

# Community Child Health Survey 2016

## Results

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# 1. Methodology and response rate

## 1.1 Methodology

The survey was sent to 187 community clinical leads on 26 April 2016 through SurveyMonkey® to examine how community child health (CCH) services are currently delivered. This ran broadly concurrently to, and linked with, the biennial RCPCH workforce census so there was no overlap in the information being collected. In order to maximise the rate of response to the census it was agreed to separate the more detailed community questions from the main organisational census and send it directly to the lead community paediatrician. The survey was designed to capture a breakdown of data relating to activity in all the major clinic types alongside broader service arrangements.

Three reminders were sent (June, August, September) before the survey was closed in early November 2016. Data was downloaded as a .csv file and analysed in MS Excel.

## 1.2 Response rate

A total of 187 surveys were sent to community clinical leads in the UK and 103 responses were received, a rate of 55.1%. The total of 187 does not necessarily represent the number of distinct community paediatric services. Indeed the RCPCH census of 2013 identified 179 such services and the census of 2015 only, 169 services. Mergers, re-organisations, duplication and non-responses to surveys add to the uncertainty on the total figure, but we can be confident that the response to this survey was more than half of all services and therefore provides a valuable picture of how community paediatric services were delivered in 2017.

Many leads were unable to supply the data we asked for, making comments such as:

“We do not currently have systems to easily access information regarding referral patterns or waiting times”

“We have huge problems about the numbers as our Trust does not routinely collect them for any department”

Responses were received from across the UK with varying levels of completion across the regions (see Table 1). At least three responses were received from each BACCH region.

Table 1 Response rates by BACCH region

BACCH regions		%
Northern Ireland	4	80
West Midlands	9	78
South West	8	75
Mersey & Cheshire	4	67
Scotland	8	67
Trent	7	67
North West	12	61
Thames North East	6	60
Wessex	5	57
Thames South East	7	53
Thames North West	6	46
East Anglia	7	44
Oxford	3	43
Thames South West	5	43
Wales	4	42
Northern	3	40
Yorkshire	5	33

## 2. Organisational structure, funding arrangements and staffing

### 2.1 Organisational structure

In Scotland, Wales and Northern Ireland, community child health (CCH) services are provided by the health board or health and social care trust also responsible for general paediatrics (Table 2). In England the type of provider of CCH services is more diverse – 65 are in trusts providing both acute and community services, 10 in separate community trusts, 14 in acute trusts, 10 in mental health and community trusts, 11 in specialist trusts and 5 in independent providers and social enterprises<sup>1</sup>.

Table 2: Organisation type of community paediatric service providers

Organisation type	England	Northern Ireland	Scotland	Wales	Total
Acute and community trust	65	0	0	0	65
Acute trust	14	0	0	0	14
Community trust	10	0	0	0	10
Mental health and community trust	10	0	0	0	10
Tertiary trust	11	0	0	0	11
Health and social care trust	0	5	0	0	5
Independent provider	1	0	0	0	1
NHS board/NHS health board	0	0	11	7	18
Social enterprise	4	0	0	0	4
Total	115	5	11	7	138

### 2.2 Funding

Almost 60% of responding services stated that they are funded on a block contract basis, 28.2% with a capped block. Only 12.7 % of services were funded through mixed block and payment by results (Table 3).

Table 3 How is your service funded?

	Services	% of services
Block contract	42	59.2%
Capped block	20	28.2%
Mixed block and payment by results	9	12.7%
<b>Total</b>	<b>71</b>	
Non-responders	32	

## 2.3 Population and staffing

The data in Table 4 shows the number of services providing data to the survey in each country of the UK and the average (mean) population served according to the respondents (medians have not been calculated where the denominator is low). The 0-19 population of the UK in 2015 was 15,354,662 i.e. 23.6% of the total population of 65,110,034<sup>2</sup>. If we assume there are 169 distinct CCH services, each service would cover a mean childhood population of 90,856. This corresponds closely to the survey responses which show a mean of 89,527 0-19 year olds per service (range 31,520 – 250,360).

Table 4: Child population 0-19 covered by CCH services (mean and median) by UK country

	Services providing data	Mean	Median
England	67	88,867	79,300
Wales	2	71,145	*
Scotland	4	122,465	*
Northern Ireland	4	76,850	*
UK	77	89,527	78,568

\*Responses too low for median

Using workforce data from the RCPCH Census 2015 we can estimate the number of career grade paediatricians per population. Including the community element of those working in combined general and community posts, there were the equivalent of 773.5 CCH consultants recorded in the 2015 census and 502.75 CCH SAS doctors. This equates to 5 consultants and 3.3 SAS doctors per 100,000 children aged 0-19 or 1.2 consultants and 0.8 SAS doctors per 100,000 total population (Table 5). BACCH forecasts in 1999 estimated a demand for 4.5 community paediatricians per 100,000 total population<sup>3</sup>.

Table 5: Staffing per 100,000 Child and total population UK 2015

	Consultants	SAS doctors	Total
Per 100,000 children	5.0	3.3	8.3
Per 100,000 total population	1.2	0.8	2.0

Source: RCPCH Workforce Census 2015, ONS

### 3. Clinical leadership

For 81% of services the clinical lead for CCH is a community paediatrician (Table 6). In the 17 services where that is not the case, seven leads are general paediatricians, six are general paediatricians with a special interest or, subspecialists (including 1 neonatologist). Four leads (two consultant psychiatrists, one consultant nurse and one consultant geriatrician) are not paediatricians. There were 14 non-responding services.

Table 6: Is the clinical lead for community child health a community paediatrician?

	Services	% of services
Yes	72	81.0%
No	17	19.0
Total responses	89	

Almost half (40/83) of clinical leads have 1 PA allocated in their job plan for the lead role, 29 have less than 1 PA and 14 greater than 1PA giving a mean of 0.99 PAs. When asked how many PAs are spent on the role 16 spend less than 1 PA and 16 spend 1 PA with 61% (50/82) spending more than 1 PA, giving a mean of 1.8 PAs. One clinical lead reported spending 6 PAs of their contract on the lead role, Figure 1 shows the difference in the distribution of PAs for the lead role between allocated and spent time.

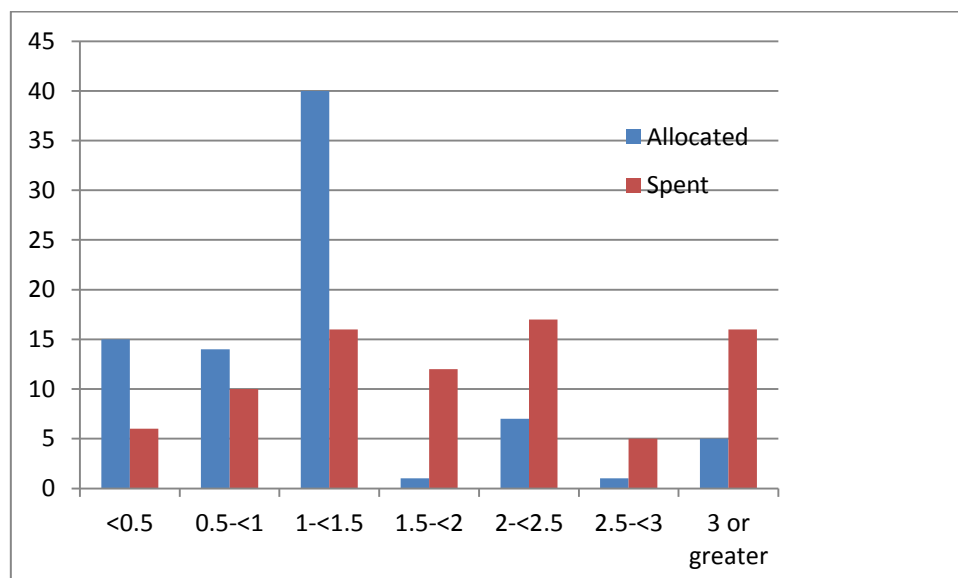


Figure 1: PAs allocated and spent on CCH clinical lead role

### 3.1 Particular problem in one service area

Respondents were asked if they have a particular problem in one service area (Table 7), 43 stated that they did, but three failed to describe a problem clearly and the remaining 40 listed 44 separate problems. 31 of these problems related to services/clinics of which 17 were concerned with autism. Detailed comments related to increased referrals and long waiting times. Eight problems related to workforce and capacity and five to do with management and boundary issues.

