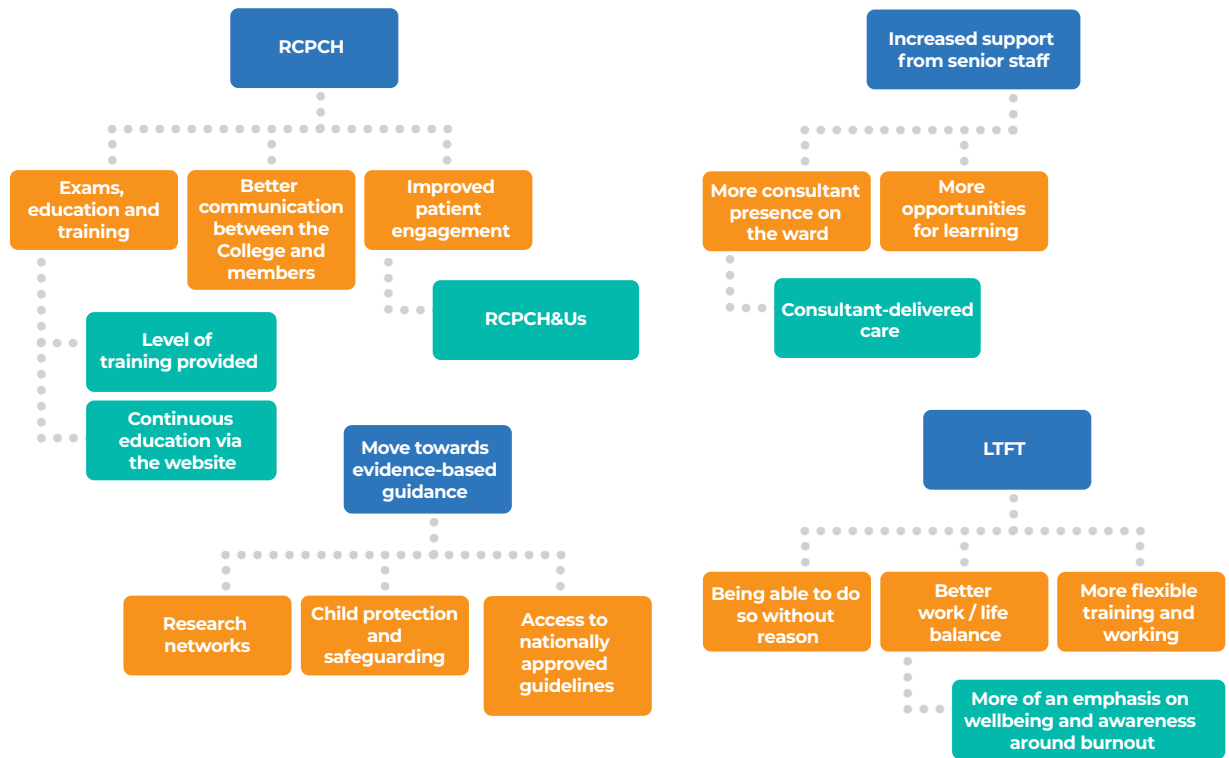


Figure 3b: Further exploration of themes from Figure 3



### 3. Learning from rapid change

Over the last few months, we have seen unprecedented changes in paediatric services as a result of COVID-19. Children's wards have been used to care for adult patients, presentation of unwell children has been delayed, and paediatricians have been moved to work in adult services. In this report we summarise our learning from this period of rapid change, sharing views from both our members and from children and young people to help inform some lessons for the future.

We have focused in particular on capturing emerging innovations and on the importance of data, before considering how these changes can help us plan for the future in relation to paediatric models of care and working lives – thinking especially about the elements of new practice that we want to keep and take forwards into the future.

## Methodology

We've spoken to both paediatricians and children and young people across all four nations of the UK, performing rapid qualitative analysis on what has been shared. The resulting themes are highlighted in text boxes throughout this report and supported by a narrative from the Paediatrics 2040 project team. We've also shared some of the comments we received as quotes.

We've concentrated in particular on the four areas – Data, Innovation, Models of Care and Working Lives – that form the focus of our Paediatrics 2040 work.

## Paediatricians

We asked members of the paediatric community to consider:

- What innovations do you want to keep and take forwards into the future?
- What elements of old practice should remain in the past and not be reverted back to?
- What principles should we be using to judge what stays and what goes?

We've also used supplementary data collected by other RCPCH teams, including:

- RCPCH Impact of COVID-19 on child health services tool<sup>8</sup>, filled out weekly by Trusts and Health Boards in the UK. We looked at the qualitative responses to the following question: Do you have any examples of innovative practice happening in your service that we can share with others?
- RCPCH QI Central<sup>9</sup>, which is highlighting specific examples of QI around the UK in relation to COVID-19.
- Data collected by the National Paediatric Diabetes Audit relating to diabetes clinics<sup>10</sup>
- Social media posts shared by the #paediatrics community<sup>11</sup>.

