

Worried and waiting: A review of paediatric waiting times in **Scotland**



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Prolonged waiting times are unacceptable for all patients; however, for children and young people, such delays can have severe consequences, as certain treatments must be given within specific age ranges or developmental stages.

During my time as a paediatrician, I have witnessed a general decline in the wellbeing of children and young people. When engaging with children and young people (CYP), our RCPCH &Us team asked about the factors that keep children and young people healthy, happy and well. CYP told us that mental health awareness, sport, music, family and talking with friends and teachers are all instrumental in their wellbeing.

This report details paediatric waiting times in Scotland from October 2012 to September 2023. As you will see from the data, there has been a small decline in waiting times since July 2022, when numbers reached a peak. Nevertheless, pressures on staff remain and demand on services often outstrips capacity. We need to adopt a holistic approach towards caring for children, encompassing greater support across all levels including primary care, paediatric care, education settings and community services, as well as facilitating access to sport facilities and outdoor spaces for our children and young people. In short, we must take bold measures to improve both waiting times and access to healthcare professionals and services.

Dr Mairi Stark, RCPCH Scotland Officer

We would like to thank the children, young people and families from visits to inpatient wards and outpatient clinics in Scotland, who gave their thoughts on waiting times and views on what helps while waiting for referrals and what could be improved. We utilised their skills and experience through structured workshops to develop our recommendations and inform this report.



Most of my time is spent waiting.

Young person, RCPCH &Us Voice Bank 2023

Introduction

The incorporation of the UNCRC into Scottish law solidifies our commitment to the children and young people of Scotland. This report displays the need for the Scottish Government to prioritise paediatric services and meet their responsibility to provide timely, appropriate care to our children and young people.

UNCRC Article 6 (life, survival, and development): Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

UNCRC Article 24 (health and health services): Every child has the right to the best possible health.

The challenges facing children and young people while on paediatric waiting lists are significant. Long waits for care are particularly harmful for children and young people as they can impair their mental and physical development at a critical time of life.

For that reason, RCPCH Scotland has sought to spotlight paediatric waiting times and make recommendations that will make significant improvements for children and young people. We are calling for care to be in accordance with the CMO's guidance on Realistic Medicine and Value Based Health and Care, ensuring that children and young people receive personalised care with the right treatment, right person, in the right place, at the right time.

Key data

In October 2012, the percentage of patients across Scotland waiting over 12 weeks were 1% of total waits. By September 2023 the percentage of patients waiting over 12 weeks had increased to

48.9%

10,512

The total number of paediatric waits in September 2023 (latest data). This has increased from 4,898 in October 2012. This is a 114.6% increase.

The highest number of total waits was in July 2022 and stood at

13,138

Recommendations

Our recommendations are based around the following core themes:

- 1. The Child Health Workforce** – A full review of the child health workforce must be carried out to ensure it is sufficiently resourced and funded to tackle waiting times.
- 2. Data Collection** – Improvement in the collection and utilisation of child health data.
- 3. Access to Services** – Improved access to and funding of primary care and cross-sector community-based services, resources and advice for children, young people and families to support their health and wellbeing.

Scottish waiting times data

This report considers comparable paediatric data from the period of October 2012 to September 2023. The data records waits for paediatric patients and includes outpatients, inpatients, and day cases for each month.¹ It is grouped by patients that have been waiting for up to 12 weeks, patients that have been waiting for over 12 weeks, and the total number of waits. The standard target for Scotland states that 95% of new outpatients should wait no longer than 12 weeks from referral to being seen.² This report does not include data from paediatric surgery, cardiology, dentistry, ENT, or CAMHS.

Overall paediatric waits

Figure 1 provides an overall picture of paediatric waiting times from October 2012 to September 2023 across Scotland. In October 2012 there were 4,898 total number of paediatric waits; by September 2023, this number had increased to 10,512 total waits. Our members tell us that over the past 11 years, pressures on services and staff have greatly increased and this has resulted in a greater number of children and young people waiting for longer periods.

