NHS England

GIRFT
GETTING IT RIGHT FIRST TIME

Closing the gap:
Actions to reduce waiting times for children and young people

Updated August 2024

GIRFT is part of an aligned set of programmes within NHS England

Introduction

The Delivery Plan for Tackling the COVID-19 Backlog of Elective Care, published in February 2022, flagged that long waits to access planned care can have life-long consequences on the development of children and young people. Delayed access to care for children leads to missed education and lost ability to lead full and active lives, exacerbating existing inequalities.

The NHS has made huge efforts to restore elective care, but children and young people's activity remains below pre-pandemic levels and behind adult services, creating a gap between recovery in adults services compared to children and young people.

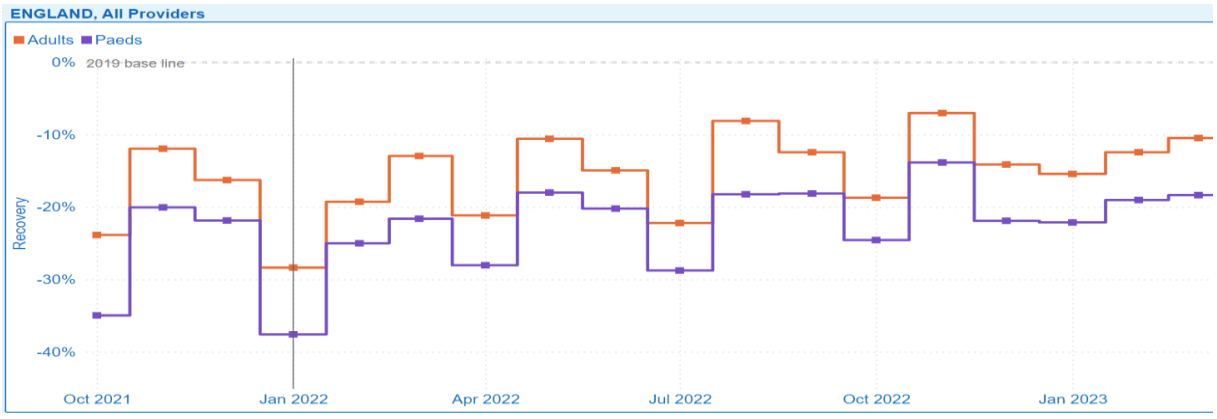
This document provides a concise set of actions to reduce waiting times for children, with links to quick essential data, resources and case studies. These compliment the national toolkit for elective recovery for children and young people and other resources provided on the CYP workspace.

We hope that renewed focus on care for children will close the gap between children and adult elective recovery and give more of our children a better start in life.

Click to access the CYP elective recovery toolkit >

Click to browse wider CYP resources >

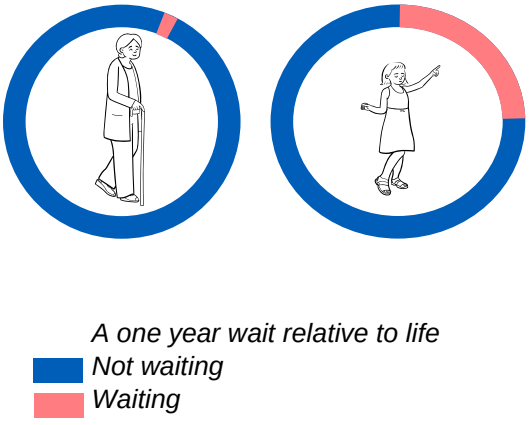
The recovery gap



Waiting list data indicates that specialties with the highest numbers of CYP waiting, and where recovery has been most challenged, are:

- ENT
- Dental
- Ophthalmology
- Urology
- Trauma & orthopaedics, including spinal

Significant challenges have also been reported across the Congenital Heart Disease (CHD) pathway.



Long waits for elective care impact on the development of children and can have life-long consequences on their health outcomes.