8 RCPCH 2020. Impact of COVID-19 on child health services tool. <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool> (accessed 04 June 2020)

9 RCPCH. QI Central. <https://www.qicentral.org.uk/>. (Accessed 04 June 2020)

10 NPDA. Impact of COVID-19 Remote clinics: Approaches, ideas and lessons. Available on request from [NationalPaediatric.DiabetesAudit@rcpch.ac.uk](mailto:NationalPaediatric.DiabetesAudit@rcpch.ac.uk)

11 RCPCH Twitter list. <https://twitter.com/i/lists/1242116165402533889> (Accessed 04 June 2020)

## Children and young people

The RCPCH engagement team have been speaking (virtually) to children and young people across all four UK nations to understand the impact that COVID-19 has had on their lives in relation to their access to health services and support.

We asked, thinking about health services / health advice / support:

- What has changed over the last 6-10 weeks? (positive/negative/other)?
- What would you like to stay changed in 6 months' time /12 months' time?
- What are the best ways to let children and young people know the latest information on COVID-19?

57 Young people aged 11-25 were involved through 9 online workshops representing 11 different youth organisations.

Wales	Northern Ireland	England	Scotland
20	11	18	8

Discussions were led by the RCPCH engagement team with support from locality workers from the locality youth organisations. Sessions took between 60-90 minutes with the opportunity for young people to contribute ideas through the discussion, chat function or via their worker after the session.

## Overcoming barriers to change

While this report focuses on summarising the positive learning points from COVID-19 to support planning for the future, we also recognise there continue to be barriers to sustaining long term change. These include:

- Existing barriers in the medical environment (including cultural and procedural challenges)
- Ingrained ways of working that are difficult to shift.
- Growing demand on services, putting pressure on staff and leaving little time for innovation and improvement.
- Concerns around information sharing, governance and confidentiality, which prevent new ways of working online from being used to their fullest potential.

We will be discussing and addressing these in more detail in our Paediatrics 2040 project report, which will be published in early 2021.

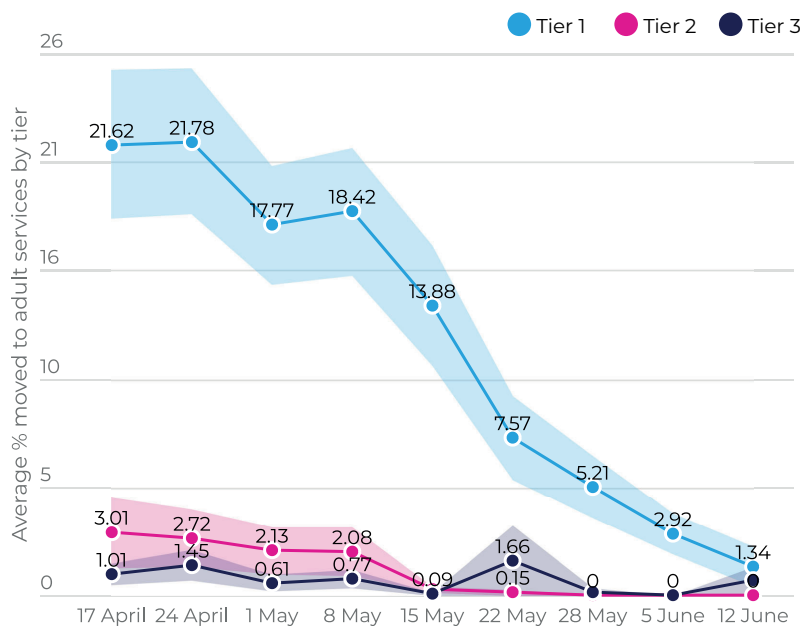
### 3.1 Data

The Paediatrics 2040 project is all about thinking about the future – what might happen, and what we can start to do about it. Data is central to this, and we’ve been looking at trends in global burden of disease and healthcare activity in order to model where things may be heading in the coming years.

For many, predicting the future is seen as an uncertain and unrewarding activity. However, it’s something that clinicians have to do on a near daily basis – trying to anticipate what is going to happen with a patient over the next few hours, days and weeks, using data from tests to support their forecasting. This is why regular service evaluation and audits are so important, allowing us to use more data to make better assessments, and provide better care.

Data and surveillance have been central to capturing learning from COVID-19. To highlight some examples - without data, we would not know how COVID-19 is affecting children<sup>12</sup>, which services have been most affected by delayed presentations<sup>13</sup>, and to what extent paediatric staff, particularly trainees, have been redeployed elsewhere in the system<sup>14</sup>. In addition, regular paediatric research summaries have been crucial in arming the paediatric community with the latest information they need to improve health outcomes for patients<sup>15</sup>.