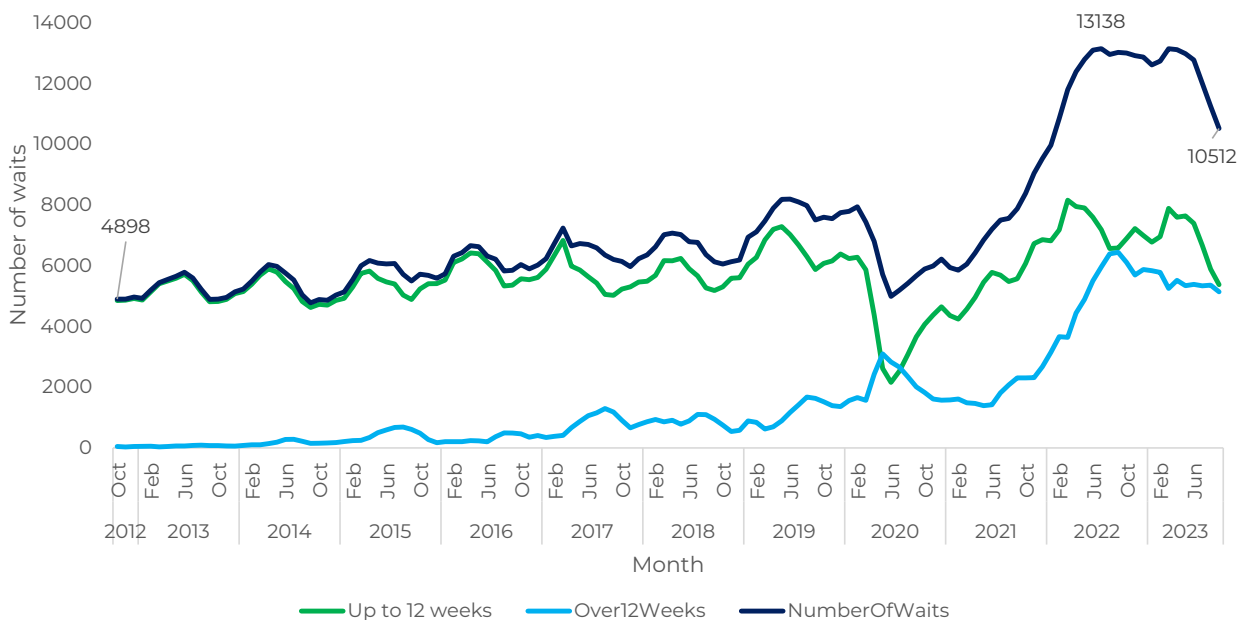


Fig 1. Paediatric waits in Scotland as of September 2023



Proactive communication – it’s a big thing! Tell us what’s happening so we don’t imagine all sorts, this can make it worse.

Young person, RCPCH &Us Voice Bank 2023

1 The data used for this report includes outpatients, inpatients, and day cases for each month. However, inpatient and day cases make up 1% or less of the cases each month.

2 Public Health Scotland <https://publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment/stage-of-treatment-waiting-times-inpatients-day-cases-and-new-outpatients-5-september-2023/>

Public Health Scotland waiting times standards:

- New outpatient national standard - 95% of new outpatients wait no longer than 12 weeks from referral to being seen.
- Treatment Time Guarantee (TTG) – Following the decision to treat, all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case.



It is incredibly concerning to see the numbers of children and young people waiting over 12 weeks to be seen as an outpatient increasing substantially over the years. As an Emergency Department Consultant, I regularly see the impact of this as families resort to bringing children to the ED for support instead.

RCPCH Member

Paediatric waits over 12 weeks

Figure 2 focuses on the children and young people waiting over 12 weeks and looks at this in conjunction with the total number of waits. From October 2012 to September 2023, the numbers of those waiting over 12 weeks and the total number of waits reached an alarming high in July 2022.

