

# Lords Public Services Committee: Access to Emergency Services Inquiry

## Written evidence submitted by the Royal College of Paediatrics and Child Health: October 2022

### About us

The **Royal College of Paediatrics and Child Health (RCPCH)** is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 21,000 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.

Our response relates to children and young people (CYP), a group whose needs are often overlooked despite the fact they make up 25% of attendances to emergency health services<sup>1</sup> and is based on the expertise and experience of RCPCH members, national data and the findings from an audit of RCPCH [Facing the Future: Standards for children in emergency care settings](#) reported by 91 Emergency Departments (EDs) across the UK from 2018 to early 2020.

### The situation

- 1.1 Our members have reported a dramatic rise in the number of CYP presenting to EDs throughout the year, but particularly over the summer months when previously attendances have been lower.<sup>2</sup> National data on ED activity between April and June 2022, indicates a 30% increase in CYP presentations when compared to the pre-COVID pandemic year 2019/20.<sup>3</sup> This increased demand is putting overwhelming pressure on staff and services, with an associated detrimental impact on the care that can be delivered. The cause of this increased demand is multifactorial:
- 1.2 **Change in the way parents and carers access services.** The COVID pandemic has had a huge impact on the lives of CYP and the way parents and carers access healthcare services. Data from NHS England and anecdotal reports from members<sup>2</sup> across the UK indicate a dramatic rise in the number of parents, particularly of children aged 0-5 years, attending emergency services for conditions and concerns that previously would have been managed by self-care or other healthcare services. This may reflect a loss of confidence in managing illness in young children at home and how/where to best access advice and treatment.
- 1.3 **Lack of information for parents/carers and young people on where to access health advice and care.** Finding accessible, trusted and consistent information on where best to seek advice or care if a CYP is unwell can be difficult. Navigating care pathways can be confusing, particularly if moving across multiple services or if you are a new health user in the UK. In the absence of clear, widely available guidance, parents and young people are more likely to default to emergency health services, as these are always accessible and provide a widely understood face-to-face clinical service, where parents feel their needs will be met.
- 1.4 **Lack of accessible integrated health services for urgent care.** In addition to a lack of signposting, health services that provide urgent care are often not sufficiently integrated with other pathways to

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<sup>1</sup> NHS England. 2019. NHS Long Term Plan

<sup>2</sup> <https://rcem.ac.uk/aes-see-dramatic-rise-in-number-of-young-children-but-its-not-covid/>

<sup>3</sup> ECDS provisional data

ensure CYP who are unwell, but do not need emergency care, can be easily referred to an alternative appropriate service. Additionally, other non-emergency services are often not available at times of peak demand, such as during the evening and at weekends.

- 1.5 **Reduced capacity and other issues in primary care.** Increased pressure on primary care, transfer of work and models with a greater focus on long term conditions have resulted in reduced capacity for urgent care for CYP. Workforce shortages have added to the strain on primary care services. Furthermore, a lack of paediatric training for GPs and other members of the primary care team, can mean they do not feel confident managing more acutely unwell children.
- 1.6 **Reduced in capacity and contact with community-based health services.** There has been a reduction in the capacity of community-based services that provide support to children and families such as midwifery, health visiting and school nursing over a number of years. This has been exacerbated by the COVID pandemic, when in-person contact was paused. Our members report seeing an increase in infants presenting to EDs with a non-acute issues, such as feeding difficulties.
- 1.7 **Increased presentation and severity of mental health problems. Before** the COVID pandemic, the presentation of CYP with mental health issues to EDs had already doubled in five years.<sup>4</sup> Anecdotally, our members now speak of a further significant increase in these presentations as we emerge from the COVID pandemic. In addition to the increased numbers, they are also extremely concerned about the greater severity and complexity of mental health problems that CYP are experiencing.<sup>5</sup>
- 1.8 The challenge this presents is often greatly compounded by the difficulty and delay in accessing specialist Child and Adolescent Mental Health Services (CAMHS) due to patchy provision and limited resources. These services are often reduced or unavailable in the evenings and at weekends, resulting in a greater reliance on the use of emergency care services. There is also a massive under provision of in-patient mental health beds for CYP. In a survey of their members, the Royal College of Emergency Medicine (RCEM) found 54% of respondents reported that mental health services for CYP were rated as either poor or awful, and half of respondents said CYP facing mental health crises arriving between 3 and 7pm regularly experienced waits of 12-24 hours to see a specialist mental health professional.<sup>6</sup>
- 1.9 In our Facing the Future audit, some of the standards that EDs found most difficult to meet were around the provision of services for children with mental health problems.<sup>7</sup>
- 1.10 **Increase in children and young people with complex health needs.** Continued advances in medical care and technology mean that the number of children and young people with complex medical needs is increasing, but support and services for this growing population have not kept pace. Smooth transition processes to adult care services are often not reliably in place and all of this has led to an increase in the use of emergency care services by these patients.<sup>8</sup>