**Figure 4: Proportion of Tier 1, 2 and 3 acute paediatric medical staff who have been moved to adult services<sup>16</sup>.**



Having data to support anecdotal feedback has enabled us to advocate in the national media, and reach healthcare services and families around the UK with our messaging about

12 RCPCH 2020. COVID-19 service evaluation and audit on the care needs of children admitted to hospital (England), <https://www.rcpch.ac.uk/resources/covid-19-service-evaluation-audit-care-needs-children-admitted-hospital-england> (Accessed 04 June 2020)

13 BPSU 2020. Snap-shot survey on delayed presentations to hospitals. <https://www.rcpch.ac.uk/work-we-do/bpsu/snap-shot-survey-delayed-presentations> (Accessed 04 June 2020).

14 RCPCH 2020. Impact of COVID-19 on child health services tool - results. <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool-results> (accessed 04 June 2020)

15 RCPCH COVID-19 – research evidence summaries. <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries> (Accessed 04 June 2020)

16 RCPCH 2020. Impact of COVID-19 on child health services tool – results. Updated 18 June. <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool-results>

what to do if your child is unwell or injured<sup>17</sup>. It has also meant we can work with national decision-makers to identify which regions are in need of support, and escalate any serious concerns. Areas where concerns have been raised anecdotally but we have lacked data (e.g. vaccinations), we have struggled to have the same sort of impact in our advocacy for change.

**This highlights the importance of integrating routine data collection into paediatric services so that we can continue advocate for what we need, and plan effectively.**

Sharing records across different domains of care was highlighted in our pre-COVID-19 survey, discussed in section 2 of this report, as a key process that has changed paediatrics for the better in the last ten years. The current crisis has further highlighted the need to share the data that we collect, within the correct information governance parameters<sup>18</sup>. As well as guiding treatment and protocol development in the present, data from this period will help us learn from what has happened and adapt our thinking about the future.

### Views from children and young people

Young people expressed feeling that they didn't want to bother the NHS, or to cause any fuss when there was a pandemic to consider, which aligns with the data around delayed presentations.

*"Would rather wait it out than go for help so not to burden the NHS"*

RCPCH &Us Voice Bank 2020, England

*"it's a pandemic so I can't talk about my mental health when all that is going on"*

RCPCH &Us Voice Bank 2020, Northern Ireland

For university students with health needs, there was also concern shared around whether to return home or stay in their university accommodation in order to access health support due to a lack of dual registration for university students with primary care. An exploration on concerns for university students with long term health conditions in a pandemic could add to the work recently published by AYPH<sup>19</sup> on issues with consistent care whilst in higher education.

*"You have to make the decision to keep GP at home or register at a new practice near the University. When lockdown was announced I went home, luckily I had kept my home GP and was able to get prescriptions for long term condition"*

RCPCH &Us Voice Bank 2020, Scotland

17 RCPCH 2020. COVID-19 – resources for parents and carers.

<https://www.rcpch.ac.uk/resources/covid-19-resources-parents-carers> (Accessed 04 June 2020)

18 NHSX COVID-19 Information Governance advice for staff working in health and care organisations.

<https://www.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/> (Accessed 04 June 2020).

19 AYPH. Students and Young Adults. <http://www.youngpeopleshealth.org.uk/students-young-adults> (Accessed 04 June 2020)

## 3.2 Innovation

We are universally bad at predicting how new innovations will transform healthcare, often expecting some to be introduced at great speed while being surprised by how quickly others become common practice. Previous regional surveys have demonstrated that, while 91.2% of respondents have had ideas for improvement in their workplace, only 10.7% have had their ideas for change implemented<sup>20</sup>. For most innovation to be sustainable, it's not simply about coming up with a new idea, but about creating the conditions that are needed to allow innovations to flourish.

For this report, we have been asking members of the paediatric community to share examples of the innovations they've put in place in order to continue to deliver their services during the COVID-19 pandemic.


It was Winston Churchill who first said, *“never let a good crisis go to waste.”* What COVID-19 has demonstrated is that when we are forced to change something, we can more often than not find a way to do so.

Some might argue that what we have seen during this period isn't necessarily true, transformative innovation, but more a form of reconfiguration – forced organisational change in response to the crisis. When thinking about this, it might be helpful if we look at the definition of innovation<sup>21</sup>: *Innovation – (the use of) a new idea or method.* While many of the changes described in this report may not seem like “new ideas” to everyone, COVID-19 has forced many paediatric services to innovate in some form, and to introduce and use new things that they haven't tried before.

For many, the pace of change in this period has meant that the theoretical futures we were hoping to see in the next five, ten, even twenty years, now seem possible - and indeed some of them are here already, as whole services have moved into a new, virtual world.

