

Introduction

- Child health services across the UK are currently facing unparalleled pressure with paediatricians and other health professionals working ever harder to ensure they can deliver safe, effective and high-quality care to children.
- Despite this effort, children's elective and community service recovery has fallen behind health service recovery in the adult system, and the children's acute and emergency systems are also facing a crisis. This is all set against England having some of the worst child health outcomes in Europe.
- Given the challenges faced by child health services, there is a clear need for long-term solutions that recognise the unique nature of paediatrics and the considerable complexities caring for children and young people.
- This briefing from the Royal College of Paediatrics and Child Health (RCPCH) sets out the current situation for child health and the paediatric workforce in the NHS as well as policy interventions to raise with government.
- If you have any questions on its contents, please contact bruce.warwick@rcpch.ac.uk.

Pressures on acute, urgent and emergency care child health services

- This winter, **children's urgent and emergency care settings have experienced their highest ever levels of demand**. RCPCH heard how footfall in Paediatric Emergency Departments doubled across the country, as some children waited for over 10 hours to be seen by a doctor and surgeries were cancelled to free up beds on paediatric wards.
- Against a backdrop of concerns over Group A Strep and heightened winter illness, calls to NHS 111 and call waiting times also rocketed, with data from NHSE revealing that close to 50 per cent of calls were abandoned in the second week of December.
- As children can deteriorate very quickly, timely assessment and response is essential, and this level of demand therefore has an impact on the ability to provide safe and effective care for children
- Data also showed that hundreds of children's beds were closed to admissions because of respiratory viruses. Throughout December, only a handful of paediatric intensive care beds were available each day across the entire country, leaving whole regions with no capacity and leading to elective surgery cancellations which have continued this year.
- Whilst heightened in the context of winter pressures, the lack of paediatric acute and critical care beds is a longstanding issue which requires urgent attention to ensure future sustainability.

Pressures on elective and community services

- Outside of the emergency system, **the number of children on waiting lists for elective care remains at record highs**. Recent data from NHS England shows that almost 360,000 children in England are waiting for consultant-led NHS treatments in November 2022. This is almost 60,000 more than at the same point in 2021. We also know that children's elective care is lagging behind the adult system yet despite this, the focus in national policy such as James Mackey's elective recovery plan, remains on adult service recovery.
- The number of children waiting for over a year for care has also increased – with 14,746 children waiting for more than 52 weeks and 2,045 children waiting more than 78 weeks.
- These extremely long waits are particularly harmful to children, as they have a detrimental impact on their development, mental health, social inclusion, education, and their transition into healthy adults. Many treatments also need to be given by a particular developmental stage, so if you wait too long the consequences can be irreversible.

- Meeting children's health needs at an earlier stage is essential to having a healthy society now and into the future.
- Moreover, often the waiting lists is for care to treat ill health that is preventable. For example, oral health and teeth extractions in children are one of the biggest reason why children are admitted to hospital, but also are suffering with some of the worst waiting times to access in acute settings. These are all entirely preventable.
- There is also a huge [backlog in community services](#), with the highest waits for community paediatrics and speech and language therapy.
- Concerningly, the vast numbers of children and families waiting for an initial appointment or consultant-led treatment is just part of the story. According to [NHS England documents published by Health Service Journal](#) in August 2022, there are hundreds of thousands of children and young people waiting for further appointments in the community, but this data isn't readily available, so these waiting lists are hidden. Likewise, because of poor data capture and the many different providers across mental and physical health, we do not have an accurate figure of how many children are waiting for Autism or ADHD assessments or how long they are waiting nationally, but many Trusts are reporting extremely long waits of 1-2 years.
- Poor quality data, particularly around children's community services, means we do not have an accurate picture of the needs or experiences of children in the health system. We cannot adequately address what we do not measure, and we would therefore like to see the use of the SNOMED CT paediatric terminology data set so information is being captured and coded in a consistent way, and the adoption of the NHS number as a consistent child identifier so data can be more easily shared and understood across services and children do not get lost in the system.

Pressures on paediatricians

- Paediatricians across the country are working hard to deliver care in a pressurised system. Supporting and prioritising the wellbeing of clinical staff working in these difficult conditions is essential in order to ensure children and young people have access to quality services, now and in the future. However, we know service pressures are impacting paediatricians and the wider workforce with over 15% of services reporting absence due to stress and 45% of clinical leads reporting concerns about future absences.
- The General Medical Council's annual national training survey has revealed a continuing worsening trend in answers to questions about workloads and burnout. Amongst [paediatricians, the findings included:](#)
 - Paediatric trainers are included in the high-risk category with 11% saying they are burnt out, which is a rise of 3% compared to last year.
 - 15% of Paediatric trainees say they are burnt out, a rise of 4% from last year.
 - 49% of paediatric trainees rated workload as heavy or very heavy in 2022, compared to 36% in 2021. A rise of 13%.
- There is also an issuing with paediatric training posts. This year, there were over 1,200 applicants for just 480 paediatric training posts.
- Community Paediatricians play a critical role working with vulnerable children, including those with developmental disorders and disabilities, complex behavioural presentations, and at risk of abuse or are being abused, all growing areas of concern. It is [therefore concerning that the proportion of paediatricians working in this sub-speciality is forecast to decrease](#) from around 18% to 12% of the workforce in 2030, based on the last ten years of trends.
- Pension issues continue to impact senior paediatricians and limit capacity in the system. The [RCPCH Workforce Census](#) demonstrated that three-quarters of respondents plan to retire before the age of 64, while a recent College survey showed that [79% of respondents are likely to retire earlier](#), with 59% of respondents attributing reduction in paediatric services to pension-based tax bills. National policy, such as the recent UEC Recovery Plan, continues to suggest extra capacity in the system can

be provided by clinicians of retirement age staffing e.g. NHS 111, however for this to work this issue needs to be urgently addressed.