Table 7: Particular problem in one service area

<b>Services</b>		<b>31</b>
Autism	17	
Neurodisability	3	
Looked after Children	2	
Special Educational Needs and Disability (SEND)	2	
Adoption and Fostering	1	
Audiology	1	
Overlap (CCH and Neurodisability)	1	
Follow up appointments delay	1	
No specialist clinics	1	
All services	3	
<b>Workforce and capacity</b>		<b>8</b>
<b>Management and boundary issues</b>		<b>5</b>
Responders	43	
Total separate problems reported	44	



## 4. Range of services provided

The survey asked each organisation to state whether they provided each of 21 services shown across the horizontal axis in Table 8. 85 organisations responded to this section of the survey. Where the service is provided, it is indicated with a tick and green shading, non-provision with a cross and red shading. The following three rows in the table indicate the numbers and percentage providing each service and the total number of services responding.

CCH services provide a wide range of services. Some are core service e.g. 99% of CCH services provide an autism spectrum disorder assessment clinic and over 90% provide special school clinics and undertake looked after children assessments. However others are less common: only three services (4%) reported undertaking child health promotion clinics and eight (11%) clinics for constipation/encopresis.

The table is useful in identifying the core elements of paediatrics across the UK. The left hand axis identifies each unit, by its region only, so that reading across the table the variable nature of services provided is clear.

Some units failed to answer questions about service provision, but broadly each community child health services provided an average (mean) of 11 different clinics and services (median = 12, range 1-17).

Table 8: Clinics and services provided

Region	ASD	ADHD	General development clinic (doctor only)	General development clinic (MDT)	Special school clinics	Clinics for children in mainstream schools	F to F appts for SEN assessment for EHCP	LAC assessments	Face to face pre-adoption assessments	Medical Advisor's comments to the LA	Counselling for prospective adopters	Assessments for physical abuse	Assessments for neglect	Assessments for child sexual abuse	Enuresis	Constipation / encopresis clinic	Tier 2 audiology	Tier 3 audiology clinic	Vision impairment	Immunisation	Child Health Promotion	Total provided by service
Provide service	85	53	76	45	78	19	66	74	57	62	59	58	62	43	23	8	26	17	13	20	3	
% providing service	99%	63%	89%	54%	93%	23%	80%	93%	79%	84%	82%	76%	82%	57%	30%	11%	34%	23%	17%	26%	4%	
Total responded	86	84	85	83	84	82	82	80	72	74	72	76	76	75	76	76	77	75	76	78	78	
East Anglia	✓	✓	✓	✓	✓	✗	✗	✓	✓		✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	10
East Anglia	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	12
East Anglia	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	12
East Anglia	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	12
East Anglia	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗	✗	15
East Anglia	✓	✗	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✗	12
Mersey & Cheshire			✓				✓	✓				✓	✗	✗					✗	✓	✗	5
Mersey & Cheshire	✓	✓	✓	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	11
Mersey & Cheshire	✓	✓	✗	✗	✓	✗	✓	✓	✓			✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	9
Mersey & Cheshire	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	11
North West	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓	15
North West	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	8
North West	✓	✓	✓	✗	✓	✗	✗	✓		✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	12
North West	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	10
North West	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	13
North West	✓	✗	✓	✗	✓	✗	✓	✓														5
North West	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	10
North West	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	11
North West	✗	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	10

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North West	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	10
North West	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	3
Northern	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗	15
Northern	✓	✗	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	5
Northern	✓	✗	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	11
Northern Ireland	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✗	12
Northern Ireland	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	11
Northern Ireland	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✗	11
Oxford	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	12
Scotland	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	15
Scotland	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗	13
Scotland	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	13
Scotland	✓	✗	✓	✗	✓	✓	✗	✗	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	8
Scotland	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✓	✓	✓	✗	✗	13
Scotland	✓	✓	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	11
Scotland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	1
South West	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	13
South West	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	12
South West	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	8
South West	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	6
South West	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	14
South West	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	12
Thames North East	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	12
Thames North East	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	13

Region	ASD	ADHD	General development clinic (doctor only)	General development clinic (MDT)	Special school clinics	Clinics for children in mainstream schools	F to F appts for SEN assessment for EHCP	LAC assessments	Face to face pre-adoption assessments	Medical Advisor's comments to the LA	Counselling for prospective adopters	Assessments for physical abuse	Assessments for neglect	Assessments for child sexual abuse	Enuresis	Constipation / encopresis clinic	Tier 2 audiology	Tier 3 audiology clinic	Vision impairment	Immunisation	Child Health Promotion	Total provided by service			
Thames North East	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	12	
Thames North East	✓	✗	✓	✓	✓	✓	✓	✓	✓															7	
Thames North East	✓	✗	✓	✓	✓	✓	✗																	4	
Thames North East	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	18	
Thames North West	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	9	
Thames North West	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	14
Thames North West	✓	✗	✓	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	8	
Thames North West	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	11	
Thames North West	✓	✗	✓	✗	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	8	
Thames North West	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	12	
Thames South East	✓	✓	✓	✓	✓	✓		✓											✗	✓	✗	✓	✗	8	
Thames South East	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	14	
Thames South East	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	12	
Thames South East	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	15	
Thames South East	✓																							1	
Thames South West	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	15	
Thames South West	✓	✓	✓	✓	✓	✓	✗	✓	✓		✓		✓	✓	✓	✓	✗	✗	✗	✗		✓	✗	12	
Thames South West	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	10	
Thames South West	✓	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	13	
Thames South West	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	11	
Trent	✓	✓	✓	✗	✓	✓	✓	✓	✓				✓	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	12	
Trent	✓	✓	✗	✗	✓	✓	✗	✗	✓		✓		✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	8	
Trent	✓	✓	✗	✗	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	9	

Region	ASD	ADHD	General development clinic (doctor only)	General development clinic (MDT)	Special school clinics	Clinics for children in mainstream schools	F to F appts for SEN assessment for EHCP	LAC assessments	Face to face pre-adoption assessments	Medical Advisor's comments to the LA	Counselling for prospective adopters	Assessments for physical abuse	Assessments for neglect	Assessments for child sexual abuse	Enuresis	Constipation / encopresis clinic	Tier 2 audiology	Tier 3 audiology clinic	Vision impairment	Immunisation	Child Health Promotion	Total provided by service
Trent	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗	14
Trent	✓	✓	✓	✓	✓	✗	✗	✓									✗	✓	✗	✗	✗	7
Trent	✓	✗	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	12
Wales	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗		✗	✗	✗	✗	✗	✗	✗	✗	11
Wales	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	9
Wales	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	16
Wessex	✓	✗	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	12
Wessex	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	12
Wessex	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	10
Wessex	✓	✗	✓	✗	✗	✓	✓	✓	✗	✓				✓	✗	✓	✓	✗	✗	✗	✗	10
West Midlands	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	17
West Midlands	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	13
West Midlands	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	14
West Midlands	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	14
West Midlands	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	10
West Midlands	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	12
West Midlands	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	11
Yorkshire	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	16
Yorkshire	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	8
Yorkshire	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	13

**Additional coding notes**

For ASD and ADHD

✓ ASD (or ADHD) included in general clinic (doctor only)

✓ ASD (or ADHD) included in general clinic (multidisciplinary team)

Blank cell- No answer provided

For LAC

✓ Yes, initial health assessments AND review health assessments

✓ Yes, initial health assessments only

## 5. Activity and performance

### 5.1 Total activity and indicators in the community services from 1 April 2015 - 31 March 2016

Table 9 shows the averages and number of valid responses (i.e. clean data) when respondents were asked to provide figures for the total activity in their service.