**This highlights the importance of improving the landscape for innovation – removing the barriers and creating the conditions that allow change to flourish.**

**“In my department, having been told tele clinics could never happen, people could never work from home, and department teaching and meetings couldn't be done remotely, we are now doing all those things - almost overnight.”**  
RCPCH member, May 2020



### Health technology

The examples we received to inform this report predominantly focus on the use of technology to deliver care in new and innovative ways. This isn't really a surprise, as technology takes on an increasing role in many aspects of our lives. As we have seen earlier in this report, in our survey conducted before the pandemic, technology was quoted frequently as having had the biggest impact on paediatric working lives in the last ten years, as well as changing

20 Gilbert A, Hockey P, Vaithianathan R, et al Perceptions of junior doctors in the NHS about their training: results of a regional questionnaire BMJ Quality & Safety 2012;21:234-238

21 Cambridge Dictionary. <https://dictionary.cambridge.org/> (Accessed 04 June 2020)

paediatrics for the better. It seems that even before COVID-19, using technology to improve diagnosis and communication, and to share learning and work remotely, was having a big and positive impact on paediatrics.

Through the Paediatrics 2040 project, we've been doing a literature review looking at the impact of health technology on the delivery of paediatric care across the last ten years – and it's use of digital and communication tools that dominate the landscape. We're also working with experts in their field to create a repository of subjects, from genomics to wearables, to examine as case studies.

COVID-19 has seemingly created the conditions for many technologies to flourish more widely across paediatrics in the UK. Whilst not wanting to stifle this, it will be important to evaluate the impact of using these, both in terms of delivery of care and patient outcomes, when thinking about how to sustain them. It will also be important to think about putting appropriate guidelines and frameworks in place, specific to paediatric care, to make technology safe and accessible for all.

**“One vulnerable teenager who would hesitate for a face to face OPD came on our video virtual MDT clinic and was very positively actively engaged with the clinical discussion. Their active participation is a huge reassurance and positive feedback for effective use of technology.”**

RCPCH member, April 2020



## **Views from children and young people**

In considering the changes that have taken place, there were positives and negatives shared about the move to remote consultations (phone/video) with a clear sense that in some cases, this provides greater support and access, e.g. where there are transport barriers to getting to a service. There were challenges raised around lack of confidentiality in the home to talk about private matters and issues around connectivity, but overall there should continue to be a choice based on patient need going forward about whether in person or remote access works best.

*“for some though getting to an appointment in person is really hard with a 30 min drive in a car to get to the appointment or on a bus and you might not have access to a car or be anxious about going on the bus so doing it digitally could remove those barriers”*

RCPCH &Us Voice Bank 2020, Northern Ireland



## 3.3 Models of Care

Before the pandemic, we shared some of the external drivers for change in paediatric models of care in the UK<sup>22</sup>. Unsurprisingly, a global pandemic didn't feature specifically in our list. But COVID-19 has forced us to change our ways of working, our models of care, in ways we may not have expected.

Here we've summarised some of the common innovations and changes to paediatric services during COVID-19, shared with us when we asked what you might want to take into the future.

### Reflective summary of innovations in paediatric models of care

- Conducting outpatient appointments through video consultation. This facilitates greater participation, allowing for multiple specialists to join at once. It also enables shielded staff to conduct outpatient work from home.
- Running virtual clinics (regular and walk in) through Microsoft Teams (or equivalent technology). This has enabled continuity of services, especially for those with longer term conditions, and feedback has been positive. Longer term, it could help save time on travel, plus reduce the footprint of the hospital.
- Prefacing physical clinics with telephone consultation. This reduces physical appointment and consultant time by completing certain activities prior to appointment, for example history taking.
- Keeping families connected during hospital stays using facetime (or equivalent technology). This keeps all family members involved in children's progress, even those not present. Examples of use are particularly positive on neonatal wards.
- Offering online support and training for families to manage ongoing conditions and treatment. This enables participation of multi-professionals simultaneously, removing the need for separate appointments in different locations.
- Real-time recording of telephone consultations. This enables both the GP and family to receive a copy of the appointment and reduces the need for follow-up.
- Developing new digital screening tools. This has enabled services that were deemed non-urgent, for example vision and hearing, to operate, avoiding unmanageable waiting lists. Longer term, keeping this up as an offer would support more equitable access for schools using these services.
- Developing new ways of monitoring long term conditions. Use of drive-by testing or sending cards through the post, for example for HbA1c, reduces the need for physical appointments and frees up time.
- Increased use of remote monitoring and condition management apps. This keeps children out of hospital and means they can be reviewed remotely as much as possible.
- Improving the local/regional offer of web-based resources. This helps families to better understand various conditions and issues and links them to appropriate advice and support without the need for professional time.

As you can see, the majority of what has been shared is linked to increased use of technology to interact with patients and families. This appears to be happening across the UK and the different specialty services.

22 RCPCH Dr Nicola Jay. Change is coming: developing our recommendations for future models of care. 19 February 2020. <https://www.rcpch.ac.uk/news-events/news/change-coming-developing-our-recommendations-future-models-care>

Most of our members spoke positively of these changes. Patients and parents have also reported high levels of satisfaction in some of the early surveys done locally<sup>23</sup> with convenience, lack of need to travel and overall less time taken given as the top reasons for using again.