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<sup>4</sup> Young Minds, A&E attendances by young people with psychiatric conditions almost doubled in five years, 2019 <https://youngminds.org.uk/about-us/media-centre/press-releases/ae-attendances-by-young-people-with-psychiatric-conditions-almost-doubled-in-five-years-newfigures/>

<sup>5</sup> Written evidence submitted by RCPCH to the Health and Social Care Select Committee: Children and Young People's Mental Health, Feb 2021 [https://www.rcpch.ac.uk/sites/default/files/2021-06/Children%20and%20young%20people%27s%20mental%20health\\_0.pdf](https://www.rcpch.ac.uk/sites/default/files/2021-06/Children%20and%20young%20people%27s%20mental%20health_0.pdf)

<sup>6</sup> RCEM, A survey of Children and Adolescent Mental Health (CAMH) Services in the Emergency Department. Sept 2022 <https://rcem.ac.uk/wp-content/uploads/2022/07/Children-Adolescent-Mental-Health-ED-Survey-FINAL-2.pdf>

<sup>7</sup> RCPCH, Facing the Future: Standards for children and young people in emergency care settings - audit findings. <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings-audit-findings>

<sup>8</sup> Together for Short Lives, Transition to adult services <https://www.togetherforshortlives.org.uk/changing-lives/developing-services/transition-adult-services/>

1.11 **Increasing waiting lists and backlog of care for children.** CYP were disproportionately affected by the reduction in elective care services during the COVID pandemic. The number of children on waiting lists for NHS care is at the highest level on record and increasing faster than those for adults.<sup>9</sup> Delays in elective care increase the burden of ill-health in this age group, some of which will inevitably fall on emergency care services.

1.12 During the peak of the COVID-19 pandemic, some paediatric inpatient and other clinical spaces, including areas used for urgent assessment and short stay patients, were given over to adult services.<sup>10</sup> In some cases, these areas have still to be returned to their original purpose, impacting on the ability to provide CYP with the levels of clinical service required.

1.13 Having sufficient numbers of suitably trained medical, nursing and Allied Health Professional staff to deliver safe and appropriate clinical care is one of the biggest challenges facing the NHS. This impacts on EDs and paediatric services, which can be smaller departments with less resilience, especially for specialised services.

## Reducing demand on emergency health services

2.1 Demand on emergency health services can be reduced by planning, commissioning and delivering urgent care in a truly integrated fashion, with a whole system approach using defined care pathways and shared protocols. Parents and carers need easy access to sources of clear advice to empower the greater use of self-care where appropriate, or direction to non-emergency care service options, again as appropriate. Where urgent care advice is provided for children, staff should have the appropriate paediatric training and competencies to provide safe assessment and direction to a variety of different services.<sup>11</sup> This would allow EDs to focus on those patients with higher-care needs.

2.2 There should be a whole-system approach to improving mental health services for CYP, with a broad pathway encompassing prevention, early interventions and community based support in addition to more intensive hospital services. This should include:

2.2.1 Expanding mental health support to all schools with improved education, mental health first aid and access to community based models of care.<sup>12</sup>

2.2.2 Expanding paediatric liaison and CAMHS across the UK, to achieve 24/7 access to emergency support for CYP and health professionals and appropriate inpatient provision.<sup>13</sup>

2.3 The collection of appropriate data and information sharing is crucial for an effective integrated urgent care system, this will inform the design and delivery of services so they meet the needs of the local population, and support clinical decision making to reduce the demand for emergency care. Systems should be set up to ensure ease of access and sharing of patient information at the point of care. To facilitate timely information sharing for children, we recommend that their NHS number is

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<sup>9</sup> <https://www.rcpch.ac.uk/news-events/news/paediatricians-call-government-take-action-childrens-waiting-lists-soar-350000>

<sup>10</sup> RCPCH, Impact of COVID-19 on child health services between April and July 2020 report, May 2020.