The following sections will consider the activity on a clinic-by-clinic basis. However as many services were unable to provide a detailed breakdown, the overall activity data below gives a useful view of service demand overall.

We have compared some of these indicators with NHS Benchmarking Network community paediatric findings for 2015/16 and found broad similarities. For example NHS Benchmarking report a mean of 476 referrals per 100,000 of total population. In comparison, this survey estimates 509 referrals per 100,000 total population i.e. 1940 referrals per 100,000 children aged 0-19. The reported did not attend (DNA) rate in this survey is 10.8 compared to 10.2 by the NHS Benchmarking network.

Table 9: Total activity and indicators

Activity/Indicator	Average	Range	Valid responses
Referrals	1674		33
New appointments	1413		30
Follow up appointments	3060		29
Average Waiting time	14.6 weeks	6-33 weeks	31
DNA rate - new patients	10.8	0%-30%	45
DNA rate - follow up	12.8	1%-30%	43

In Table 10 the average DNA rate are shown for new and follow up patients where a response was received about whether text or telephone reminders are used. This shows that for new patients, the DNA rate is slightly lower at 8.25% where text reminders are used than when not - 9.5%. For follow up appointments, the difference is greater 9.33% compared to 12.9%. It is interesting however that where reminders are sometimes used the DNA rates are highest - 15% for new patients and 15.8% for follow up patients.

Table 10: DNA rates and text reminders

Text reminder usage	No. of services	Average DNA rate (%)	No. of services	Average DNA rate (%)
Yes	16	8.25	12	9.33
Sometimes	15	15	13	15.8
No	13	9.5	17	12.9

## 5.2 Neurodevelopmental

### 5.2.1 Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)

55.2% (47/86) of services provide a specific autistic spectrum disorder (ASD) assessment clinic with 23.8% (22/86) services reporting that ASD is included in doctor-only general clinics and 19% (16/86) in multidisciplinary team general clinics (Table 8). Only one responding service does not provide any ASD assessment. In comparison, only 25% (21/84) of services provide a specific ADHD clinic, 38.1% (32/84) do so only in general clinics and 36.9% (31/84) do not provide ADHD assessment (Table 8).

Table 11 and Table 12 shows the average number of new referrals, new and follow up appointments for ASD and ADHD respectively alongside the denominator for services who were able to provide good quality data.

The time slot for new and follow up appointments for ASD is set out in Table 13 and shows that new appointment slots are generally substantially longer than follow ups - the most common length for new appointments is 46-60 minutes in 23 (39%) of services, 45.8% of services have appointment lengths of over an hour. For follow ups, only one service has an appointment length of over an hour and 77.9% of services have appointments of less than 45 minutes.

For ADHD, appointment lengths tend to be shorter than for ASD (Table 14). Only 14.7% of appointments are longer than an hour, and almost four-fifths of services have a follow up appointment length of 30 minutes or less.

Table 15 shows that the most common wait for ASD is between 12-18 weeks accounting for 33.4% of services. 42.5% of services have a waiting time over 18 weeks, breaching the 18 week referral to treatment (RTT) time with over a quarter - 26.8% of services - having waiting times of more than 24 weeks. For ADHD there are shorter waits with the most common length of waiting being 6-12 weeks and only 25.9% of services with waits greater than 18 weeks.

The average waiting time from being put on the waiting list for specific ASD diagnostic assessment to the conclusion of the assessment pathway is 35.5 weeks. This average is based on responses from 44 services and is almost double the 18 week RTT time.

The average waiting time from referral to diagnosis of ADHD (weeks) is 29.9 weeks which also breaches the 18 week referral to treatment rules.

Pressure on ASD services is also highlighted by the data in Table 16 showing that 13.7% (7/51) of services can always see patients when follow up is due and 62.8% can do so no more than half of the time. The pressure on ADHD services is similar, only 11.4% of services can always see patients when follow up is due and 60% can do so no more than half the time.

Table 11: Average referrals, new and follow up appointments for ASD 1 April 2015 - 31 March 2016

	Average	No. of services providing data
Referrals	332	28
New appointments	281	25
Follow up	577.4	31

Table 12: Average referrals, new and follow up appointments for ADHD 1 April 2015 - 31 March 2016

	Average	No. of services providing data
Referrals	216	11
New appointments	208	7
Follow up	340.6	13

Table 13: Time slot allocated for new and follow up appointments for ASD

	New appointments	%	Follow up appointments	%
30 minutes or less	1	1.7%	30	54.6%
31-45	8	13.6%	14	23.3%
46-60	23	39.0%	8	18.1%
61-75	5	8.5%	1	4.1%
76-90	13	22.0%	0	0%
More than 90	9	15.3%	0	0%
Total	59		53	
Non responses	26		32	



Table 14: Time slot allocated for new and follow up appointments for ADHD

	New appointments	%	Follow up appointments	%
30 minutes or less	3	8.8%	29	78.4%
31-45	12	35.3%	7	18.9%
46-60	14	41.2%	1	2.7%
61-75	2	5.9%	0	0.0%
76-90	3	8.8%	0	0.0%
More than 90	0	0.0%	0	0.0%
Total	34		37	
Non responses	19		16	

Table 15: Average waiting time from referral to first appointment (in weeks)

Weeks	Autism		ADHD	
	Services	% of responders	Services	% of responders
Less than 6	2	3.6%	0	0%
6-12	13	20.7%	12	44.4%
12-18	19	33.4%	8	29.6%
18-24	7	15.5%	2	7.4%
More than 24	12	26.8%	5	18.5%
Total	53		27	100.0%
Non responses	32		26	

Table 16: Can patients be seen when follow up is due, ASD and ADHD

Frequency	Autism		ADHD	
	Services	% of responders	Services	% of responders
Yes, always	7	13.7%	4	11.4%
Yes, usually	12	23.5%	10	28.6%
Approximately half of the time	18	35.3%	4	11.4%
Not usually	13	25.5%	17	48.6%
Never	1	2.0%	0	0%
Total	51		35	100.0%

## 5.2.2 General development clinic (doctor only)

76 services (89.4%) of responding services provide a general development clinic doctor only see Table 8.

Table 17 shows the variation in what is included in these clinics, and Table 18 reveals that there are on average 2.7 follow up appointments for every new appointment. For services providing a triage only/less complex the time slots for new appointments are less than an hour in over 90% of cases, but where detailed assessment is carried out over a quarter of

services have time slots over an hour (Table 19). There is a similar picture for follow ups where over 93% of triage only/less complex appointments are less than 45 minutes but for detailed assessment only 76.4% do so.

In only 5.2% of triage only services is the wait time from referral to first appointment more than 18 weeks, but for detailed assessment 15.7% of services have waits of more than 18 weeks (Table 20). For triage only services, 58.7% can only see patients at best approximately half the time when follow up is due and for detailed assessment the proportion is only marginally better at 53.4% (Table 21).

Table 17: What is included in the general development clinic (doctor only)?