**Going forwards it will be important to conduct robust evaluation of the impact of these different models of care both for patients and professionals to ensure equity for all.**

**"I have returned to practice and am seeing new patients from my home to theirs. The children are so relaxed sitting on their sofas with their family around them. Clinician and family are on an equal footing, rather than families being drawn into the clinician's world. Local teams can work much more closely with tertiary teams as everyone dials into the video system for the appointments and children under multiple specialties can see all their specialists at the same time!"**

RCPCH member, May 2020

## Service development

It isn't just the use of technology that has changed models of paediatric care during this period. At the start of the pandemic, RCPCH put together a suite of paediatric service guidance, which has been supporting local areas with navigating the changes they've had to make<sup>24</sup>. Whole services have transformed, rethinking their hospital workflows to deliver safe and effective care. We've heard about the re-design of assessment units, allowing one-way flows of staff with appropriate PPE procedures to minimise infection risk. Some services have changed their staffing models, allowing only dedicated staff onto certain wards, or increasing the presence of paediatric specialist teams in emergency departments to assess referrals and avoid further appointments. Paediatricians who can't work on the wards are able to help out from home or support the national effort by working on an expanded NHS111 service<sup>25</sup>.

Our pre-COVID-19 survey highlighted that changes to delivery of care have had a big impact on paediatric working lives over the last ten years (Figure 1 and 3a). New models of care have been a particular positive for many, with the opportunities they offer for more care at home, integration of services and increased collaboration all being cited. Recent changes to services have in many cases strengthened these aspects of new care models and especially highlighted the importance of collaboration among and between professionals.

We've summarised the learning from COVID-19 in section 5 of this report. To build on this, we'd encourage individual services to consider the elements of care delivery from this period that they might want to keep, using the recommendations in section 4 as a guide to assess them.

23 Views from April 2020 NearMe patient survey results (n=3774) NHS Scotland data from a whole of Scotland sample.

24 RCPCH Policy Team 2020. COVID-19 Guidance for Paediatric Services. <https://www.rcpch.ac.uk/key-topics/covid-19> (Accessed 04 June 2020)

25 More examples are featured on QI central <https://www.qicentral.org.uk/news/>

**“As shift workers and personally as LTFT this is the first time I have felt included in important departmental discussions without having to work extra hours or attend on my days off which has been the previous issue. It is more inclusive and effective information sharing.”**

RCPCH member, May 2020



## **Views from children and young people**

There was recognition from the workshops that there is a huge amount of planning needed to pick up on where we were before and to adapt to what is going on now. Young people especially wanted plans around mental health services - such as how to resume services for those already receiving them, and how to manage newer cases of young people needing support.

*“Planning around efficiency, so thinking about blended learning at school and home, it could be the same for health – blended between online and in person”*

RCPCH &Us Voice Bank 2020, Northern Ireland

It was also raised that for any services that have adapted their service age demographic, this should also be planned well if continuing to support older young people / young adults, in particular moving the budgets from adult services to children's services to make this work long term.

*“They should have a range of options as some get anxious on a phone and some get anxious meeting the professional in person, so they need both options”*

RCPCH &Us Voice Bank 2020, Wales

For some young people it felt that the choice to continue accessing routine appointments had been taken away from them with little or no communication, including operation follow ups or mental health support, and created a sense of anxiety and worry.

Young people also wanted plans to consider their needs around going back to school and not just focusing on social distancing, but how to manage catching up, as well as anxieties and worries about future aspirations. Ultimately, young people being a part of the planning process is key.

## 3.4 Working Lives

While data, trends and evidence can help us with thinking about future innovations and models of care, when it comes to working lives, it's a bit more of a mind exercise to try to imagine what life and work will look like in the next five years, let alone in twenty years' time.

It's fair to say that COVID-19 has transformed all of our working lives in ways we would never have imagined or predicted if we'd been asked about it six months prior. Here, we've summarised some of the common innovations and changes to paediatric working lives shared with us when asked what you might want to take into the future.

### Reflective summary of innovations in paediatric working lives

- Investment in virtual technology. This facilitates stronger collaboration between teams, between hospitals in a region, and beyond, including international colleagues. It enables the sharing of policies, protocols and new clinical pathways in a way that wasn't previously possible. It also means multidisciplinary team meetings can take place and include more of the team at once.
- Use of team-based instant messenger (various platforms). This is less intrusive than bleeps and phones and could be taken forwards to support with less-urgent less-important tasks and closed-loop communication.
- Webcams at every computer (or even every bedside). This allows virtual consultation with distant colleagues and doesn't require everyone to be on the ward.
- Telephone advice lines for accessing consultant support. This allows direct contact between professionals which can help to reduce referral rates and support with triaging attendances to the appropriate location and service.
- Video teaching, either live or video recorded, allowing access for trainees on days off or rest days, and the ability for other training years to refresh or refer back. This also allows the international community to join training and share their perspectives.