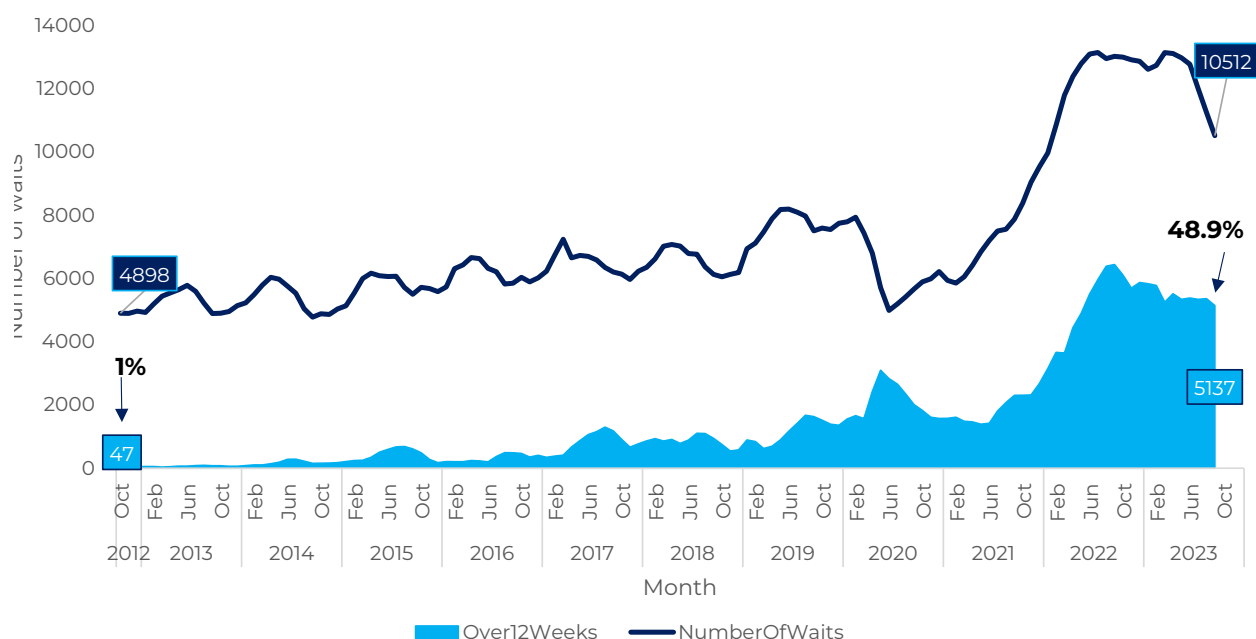


Fig 2. Total number of waits and waits over 12 weeks, as of September 2023

In July 2022, the total number of waits reached a high of 13,138. Of the 13,138 waiting, 7,180 were waiting up to 12 weeks and 5,958 were facing waits of over 12 weeks. When comparing this to October 2012 which had 4,898, the total number of waits is more than three times higher.

During this period (Oct 2012 – Sept 2023) there were 5 months where the total number of waits was over 13,000:

- June 2022 – 13,090
- July 2022 - 13,138
- September 2022 – 13,016
- March 2023 – 13,134
- April 2023 – 13,105

When comparing the latest data (September 2023, 10,512 total number of waits) with the peak in July 2022, there has been a 20% decrease in the total number of waits. While this decrease in the overall number of waits is encouraging, 10,512 total waits is still an incredibly high number when compared to previous years.

Furthermore, while the overall number of waits has decreased slightly, the number of children and young people waiting over 12 weeks has increased. In October 2012 patients waiting over 12 weeks were 1% of total waits. By September 2023 the percentage of patients waiting over 12 weeks had increased to 48.9%.

It is incredibly worrying that in September 2023 nearly half of all children and young people waiting to be seen were waiting over 12 weeks. This is particularly concerning considering the long-term impacts this could have on the health, development, and mental wellbeing of a young person.



Patients are waiting months for an initial assessment, and for many this is only the start of their health journey. Long waits have an impact not only on children and young people, but also on their families. As paediatricians, we often hear from parents whose children are waiting to receive appointments, who say they are feeling overwhelmed and isolated, and don't know where to turn for support.

RCPCH Member



As a parent, all you want is peace of mind. Communication is really important, otherwise people just feel lost. Lack of communication makes us feel like we've been missed.

Parent/carer, RCPCH & Us Voice Bank 2023

Paediatric waits over 12 weeks by Health Board

Figure 3 provides an overview of the percentage of paediatric patients who were waiting for over 12 weeks within each health board in Scotland in September 2023.

