

# Worried and waiting:

A review of paediatric  
waiting times in

**Wales**



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As a paediatrician I see first hand the damaging impact long waits for treatment have on children and their families. Many treatments and interventions must be administered within specific age or developmental stages – no one wants to wait for treatment, but children’s care is frequently ‘time critical’. This report sets out the huge demands on paediatric services in Wales. While there has been some positive progress near the end of 2023, current demands and pressures on services are unsustainable. We have set out a series of recommendations to not only address current demand but also to reduce future demands.

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Children, young people, and families have contributed ideas and suggestions for this report, through structured workshops, about how to support and develop services to reduce waiting times.



***I want to feel like they're aware I'm waiting and not forgotten.***

Young person RCPCH &Us Voice Bank 2024

## Introduction

The World Health Organization emphasizes that ‘investing in children is one of the most important things a society can do to build a better future.’ Yet, there are a significant number of children and young people on waiting lists in Wales. Children and young people and their families should not be left worried and waiting lengthy times to receive care.

The impact for a child waiting for treatment is often more severe than for adults because a child is still developing. Many treatments and interventions must be administered within specific age or developmental stages, and if they are not, this can cause a knock-on effect on communication skills, social development and educational outcomes as well as their mental wellbeing. Long waits disproportionately impact vulnerable families and exacerbate health inequalities.

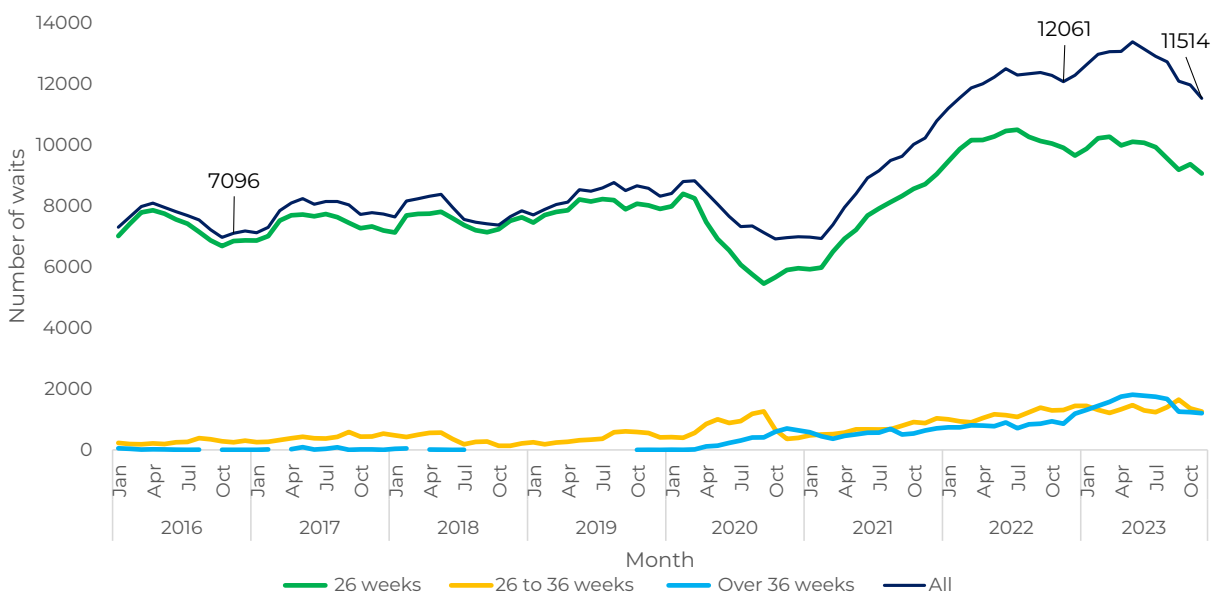
This report contains policy recommendations which would ensure children and young people receive care in a timely manner, in the right place and by the right professional. These recommendations factor on four core themes: the child health workforce, data, health inequalities and age-appropriate care.

## Wales data

The following report provides a narrative of data sourced from StatsWales between 2016-2023, with a spotlight on November 2022 to November 2023. Data for Wales is recorded on a monthly basis and referral to treatment waiting times are grouped by weeks and categorised by Health Board.