As with models of care, technology features strongly as a facilitator for these changes to paediatric working lives. In our Paediatrics 2040 project, we've been thinking about working lives in terms of three main areas – Workforce, Training and Wellbeing – and there's learning across all of these that we can capture and look to take forwards into the future.

### Wellbeing

Throughout the pandemic there has been a noticeable increase in appreciative care, with greater value placed on the importance of looking after each other and practicing self-care. It's more important than ever to look after yourself, and local paediatric areas and networks have risen to the challenge, producing a range of excellent and supportive resources<sup>26,27</sup>. From singing to baking, garden rooms to trolleys full of treats, we've seen that innovation isn't just about technology, especially when it comes to strengthening our wellbeing and relationships.

26 RCPCH 2020. Your wellbeing during the COVID-19 pandemic. <https://www.rcpch.ac.uk/key-topics/your-wellbeing-during-covid-19-pandemic> (Accessed 04 June 2020)

27 RCPCH Milestones - Summer 2020 edition. <https://www.rcpch.ac.uk/news-events/news/milestones-magazine-members-summer-2020> (Accessed 04 June 2020)

Having access to remote meeting technology has in many cases helped further team bonding and communication and allowed for mental wellbeing to be well supported during uncertain socially isolated times. It has also allowed paediatricians to stay connected with their patients, supporting continuity of care and relationships.

While we've shared many of the positives, many paediatricians choose the speciality because they enjoy the face to face contact with young people, and it's important to be mindful of the effect that consultations and seeing patients at a distance might have. Going forwards, studies have been set up to assess the physical and psychological impact of the COVID-19 outbreak in the long term<sup>28</sup>. There is also important further research to be done looking at the impact of COVID-19 on particular groups, including our BAME colleagues, so we can support and protect them appropriately.

**In the short term, investing in staff wellbeing and creating resources that sustain us will remain crucial as we move beyond COVID-19, and there is so much we can all learn from this period to carry the same sense of team spirit into the future.**

**“My hospital has set up an all-professions chill-out space. A mess, I suppose, not that I've ever worked in a hospital that has one. It is so nice to have a centrally located space where staff can relax together.”**  
RCPCH member, May 2020




### Workforce reconfiguration

Responding appropriately to COVID-19 has meant a number of workforce reconfigurations, with a general theme of greater flexibility across paediatrics in roles and responsibilities. You've told us about changes to junior and middle grade rotas and on-call consultant rotas, and about creation of tiered or ladder systems with staff on standby at home to provide cover for unexpected reasons and mitigate rota gaps.

We've also heard about some of the smaller things that have made a difference. Colleagues who are shielding have been able to join from home and contribute a different perspective. Paediatricians have also been working more closely with the multi-disciplinary team to ensure continuity of services deemed less urgent.

Better workforce planning is crucial when we think about our vision for the future of paediatrics, especially as in our pre-COVID-19 survey, our members reported that poor workforce planning was creating the biggest risk to delivering effective paediatric services (Figure 2). Building on changes we've seen in this period – for example continuing to offer more opportunities to contribute from home, reducing travel time and the burden of full car parks – might support better staff retention and plugging of rota gaps in the paediatric services of the future.

**“I'd like to preserve the little things that make a difference to our day – like not having to worry about where to park your car, or whether there will be something available to eat if you are working late.”**  
RCPCH member, May 2020



28 NHS Health Research Authority. COVID-19 Emergency Response Assessment (CERA). <https://www.hra.nhs.uk/covid-19-research/approved-covid-19-research/281944/> (Accessed 04 June 2020)

## Training

A fundamental part of recovering the paediatric workforce involves restoring paediatric training and assessment. Many of our traditional methods of training, examination and assessment have ground to a halt as they rely on bringing people together face-to-face.

For teaching and learning, the show must go on, and we've heard about some of the ways that technology has continued to bring the paediatric community together, in some cases more so than ever. Gone is the lack of space in clinic rooms for registrars to join in and observe. Here to help is the use of simulations for practice of resuscitation and intubation. RCPCH have encouraged changes to assessments to add flexibility, especially around transition points, moving to remote assessment, and streamlining processes in evidencing competence.

In the future, we expect that training will change and adapt continuously, and we will be considering how the future paediatrician will learn to be prepared for evolving technologies: we will need new skills in genomics and ethics and we will need leadership skills in how to implement innovation around a governance structure.

COVID-19 has reinforced the need for the RCPCH Shape of Training Pathway<sup>29</sup>, which focuses more on building the skills you have and less on the specific jobs you do. We want to train critical thinkers, scientists, good communicators, advocates, who can adapt to the challenges. This needs to remain our focus and goal as we think about the future.