- There are persistent vacancies at consultant level with up to 100 paediatric consultant posts advertised in recent months.

Current UK Government policy

- The pressures on child health services and the workforce will not be sustainable into the future without concrete action now that recognises the distinct needs of children.
- The Department for Health and Social Care and NHS England have recently published plans to recover elective and urgent and emergency care and elective care. This is positive, but the College is concerned that the adult framing of both plans means they may not go far enough to address the problems faced by child health services.
 - In the [elective care backlog report](#) children were only mentioned twice and paediatricians not at all. This is despite the fact there are record numbers of children waiting for treatment and many paediatricians were redeployed during the pandemic waves to support adult services.
 - The [recently published plan to recovery urgent and emergency care](#) plan includes some welcome policy interventions improve paediatric urgent and emergency care. However, the plan overwhelmingly focuses on the challenges faced in adult services, with an emphasis on adult social care-health join up and frailty. Given the unprecedented levels of demand across children's urgent and emergency care, and the fact that some of the drivers of this demand are different than for adults, we would like to see a focus on children's services in the implementation of this strategy.
- It is positive that the Chancellor has committed to publish an independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in 5, 10 and 15 years' time to meet patients' needs. It is vital that this plan comes with a clear commitment to provide the necessary funding if it is to adequately address current and longer-term paediatric workforce challenges.
- Long-term, there needs to be a greater focus on the drivers of health inequalities and prevention. **It is a concern that the UK Government has shelved their Health Disparities White Paper.** Instead, the Government has announced it will publish a Major Conditions Strategy, but this seems entirely adult and treatment focused. It remains unclear at this stage how health inequalities will be individually addressed nor if there will be any specific focus on children and young people.

What needs to happen

- There is a lack of focus and prioritisation within government on the health needs of children and young people nor on the importance of prevention in childhood. There is a risk this stores up a multitude of problems for future generations whether that be for children and young people or within the NHS workforce.
- As a College the RCPCH advocates a 'child health in all policies' approach to decision-making at national and local levels. We believe that such an approach would facilitate the natural adoption of policies that are inherently preventative of negative outcomes and experiences for children and young people that will help alleviate future pressure on the NHS.

Questions for the Minister

Urgent and emergency care and elective backlogs

- Too often children and young people are forgotten by policy makers and consequently in implementation. Currently, none of the funding streams available to tackle this problem are ring-fenced for children and are mostly focused on adult social care and frailty. **Can the Minister commit**

to ensuring that a proportion of the £1 billion dedicated fund for urgent and emergency care recovery will be used for paediatric services?

- Children and young people's health needs are not seen in parity with adult care. ***Can the Minister commit to writing to every local area to remind them of the solutions included within this plan to improve paediatric urgent and emergency care?***
- The urgent and emergency care recovery plan includes welcome solutions for paediatric urgent and emergency care, but we know this is closely linked to challenges with providing appropriate support to children before they reach crisis. With hundreds of thousands of children remaining on waiting lists for community services and with elective surgery being cancelled due to pressures in emergency settings, ***can the Minister state what steps the Government is taking to reduce waiting times in paediatric elective services?***
- Limited data is published on the state of child health services. ***Can the Minister commit to transparency of data on child health outcomes and to demonstrate an understanding of the actual state of child health services?***

Supporting the paediatric workforce

- Health professionals have welcomed the Chancellor's commitment to publish a workforce plan. Given children and young people are often forgotten by policymakers, ***can the Minister ensure there will specificity and reference to paediatrics and children and young people in this plan?***
- The latest GMC national training survey reveals a worsening trend in answers to questions about workload and burnout for paediatricians. ***Can the Minister outline what steps he is taking to address paediatric trainees' concerns and reduce workload and burnout in paediatric settings?***
- Tackling pension taxation is necessary to alleviate growing workforce pressures and improve overall morale, but current Government proposals do not directly address the tax issues caused by the annual or lifetime allowance. ***Will the Government commit to meaningful pension reform that supports the NHS workforce in delivering high quality patient care and strongly recommends a resolution that encourages senior clinicians to remain in post at full working capacity?***

Prevention and health inequalities

- Reducing health inequalities – the avoidable differences in health and health outcomes across the population – is an essential part of reducing avoidable demand on the NHS and improving the nation's health and productivity. Yet the Government has shelved the Health Disparities White Paper. ***Can the Government outline exactly how its Major Conditions Strategy will meaningfully reduce child health inequalities?***

About us

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, and we have over 21,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. 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.