

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)**

**WT 09**

**Ymateb gan: | Response from: Coleg Brenhinol Pediatreg ac Iechyd Plant |  
Royal College of Paediatrics and Child Health**

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Dear Chair and Committee members,

**RE: Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment**

I write in my capacity as Officer for Wales at the Royal College of Paediatrics and Child Health (RCPCH).

I appreciate that the focus of this consultation is primarily on the experiences of patients and those waiting for diagnosis and treatment. However, it may also be helpful for committee members to note the impact of waiting lists on services themselves and on the clinical and non-clinical staff who deliver them.

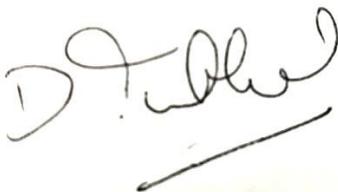
One impact is on staff who deal with stressed or anxious families and patients. One of our members in Wales recently highlighted to me the volume of calls from parents and patients on waiting lists who call to 'chase up'. Typically, they may want updates on when they might be seen, how long the waiting list is etc. Managing this can become a substantial administrative task. Occasionally, these conversations can escalate, and one paediatrician noted that they had experienced family members being obstructive / abusive; and said that worried parents regularly enquire whether private consultations are available.

The reality is that most waiting lists in paediatrics have gone up including outpatient referrals to general paediatrics. General paediatricians are often the gatekeepers for referral to other specialist services. A long wait to access general paediatrics may therefore lead to accessing another waiting list.

We therefore need action to recover and restore children's services and we have set out [over the past 18 months](#) what the priorities should be in achieving this. We have [consistently highlighted](#) the need for better integration of services, prioritising children's health and delivering the workforce required. In particular, reducing waiting times will require sustainable staffing of paediatric services.

For further discussion of any of the points made above, please contact

With kind regards,



Dr David Tuthill  
RCPCH Officer for Wales