	Yes	% of responders
Both detailed and triage	32	42.1%
Detailed assessment / complex	31	40.8%
Triage only / less complex (e.g. minor difficulties, speech and language, postural concerns)	5	6.6%
Non responders	8	10.5
Total	76	100.0%

Table 18: Average referrals, new and follow up appointments for general development clinic (doctor only) 1 April 2015 - 31 March 2016

	Average	Services providing data
Referrals	603	25
New appointments	528	24
Follow up	1430	24

Table 19 Time slot allocated for triage only/less complex and detailed assessment/complex new and follow up appointments (in minutes)

	Triage only/less complex				Detailed assessment/complex			
	New	%	Follow up	%	New	%	Follow up	%
30 mins or less	8	19.5%	29	65.9%	1	1.8%	26	46.4%
31-45	14	34.1%	12	27.3%	12	21.8%	17	30.4%
46-60	15	36.6%	3	6.8%	28	50.9%	12	21.4%
61-75	2	4.9%	0	0.0%	8	14.5%	1	1.8%
76-90	2	4.9%	0	0.0%	6	10.9%	0	0.0%
More than 90	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	41	100.0%	44	100.0%	55	100.0%	56	100.0%
Non responses	35		32		21		20	

Table 20: Average waiting time for triage only / less complex and detailed assessment / complex cases from referral to first appointment (in weeks)

	Triage only / less complex		Detailed assessment / complex cases	
	Services	% of responders	Services	% of responders
Less than 6	5	12.8%	2	3.9%
6-12	20	51.3%	23	45.1%
13-18	12	30.8%	18	35.3%
19-26	1	2.6%	3	5.9%
More than 26	1	2.6%	5	9.8%
Total	39	100.0%	51	100.0%
Non-responders	37		25	

Table 21: Can patients be seen when follow up is due?

	Triage only / less complex		Detailed assessment / complex	
	Yes	% of responders	Yes	% of responders
Yes always	0	0	1	1.7%
Yes, usually	19	41.3%	26	44.8%
Approximately half of the time	13	28.3%	15	25.9%
Not usually	11	23.9%	14	24.1%
Never	3	6.5%	2	3.4%
Total	46		58	
Non responders	30		18	

### 5.2.3 General development clinic (multidisciplinary team)

45 (54.2%) of services provide a general development clinic (multidisciplinary team). These are likely to be the equivalent of a child development centre (Table 8).

Table 22 shows the variation in what is included in these clinics with 92.1% of services providing detailed assessment. Table 23 reveals that there are on average 1.6 follow up appointments for every new appointment. Time slots for new appointments are over an hour in 41.1% of services, but only in 13.4% of services for follow ups (Table 24).

In 14.8% of services the wait time from referral to first appointment more than 18 weeks (Table 25) and patients can be seen when follow up is due for at least approximately half the time in 81.5% of services (Table 26).

Table 22: What is included in the general development clinic (multi-disciplinary team)?

	Yes	% of responders
Both detailed and triage	3	7.9%
Detailed assessment / complex	35	92.1%
Triage only / less complex (e.g. minor difficulties, speech and language, postural concerns)	0	0.0%
Total	38	100.0%
Non responders	7	

Table 23: Average referrals, new and follow up appointments for general development clinic (multidisciplinary team) 1 April 2015 - 31 March 2016

	Average	No. of services providing data
Referrals	80.6	14
New appointments	100.9	15
Follow up	161.2	11

Table 24: Time slot allocated for new and follow up appointments (in minutes)

	New appointments	%	Follow up appointments	%
30 minutes or less	0		14	46.7%
31-45	5	14.7%	7	23.3%
46-60	14	41.2%	5	16.7%
61-75	3	8.8%	2	6.7%
76-90	4	11.8%	0	0.0%
More than 90	8	23.5%	2	6.7%
Total	34	100.0%	30	100.0%
Non responses	11		15	

Table 25: Average waiting time from referral to first appointment (in weeks)

	No of services	% of services
Less than 6	3	11.1%
6-12	12	44.4%
12-18	8	29.6%
18-24	2	7.4%
More than 24	2	7.4%
Total	27	
Non-responders	18	

Table 26: Can patients be seen when follow up is due?

	No of services	% of respondents
Yes, always	1	3.7%
Yes, usually	15	55.6%
Approximately half of the time	6	22.2%
Not usually	4	14.8%
Never	1	3.7%
Total	27	
Non responders	18	

## 5.3 Schools and SEND

### 5.3.1 Special school clinics (in schools)

78 (92.9%) of services provide special school clinics located within the school (Table 8)

67 services were able to provide data on the number of special schools covered by their service with a mean of 5.3 special schools per service. The median number was 4 and the number of schools per service ranged from 1 to 24.

Only 21 services were able to provide clean data on the number of children enrolled in all of the special schools covered by their service. This gave a mean of 438.9 and a median of 400. The mean number of appointments in the year from 1 April 2015 - 31 March 2016 was 287.3 with a median of 224, based on clean data from 32 services. 60 services responded to the question. Over half of services stated that patients be seen when follow up is due usually or always (Table 27).

Table 27: Can patients be seen when follow up is due (special school clinics)

	Yes	% of respondents
Yes, always	2	3.3%
Yes, usually	31	51.7%
Approximately half of the time	17	28.3%
Not usually	10	16.7%
Responders	60	
Non responders	18	

### 5.3.2 Mainstream school clinics

23% (19/82) services provide clinics for children in mainstream schools (Table 8). 68.4% of these (13/19) include both detailed assessment and triage in these clinics (Table 28). Few of these services were able to provide activity data for these clinics which may be caused by lack of access to NHS IT systems - three provided the number of referrals (50, 120, 25-

30), 2 number of new appointments (50, 120) and two the number of follow up appointments (60, 500). 55.6% of services had time slots for new appointments between 46-60 minutes with only two more than an hour. For follow ups 84.2% of services kept time slots for appointments under 45 minutes with none greater than one hour (Table 29).

64.3% (9/14) of responding services had a waiting time from referral to first appointment between 6-12 weeks. Only two exceeded 18 weeks (Table 30). In 55.6% of services patients can at best be seen when follow up is due approximately half the time. (Table 31)

Table 28: What is included in this clinic? (Mainstream schools)

	Yes	% of responders
Both detailed and triage	13	68.4%
Detailed assessment / complex	4	21.1%
Triage only / less complex (e.g. minor difficulties, speech and language, postural concerns)	2	10.5%
Total	19	100.0%
Non responders	5	

Table 29: Time slot allocated for new and follow up appointments (in minutes)

	New appointments	%	Follow up appointments	%
30 minutes or less	1	5.6%	8	42.1%
31-45	5	27.8%	8	42.1%
46-60	10	55.6%	3	15.8%
61-75	0	0.0%	0	0.0%
76-90	2	11.1%	0	0.0%
More than 90	0	0.0%	0	0.0%
Responders	18	100.0%	19	100.0%
Non responses	6		5	

Table 30: Average waiting time from referral to first appointment (in weeks)

	No of services	% of services
Less than 6	1	7.1%
6-12	9	64.3%
12-18	1	7.1%
18-24	2	14.3%
More than 24	1	7.1%
Total	14	
Non-responders	10	

Table 31: Can patients be seen when follow up is due (Mainstream school clinics)

	No of services	% of respondents
Yes, always	2	11.1%
Yes, usually	6	33.3%
Approximately half of the time	5	27.8%
Not usually	4	22.2%
Never	1	5.6%
Responders	18	
Non responders	6	

### 5.3.3 Special educational needs assessment for Education, Health and Care Plan (EHCP) with new patients

66 services (80.5%) provide face to face appointments for special educational needs assessment for EHCP (Table 8).

25 services were able to provide the total number of new EHCP requests received from 1 April 2015 - 31 March 2016 and these averaged 195.2.

Table 32 shows the number of services and the percentage of reports sent to educational authorities within the statutory 6 weeks of request. This reveals that fewer than half 51.4% can manage this 90% of the time. The average number of face to face appointments offered in 23 services providing data was 141.8. Most services -80.4% allocate time slots of between 31 and 60 mins, 43.1% between 46-60 minutes and 37.3% between 31 and 45 minutes (Table 33).