Actions to close the gap

Increase theatre capacity – from page 4

1	Run dedicated paediatric lists or operating days
2	Add extra sessions or ‘super-days’ for children’s surgery
3	Share capacity across systems, including elective surgical hubs

Metrics: Change to waiting lists, clock stops, activity volumes, day case rates, activity

Case studies: CYP super sessions or dedicated days, system approach to tooth extractions. Resource: SOP for Paediatric super days

Increase theatre utilisation – from page 5

4	Book the recommended number of cases per list
5	Increase efficiency of flow with safe expedited discharge protocols
6	Stagger children’s admission times for surgery

Metrics: Theatre utilisation and cases per list section in SPAEDIT

Case studies: Day case theatre flow, exclusion criteria for dental pathway, reducing length of stay for day case tonsillectomy

Streamline pathways of care - from page 6

7	Avoid procedures of limited medical benefit, such as circumcision, using clinical decision tools
8	Ensure all children go through preoperative assessment
9	Use holistic prioritisation tools
10	Provide ‘waiting well’ or self-care resources to children and parents

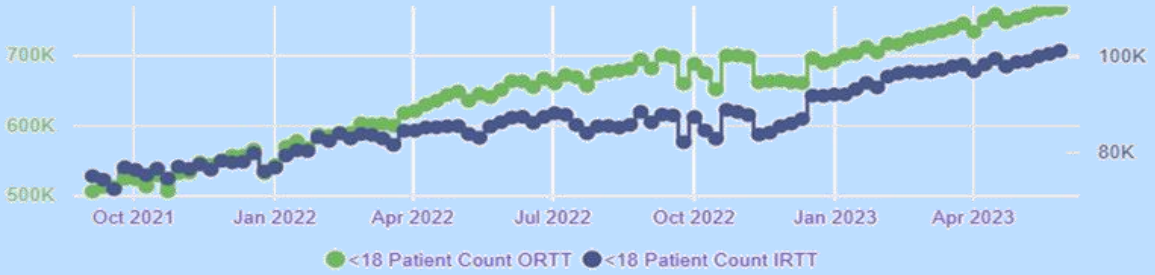
Metrics: Data on elective circumcisions, cancellation data

Resource: waiting well resources, 4skin-health website, Children’s Hospital Alliance Risk Tool

Increase theatre capacity

Data and metrics – understand the problem

Patients <18 waiting for outpatient (ORTT) and inpatient (IRTT) between Sept 2021 and May 2023



Activity volumes are available on the CYP transformation dashboard at Trust and system levels. These have remained below pre-pandemic levels and children's surgery activity is consistently below that of adult surgery.

Paediatric surgery day case rates are available on the Model Health system at Trust and system level

Action 1: Run dedicated paediatric lists or operating days

Running children-only lists or surgery days means that processes and staffing mix can be optimised and tailored for children. This provides a better experience for children, parents and staff and is also more efficient than when paediatric work is mixed in with other lists.

Action 2: Add extra sessions or 'super-days' for children's surgery

Adding additional sessions, often taking place on Saturdays, provides a one-off increase in capacity. These are best targeted at higher volume lists.

Action 3: Share capacity across systems, including elective surgical hubs

Sharing capacity across a system or Operational Delivery Network can tackle the longest waiting lists, reducing variation in waits. Elective surgical hubs have been vital to improving performance on adult elective waiting lists. Children and young people should also be able to benefit from the elective hub approach.

Case study: Paediatric Friday at Calderdale and Huddersfield
Every Friday, Calderdale Hospital's day surgery unit and 3 theatres are dedicated to children's surgery.

Click to read full case study

Case study: Weekly CYP session in adult day surgery theatres
Blackpool Teaching Hospitals run children's surgery lists in adult day surgery theatres every Thursday. This allows for parents or carers to follow up on any post-surgery concerns with the regular outpatient clinic on the Friday.

Click to read full case study

Case study: System approach to CYP tooth extractions
Bath, NE Somerset, Swindon and Wiltshire's clinical collaboration between three providers with the one ICB reduced waiting times for surgery by focusing on super weekends to address backlogs in paediatric tooth extractions.

Click to read full case study

Resource: Standard operating procedure for children at elective hubs
Elective surgical hubs are providing additional surgical capacity in the NHS, however not all surgical hubs have included children and young people. This example standard operating procedure shows how this capacity can be offered for children. Accreditation criteria are in development.

Click to download example SOP

Increase theatre utilisation

Data and metrics – understand the problem

Theatre utilisation data is available via the newly published SPaedIT tool.

Action 4: Book the recommended number of cases per list

ODNs have discussed recommended numbers of cases per session during their deep dive visits.

These will vary by case complexity, but example recommendations of cases per list are offered below:

- 5 general surgery day cases
- 6 ENT cases
- 10 dental cases

Action 5: Increase efficiency of flow with safe expedited discharge protocols

Clear inclusion and exclusion criteria ensure that appropriate use of day case pathways is maximised, while conversions to inpatient admissions are minimised.

Action 6: Stagger children's admission times for surgery

Staggering admission times makes the unit quieter and allows staff to focus on the relevant children. It is the family centred approach, minimising time lost due to waiting and the impact on a child's school attendance.