<https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-report-2020>

<sup>11</sup> RCPCH, Facing the Future standards for children in emergency care settings, June 2018.

<https://www.rcpch.ac.uk/sites/default/files/2018-06/FTFEC%20Digital%20updated%20final.pdf>

<sup>12</sup> RCPCH consultation response to the Department of Health and Social Care 10-year mental health and wellbeing strategy, July 2022 <https://www.rcpch.ac.uk/resources/dhsc-10-year-mental-health-wellbeing-strategy-consultation-response>

<sup>13</sup> Joint position statement from RCPCH and RCEM, Meeting the mental health needs of children and young people in acute hospitals: these patients are all our patients, December 2021 <https://www.rcpch.ac.uk/resources/mental-health-needs-children-young-people-acute-hospitals>

used as a unique identifier so that information can be easily shared across health, education, social care and other agencies.<sup>14</sup>

- 2.4 Providing parents with easily accessible and trusted local information on what to do when their child is unwell can provide reassurance, increase confidence and help them access health care appropriately and reduce pressure on emergency services. One example of this is [Healthier Together](#), a resource developed in partnership between parents and healthcare professionals across Dorset, Hampshire and the Isle of Wight which has now be implemented in a number of other regions.
- 2.5 Data has shown that enhanced paediatric support within the NHS 111 Clinical Assessment Service could help reduce the large volume of children advised to attend EDs or primary care, while improving families' experience of health care services.<sup>15</sup>
- 2.6 In 2019/20, there were more than twice as many attendances at emergency departments for the 10% of the population living in the most deprived areas, compared with the 10% who live in the least deprived areas.<sup>16</sup> We urge Government to take steps to address poverty and deprivation in the UK. We call on Integrated Care Boards/Health Boards to ensure that the provision of urgent care and other health services is appropriate, and sufficient, to meet the needs of local populations and to look at ways of reducing health inequalities in their areas.
- 2.7 An evidence-based workforce plan for the NHS, that includes emergency care and paediatric health services, must be developed as an absolute priority. This must be informed by an understanding of staff shortages, patient needs and patient outcomes, and backed by sufficient investment. This will ensure that sufficient numbers of NHS staff are properly supported to offer the very best care to patients right across the health system and so reduce demand on emergency services.
- 2.8 Integrated Care Boards/Health Boards should be responsible for driving this forward with a system-wide integrated approach based on the needs of the local population.

### Decision-making in emergency health responses

- 3.1 The decision should ideally be made at the point of service-user enquiry. The decision-maker should have appropriate training and expertise in local clinical service options. They should be able to access additional support that can provide specialist expertise for particular patient groups, e.g. CYP. An example of this is the involvement of paediatricians in NHS 111 clinical assessment services.<sup>15</sup>
- 3.2 Ambulance and Paramedic services, in addition to the Police and Fire services, all receive training to allow an appropriate response to emergency healthcare situations. We would recommend further education and training in emergency healthcare conditions specific to CYP for these emergency responders, particularly paramedics, but also for other clinicians in urgent and primary care who may be the first contact for a child presenting with an urgent care need.

### Governance and leadership

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<sup>14</sup> RCPCH position statement, NHS number as a unique identifier for children, <https://www.rcpch.ac.uk/resources/nhs-number-unique-identifier-children-position-statement>

<sup>15</sup> Anna Charters Stilwell P, Wojciechowska A, Koszel TW, et al1446 Impact of paediatrician involvement in NHS 111 clinical assessment services Archives of Disease in Childhood 2021;106:A372 access at [https://adc.bmj.com/content/106/Suppl\\_1/A372.1](https://adc.bmj.com/content/106/Suppl_1/A372.1)

<sup>16</sup> Getting it Right First Time (GIRFT), Emergency Medicine: GIRFT Programme National Specialty Report, Sept 2021. <https://future.nhs.uk/connect.ti/GIRFTNational/view?objectId=112160997>

4.1 Integrated Care Board/Health Board level responsibility and accountability for emergency services would enable system-wide strategy development. There should be involvement and engagement with local clinicians and a range of service users to establish an environment and culture that supports meaningful collaboration.