Table 32: Percentage of reports sent to educational authorities within 6 weeks of request

	Services	% of respondents
0-25%	5	13.5%
26-50%	5	13.5%
51-75%	4	10.8%
76-90%	5	13.5%
More than 90%	18	48.6%
<b>Total</b>	<b>37</b>	<b>100.0%</b>
Non responders	66	

Table 33: Time slot allocated for EHCP appointments (in minutes)

	Services	% of responders
30 minutes or less	7	13.7%
31 - 45	19	37.3%
46 - 60	22	43.1%
61 - 75	2	3.9%
76 - 90	1	2.0%
Total	51	100.0%
Non responders	52	

### 5.3.4 Neurodevelopment: Special Educational Needs and Disability (SEND) panel

A community paediatrician attends the SEND panel in only 35% of services (Table 8), although in a further 23% it is requested but the community paediatrician is unable to do so. In 42% of services attendance is not required. In over 40% of cases where the community paediatrician cannot attend there is no representation from health (Table 35) and in the remainder health is largely represented by allied health professionals (AHPs) or nurses. When a community paediatrician does attend the SEND panel, only half (14/28) of services could say for certain that reading time is allocated in the community paediatrician's job plan in addition to panel attendance (Table 36) and, in the 11 services who responded, 0.86 PAs are allocated on average.



Table 34: How frequently does a community paediatrician in your service attend the SEND panel

	Services	% (of responders)
Attendance not required	33	42%
Attendance requested but unable to attend	18	23%
Once a month or less	16	20%
Twice per month	3	4%
Once a week	8	10%
More than once a week	1	1%
Total	79	

Table 35: If no community paediatrician attends the panel, how is health represented?

	Services	% (of responders)
No representation from health, though required	20	40.8%
AHP	10	20.4%
Nurse	8	16.3%
By reports/follow up phone call	4	8.2%
Health manager/commissioner	2	4.1%
Nurse/AHP	1	2.0%
No panel/not known/not invited/not applicable	4	8.2%
Total responses	49	

Table 36: Is reading time allocated in the community paediatrician's job plan in addition to panel attendance?

	Services
Yes	14
No	7
Not sure	3
Not applicable (i.e. no doctors attend the panel)	1
Total attenders	28
Average reading time (11 respondents)	0.86 PAs

## 5.4 Vulnerable children

### 5.4.1 Looked after children health assessments

74/80 (93%) of the responding services provide health assessments for looked after children; 37 (46%) provide initial and review health assessments and 37 (46%) provide initial health assessments only (Table 8).

There is a fairly even spread of referrals and new appointments across the small number of services (14) who were able to provide data (Table 37) with the median for both lying between 151 and 200 per year. The time slot allocated for looked after children initial health assessment appointments in 64% of services is between 46-60 minutes with a further 21% between 31-45 minutes (Table 38). Fewer than half (43%) of services achieve 90% of patients seen within the statutory four weeks of referral request (Table 39). The average waiting time from referral to first appointment is less than 6 weeks in 83% of services (20/24) and only one service has a waiting time above 18 weeks.

Table 37: Number of new referrals and appointments for looked after children health assessments 1 April 2015 - 31 March 2016

	New referrals	% new referrals	New appointments	% new appointments
Less than and including 100	4	28.6%	3	28.6%
Between 101 and 150	3	21.4%	3	21.4%
Between 151 and 200	3	21.4%	2	14.3%
Between 201 and 250	2	14.3%	3	21.4%
Between 250 and 300	2	14.3%	3	21.4%
Number providing data	14		14	

Table 38: Time slot allocated for looked after children initial health assessment appointments (in minutes)

	Number	% (of responders)
30 minutes or less	2	6%
31 - 45	7	21%
46 - 60	21	64%
76 - 90	3	9%
Number of responders	33	32%

Table 39: Percentage of patients that are seen within 4 weeks of referral request

	Number	% (of responders)
0-25%	2	7%
25-50%	2	7%
51-75%	7	25%
76-90%	5	18%
More than 90%	12	43%
Number of responders	28	

## 5.4.2 Vulnerable children: Pre-adoption face to face assessment (separate from IHA)

79% of services responding (57) provide a face to face pre-adoption assessment for the child, separate from the initial health assessment (Table 8).

Approximately half of the services who were able to provide data (34) had 50 or fewer referrals in the previous year with a very similar distribution for the range of new appointments (Table 40). 64% (32/50) of services have an appointment time slot of between 46-60 minutes, none less than half an hour and 24% (12/50) for longer than one hour (Table 41). 80% (35/44) of services were able to provide appointments within 6 weeks of referral and just one service took more than 18 weeks to do so (Table 42).

Table 40: Number of new referrals and appointments for vulnerable children: pre-adoption face to face assessment (separate from IHA) from 1 April 2015 - 31 March 2016

	No. new referrals	% new referrals	No. new appointments	% new appointments
Less than and including 10	1	3%	1	3%
Between 11 and 20	6	18%	6	18%
Between 21 and 50	10	29%	10	30%
Between 51 and 100	6	18%	6	18%
Between 101 and 300	4	12%	4	12%
Not known	7	21%	6	18%
Number of responders	34		33	

Table 41: Time slot allocated for appointments (in minutes)

	Number	% (of responders)
30 minutes or less	0	0%
31 - 45	6	12%
46 - 60	32	64%
61 - 75	6	12%
76 - 90	6	12%
Number of responders	50	49%

Table 42: Average waiting time from referral to first appointment

	Number	% (of responders)
Less than 6	35	80%
6 to 12	8	18%
18-24	1	2%
Number of responders	44	43%

### 5.4.3 Vulnerable children: Medical advisor comments on Adult Health Forms as foster carer / adopter

Community paediatricians provide medical advisor's comments to the local authority on 'Adult Health Forms' (AH Forms) from applicants as foster carer or prospective adopter in 84% (62/74) responding services (Table 8). Table 43 shows the range in the number of forms processed by services, 64% (27/42) process 200 or less and four services process over 300.

Table 43: Forms processed from 1 April 2015 - 31 March 2016

	Number	% (of responders)
0 - 100	13	31%
101 - 200	14	33%
201 - 300	11	26%
Over 300	4	10%
Number of responders	42	

### 5.4.4 Vulnerable children: Foster panel

69 services answered the question on frequency of attendance at the foster panel and 62% (42/69) stated that attendance was not required (Table 44). In 22% of services the paediatrician attended once a month or less. When a paediatrician did not attend, a nurse did so in 58% of services (18/32). An indication of the pressure on services is that in 26% of services (8/21) there was no representation from health though required (Table 45). In 62.9% of services reading time of more than 0.5 PA is allocated in the community paediatrician's job plan, in addition to panel attendance. However in the remaining services (37.1%) reading time is not allocated, not known or the exact amount unknown indicating inconsistency in how these roles are structured.

Table 44: How frequently does a community paediatric doctor in your service attend the fostering panel?

	Number	% (of responders)
Attendance not required	42	61%
Attendance requested but unable to attend	2	3%
Once a month or less	15	22%
Twice per month	8	12%
Once a week	1	1%
More than once a week	1	1%
Number of responders	69	67%

Table 45: If no community paediatrician attends the panel, how is health represented?

	Number	% (of responders)
Paediatrician from another service	5	16%
Nurse	18	58%
No representation from health, though required	8	26%
Number of responders	31	30%

Table 46: Is reading time allocated in the community paediatrician's job plan, in addition to panel attendance?

	Number	% (of responders)
Yes 0.5PA	7	25.9%
Yes 1PA	8	29.6%
Yes 1.9PA	1	3.7%
Yes 2PA	1	3.7%
Yes but PA not known	5	18.5%
No	4	14.8%
Not known	1	3.7%
Attending services total	27	

#### 5.4.5 Vulnerable children: Adoption panel

71 services answered the question on frequency of attendance at the adoption panel and 13% (9/71) stated that attendance was not required (Table 47). In 44% of services a paediatrician attended once a month or less frequently. When a community paediatrician did not attend, a paediatrician from another service did so in all but one responding service (Table 48). This is to be expected given it is a statutory requirement. Where a community paediatrician attends the panel, 50% have 1 PA or greater allocated in their job plan for reading time (Table 49), but there are still uncertainties around this facility as the allocation is not known or there is no allocation in 35% of services.