Case study: Day case theatre flow at Royal Manchester Children's Hospital
The hospital developed a day case by default pathway, as part of its COVID recovery programme. The paediatric theatre day surgery unit has a 'Walk In Walk Out' (WIWO) lead practitioner and has ensured patient flow is maintained.

Click to read full case study

Case study: Project 'Tooth fairy' for dental extractions
NHS England, North Thames and South Thames Paediatric Networks improved CYP dental capacity across London with defined inclusion and exclusion criteria.

Click to read full case study

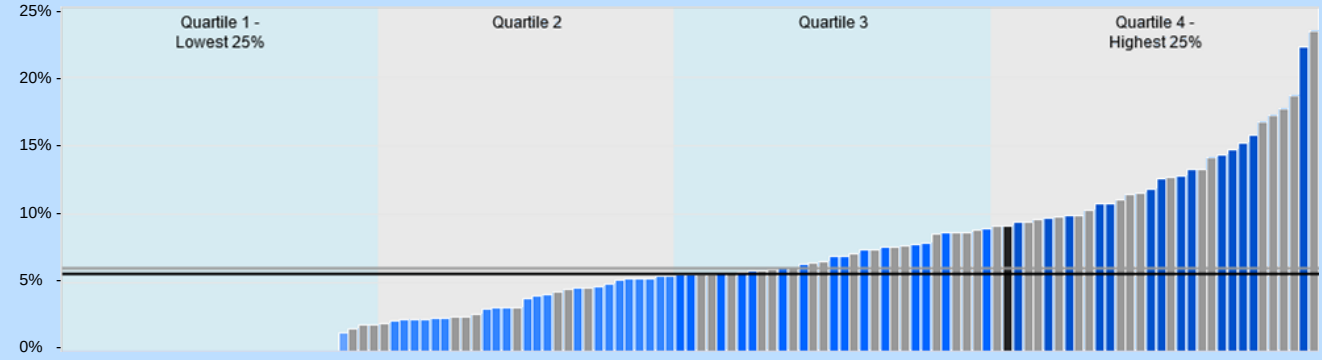
Case study: Day case tonsillectomy in the South West
The South West Surgery in Children Operational Delivery Network reviewed wide variation in day case rates across the region and agreed to adopt a best practice adenotonsillectomy day case pathway and track rates by centre. Of the nine centres, a notable increase was seen in day case rates at five centres, with a slight increase at two centres and continued high performance at two.

Click to read full case study

Streamline pathways of care

Data and metrics – understand the problem

Percentage of admissions for circumcision in patients aged 0-16 years where the patient's age at operation < 5 years



Data on elective circumcisions is available on the Model Health System at Trust, system, ODN and regional levels.

Action 7: Avoid procedures of limited medical benefit such as circumcision and tonsillectomy, using clinical decision tools

The GIRFT report found that up to 4,000 boys annually undergo unnecessary circumcision, due to failures to consider the evidence base or less radical options.

Action 8: Ensure all children go through preoperative assessment

Preoperative assessment and clear instructions for preparation for surgery reduce cancellations and delays to surgery on the day, and enables treatment through surgical hubs.

Action 9: Use holistic prioritisation tools

The Children's Hospital Alliance Risk Tool (CHART) provides a prioritisation method for children, who may have lower mortality risk than adults but could face significantly more harm due to delays.

Action 10: Provide 'waiting well' or self-care resources to children and parents

Resources available include leaflets produced by the Association of Paediatric Anaesthetists of Great Britain and Ireland and the Royal College of Anaesthetists.

Resource: 4skin-health website
A website developed with input across the NHS which includes a treatment choice support tool which helps health professionals to ensure children and parents are informed of their options and offered a choice.

Click to visit website

Resource: Paediatric pre-assessment practitioner course
The South West and Thames Valley & Wessex Surgery in Children ODNs have developed a competency based course based on APAGBI national guidance.

Click for information

Resource: CHART - An alternative prioritisation approach for CYP
The Children's Hospital Alliance (CHA) has developed a risk tool (CHART) as an alternative approach to prioritisation of waiting lists and measuring of risk specifically for children and young people.

Click for information on CHART

Resource: Decision Support Tool on recurrent tonsillitis
This Decision Support Tool provides information on recurrent tonsillitis and the possible treatments available, helping children and their parents to understand and talk to their clinician to make the best decision about treatment. A Decision Support Tool for grommets is in development.

Click for Decision Support Tool