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A review of paediatric
waiting times in



**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**

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%).¹ 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.

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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.

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.

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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	4741577

2:

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.⁴ 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).⁵ 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 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)

3:

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-specialities.
- 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.

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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.

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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