Table 47: How frequently does a community paediatrician in your service attend the adoption panel

	Number	% (of responders)
Attendance not required	9	13%
Attendance requested but unable to attend	0	0%
Once a month or less	31	44%
Twice per month	24	34%
Once a week	6	8%
More than once a week	1	1%
Number of responders	71	69%

Table 48: If no community paediatrician attends the panel, how is health represented?

	Number	% (of responders)
Paediatrician from another service	7	88%
Nurse	0	0%
No representation from health, though required	1	13%
Number of responders	8	8%

Table 49: Is reading time allocated in the community paediatrician's job plan, in addition to panel attendance?

	Number	% (of responders)
Yes 0.5PA	9	14.5%
Yes 1PA	23	37.1%
Yes 1.9PA	1	1.6%
Yes 2PA	7	11.3%
Yes but PA not known	10	16.1%
No	7	11.3%
Not known	5	8.1%
Attending services	62	

#### 5.4.6 Counselling for prospective adopters

Community paediatricians provide counselling for prospective adopters, on the health and development of the children being considered for adoption by them in 82% (59/72) of responding services (Table 8). 48 of those services also provide pre-adoption face to face assessments (Table 40).

Table 50 shows for those who provided information, the number of sets of adopters that services provided with counselling in the previous year. In 63% of cases services provided counselling for between 0 and 20 sets and 21% of services provided it to between 20-40 sets.

Table 50: Sets of adopters (single or couples) provided with counselling (face to face/telephone) from 1 April 2015 - 31 March 2016

	Services	% of responders
0-20	24	63%
21-40	8	21%
41-60	3	8%
Over 60	3	8%
Number of responders	38	37%

#### 5.4.7 Vulnerable children: Child protection medical assessments

Assessment for physical abuse for physical abuse is provided by 76% (58) of services, for neglect by 82% (62) and for sexual abuse 57% (43) - Table 8.

Table 51 gives the range of appointments offered for child protection medical assessments in each of the three categories - physical abuse, neglect and child sexual abuse (CSA). This shows that services offer fewer appointments for neglect - 77% (23/30) provided between 0 and 25 with only one service offering more than 100. For CSA, 70% of services offered between 0 and 50 appointments. For physical abuse 75% of services offered more than 50 appointments. Services with high number of appointments (151 and above) tend to be those reporting large population catchments or are in tertiary centres.

The time slots allocated for each type of child protection medical assessment is shown in Table 52. Appointments for physical abuse and neglect tend to be shorter than those for CSA. 88% of services offered appointments between 46 and 90 mins for physical abuse and 83% for neglect while for sexual abuse the figure is 68%. In addition, in 79% of services appointments are more than one hour with the most common length (36%) between 76 and 90 minutes.

Table 51: Number of new appointments offered for physical abuse, neglect and sexual abuse from 1 April 2015 to 31 March 2016.

Number of appointments	Physical abuse		Neglect		Sexual abuse	
	Services	% of responders	Services	% of responders	Services	% of responders
0-25	2	6%	23	77%	11	48%
26-50	7	19%	3	10%	5	22%
51-75	9	25%	2	7%	4	17%
76-100	7	19%	1	3%	3	13%
101-125	2	6%	0	0%	0	0%
126-150	0	0%	0	0%	0	0%
151-175	3	8%	1	3%	0	0%
176-200	1	3%	0	0%	0	0%
201 or more	5	14%	0	0%	0	0%
Responders	36	100%	30	100%	23	100%

Table 52: Time slot allocated for physical abuse, neglect and sexual abuse appointments

	Physical abuse		Neglect		Sexual abuse	
	No.	% of responders	No.	% of responders	No.	% of responders
30 minutes or less	0	0%	1	2%	0	0%
31 - 45	1	2%	3	7%	0	0%
46 - 60	17	40%	18	44%	6	21%
61 - 75	10	24%	6	15%	3	11%
76 - 90	10	24%	10	24%	10	36%
91-105	1	2%	1	2%	1	4%
106-120	2	5%	2	5%	5	18%
121-135	0	0%	0	0%	2	7%
136-150	1	2%	0	0%	1	4%
Responders	42		41		28	



## 5.5 Paediatric Audiology/Audiovestibular Medicine

Data from the 2016 survey is combined with RCPCH census data from 2011 and 2013 to show trends in who undertakes aetiological investigations for babies (Table 53) and for hearing impaired children of any age (Table 54). The tables show little change in the percentage of Audiovestibular Medicine (AVM) trained staff carrying out investigations for babies, but a gradual increase in those for children of any age.

Table 53: Who provides medical diagnostic (aetiological investigations) service for babies who are found to be hearing impaired in the early weeks of life, 2011, 2013 and 2016.

	2011	%	2013	%	2016	%
AVM/paediatric audiology trained	47	27.8	48	32.2	24	33%
Consultant audiovestibular physician	21	12.5	31	20.8	16	22%
Consultant community paediatrician with an interest in audiology	22	13	13	8.7	6	8%
SSASG audiovestibular physician	4	2.4	4	2.7	2	3%
Other	122	72.2	101	67.8	49	67%
Consultant community paediatrician (general)	28	16.6	31	20.8	10	14%
Paediatric Disability Consultant	0	0	0	0	1	1%
SSASG community paediatrician	34	20.1	28	18.8	17	23%
Consultant general paediatrician	20	11.8	15	10.1	6	8%
ENT consultant	20	11.8	14	9.4	4	5%
Provided by another service	14	8.3	8	5.4	11	15%
Not provided in this area	2	1.2	1	0.7	0	0%
Other	4	2.4	4	2.7	0	0%
Total	169		149		73	

Table 54 Who provides medical diagnostic (aetiological investigations) service for children of any age, 2011, 2013 and 2016

	2011	%	2013	%	2016	%
AVM/paediatric audiology trained	47	27.8	48	32.2	29	39%
Consultant audiovestibular physician	22	13	28	18.8	17	23%
Consultant community paediatrician with an interest in audiology	21	12.4	12	8.1	8	11%
SSASG audiovestibular physician	4	2.4	4	2.7	4	5%
Other	122	72.2	101	67.8	45	60%
Consultant community paediatrician (general)	28	16.6	35	23.5	11	15%
Paediatric Disability Consultant	0	0	0	0	1	1%
SSASG community paediatrician	34	20.1	31	20.8	16	21%
Consultant general paediatrician	15	8.9	10	6.7	5	7%
ENT consultant	23	13.6	20	13.4	5	7%
Provided by another service	13	7.7	5	3.4	6	8%
Not provided in this area	5	3	4	2.7	1	1%
Other	4	2.4	0	4	0	0%
Total	169		149		74	

### 5.5.1 Tier 2 and Tier 3 audiology clinics

In 34% (26) of services community paediatricians provide a tier 2 audiology clinic and in 23% (17) of services they provide a tier 3 audiology clinic (Table 8).

Table 55 shows referrals, new and follow up appointments for tier 2 audiology 1st April 2015 to 31st March 2016 which is of limited value given that fewer than 10 services were able to provide a figure for these appointments. Only three services were able to provide data on referrals, new and follow up appointments for tier 3 audiology, therefore this data has not been reported here.

