

# Worried and waiting:

A review of paediatric  
waiting times in

**Northern Ireland**



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## Worried and waiting: A review of paediatric waiting times in Northern Ireland



It is often cited that Northern Ireland (NI) has some of the worst waiting times in the UK, yet we know that in terms of children, time is felt relatively. In physiological terms, many treatments and interventions are needed within a specific age or developmental timeframe. The upward trajectory of outpatient waiting times for paediatrics has continued to increase year on year since 2016, reaching an all-time high in 2023. This is unsustainable and real systemic change is needed to turn this curve.

We know that NI has faced insurmountable pressures within Health and Social Care, but the current configuration of paediatrics is not working. It has been pointed out by numerous stakeholders, including the Children's Commissioner that NI has the lowest spend on children's services in the UK. In health, the funding allocations are much less clear and do not adhere to the five child rights principles for public budgeting i.e. effectiveness, efficiency, equity, transparency and sustainability. Nonetheless, working together, to reconfigure how we deliver child centred health care, in the right place, at the right time, by the right people, we can better serve our infants, children and young people.

**Dr Ray Nethercott, RCPCH Ireland Officer**

We thank the children and young people who worked with us to develop this report. Children and young people attending Paediatric Outpatient Clinics and in school settings in Northern Ireland provided their experience and insight which is integral to the report recommendations.



***Tell us what the expected timeline is – like a link to a countdown to your appointment.***

RCPCH & Us voice bank, Northern Ireland (2024)

***Everyone's expected to wait because the lists are so long so you feel powerless.***

Parent / carer, RCPCH voice bank, Northern Ireland (2024)

We have not been able to include the most recent quarterly outpatient's data set due the unavailability of figures from the South-Eastern Trust at 31 December 2023 due to transitioning to Encompass. Therefore, data used for this report stops at quarterly release in September 2023.

## Introduction

The WHO have stated that protecting and improving the health of children is of fundamental importance. Given the large numbers of children on paediatric outpatient waiting lists in NI, the RCPCH has sought to spotlight this worrying trajectory and make policy recommendations which would ensure children receive care in a timely manner, and within the right service.

These recommendations factor on 3 core themes: Service configuration, Workforce and Data. This report looks to the current publicly available outpatient's data and makes recommendations, which if taken forward, have the potential to not only provide better care pathways and outcomes for this and future generations of children, but will also support the workforce who care for them while applying principles of good health economics to truly give every child the best start in life.

Between June 2016 and June 2023 NI saw an increase of 172.6% in paediatric outpatient lists. It should be noted that the Strategy for Paediatric Care in Hospitals and the Community was published in 2016. While NI has faced insurmountable budgetary pressures and political instability, it is deducible that the structures put in place to deliver on the Strategy have been inadequate. The Child Health Partnership is the pivotal vehicle to deliver on this and successive strategies. They must be allocated the additional structural and financial resource they require to focus on strategic change. Configuring the Programme Board in a manner which allows for real systemic change to the collective delivery of services, bolstered by robust governance arrangements and clear lines of accountability back to the Department of Health to ebb the growing waiting times faced by our children is crucial.

Departmental outpatient data shows that in NI, paediatrics had the biggest increase to waiting lists (15.2%) of all the medical specialties, second only to gynaecology (15.7%).<sup>1</sup> All stakeholders, across executive departments, the voluntary and community sector and crucially, children and families need to work in concert to move toward a whole child approach to reduce the unsustainable demand in our current system.

**Between June 2016 and June 2023, there was a 172.6% overall increase of children waiting for a first outpatient appointment. There was an increase of 21.3% for those waiting over 52 weeks in the same period.**

