

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

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**Ymateb gan: | Response from: Coleg Brenhinol Pediatreg ac Iechyd Plant |
Royal College of Paediatrics and Child Health**



Health and Social Care Committee call for evidence on workforce strategy: RCPCH response

October 2021

About the RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. 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.

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Background

Pre-pandemic, we published [Workforce Census: Spotlight on Wales](#), which drew upon the most accurate and up to date data available to us in 2019 to present a picture of the paediatric workforce. This report made recommendations specific to Wales in five key areas:

- Planning the child health workforce
- Recruiting, training and retaining more paediatricians
- Incentivising the paediatric workforce
- Planning for and expanding the non-medical workforce
- Expand the primary care workforce

Of course, much has changed since then but the issues identified and recommendations made remain relevant. We have since published a [snapshot of general paediatric services and workforce in the UK](#) – a study about general paediatric services and workforce conducted in September 2019, prior to the COVID-19 pandemic. The results reveal a stretched general paediatric service, with a great deal of variation in services across the UK. It draws similar findings and recommendations.

The COVID-19 pandemic has meant that we have not carried out a workforce census since then, so we do not have accurate and updated data to report. Whether planners have access to high quality data on which to base workforce planning and proactive modelling to reflect the changing needs of children and young people and child health services [has been a longstanding concern](#).

We have since published '[Impact of COVID-19 on child health services between December 2020 and February 2021](#)' which shows findings from child health services across the UK about the impact of the COVID-19 pandemic, from the end of November 2020 to the end of February 2021. The findings demonstrated that over winter 2020/21, paediatric services in the UK were under pressure. The report also noted the backlog of need that paediatrics needs support to address. We are concerned that this coming winter could be even more difficult for paediatric units, who could be responding to significantly higher rates of respiratory illnesses other than COVID-19, notably RSV.

Earlier this year, we published [Paediatrics 2040](#), which presented a vision for the future of paediatrics in the UK focusing on four areas - data, innovation, models of care and working lives. One of the key themes running through this project is a need for greater focus on the wellbeing of the child health workforce. We asked 294 members the question, "In 2040, what is the top thing you want to be different about the working lives of paediatricians?". The [top responses](#) were working hours, flexibility, better treatment and protection of paediatricians, and more staff.

Children and young people through the Paediatrics 2040 programme identified a number of skills, attitudes and areas of knowledge that workers need when working with them in health settings. Their

priorities focused on how to ensure workers are aware of youth issues and identities, for example LGBTQ+ health needs; that they are able to adapt to their age and stage needs, creating materials and being able to hold conversations that meet their needs; and that they are able to look at children and young people's needs across workforce planning, data collection, innovation and creating new models of care.

Consultation questions

The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).

We would hope that the strategy and its delivery aligns with the letter and spirit of Welsh Government plans for population health, so that health services are supported to embed and role-model healthy behaviours. These include the [Healthy Weight Healthy Wales](#) strategy to reduce obesity; and the [All Wales Five Year Breastfeeding Plan](#), for example.

The strategy commits to introducing "a Health and Wellbeing Framework across the health and social care workforce setting clear and measurable standards" and "a set of workforce wellbeing and engagement measures in the performance framework for organisations".

It would be helpful to know what progress has been made on the health and wellbeing of the health and social care workforce; and how the delivery of the strategy aligns with those other Welsh Government strategies, including the vision set out in A Healthier Wales which of course includes "improved population health and wellbeing" as one part of the 'quadruple aim'.

The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs.

The strategy rightly identifies "critical areas that require an urgent and intensive focus in the short term to accelerate solutions that support safe staffing". To address this it commits to creating "a centre of excellence for workforce intelligence for health and social care in Wales" and building "capacity and capability in workforce planning and development across health and social care".

We have previously highlighted the need for better workforce modelling based on robust data, so welcome these commitments. It would be helpful to understand how much progress has been made here and whether workforce planning can be informed by up-to-date and reliable data. In particular, we would be grateful to understand whether modelling and workforce planning in health services will be based on

widely accepted and recognised standards developed by medical Royal Colleges and others, which set out models for safe services.

The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

[A Healthier Wales](#) sets out a vision of health care in which “people will only go to a general hospital when it is essential” and “where specialist services need to be accessed, the system will ensure that patients return to the most appropriate local setting for their ongoing care” The [strategy](#) notes that it “reinforces the need to strengthen and expand services in primary and community settings”.

In our [State of Child Health](#) report published in 2020, we noted that “beyond capacity, it is important to continue to develop primary care capability in child health. Increasing formal training in child health in primary care, where the bulk of children and young people’s health contacts occur, remains crucial.”

It would be helpful to know how these changes to service models are to be evaluated; and how we will know if the necessary capacity building and development of skills across services, such as our call for developing primary care capability in child health, are being successfully implemented.

The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.

In our Paediatrics 2040 work, we used a range of data about the paediatric workforce throughout the UK, primarily collected via the RCPCH Workforce Census, to [forecast trends into the future](#). We projected [decreases in the SAS doctor role and community paediatric workforce, and more doctors working less than full time](#).

We welcome flexibility such as working less than full time. However, it does raise questions around paediatric trainee full-time-equivalent numbers and ensuring that the number of training places available is designed to respond to these changes. It would be helpful to take this opportunity to explore how the strategy will respond to these issues.

The Specialty, Associate Specialist and Staff Grade (SAS) doctor group is an important part of the workforce who need support to avoid this trend becoming reality. Again, it would be helpful to understand how the strategy will support this.

There are also concerning trends ahead for community paediatricians, whose numbers are forecast to decrease proportionally, based on the last ten years of trends. This trend is occurring parallel to the

increasing need for more paediatricians to be working in the community to meet the needs of children and families in the future, and this trend therefore needs some attention. The Welsh Government is currently undertaking a review of demand and capacity within neurodevelopment (ND) services and we hope that the evidence gathered as part of this review and the conclusions at which the review arrives will help inform workforce planning within community paediatrics. Community paediatricians are part of and often lead the multidisciplinary teams responsible for diagnosis and support within ND services. It would therefore be reassuring to know that this review is feeding into implementation of HEIW's strategy as it applies to workforce modelling and design. We ask the Committee to consider asking about this.

Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

An obvious additional question would be how the strategy informs and interacts with plans for recovery within the health and social care workforce from the Covid pandemic with the huge additional pressures this has brought upon the Welsh NHS.