The time slots allocated data in Table 56 show that at both tiers follow up appointments are shorter, for example in 82% of services tier 2 follow ups are 30 minutes or less, but only 41% of new appointments are. Table 56 also shows that tier 3 appointments are, as would be expected from the more complex case mix, longer both for new and follow ups with 59% of tier 3 follow ups over half an hour compared to 18% of tier 2 follow ups. The average waiting time from referral to first appointment tends to be longer for tier 3 (Table 57). Although at both tiers only one responding service has waits greater than 18 weeks. The ability for patients to be seen when follow up is due is similar for both tiers (Table 58) - 62% of tier 2 services and 63% of tier 3 can usually or always achieve this.

Table 55: Number of referrals, new and follow up appointments for tier 2 audiology 1st April 2015 to 31st March 2016

	New referrals		New appointments		Follow up appointments	
	Number	% of responders	Number	% of responders	Number	% of responders
Not known	3	30%	3	27%	3	27%
Under 30	2	20%	1	9%	2	18%
Between 30 and 150	1	10%	3	27%	2	18%
Between 151 and 850	0	0%	1	9%	3	27%
Between 851 and 1000	3	30%	2	18%	0	0%
Between 1000 and 1500	1	10%	1	9%	1	9%
	10		11		11	100%

Table 56: Time slot allocated for new and follow up appointments in minutes - tier 2 and tier 3 audiology

	Tier 2				Tier 3			
	New	% new	Follow up	% follow up	New	% new	Follow up	% follow up
30 minutes or less	7	41%	14	82%	2	22%	5	42%
31 - 45	4	24%	2	12%	4	44%	5	42%
46 - 60	6	35%	1	6%	3	33%	2	17%
Responders	17		17		9		12	

Table 57: Average waiting time from referral to first appointment - tier 2 and tier 3 audiology (in weeks)

	Tier 2		Tier 3	
	Number	% (of responders)	Number	% (of responders)
Not known	0	0%	0	0%
Less than 6	5	36%	2	18%
6 to 12	6	43%	8	73%
12 to 18	2	14%	0	0%
18-24	1	7%	1	9%
More than 24	0	0%	0	0%
Responders	14		11	

Table 58: Can patients be seen when follow up is due?

	Tier 2		Tier 3	
	Number	% of responders	Number	% of responders
Yes, always	1	8%	2	18%
Yes, usually	7	54%	5	45%
Approximately half of the time	3	23%	2	18%
Not usually	2	15%	2	18%
Never	0	0%	0	0%
Responders	13		11	

## 5.6 Vision impairment

17% (13/76) services provide a clinic for children with vision impairment (Table 8).

Table 59 shows the composition of the core team which is very consistent in that in a community paediatrician, orthoptist and vision support teacher is present in 12 out of 13 teams.

Table 59: Which professional groups make up the core team?

	Number	% of services
Number of MDT teams	13	13%
Community paediatrician	12	92%
General paediatrician	0	0%
Ophthalmologist	6	46%
Orthoptist	12	92%
Vision support teacher	12	92%
Mobility officer	1	8%
Low vision aids service	1	8%
Parent support group	0	0%
Physiotherapist	0	0%
Occupational therapist	2	15%
Speech and language therapist	0	0%
Social care	0	0%
Other (please specify)	2	15%
Average number in each team		4

## 5.7 Other conditions

### 5.7.1 Enuresis and constipation/encopresis

39.3% (23) of services provide enuresis clinics i.e. appointments with paediatricians. 10.5% (8) of services provide constipation / encopresis clinics i.e. appointments with paediatricians not nurses (Table 8).

Table 60 gives the averages for referrals, new and follow up appointments in enuresis clinics. For constipation/Encopresis, the responses on activity provided averages of 47.5 referrals, 25 new and 50 follow up appointments, but the numbers of responses (7) were too low to make these data meaningful.

Table 61 shows the time slots for enuresis appointments. Over half of new appointments (55%) are between 31 and 45 minutes, while follow up appointments are generally shorter, in over 90% of services they are 30 minutes or less. For encopresis/constipation, 6 services provide data on the time slots for new and follow up appointments. 3 services had 31-45 minutes allocated for new appointments and 3 services, 46-60 minutes. For follow up appointments, 5 allocated less than 30 minutes and 1, 31-45 minutes. The average waiting time for these two services is shown in Table 62. For enuresis, almost half of services - 47.1% had waits of greater than 12 weeks, whereas for encopresis/constipation clinics 83.3% of services had waits less than 12 weeks. In general patients can be seen when follow up is due for enuresis but there is a more mixed picture for encopresis/constipation, although numbers of respondents are low (Table 63).

Table 60: Activity data from 1 April 2015 - 31 March 2016 - Enuresis

	Average (mean)	Responders
Average referrals	72	7
Average new appointments	49	7
Average follow up appointments	81	7

Table 61: Time slot allocated for new and follow up enuresis appointments

	New appointments	%	Follow up appointments	%
30 minutes or less	3	15.0%	19	90.5%
31-45	11	55.0%	2	9.5%
46-60	6	30.0%	0	0
Total	20	100.0%	21	100.0%
Non-responders	3		2	

Table 62: Average waiting time from referral to first appointment (in weeks)

	Enuresis		Encopresis/Constipation	
	Services	%	Services	%
Less than 6	3	17.6%	1	16.7%
6-12	6	35.3%	4	66.6%
12-18	7	41.2%	1	16.7%
18-24	1	5.9%	0	
Responders	17		6	
Non responders	6		2	

Table 63: Can patients be seen when follow up is due?

	Enuresis		Encopresis/Constipation	
	Services	%	Services	%
Yes, usually	13	65.0%	2	33.3%
Approximately half of the time	5	25.0%	2	33.3%
Not usually	2	10.0%	2	33.3%
Responders	20		6	
Non-responders	3		2	

## 5.8 Child public health

### 5.8.1 Immunisation

25.6% (20) of services provide a specialist immunisation advice service (Table 8) either through face to face appointments, email or over the telephone. This is a decrease from the 51.7% recorded in the RCPCH 2013 Workforce Census, but in line with the 2015 census. The number of PAs spent providing this advice fell from 0.9 in 2013 to 0.6 in 2015.

### 5.8.2 Child health promotion

Only 3.8% (3/75) services provide routine child health promotion clinics e.g. where GPs do not provide child health surveillance / 6 week checks (Table 8). Two of these were in the Thames/London area. Only two of the three services answered questions on their child health promotion activity which showed an average of 36.5 new appointments and 32 children seen. The time slot for these appointments was under 30 minutes.

This limited child health promotion activity reflects findings in the RCPCH 2015 Workforce Census which records that the role of Healthy Child Programme Co-ordinator only exists in 16.3% of paediatric services<sup>1</sup>.

Table 64: Does your service provide routine child health promotion clinics e.g. where GPs do not provide child health surveillance / 6 week checks?

	Total	% of responders
Yes	3	3.8%
No	75	96.2%
No response	25	

## 5.9 Palliative care

### 5.9.1 Child Death Overview Panel (CDOP)

For almost half of responding services (48%), attendance at CDOP panels is not required and the overwhelming majority of those who attend, do so only up to once a month (Table 65). When a community paediatrician does not attend, representation falls upon a paediatrician from another service in 79% of cases (Table 66) although in three services nurse skill mix is appearing.

In services where a community paediatrician does attend the panel, 30.6% (11/36) do not have reading time allocated in the community paediatrician's job plan (Table 67) and the responses received show limited knowledge and variable levels of reading time allowed from 0.1 PA i.e. 24 minutes in two services to 1PA in six services.

Table 65: How frequently does a community paediatrician in your service attend the CDOP panel?

	Number	% (of responders)
Attendance not required	33	48%
Attendance requested but unable to attend	0	0%
Up to once a month	33	48%
Twice per month	2	3%
Once a week	1	1%
More than once a week	0	0%
Number of responders	69	67%

Table 66: If no community paediatrician attends the panel, how is health represented?

	Number	% (of responders)
Paediatrician from another service	19	79%
Nurse	3	13%
No representation from health, though required	2	8%
Responders	24	100%

Table 67: Is reading time allocated in the community paediatrician's job plan, in addition to panel attendance?

