



Royal College of  
Paediatrics and Child Health  
Wales

*Leading the way in Children's Health*

Health Social Care and Sport Committee  
Senedd Cymru  
Cardiff Bay

15.05.2020

Dear Health, Social Care and Sport Committee,

### **RE: Your call for evidence on the impact of Covid 19**

The Covid-19 pandemic is unfolding and having a major impact on services across Wales. This extra-ordinary time has led to Health Boards facing unprecedented pressure, mostly in adult and critical care. Children are less likely to be significantly affected by Covid, but their routine conditions such as infectious disease will continue to occur. Paediatricians have helped this national effort by transferring junior staff to adult areas, closing paediatric wards to allow adult patients a greater footprint and working in novel and unusual ways. The RCPCH is concerned that children may suffer more from “collateral damage” and unintended consequences from the restrictions due to Covid 19 epidemic than from the infection itself.

The paediatric service is both inpatient, outpatient and community based. Inpatient service is a demand led urgent care service that delivers lifesaving / life impacting care to babies and children. Outpatient services are delivered by both specialists, general and community paediatricians. These services have been deferred or being delivered by electronic means such as telephone or video links. Community based care has been severely affected by reduced staff numbers and reduction of routine home visits. There is therefore a need to plan for recovery within health services and to meet the needs of children and young people. We are in contact with Welsh Government officials to help them understand the dynamics that require consideration.

The specific issues we have flagged up include:

- **Community paediatric neurodevelopmental service.** Work reallocation, redeployment of staff and pausing some community services during Covid 19 mean that there will be a backlog in assessments, particularly for neurodevelopmental conditions which cannot always be addressed with video consultations.
- **Safeguarding services including child protection medical assessments** must be maintained to protect children coming to harm from physical, emotional or sexual abuse. Some presentations are achieved through detection and reporting frequently provided by health visitors and school nurses - some of whom are currently redeployed. There was a major concern about a rapid drop off of referrals for children with concerns. The RCPCH is working towards developing a position statement setting out high level principles around child protection during this period, which I will forward to you upon publication.

- We have been concerned for some time about **delayed presentations** which we have highlighted in the media and online. Our President recently issued a [statement](#) in which he said that “We’ve recently heard reports of a small but worrying number of cases where children may have become very unwell or even died because they weren’t seen early enough. There could be a number of reasons for this and we’re trying to find out more but our message for parents is clear: if your child is very unwell, we want to see them – we don’t want parents to wait or to worry”

We are also working towards a position statement on ensuring the health needs of children are met during school closures and how these considerations should be built in to the process of re-opening schools. Again, I will forward this to you upon publication.

If you would like to hear more about the above or take evidence directly from myself or paediatric colleagues, please contact [REDACTED], who is Head of Devolved Nations at the College and will be glad to help - [REDACTED]

With kind regards,



[REDACTED] RCPCH Officer for Wales