**“To the best of our ability we continue to find time support and thank each other in cyberspace.”**

RCPCH member, May 2020



### Views from children and young people

Children and young people also shared their views and ideas in relation to resilience for them and the organisations that support them. They discussed about the return to the new normal, and the need for a strong focus on wellbeing, resilience and mental health support. They wanted to know that it is ok to say that this has all been different, that milestones have been missed and there has been a sense of loss of experience, of feeling safe or loss due to bereavement. They want to be reassured that lots of people feel this way and that there are strategies and support to get through it.

***“More support for children and young people about bereavement because of COVID19”*** RCPCH &Us Voice Bank 2020, Wales

Young people in the workshops wanted to ensure resilience and wellbeing support is factored into the school return with dedicated time, and that it should be offered in person and via remote access but also needs to include family support and be available for the long term. Young people also requested an increase in support services both within school (school nurses, counsellors) and in youth organisations.

29 RCPCH. Shape of paediatric training. <https://www.rcpch.ac.uk/education-careers/training/shape-of-paediatric-training> (Accessed 04 June 2020)

## 4. Lessons for the future

As we move forwards from the COVID-19 peak, it's important to pause and reflect as we support paediatric services to return to "normal". Do we want to return to previous ways of doing things, or is it time to consider a new normal?

When we talk about a reset of services, we don't just mean going back to what we had before. It's important that all those working in paediatrics look at the innovations from this period and think about what we want to keep and take forwards into the future. However, it's also important that we don't simply keep things because they are new.

### Cross-cutting principles

RCPCH have developed some cross-cutting principles that will apply to our efforts to reset, restore and recover children's health services and the paediatric workforce. These are also applicable when we are thinking about the future:

- Children's services and the paediatric workforce must be designed around the best interests of children and young people.
- The NHS must be a safe and supportive environment for RCPCH members with the right number of paediatricians in the right place at the right time to respond to patient demand.
- The voice of children and young people must influence the recovery of paediatric services, and work to challenge and monitor progress.
- Our actions must work to reduce health inequalities. Children and young people must have equitable access to services, resources and advice in their local communities.
- We must demonstrate collaborative leadership to support integrated care.



## Emerging priorities for paediatricians

When thinking about the future, we recommend focusing on the following interlinked areas:

### Data

As we've seen, availability of good data has been central to driving change and decision-making during COVID-19. Continuing to collect data is essential going forwards so that we can continue to make the case for change at all levels.

We recommend that if you are doing innovative work, you make time for impact assessments and evaluation. This will provide valuable data to support advocacy for your changes in your local area.

### Standards

There are a range of paediatric service standards available across the UK, including our national Facing the Future suite of standards for paediatric care<sup>30</sup>. These standards – for acute paediatric care, for care outside the hospital, for ongoing health needs and for emergency care – set out how paediatric care can be delivered to provide a safe and sustainable, high-quality service that meets the health needs of every child and young person.

Services should continue to ensure they are meeting both local and national standards. These standards can also help us to identify processes and ways of working that might have been good enough in a crisis, but actually aren't meeting needs well enough to be taken forwards.

### Advocacy

We encourage members to use standards to advocate for the changes you want to take forwards – especially if you have data to show that your new practice is better at meeting these standards.

Making sure you are engaged with your local areas and integrated care models is more important than ever to make sure progress, such as that towards the integrated care agenda, is carried forwards. Across England, your RCPCH Ambassadors are a good contact point with managers and service planners and local areas<sup>31</sup>.

At a national level, please do continue to share your local examples of innovation and quality improvement with the RCPCH QI Team, so they can be shared on our QI Central Platform.

Finally, COVID-19 has given us greater legitimacy for looking after our own wellbeing, and that of our teams and colleagues. We should all continue our advocacy for continuing initiatives that support team motivation and wellbeing – many of which are just as important as the positive changes to care delivery.

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30 RCPCH. Facing the Future – standards for paediatric care. <https://www.rcpch.ac.uk/resources/facing-future-standards-paediatric-care> (Accessed 04 June 2020)

31 RCPCH. Become an RCPCH Ambassador. <https://www.rcpch.ac.uk/get-involved/volunteering/rcpch-ambassadors> (Accessed 04 June 2020).



# Emerging priorities for children and young people

## Health Promotion Messaging

It was felt that there has been confusion over the messages shared around COVID-19 and whether these relate directly to young people or are aimed at adults or the elderly/shielded populations. For many in the devolved nations, the Number 10 press conferences have created confusion as to whether it is UK information or England only guidance. Overall, many messages have missed young people who have felt excluded from the pandemic and not recognised how it has impacted them outside of simply returning to school.

Suggestions to improve sharing of vital messaging during a pandemic included having short, 30 second videos created with young people sharing key messages to other young people, with clear, concise information that explains things in their terminology. This was important from a nationwide guidance point of view, but also in ensuring that the message is out there about where to get good quality, local support. Social media was highlighted as a good place to share messages, with a mix of peer to peer and coming from a credible organisation such as those using the NHS logo or coming from a government official account.

