June 2022

RCPCH response to Health and Social Care Committee request for evidence on Welsh Government Plan to Transform Planned Care and Reduce Waiting Lists

About the Royal College of Paediatrics and Child Health (RCPCH)

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

We are grateful to the Health and Social Care Committee for the opportunity to help inform scrutiny of the Welsh Government's plan to Transform Planned Care Service and Reduce Waiting Times.

For further information please contact Gethin Matthews-Jones, Head of Devolved Nations via gethin.matthews-jones@rcpch.ac.uk.

Overall views

As a College, we have welcomed the aims and ambitions set out in the Plan to Transform Planned Care and Reduce Waiting Lists (hereafter 'the plan'); and in particular the recognition that delays can have a particularly significant impact on children as many treatments are age or developmental stage critical. We're pleased that the Welsh Government recognises this and has now sent a clear statement that children and young people must be prioritised; with their needs and services considered and measured separately to adult services.

However, some of our members have questioned how all of this will be delivered. One member said that in their opinion, it would take an increase in the workforce including administrative support along with significant investment and improvement in IT and technology to achieve the stated aims. They noted that "this will require significant financial investment from the Welsh Government and will take time to allow for the additional clinicians to be trained… In terms of paediatrics and child health… there will need to be significant financial investment into children's services". The member questioned whether there would be dedicated or ringfenced additional funding for child health services, noting that when funding is delivered through existing budgets, it can be difficult for paediatrics to compete with adult services for additional funding.

Meeting people's needs

We very much welcomed the recognition in this plan that:

"Waiting times for children must be considered differently to waiting times for an adult, as the illness will represent a higher proportion of a child's whole life and potentially have permanent long term impact on growth and development"[1].

We agree with this assessment and welcome the commitment to act accordingly: "we will ensure that children's elective care is prioritised, as we respond to the needs of each child"[2].

We also note the following in the plan:

"Waiting lists can now be measured by age allowing the recovery of children's health services to be managed effectively with their needs considered separately from those of adults"[3].

Waiting lists should be measured by age for the reasons identified by the Welsh Government. To ensure transparency and to make the most of this opportunity to effectively manage children's services and understand where resources need to be focussed and action taken, these data should be regularly published and communicated externally. They should also be broken down by Health Board area to mitigate against geographical inequity within Wales. Finally, Welsh Government should consider how these data should be broken down to understand and take action on health inequalities. It would be helpful for the Welsh Government to set out how and when waiting times data will be published and communicated as part of this plan and its operationalisation.

We note the following in the plan:

"We will work towards accelerating the embedding of virtual approaches and offer telephone and video appointments so that 35% of new appointments and 50% of follow up appointments are delivered virtually"[4].

We strongly recommend that in operationalising this commitment, that the Welsh Government and NHS services are mindful of our Principles for Conducting Virtual Consultations with Children and Young People[5]. Children and young people have different needs to adults with potential risks including safeguarding, confidentiality and digital exclusion. The principles described in our guidance aim to support clinicians who are consulting virtually with patients to provide care in a way that is in the best interests of children and young people, whilst protecting both from the risks associated with virtual consultations.

[1] Welsh Government (2022). *Our programme for transforming and modernising planned care and reducing waiting lists in Wales*, p23. Available at: https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf
[2] Welsh Government (2022), p.23.
[3] Welsh Government (2022), p.23.
[4] Welsh Government (2022), p.14.
[5] RCPCH (2020). *Principles for conducting virtual consultations with children and young people*. Available at: https://www.rcpch.ac.uk/resources/principles-conducting-virtual-consultations-children-young-people

Targets and timescales

This is a top line plan setting out principles and a vision. We accept that detailed targets and timescales for each service may be beyond its scope. However, this does then raise the question of where such detailed planning will be located and whether we should expect further documents sitting under this one to operationalise these principles.

There are also areas within that plan that are particularly top line, where further detail is needed. For example, on dentistry and oral health, we note the following from the plan:

"We are making steady progress with recovery of dental services and as dentists respond to new ways of working, activity is still 50% compared to the same period pre-pandemic…Priority is being placed on those with highest risk and needs, this includes children who are in high risk groups, particularly those from disadvantaged socioeconomic backgrounds. More routine care will be provided as we move through recovery phases where throughput is able to increase safely and provide services in the community to support people's needs closer to home"[6].