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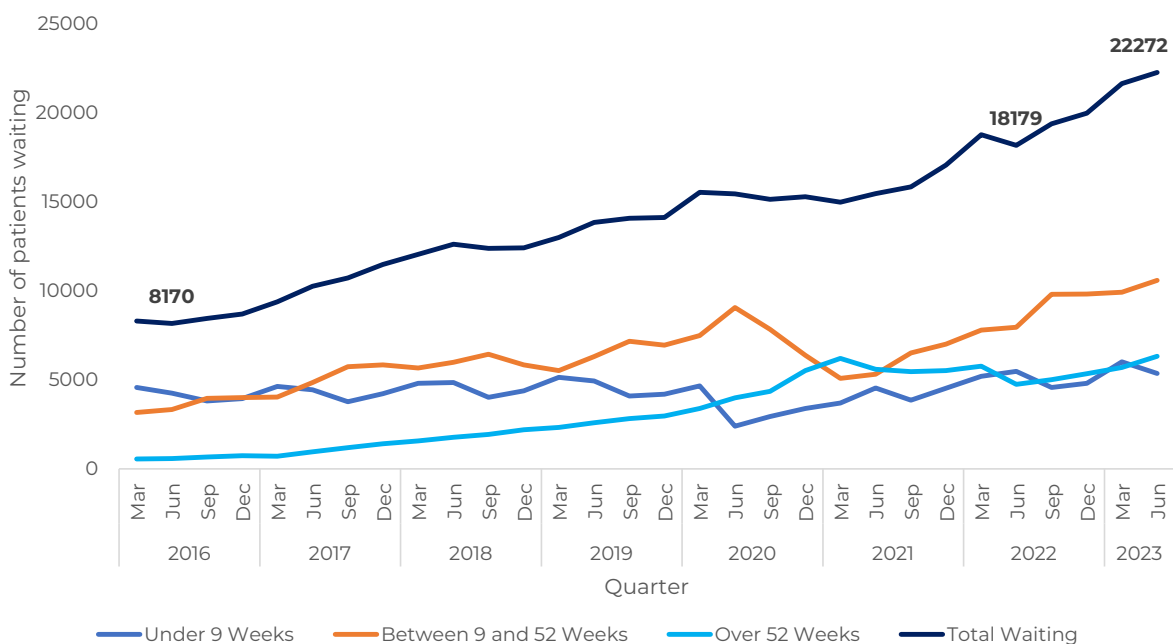
<sup>1</sup> [Northern Ireland Outpatient Waiting Time Statistics \(nisra.gov.uk\)](https://www.nisra.gov.uk/northern-ireland-outpatient-waiting-time-statistics)

## Northern Ireland data

Northern Ireland releases quarterly data, displaying waiting times for patients who have yet to start treatment according to number of weeks waiting. This does not include Inpatient and day cases as the weeks-waited cohort were categorised differently.

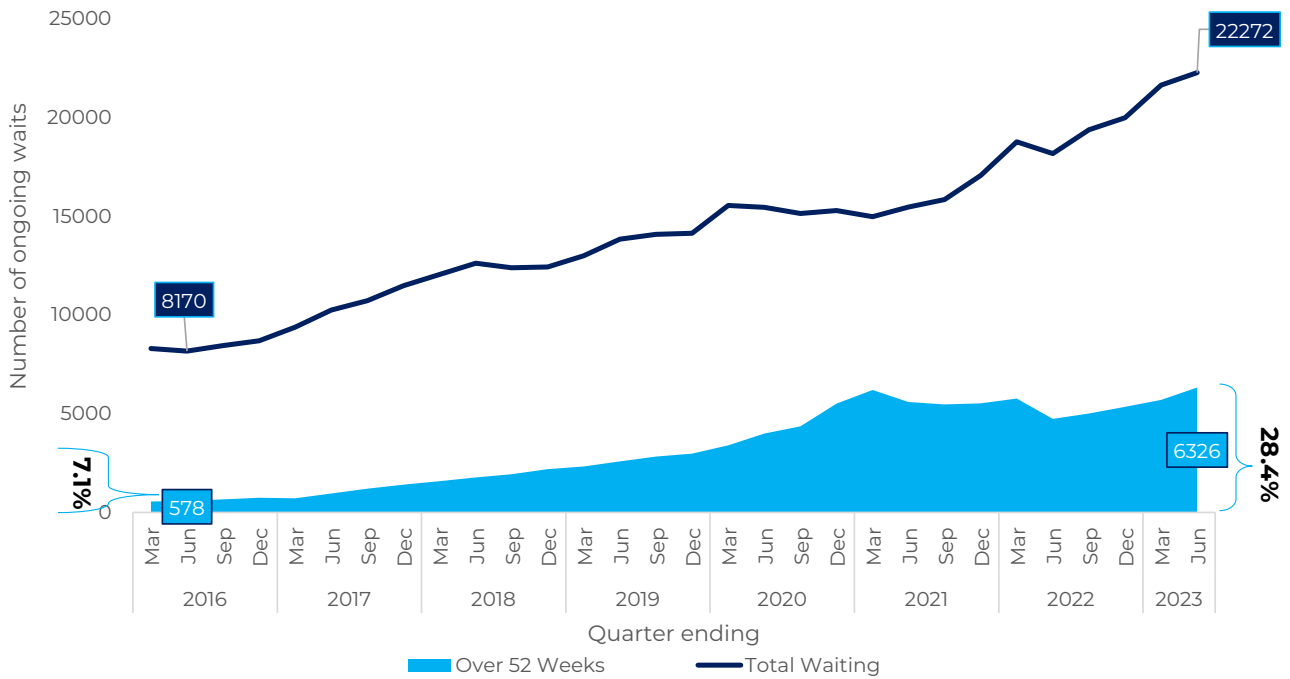
The target standard for Northern Ireland states that 50% of patients should wait no longer than nine weeks for a first outpatient appointment, with no patient waiting longer than 52 weeks.<sup>2</sup> The data is split by waits under 9 weeks, waits between 9 and 52 weeks, waits over 52 weeks, and total ongoing waits.