## Not being forgotten

Young people felt as though services needed to be more proactive as opposed to reactive when interacting with them. They felt as though they were not prioritised and while they understood why, they needed more support. This sense of being forgotten appeared at all levels, and the inconsistencies between services have been highlighted.

This has been apparent in schools, with different schools providing different levels of support, in healthcare, where young people are uncertain about who to go to for care, and in government messaging, which young people feel excluded from whether it be because of confusing language or because it is not relevant to their specific nation. They also shared worries around their future in relation to cancelled exams or missed work experience, but that this impact was often forgotten by others.

## Confidentiality

The increased use of virtual appointments and other changes to delivery of care has brought forth discussions on privacy and confidentiality. Some young people have stated that having phone calls has encouraged them to speak comfortably on issues they would feel anxious about. However, others have expressed worries about being overheard by family members, especially regarding topics around mental health.

Suggestions around confidentiality have varied, some young people have expressed the need for appointments to be scheduled out of school hours, as students will know when a classmate has been absent due to sessions with a counsellor. There have been mixed views on face to face appointments compared to virtual or phone call sessions, with a recommendation of treating them on a case by case basis. There have also been some concerns about services changing due to the pressure of COVID-19, which is also having an impact on young people's sense of privacy.

## Emerging priorities for RCPCH

The COVID-19 pandemic has demonstrated how quickly things can change. We must make sure that we all take time to harness and capture what we've learnt from this period and take the positives with us into the future.

We've seen the ways that paediatric models of care and the working lives of our members have transformed over the course of the COVID-19 pandemic. We've adapted many of our own ways of working, recognising the need for responsiveness and agility.

We now have an opportunity to reset how we plan and deliver healthcare for children and young people; to think about how we harness innovation and learning so that it can be shared and maintained, and to use this as a basis to train and educate our paediatricians and broader child health workforce.

### Our principles for the future of paediatric care

In deciding on our own next steps as an organisation, the RCPCH approach will be underpinned by using three guiding principles:

1. Planning children's health services should be reset and underpinned by data and evidence so that innovation and new models of care that meet the needs of children and young people are maintained.
2. Delivery of children's health services should be restored so that all children and young people receive high-quality, safe and effective care in every setting, ensuring timely diagnosis with a particular focus on supporting community services. There should be no diminution in facilities and adherence to current standards must be maintained.
3. The paediatric workforce should be recovered, bringing paediatricians back to children's services and their training pathway, including sharing new ways of working with a focus on wellbeing.

**Most importantly, the best interests of children and young people need to remain at the centre of any decisions we take.**

It is crucially important that we take children and young people's views into account when reviewing what has changed and the impact on both the service and the individual. In determining recovery plans, we need to continue to work with children and young people as part of the planning process. RCPCH will work with clinicians and RCPCH &Us in order to develop further resources from the voice and views of children and young people<sup>32</sup>, including a set of questions for decision makers to consider in their recovery planning.

<sup>32</sup> RCPCH. COVID-19 – research studies on children and young people's views. <https://www.rcpch.ac.uk/resources/covid-19-research-studies-children-young-peoples-views> (Accessed 04 June 2020)

## 5. Summary

In this report, we have presented a summary of the learning we've captured from this period of rapid change, thanks to the examples shared by the paediatric community and by children and young people. We've focused in particular on capturing emerging innovations and on the importance of data, before considering how these changes can help us plan for the future in relation to paediatric models of care and working lives. We've contextualised this learning with comments shared in our pre-COVID-19 survey, where we asked about what needs to change. We've also contrasted it with some of the theoretical futures we were imagining in the Paediatrics 2040 project before this pandemic period begun.

We hope that all of the above, alongside our lessons for the future section, will help paediatric teams with thinking about the longer-term future.

### The new normal?

This list summarises the key changes from this period that our members would like to hold on to and take forwards into the future.

#### Models of Care

- Improving integrated working between different specialities and teams
- Creating more responsive and adaptive services
- Increasing use of remote technology, particularly for triage and outpatient work
- Empowering parents and carers to keep children away from hospital
- Designing systems around the needs of children
- Increasing opportunity for international collaboration in delivering care

#### Working Lives

- Recognising the importance of taking care of our own wellbeing
- Increasing opportunity to work flexibly and contribute from home
- Improving appreciative care for each other
- Continuing with fully online meetings
- Improving collaborative and supportive working
- Avoiding unnecessary journeys and travel.

### Next steps

The Paediatrics 2040 project is seeking to establish a credible vision for the future of paediatric services in the UK. We are developing predictions of future child health outcomes and identifying innovations that will change the way paediatric services are delivered. Using these predictions, we will develop models of care and a vision of how future workforces can best serve the needs of CYP populations in 20 years' time. The final project vision will support RCPCH in continuing to ensure a healthier future for children and young people.

The learning in this report is an important input into that vision. We look forward to sharing our final project report in early 2021.

# Reimagining the future of paediatric care post-COVID-19

A reflective report of rapid learning  
from the Paediatrics 2040 project team

June 2020

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