Despite tooth decay being largely preventable, it is the leading reason why children aged five to nine require admission to hospital. Multiple tooth extractions can also result in the need for a child to go under general anaesthetic[7]. In pre-pandemic years, our State of Child Health data showed that children from lower socioeconomic groups are more likely to be at risk of tooth decay prevalence and severity. The good news is that between 2008 and 2016, prevalence of visually obvious tooth decay among 5 year old children in Wales fell from 47.6% to 35.4%. From 2014/15 to 2017/18, among 0 to 2 year olds in Wales, the rate of general anaesthetics performed for dental reasons fell from 2.8 to 1.7 per 1,000[8]. Given school closures and disruption to the Designed to Smile programme, which the Welsh Government says has driven much of this improvement[9], it is important that we have up-to-date data on the prevalence of tooth decay on children in Wales and what this means for hospital admission and waiting lists for children requiring dental extractions and other treatment.

There is much in the statement on dentistry in the plan that we welcome, including the focus on children and young people; and on heath inequalities. However, given the ongoing disruption to dentistry services, the Welsh Government should provide a more detailed explanation of these 'recovery phases' and set out a plan for ensuring that its own targets and ambitions for children being seen by dentists are being met.

In 2018, the Welsh Government's Dental care and treatment for very young children[10] guidance stated that "we want all children to be taken to the dentist before the age of 1 - ideally as soon as deciduous teeth erupt. We want dental teams to see children routinely before there is a problem, provide preventive care and advice and support parents to keep their child's teeth sound" while the Welsh Government's 'A Healthier Wales: The oral health and dental services response' identified as a key priority for 2018-2021, a "year-on-year

[6] Welsh Government (2022), p.9.

[7] For pre-pandemic evidence on the need for anaesthetic in England (we are not aware of recent or comparable Wales data), see Royal College of Surgeons of England; 2019. *Hospital admissions for 5-9 year olds with tooth decay more than double those for tonsillitis*, available at: https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/dental-decay-hosp-admissions/

[8] RCPCH (2020). *State of Child Health: Oral Health*. Available at: https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/oral-health/

[9] See Welsh Government (2019) *Welsh Government scheme puts a smile on Children's faces*, available at: https://gov.wales/welsh-government-scheme-puts-smile-childrens-faces

[10] Welsh Government (2018) *Preventive dental advice, care and treatment for children from 0-3 Years*. Available at: https://gov.wales/sites/default/files/publications/2019-03/preventive-dental-advice-care-and-treatment-for-children-from-0-3-years.pdf

increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards"[11]. We are unclear as to whether these commitments are being met and if not, what actions are being taken to ensure they are met as quickly as possible.

Given the scale and impact of tooth decay; and the extent to which it is preventable, it is also surprising that there is little in the plan on preventing tooth decay in children in the sections of the plan dealing with prevention of ill health. In State of Child Health and elsewhere we recommended ensuring sufficient funding and resource for Designed to Smile; and that Welsh Government should resource and support fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay[12].

Is it sufficiently clear which specialties will be prioritised/included in the targets?

One member expressed concern to us that such a top line plan could be seen as setting priorities to the exclusion of others.

One service area that isn't given much prominence in the plan is around services for neurodivergent children and young people. One member expressed concern that funding for ND could fall between the cracks as their experience was that increased mental health funding isn't being made available to ND services.

We were pleased to note that the Minister for Social Services has confirmed that she will publish the findings of the demand and capacity review of neurodevelopmental (ND) services and announce a series of actions to support medium to long term service improvements[13]. It is our hope that these actions will be designed in partnership with clinicians enabling their views to be taken onboard. Member feedback suggests that there are very long waiting lists now in children's ND services and that addressing these will require new funding here and now to find immediate solutions; including enhanced administrative support, improving IT and infrastructure development.

We are not clear that ND services are prioritised and included in new targets, but hope that publication of the demand and capacity review, which we would urge the Welsh Government to do as quickly as possible, will provide an opportunity to develop the plan for children and young people's ND services.