	Services	% (of attenders)
Yes 0.1PA	2	5.6%
Yes 0.25PA	1	2.8%
Yes 0.5PA	5	13.9%
Yes 1PA	6	16.7%
Yes but PA not known	3	8.3%
No	11	30.6%
Not known/no answer	8	22.2%
Attenders at CDOP panel	36	

## 5.10 Additional clinics

The survey asked for details of any specialist clinics provided by their service. A breakdown of those clinics listed is set out in

Table 68. 18 clinics listed by responders to the survey corresponded to the clinics for which we asked specific questions, so have been excluded from this table, and 16 clinics were only recorded once so have been grouped together.



Table 68: Additional clinics provided by community child health services

Type of Clinic	Number of organisations providing clinic
Botulinum toxin clinic	10
Developmental coordination disorder	10
Epilepsy	9
Neurology	8
Neuromuscular	8
Genetics	6
Postural management	5
Down Syndrome	5
Feeding	5
Neurofibromatosis clinic	5
Neonatal follow up	4
Transition clinic	3
Palliative care	3
Orthopaedic	2
Sleep management	2
ADOS	2
Challenging Behaviour	2
Orthopaedics	2
Unclear/unknown	6
Clinics only undertaken by one organisation	16

## 6. Administrative and IT arrangements

### 6.1 Programmed activities allocated for clinical administration

Most services allocated PAs for clinical administration as either 0.5 or 1PA. In terms of programmed activities allocated for clinical administration and whether this time was adequate (Figure 2), two-thirds to three quarters of clinical leads receiving less than 1PA stated that the time was not adequate whereas only 31% (9/29) of those receiving 1 PA said it was inadequate.

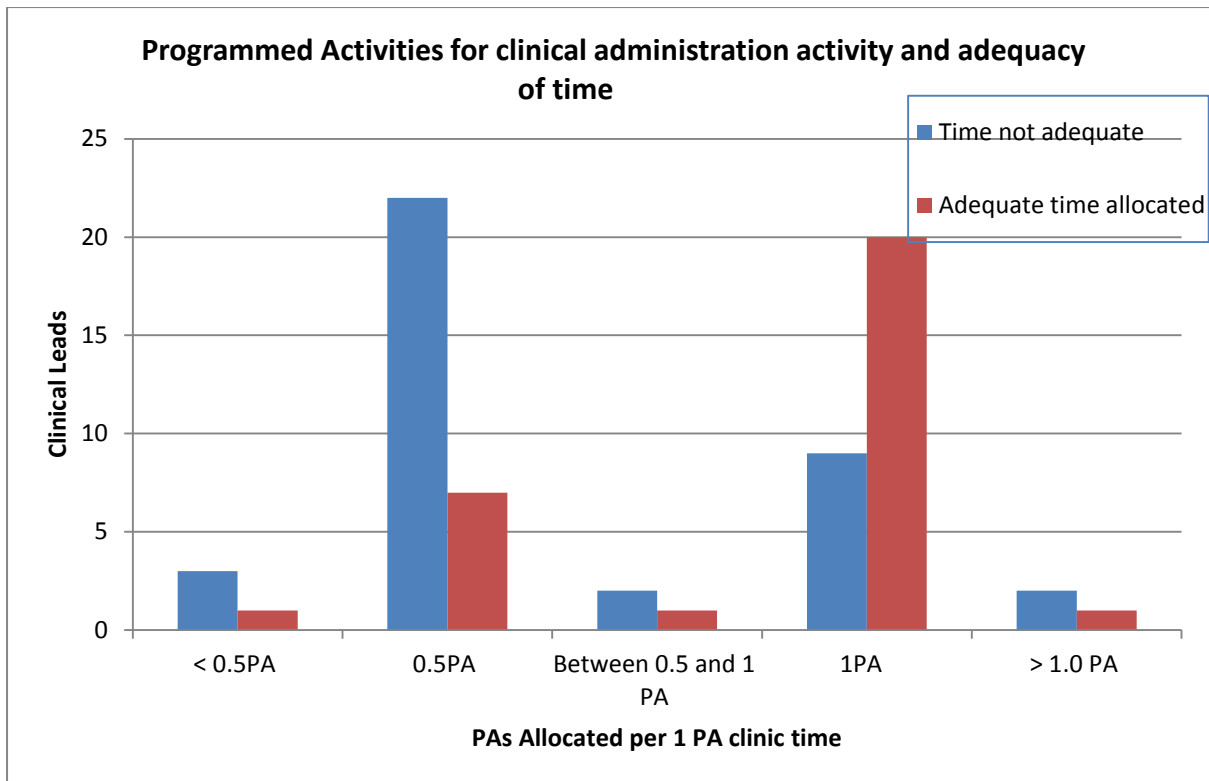


Figure 2: Programmed Activities for clinical administration activity and adequacy of time

## 6.2 Access to IT systems

In 37.8% (28/74) of services, health care professionals do not have access to the IT system to contemporaneously enter information whilst seeing a patient, 28.4% (21/74) have access sometimes and 33.8% (25/74) do not have access.

## 6.3 Clinical arrangements

The use of telephone or text reminders for new patients is evenly split; 28 (38.4%) of services say they do this and 28 do not. 17 (23.3%) use telephone or text reminders only sometimes (Table 69). For follow-up patients, 25 (34.2%) say they use telephone or text reminders, 39.7% (29/79) do not and 19 (26%) do so sometimes. There is a correlation between the two sets of patients - 24 services using telephone or text reminders for new patients use them for follow ups and 26 services neither use these reminders for new nor for follow up patients.

Table 69: Does your service use telephone or text reminders?

	For new patients		For follow up patients	
	No.	%	No.	%
Yes	28	38.4%	25	34.2%
Sometimes	17	23.3%	19	26.0%
No	28	38.4%	29	39.7%
Total	73	100.0%	73	100.0%
Non response	30		30	

## 6.4 Inappropriate administration tasks

53.4% of services (39/73) report that doctors are undertaking inappropriate administration tasks (such as filing, photo copying, meeting arrangements) and 34 (46.6%) say that they are not. The average PAs of inappropriate administration tasks per doctor per week (team estimate) among those who said this occurs was 0.83 (n=33 respondents).

## 7. Training

Table 70 shows the number of services with trainees at various levels. Trainees at ST4-5 where CCH training is part of the RCPCH curriculum and ST6-8 are more common than the earlier levels of training indicating a lack of early exposure to working in community paediatric. At all levels a half or more of services only have one trainee working in community services.

Table 70: Number of Services with trainees at various levels

	Services with trainees	% responding services	Number of trainees						
			0.5	1	2	3	4	5	6
Foundation	6	10.9%		4	2				
GPVTS	11	20.0%		6	4		1		
ST1-3	14	25.5%		7	6	1			
ST4-5	43	78.2%	1	23	14	3	1	1	
ST6-8	40	72.7%		28	7	2	2		1

55 services responded to this question

Community Child Health services also provide training for a range of other professionals, for which a breakdown is provided in Table 71.

Table 71: What other professionals does the service provide training for?

Services providing training for professional group	No	% of responders
Allied health professionals	37	78.7%
Health visitors	34	72.3%
Non-CCH paediatric trainees	31	66.0%
School nurses	31	66.0%
GPs	30	63.8%
Teachers	11	23.4%
Medical Students	7	14.9%
Nurse/nurse trainees	2	4.3%
CAMHS staff	2	4.3%
Other	3	6.4%
Training provided but groups not specified	8	17.0%
Total Responders	47	
Non responders	56	

# References

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3. British Association for Community Child Health. Community paediatric workforce requirements to meet the needs of children in the 21st century. London; 1999. Available from <http://www.bacch.org.uk/downloads/training/bacch-cpworkforce-21c.pdf>