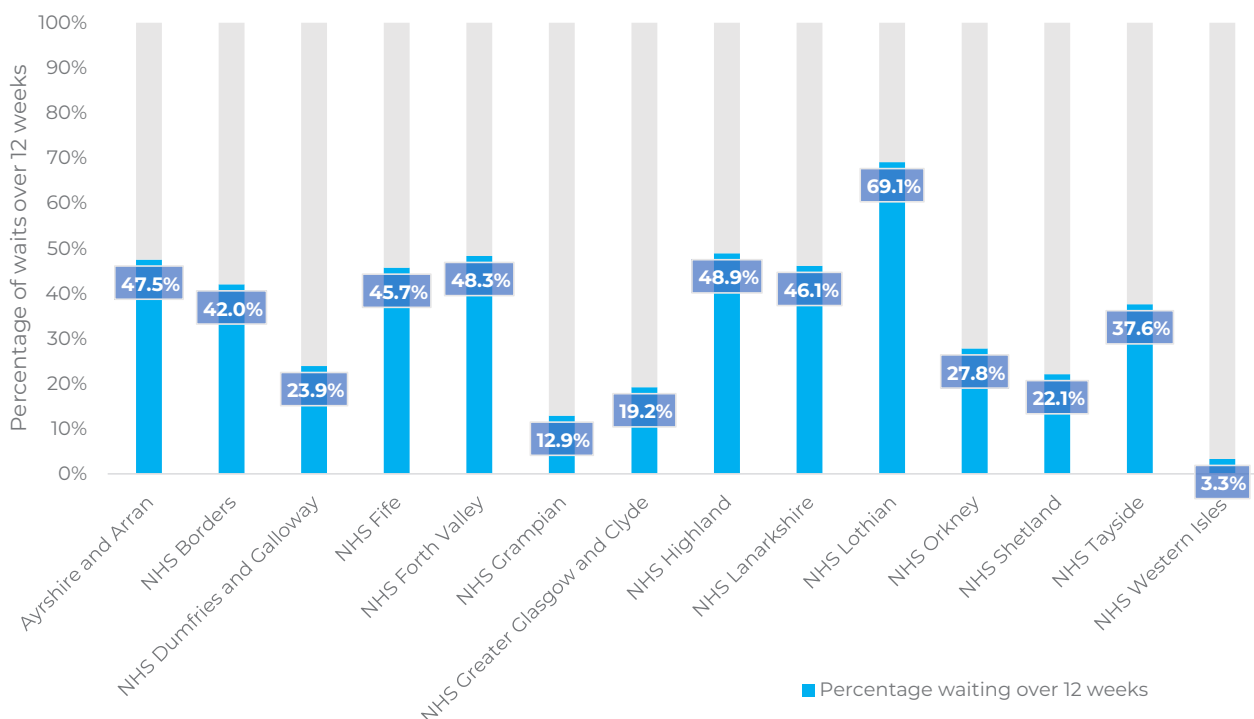


Fig 3. Total number of waits and waits over 12 weeks, as of September 2023

The above graph reveals that NHS Lothian had the highest proportion of patients waiting overall, with 69.1% of total patients waiting over 12 weeks. In NHS Highland 48.9% of patients were waiting over 12 weeks at that time. This is in comparison to NHS Greater Glasgow and Clyde where over 12 week waits made up only 19.2%, and NHS Grampian which stood at 12.9%.

It is worrying that children and young people are waiting longer than 12 weeks to be seen in paediatrics. However, what is the most concerning is that in September 2023, 13 out of 14 health boards in Scotland were experiencing very high waits over 12 weeks, with only NHS Western Isles achieving the national standard rate.

| Health Board | Waiting over 12 weeks | Total waits | % waiting over 12 weeks |
|-------------------------------|-----------------------|-------------|-------------------------|
| NHS Ayrshire and Arran | 499 | 1051 | 47.5% |
| NHS Borders | 107 | 255 | 42.0% |
| NHS Dumfries and Galloway | 62 | 259 | 23.9% |
| NHS Fife | 320 | 700 | 45.7% |
| NHS Forth Valley | 361 | 748 | 48.3% |
| NHS Grampian | 52 | 404 | 12.9% |
| NHS Greater Glasgow and Clyde | 181 | 945 | 19.2% |
| NHS Highland | 337 | 676 | 48.9% |
| NHS Lanarkshire | 533 | 1157 | 46.1% |
| NHS Lothian | 2382 | 3448 | 69.1% |
| NHS Orkney | 5 | 18 | 27.8% |
| NHS Shetland | 17 | 77 | 22.1% |
| NHS Tayside | 280 | 744 | 37.6% |
| NHS Western Isles | 1 | 30 | 3.3% |

To see improvement across Scotland as a whole, we need to recognise the unique pressures on each of our health boards. Models of service delivery differ significantly across Scotland, with remote and rural areas operating in different ways to urban locations. A one-size-fits-all approach to service delivery and staffing will not solve the pressures each health board are facing.



