

## **Written evidence submitted by the Paediatric Continence Forum (CBP0038)**

### **What capacity is available within the NHS to deal with the current backlog? To what extent are the required resources in place, including the right number of staff with the right skills mix, to address the backlog?**

Prior to the pandemic, many children's continence (bladder and bowel) services were already finding themselves overwhelmed with the demand. Paediatric Continence Services were not strong enough at a local level before the pandemic for specialist nurses to be redeployed away from paediatric continence services.

During the first wave of the pandemic, many specialist children's continence nurses were redeployed so families were unable to access assessment, treatment, and advice for their children. This caused the waiting lists to rapidly grow and wait times for support are now significant in many parts of the UK.

Where services continued, face-to-face clinics were cancelled with most appointments being undertaken via telephone or video calls. This often makes it more difficult to engage the child and inhibits full assessment.

Provision of children's bladder and bowel services were not universally available before the pandemic, and where they did exist many had limited resources and staffing so had significant waiting times. Therefore, in most areas of the UK there is little or no capacity to address the current backlog.

### **How might the organisation and work of the NHS and care services be reformed in order to effectively deal with the backlog, in the short-term, medium-term, and long-term?**

The PCF recommend that in the short to medium term:

- Services should be given additional funding for over-time to increase clinical capacity.
- Services should be given sufficient administrative support.

The PCF recommend that in the long term:

- All children should have access to integrated, well-resourced paediatric continence services.
- The [PCF's Commissioning Guide](#) should be utilised by CCGs and Health Boards to ensure universal access to children's bladder and bowel services that are sufficiently resourced and appropriately staffed to ensure that children are able to have early access to appropriate community-based specialist support. This will help to reduce the need for referral to secondary care and reduce unplanned admissions and A&E attendances for children with treatable bladder and bowel issues such as preventable UTI and chronic constipation.
- Continence should be considered when making policy on childhood health, disability and education.

### **What positive lessons can be learnt from how healthcare services have been redesigned during the pandemic? How could this support the future work of the NHS and care services?**

The PCF recommend that in any future lockdowns, a minimum bladder and bowel service should be maintained to deliver support with priority given to vulnerable children. The use of telephone and/or video call follow-up may be appropriate for some children and families.

**What can the Department of Health & Social Care, national bodies and local systems do to facilitate innovation as services evolve to meet emerging challenges?**

DHSC should be receptive to the outcome of research into the impact of the pandemic on services, including bladder and bowel services for children and respond appropriately to this.

DHSC should work with universities and educational institutions responsible for the education of all healthcare professionals, including GPs, paediatric nurses, practice nurses, health visitors and school nurses, to ensure that they all receive adequate training around paediatric bladder and bowel health.

***About the Paediatric Continence Forum***

*The Paediatric Continence Forum (PCF) is a campaigning group of specialist health professionals and patient and commercial representatives that engages with the Government and policymakers to raise awareness of childhood bladder and bowel problems and to improve NHS paediatric continence services across the UK. The PCF produces guidance for professionals and campaigns to ensure that all children and young people have access to best practice in health provision in this common, but often poorly understood and neglected area of child health.*

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