In **June 2016** the total number of ongoing waits was **8,170**. In **June 2023** this figure was **22,272**. This was an increase of **172.6%**. When looking at the difference between 2022 and 2023, there were a total of **18,179** ongoing waits in **June 2022** compared to the **22,272** in **June 2023**, an increase of **22.5%**.



**Fig 1. Northern Ireland outpatient ongoing waits**

<sup>2</sup> Northern Ireland Outpatient Waiting Times Statistics 30 June 2023, Performance against targets. <https://datavis.nisra.gov.uk/health/ni-outpatient-waiting-times-jun-23.html#>



**Fig 2. Northern Ireland total waiting and proportion of waits of over 52 weeks**

When looking at the group with the longest ongoing waits (over 52 weeks), there were **578** ongoing waits over 52 weeks in **June 2016** and **6,326** in **June 2023**. When looking at over 52 weeks waiting between **June 2022 (4,743)** and **June 2023**, there was a **33.4%** increase. The patients waiting for over 52 weeks were **7.1% of total waits** in quarter ending **June 2016 (578/8,170)**. In quarter ending **June 2023**, the percentage of total waits for waits over 52 weeks was **28.4% (6,326/22,272)**.

## Tables

The numbers below display the average of the 4 quarterly data points for each year in March, June, September, and December. The max and min numbers, therefore, correspond with the quarter with the highest number of open pathways within a given year and the quarter with the lowest number of open pathways for the same given year respectively. 2023 numbers are partial and up until quarter ending 30 June.

Year	Total waits			Over 52 weeks waits		
	Average	Max	Min	Average	Max	Min
2016	8405.0	8697	8170	633.0	737	556
2017	10460.8	11483	9384	1069.0	1406	712
2018	12370.8	12615	12052	1870.5	2199	1577
2019	13763.3	14130	12998	2680.5	2976	2330
2020	15356.5	15540	15144	4314.8	5516	3394
2021	15836.8	17063	14981	5696.8	6206	5466
2022	19079.0	19987	18179	5217.5	5767	4743
2023	21956.0	22272	21640	6010.5	6326	5695

## Recommendations

### Recommendation 1: Whole child approach to service configuration

WHO have cited that there is a critical opportunity in the development of Integrated Care Systems to reduce fragmentation.<sup>3</sup> The King's Fund clarifies that growing waiting times are the product of imbalance and misalignment between the supply of health care, demand for health care, and conditions within the health care system. NI must ensure a 'whole child' approach to the configuration of service provision and planning:

- A full review of the child health system should be undertaken to ensure that health and social care reform is based on a clear understanding of need. Upscaling best practice models like paediatric primary care hubs which exist in pockets across NI should be prioritised.
- The Regional Integrated Care System must place the needs of children at the fore. The HSC Act (2022) specifies that ICBs in England must appoint board-level executive leads with responsibility and oversight of children and young people to secure visible and effective board-level leadership for addressing issues faced by CYP. NI should consider the same.
- NI should implement the Healthier Together platform. Initial evaluations in regions where the platform has been operationalised have demonstrated reduction in demand across Primary Care, Emergency Care and referrals to Paediatric Outpatients and is a verified support tool for parents and carers.
- Child health inequality is a growing concern. Addressing child health inequalities must be a core theme in the new NI Executive Anti-poverty Strategy with robust health and wellbeing measures and targets.