Reaching the 12 week target during the current climate of workforce and resource pressures is a challenge. For families in remote areas this is another factor they need to contend with, along with challenges with rural poverty, access to learning and work opportunities and housing pressures that compound the stress experienced. Stressful life experiences have a negative impact on a child's health; a multifaceted approach is required to lessen this burden on families.

RCPCH Member



Coming in and out for different appointments can have an impact on work time, which can be a challenge during a cost-of-living crisis. Online meetings or updates via email can be helpful so parents don't have to take time off work.

Parent/carer, RCPCH &Us Voice Bank 2023

Recommendations

Recommendation 1: The Child Health Workforce

Scotland needs a child health workforce and a workforce strategy that can effectively meet the needs of our children and young people, while also addressing waiting times and service pressures. We are calling for:

A full review of the child health workforce must be carried out to ensure it is sufficiently resourced and funded to tackle waiting times.

The review of the child health workforce must include:

- **A Whole System Approach:**
 - Ensure future workforce planning considers the child health workforce as a whole and considers the role of the multi-disciplinary team. The roles played by nurses, health visitors, allied health professionals, school nurses, and other support roles within primary and secondary care, education settings, and in the community are invaluable.
 - Provide greater support for primary care colleagues by increasing the level of community-based paediatric services. Adapt existing ways of working with an aim to provide a Realistic Medicine model and develop the multi-disciplinary child health workforce, including in remote, rural and urban areas. By doing so, we can ensure that skills and expertise are being utilised effectively and sustainably.
- **A bespoke child health workforce strategy:** Put plans in place to create a bespoke child health workforce strategy. The strategy should respond to immediate needs and financial pressures, taking emerging models of care into account, to deliver professional and service standards. The plans should consider future and growing children and young people's needs.
- **Engagement:** Consult children and young people on what they would like the workforce to look like.



They need the resources to cut waiting times.

Young person, RCPCH &Us Voice Bank 2023

Recommendation 2: Data Collection

Good quality data is a vital component to service delivery and improvement. The data above has revealed worrying increases in waiting times for children. However, this only reveals part of the picture. We have noticed a lack of consistency in community paediatrics data collection across the health boards, Consistent, reliable data that maps service pressures across child health is an essential component on which long-term and evidence-based workforce planning can be built. We need better data collection to offer the best care for children throughout Scotland. We are calling for:

Improvement in the collection and utilisation of child health data.

Improved data collection should consider:

- **Enhanced data collection:** Strengthen the collection of data to inform understanding of where the backlogs are building up, and where Scottish Government, the NHS Scotland and others should direct resource.
- **Data for the child health workforce strategy:** The bespoke child health workforce strategy we are calling for should be based on robust data and modelling of future trends, e.g. growing less than full time (LTFT) working. Both national and local level data will need to be utilised to enable greater insight into workforce pressures and to tackle the healthcare workforce staff shortages.
- **Community Paediatrics:** Implementing monthly data collection for paediatric community health services across all health boards will enable the monitoring of data, identification of service needs and staffing requirements, and will facilitate targeted efforts to address waiting lists.



The data provided in this report highlights how the ‘epidemic’ of rising waiting times is an urgent public health concern for children and young people in Scotland. The data also identifies an atlas of variation; Figure 3 shows that there is more than a five-fold difference in the proportion of children waiting for more than 12 weeks among the health boards on the mainland. We can learn from this variation, and data from other sources, and provide pathways of care for children and young people which are effective, efficient and equitable.

RCPCH Member



Keep you up to date – so you know you haven’t been forgotten; we know the service is understaffed.

Young person, RCPCH &Us Voice Bank 2023

Recommendation 3: Access to Services

Our approach to seeking and accessing health services is evolving. This is no different for children and young people who have fed back to our RCPCH&Us team that they are experiencing excessively long waiting times and, after the initial referral, many are left with lack of communication and gaps in their care. While waiting for their appointments, there is a demand for services for CYP to access support and advice, and to discuss their concerns and expectations.

We must take positive steps to not only reduce waiting times but also to improve the experiences of CYP accessing health services. We need services that are child centred and community-based and that will support children and young people's health and wellbeing. We are calling for:

Improved access to and funding of primary care and cross-sector community-based services, resources and advice for children, young people and families to support their health and wellbeing.