This report looks at patients waiting on the 'paediatric pathway'. Data on paediatric outpatients, neurology, A&E, CAMHS, dentistry and surgery are gathered separately and are not included below. The number of waits is split into three; up to 26 weeks, between 26 and 36 weeks, and over 36 weeks. The standard target aims for 95% or more patients to wait less than 26 weeks to start treatment. This target has not been met in the paediatrics pathway since February 2020.<sup>1</sup>

In November 2016 the total number of ongoing paediatric waits were 7,096. In November 2023 there were 11,514. **This is a 62.3% increase.** This compares to a 7% increase in (adult) waits for rheumatology, a 52.6% increase in trauma and orthopaedics and a 57.4% increase in Ears, Nose and Throat waits during the same timeframe.



**Fig 1. Wales: ongoing waits by paediatric treatment function 2016-2023.**

When looking at the difference between November 2022 and November 2023, there has been an overall **reduction of 4.5%**. However, waiting times reached a record high in May 2023 (13,367) before starting to fall.

This is a positive indication of the potential direction of future travel. However, the national figure hides regional variation. In Swansea Bay University Health Board between November 2022 and November 2023 the overall number of paediatric waiting times halved (51%), falling from 1,331 to 647. Similarly, Aneurin Bevan University Health Board reduced paediatric waiting times by 47%, from 1,487 to 788. Whereas Cwm Taf Morgannwg University Health Board and Hywel Dda University Health Board both saw an increase in waiting times, 26% and 17% respectively. Cardiff and the Vale saw a decrease of 2.7%, whereas Betsi Cadwaladr University Health Board saw an increase of 2.7%. Successes from Health Boards to reduce paediatric waiting times should be shared and if suitable adopted across Wales.

<sup>1</sup> StatsWales, Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/percentage-patientpathwayswaiting-month-grouped-weeks>

When looking at the longest ongoing waits (over 36 weeks), there were 2 in November 2016 and 1,203 in November 2023, which accounted for 10.4% of the total paediatric waits. Waits over 36 weeks rose by 40.2% between November 2022 (858) and November 2023 (1,203).



**Fig 2. Wales: total ongoing waits and proportion of waits over 36 weeks long 2016-2023**



*Last time I didn't know why I had to wait which made me anxious.*

Parent/Carer, RCPCH &Us Voice Bank 2024

## Wales data Tables

The tables below display the average of the 12 monthly data points for each year. The max and min numbers correspond with the month with the highest number of open pathways within a given year and the month with the lowest number of open pathways for the same year. 2023 numbers are partial and up until November.

Year	Total waits			Over 36 weeks		
	Average	Max	Min	Average	Max	Min
2016	7531.4	8082	6960	14.5	54	2
2017	7843.2	8230	7116	27.8	90	2
2018	7823.7	8372	7363	14.7	48	1
2019	8340.6	8758	7696	1.6	4	1
2020	7729.3	8816	6911	297.4	701	3
2021	8813.5	10776	6923	546.8	705	366
2022	12068.8	12485	11186	845.3	1187	711
2023	12872.4	13367	11514	1523.3	1808	1203

## COVID-19 recovery plan

In April 2022 the Welsh Government published a programme for transforming and modernising planned care and reducing waiting lists in Wales. This included setting targets to end two-year waits by March 2023 and one-year waits by Spring 2025. The target for ending two-year waits has not been met.

In November 2023 there were 6,785 under 18-year-olds waiting over a year for treatment and 1,229 waiting over two years. These are not necessarily paediatric patients but rather all those requiring treatment that are under 18. When the data is filtered by the paediatric pathway there are only 179 paediatric patients waiting over a year and none waiting over two years.

The number of under 18-year-olds waiting over a year (excluding outpatient appointments) has declined by 29% between November 2022 and November 2023. For patients waiting longer than 2 years, following an initial 14% increase between November 2021 and November 2022, there has been a 58% decrease between November 2022 and November 2023.