3. <https://acmedsci.ac.uk/file-download/16927511>



When asked what their 'prescription' to waiting times concerning healthcare services and resources would be, young people told us

***Resources for parents to learn about what is wrong with their child.***

***Regular check-ups at the GP.***

***See a nurse first .***

When asked about priorities they felt were most needed, young people told us:

***As someone who lives a while away from the hospital, taxis are quite expensive. Getting to the important appointments can be difficult at times'.***

Young people, RCPCH &Us Voice Bank, Northern Ireland (2024)



## Recommendation 2: workforce

The Academy of Medical Sciences recommended that in all UK nations, Government, the NHS and local authorities work together to address the decline in the child and family health workforce.<sup>4</sup> The available data in NI does not indicate how many paediatricians per grade are working in the system regionally. However, the NI health and social care active recruitment statistics, December 2023 show that there were currently 72 paediatric nurse vacancies and 3 paediatric consultant vacancies (down from 11 in December 2022).<sup>5</sup> In 2019 the RCPCH estimated that NI required 172 WTE consultants. The lack of clarity is a barrier to offsetting demand:

- The Department of Health should develop a bespoke **whole** child health workforce strategy with an integrated approach including numbers working in child all health settings, career stage, demographics and working patterns. This should be based on transparent and independently verified projections of workforce supply and demand, and should cover the next five, ten, and twenty years fully costed by NI Executive.
- Future workforce planning, adequately linked to practicable commissioning models should be a key tenet in an appropriately configured and resourced Child Health Partnership Programme Board structure.

4. <https://acmedsci.ac.uk/file-download/16927511>

5. <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-active-recruitment-statistics-december-2023>



When asked what their ‘prescription’ to waiting times would be concerning healthcare services and resources and financial support and accessibility, young people told us:

***Health visitors, midwives, nurses, school nurses, regular check-ups with GP, appointments at hospital to discuss results, full-time school councillors.***

***More doctors.***

***Invest more money.***

Young people, RCPCH &Us Voice bank, Northern Ireland (2024)

### Recommendation 3: Data

There is limited published data in NI relating to child's health. From the data above, it's shown that we cannot disaggregate the data by paediatric speciality. This means we cannot easily understand the full pressures on paediatric services and what specialities are under particular strain.

- Improve the collection and utilisation of child health data – limited data availability in NI remains a barrier to understanding need and appropriate commissioning. The Department of Health, Public Health Agency and HSC Trusts should improve the collection, sharing and utilisation of child health data. This must include disaggregation of all sub-specialties.
- Anecdotally, it is understood that long waiting lists impact Emergency Department attendances. Robust data on the reason for attendance at ED for those on waiting lists should be collected and utilised to provide continuity and inform configuration and funding, as should referrals to EDs from General Practice.
- The Child Health Partnership should be enabled and resourced to identify and bridge data gaps to further its understanding in the differences between demand and need with respect to the child health services it supports.



When asked what could be done to support young people while waiting, young people told us:

***Communicate with other departments – have one person to do this for young people.***

Young person, RCPCH &Us voice bank (2024)

## Conclusion

This report has demonstrated the extreme demand for paediatric services and a need to re-think how and where we deliver care to our children and young people. Feedback from children and families has illustrated their worry and discontent with the impact of long waits. We know that paediatricians are working incredibly hard to provide the highest standard of care, but the fact that waiting lists have continued to grow since 2016 and that targets at 9 weeks and 52 weeks continue to be missed indicates that we need to configure services differently. Prioritisation of children's services represents an opportunity to support our children and make significant savings in the long-term.

### About RCPCH Ireland

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 450 members in NI. 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 Anna McDaid, Head of Policy and Public Affairs (Devolved Nations) at: [Anna.McDaid@rcpch.ac.uk](mailto:Anna.McDaid@rcpch.ac.uk)**

The Royal College of Paediatrics and Child Health is a registered charity in England and Wales (1057744) and in Scotland (SCO 38299)

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