Improved cross-sector community-based services must:

- **Build paediatric capacity within primary care and community health services:**
 - In order to minimise the number of children and young people reaching crisis point due to prolonged waiting times, we must increase capacity within primary and community health services to allow for early intervention at the right developmental stage.
 - Greater paediatric training for a wide range of healthcare professionals working in primary care and in the community will assist with ensure children and young people receive care in a timely manner.
- **Empower and educate families, parents, and carers:**
 - The Scottish Government should commission the Healthier Together website for Scotland. The website will provide resources for families, parents, and carers to help them make informed decisions on how to appropriately access the right care for their children. Better access to information could lead to a reduction in referrals, thereby alleviating some of the pressures on the paediatric workforce.
- **Support for children and young people in the community and at school:**
 - Children and young people have expressed a need for open communication with health professionals and a greater level of support following the initial referral to paediatric services. This includes having access to a health professional or youth worker to have regular check-ins (face to face or via video appointments) while waiting for their appointment so they can discuss how they are feeling.
 - At school, it is necessary to enhance the level of support for the young person by facilitating access to school nurses and providing guidance for teachers, with an aim to limit the mental health impacts that long waits and ongoing treatment can have on their wellbeing.

Children, young people and their families have told us:



Reach out to schools to make sure there is constant support.

Parent/carer, RCPCH &Us Voice Bank 2023

School nurses do a good job.

Young person, RCPCH &Us Voice Bank 2023

Create a relaxing space so we can feel calm.

Young person, RCPCH &Us Voice Bank 2023

Create apps that can support us.

Young person, RCPCH &Us Voice Bank 2023

Send a letter / message to say you're still on the waiting list – give an estimate of how long is left.

Parent/carer, RCPCH &Us Voice Bank 2023

Being able to speak to a physical person, even just for 10-15 minutes, really helps.

Parent/carer, RCPCH &Us Voice Bank 2023

Give us information leaflets, explain what's happened and what will happen, give us information in other languages and signpost to national charities.

Young person, RCPCH &Us Voice Bank 2023

<https://www.rcpch.ac.uk/work-we-do/rcpch-and-us>

Conclusion

This report has placed a spotlight on paediatric waiting times and the pressures services are currently under in Scotland. The message from our members and children and young people is clear:

- Paediatric services must be a priority for the Scottish Government in order to make a significant improvement in waiting times, improve the experience of CYP accessing services and ensure CYP receive timely care.
- Children and young people need greater levels of support and open communication following the initial referral to a paediatric appointment.
- Services must be patient-centred, with improved support through cross-sector community-based services.

Based on this feedback and after analysis of the current waiting times data, we established our key recommendations, focusing on reviewing the child health workforce to ensure it is prepared to tackle waiting times, improving the collection and utilisation of data and improving access to services for our children and young people.

We need to give the child health workforce the support it needs to care for the children and young people of Scotland. Only by tackling long waiting times can we provide the appropriate, holistic care that children need. Healthy children grow up to be healthy adults, so the time to act is now.

Alongside the implementation of a reinforced child health workforce, there are several small changes that can be made to improve the lives of children and young people. Children and young people told our RCPCH &Us team that sports, swimming, dancing, school clubs and music can have a hugely positive impact on their physical and mental health. It is vital that we keep the views of our children and young people at the heart of all decisions that affect them.

Dr Mairi Stark, RCPCH Scotland Officer

UNCRC Article 12 (respect for the views of the child): Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

By implementing the recommendations outlined in this report, we can work towards reducing harmful waiting times and ensure that children and young people are supported when accessing healthcare services.

Acknowledgements

We would like to thank everyone who has been involved in the creation of this report. With support from the RCPCH Scotland Officer, Dr Mairi Stark, and the Scottish Executive Committee, this work was led by RCPCH Scotland.

We would like to thank the RCPCH Workforce team who led on the data collection and analysis. We would also like to thank RCPCH &Us and all the RCPCH Scotland Members who provided feedback and quotes for the report.

Finally, we would like to thank the children and young people and families who gave their thoughts on waiting times, what helps while waiting for referrals and what could be improved.



Doctors are really nice and they understand my difficulties.

Young person, RCPCH &Us Voice Bank 2023

About RCPCH Scotland

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 1300 members in Scotland. 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. .

For further information please contact Gemma Richardson, Policy and Public Affairs Manager (Scotland), gemma.richardson@rcpch.ac.uk

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