Financial resources

Members have fed back to us that to make short term progress in tackling waiting lists, immediate investment is required by child health services including IT and digital infrastructure and estates. We have elaborated elsewhere in this response. The need to specifically allocate or ringfence this funding for child health services has been fed back my members.

[11] Welsh Government (2018). A Healthier Wales: *The oral health and dental services response*. Available at: https://gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf

[12] RCPCH (2020), see: https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/oral-health/#page-section-12

[13] See Deputy Minister for Social Services in Senedd Cymru (2022), *Plenary, 11/05/22*. Available at: https://record.assembly.wales/Plenary/12840#C424129

Workforce

Before the pandemic, we made the following recommendations in State of Child Health, responding to the need for greater workforce planning:

"The strategy should:

- Consider the breadth of the child health workforce including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.
- Address the recruitment and retention of the healthcare workforce.
- Ensure their healthcare workforce data is robust, reliable and comprehensive.
- Be based around robust and proactive modelling, to better match the changing needs of children and young people with the training and recruitment of our future child health workforce.[14]"

We were encouraged to hear that the Health Education and Improvement Wales (HEIW) workforce strategy, part of the response to A Healthier Wales, made commitments to deliver the capability to provide reliable and comprehensive data; and robust modelling based on that data. That strategy commits to creating "a centre of excellence for workforce intelligence for health and social care in Wales. This will use high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity". Its success criteria include "Intelligence led workforce planning enabling us to change our workforce to meet our population need"[15].

This will be needed if we are to develop a workforce that will be able to deliver the Welsh Government's plan to transform planned care and tackle waiting lists. Therefore, we are glad that the plan builds on that HEIW strategy. We note that the Workforce Strategy for Health and Care in Wales sets the vision and direction for the plan, but its implementation and delivery has to be prioritised.

The Welsh Government plan signals a further strategic document in development: "We will develop in social partnership a Workforce Delivery Plan for Wales which incorporates these commitments and will enable the delivery of this plan as it is implemented". If this is the document that sets out how the HEIW strategy will become a reality, this would be welcomed. However, the important thing will be the end result and the material reality of whether we have sufficient numbers of paediatricians along with the wider child health workforce in midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.

There is one other important document planned in this increasingly busy strategic landscape being developed by HEIW. In March 2022 we responded to the HEIW Mental Health Workforce Plan. The plan needs to be able to deliver the workforce required to support agreed and emerging models of care for children and young people, a number of which are outlined in the Welsh Government's Children and Young People's Plan[16], also published in March 2022.

[14] RCPCH (2020). See https://stateofchildhealth.rcpch.ac.uk/evidence/workforce/child-health-workforce/#page-section-22

[15] Health Education and Improvement Wales (2020). *A Healthier Wales: Our Workforce Strategy for Health and Social Care.* Available at: https://heiw.nhs.wales/files/workforce-strategy/

[16] Welsh Government (2022). *Children and young people's plan: What we will do to support children and young people who are growing up, living and working in Wales*. Available at: https://gov.wales/children-and-young-peoples-plan-html#section-90948

Recommendations we put forward in our response included[17]:

- Modelling and scenario planning to account for the emerging political and strategic framework for children and young people's mental health. These may require upskilling groups of people other than those considered within the adult mental health frameworks identified in order to deliver the Whole School Approach, specialist in-reach programmes and the Nyth/Nest framework.
- Modelling and scenario planning engages with and builds upon the review of demand and capacity within ND services in Wales. It needs to consider whether there needs to be longer term intelligence gathering around demand and capacity within ND services.

In short, there is an increasingly busy strategic landscape around the health and social care workforce in Wales and we welcome this focus by the Welsh Government and HEIW. However, for the Welsh Government to reach the aspirations and meet the commitments made in the transformation plan, these will have to translate into appropriately staffed children's services. The Workforce Delivery Plan for Wales will need to be consulted upon and delivered quickly; and will need to set out in detail how and when workforce commitments will be realised. It will also need to integrate seamlessly with HEIW's mental health workforce plan, to set out how and when a mental health workforce to deliver the Welsh Government's commitments in this space will be achieved.

[17] RCPCH (2022). *Mental Health Workforce Plan for Health and Social Care (Wales) consultation response.* Available at: https://www.rcpch.ac.uk/resources/mental-health-workforce-plan-health-social-care-wales-consultation-response