## Targets and standards for emergency health services

- 5.1 Many process-driven standards encourage providers to meet the measure, but not the intended spirit of the standard. Few emergency standards are outcome-based. Patient reported experience standards should be considered, including those of CYP.
- 5.2 CYP have unique needs and any work to develop targets for emergency health services should make sure these needs are understood and any targets tailored accordingly.
- 5.3 Significantly for paediatric services, data that informs targets is often not disaggregated from adult data. This makes it difficult to ascertain how an emergency service performs for CYP. RCPCH advocates for the disaggregation of data to enable accurate service evaluation.<sup>17</sup>
- 5.4 NHS England was undertaking a clinically led review of urgent and emergency care standards looking at ways of measuring performance, but we are unsure if this work is being continued.<sup>18</sup>

## The impact of regulations and inspections on decision-making

- 6.1 We support the regulatory framework in healthcare to provide quality & patient safety. It is important that CYP are specifically considered in those regulations and inspections. The Care Quality Commission uses the RCPCH Facing the Future standards for children and young people in emergency care settings in their inspection frameworks.<sup>11</sup>
- 6.2 Peer review and bench-marking are also a very powerful ways of encouraging meaningful service development.

## Best practice and innovation

- 7.1 The current system is fragmented with a lack of joined up decision-making and planning. There is an opportunity for Integrated Care Boards/Health Boards to commission, plan and deliver a more tailored, integrated and responsive model based on collaboration and the needs of their specific populations.<sup>11</sup> Examples of best practice and innovation include:
- 7.1.1 [CAMHS Crisis Care Team \(Liverpool\)](#) - a multi-disciplinary team who provide 24/7 support to children and young people presenting in crisis regarding self-harm, suicidal ideation and acute mental health difficulties
- 7.1.2 [CAMHS Liaison Psychiatry service \(Glasgow\)](#) - a child and adolescent mental health service (CAMHS) based within the Royal Hospital for Children offering crisis assessment to young people

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<sup>17</sup> RCPCH and Association of Paediatric Emergency Medicine(APEM), consultation response to NHS England and Improvement's consultation on Transformation of urgent and emergency care: models of care and measurement, Feb 2021  
<https://www.rcpch.ac.uk/resources/new-measures-urgent-emergency-care-england-consultation-response>

<sup>18</sup> NHS England, Transformation of urgent and emergency care: models of care and measurement,  
<https://www.england.nhs.uk/publication/transformation-of-urgent-and-emergency-care-models-of-care-and-measurement/>

presenting in psychiatric emergency and supporting young people with physical health difficulties who find themselves struggling with their mental well-being.

- 7.1.3 [Healthier Together](#) (Developed in Wessex but versions available across the UK) promotes integrated working across health and social care to ensure consistency across the urgent care pathway and provide access to high quality resources promoting self-care for families.
- 7.1.4 [The Ambulatory Care Experience \(ACE\) \(Bradford\)](#) - a multi-disciplinary and integrated ambulatory care model for managing acute illness in children and young people at home.
- 7.1.5 [Connecting Care for Children](#) (North-West London but examples across the UK) A model of integrated child health that supports GPs so that children can access the best possible advice and care within home and community settings.
- 7.1.6 Hospital at Home / Children's Community Nursing Teams - work closely alongside the acute teams, GPs, midwives and community health services to provide specialised nursing care for children and young people aged 0-18 with acute, long term and complex health needs to prevent or minimise hospital attendance or admission and speed up discharges home from hospital. There are many examples across the country.
- 7.1.7 Paediatric Assessment Units: these are mainly hospital-based facilities where children and young people with acute illness, injury or other urgent referrals from clinicians can be assessed, investigated, observed and treated with an expectation of discharge in less than 24 hours but models may vary. There are many examples across the country.
- 7.1.8 [Paediatrician involvement in NHS 111 clinical assessment services](#)<sup>15</sup>
- 7.1.9 [Youth Navigator Service](#) - a service for adolescents aged 12-16 who present to hospital with a wide range of complex social issues.

## **Emergency health services and collaboration**

- 8.1 Integrated Care Services, supported by guidance from DHSC and Government, should have responsibility for this collaboration.
- 8.2 An example of innovative collaboration in this area are Violence Reduction Units who provide support in emergency departments. There are many examples across the country including [London](#) and [Scotland](#).

## **Identifying, driving and implementing good practice**

- 9.1 This should be led by ICBs/Health Boards supported by DHSC and working with Royal Colleges, and the Voluntary Sector.
- 9.2 Mechanisms for sharing good practice are through peer review, leadership networks, Royal Colleges and collaborative media such as Future NHS.