### Key Fact:

**As of November 2023, there were 6,785 under 18-year-olds waiting over a year for treatment, and 1,229 waiting over 2 years. There were an additional 3,307 waiting over a year for an outpatient appointment.**

While this trajectory is positive, there are still a significant number of under 18s waiting a lengthy time for treatment. This was not the case pre-pandemic.



**Connect young people to other groups of young people going through the same stuff. Youth groups – I don't know anyone with migraines.**

Young person, RCPCH &Us Voice Bank 2024

## Recommendations



### Recommendation 1: Child health workforce

Wales needs a workforce able to deliver safe and effective paediatric care. The number of consultant paediatricians in Wales has increased by 25% since 2016. This has been needed due to demands as well as a rise in less than full time working. Other child health professionals have not experienced a similar increase, health visitors for example have declined by 6% since 2016.

- Health Education and Improvement Wales (HEIW) must complete a review of the **entire** child health workforce, including numbers working in child health settings, stage of their careers, place of work, demographics and working pattern. This should inform commissioning of the workforce to meet demands in 5, 10 and 15 years.
- HEIW, in collaboration with NHS Wales, should develop a bespoke child health workforce strategy that aims to attract and retain child health professionals. This must be multidisciplinary and transcend across primary, secondary, tertiary, community and social care.

## Recommendation 2: Data

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

- The Welsh Government, Public Health Wales and NHS Wales should improve the collection, sharing and utilisation of child health data when appropriate. This must include allowing user of the data to filter by paediatric speciality waits by health board.
- NHS Wales should invest in the digitalisation of child health records and the technology needed to support this in primary, community, secondary, and tertiary care.
- Regional variation within existing data should be monitored and standardised where possible and sharing examples of good practice encouraged and facilitated by NHS Wales.

## Recommendation 3: Health inequalities

Poverty disproportionately impacts children in Wales (28%) compared to working age adults (21%) and pensioners (18%). Poverty has a significant impact on children's health with obesity, smoking and mental health conditions all being higher in areas of deprivation and vaccination uptake being lower compared to areas of low deprivation. In addition, between 2011 and 2020, the child death rate was 70% higher in the most deprived areas of Wales compared with the least deprived.

- To ensure the delivery of the Child Poverty Strategy is robust and transparent, the Welsh Government must promptly deliver a monitoring framework.
- The Welsh Government must also improve health outcomes for children currently living in poverty by developing a cross-government delivery plan for addressing child health inequalities.

## Recommendation 4: Age-Appropriate Care

Wales needs to ensure children aged 16-18 are not falling between services. While those waiting over a year and over two years has fallen, there were still 6,785 under 18-year-olds waiting over a year for treatment, 1,229 waiting over 2 years for treatment, and an additional 3,307 waiting over a year for an outpatient appointment (November 2023). NHS Wales needs to ensure these individuals are seen by the right health professional, in a timely manner.

- The Welsh Government, supported by the NHS Executive, need to review the age-appropriate care guidance and ensure it is fully implemented by health boards. This should ensure service planning for adolescents.
- Health Boards should ensure paediatric services and adult services are adequately resourced to support each other in delivering a holistic seamless transition that is age appropriate
- The Welsh Government and NHS Wales needs to ensure adequate signposting and funding for peer support groups for children and young people.

## Conclusion

This report has outlined not only the huge demand for paediatric services but for all those under 18. While Wales is starting to see some progress over the last few months, we are far from the 2016 waiting times and are not meeting the 95% standard target. Wales needs to invest in the entire child health workforce, improve child health data quality and focus on prevention, improving care for 16–18-year-olds and tackling child health inequalities.

We would like to thank all the children, young people, and families from visits to an outpatient's clinic and a youth centre in Wales, who gave their thoughts on waiting times and views on what helps while waiting for referrals and what could be improved. They said, "Better communication is essential" and that we need to understand "why we are being referred to a specialist". Children and young people want Doctors to work with "schools to increase the support we are given and signpost us to other organisations that can further help and support" and to "give us supportive information – top tips, videos, leaflets". RCPCH &Us (2024) Voicebank unpublished. London: RCPCH

## About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales. 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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