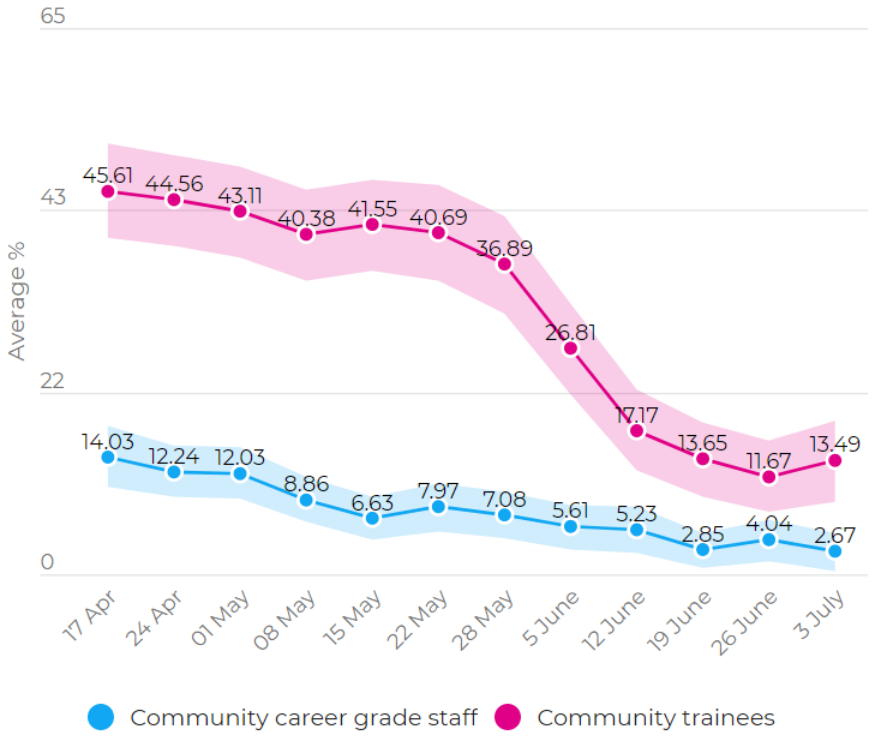

Figure 1 Average % response to the questions 'What proportion of community career grade staff have been redeployed to another area of paediatrics?' and 'What proportion of community trainees have been redeployed to another area of paediatrics?' by week from 17 April 2020 to 3 July 2020.

in response to the COVID-19 pandemic. As children are rarely clinically affected by the disease, paediatric staff and services were often considered lower priority and therefore were reassigned to support the pandemic response. This was the right thing to do at the time. However, it is clear that children have disproportionately suffered during this period and they must now be prioritised.

Between April and July 2020, we collected weekly data from paediatric services about the impact of COVID-19 (see online supplemental material). Our

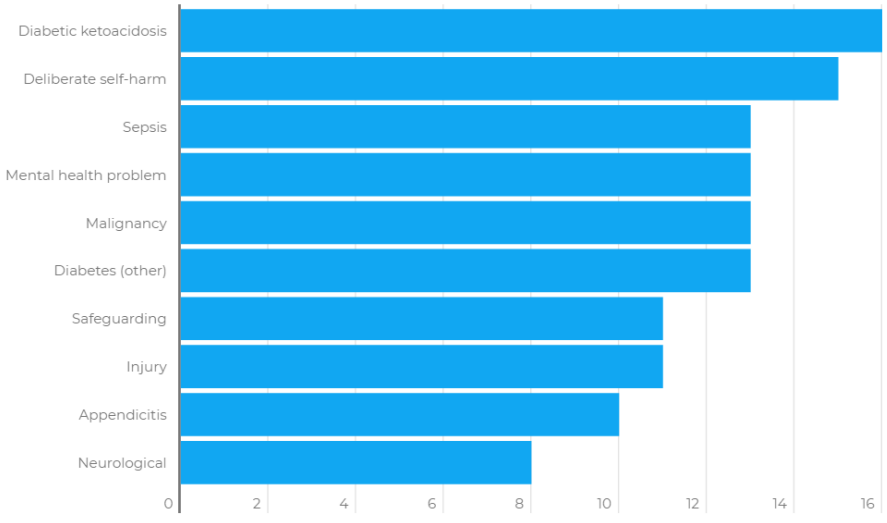

Figure 2 Count of 10 most reported cases where delayed presentation caused avoidable harm, across all data collection weeks from 17 April 2020 to 3 July 2020.

Prioritising paediatric staff and space so every child has access to care

Paediatric and child health services must be protected from redeployment of staff and space in the future to safeguard the welfare of vulnerable and unwell children. Across the NHS, there was rapid reconfiguration

study found that in this period, up to 10% of all paediatric staff were not available to work (eg, shielding). Up to 22% of junior paediatric medical staff (on the tier 1 rota) were redeployed to adult services, and up to 46% of community child health trainees and 14% of community career grade staff were also redeployed within paediatrics. By July, 10% of trainees were still not working in community settings (see figure 1).

Children have been subject to 'hidden harm' during lockdown, including domestic abuse and increased mental health problems due to lack of school and socialising.[1] COVID-19 has also had an unequal impact on children, depending on their ethnicity, affluence and socioeconomic status. Therefore, the loss of staff in community services is particularly concerning because they provide care to the most vulnerable children at greatest risk during lockdown. This includes child protection and non-accidental injury medicals, adoption and fostering process, attention deficit hyperactivity disorder and autism spectrum disorder assessments.

During lockdown, there were worries about children with critical illnesses not accessing services in a timely way and suffering avoidable harm. A total of 309 cases of late presentation during the 12-week data collection period were reported. The most common conditions were linked to diabetes, followed by deliberate self-harm, sepsis, mental health problems and malignancy. Figure 2 shows the 10 most reported delayed presentation cases. These findings are in line with other studies into delayed presentation in children during lockdown.[2]

Prior to the pandemic, paediatric services and workforce already could not meet the demand for care,[3] and child health outcomes in the UK were poorer compared with similar countries, with rising inequality.[4] Redeployment and staff shortages due to the pandemic have therefore posed further challenges on an already stretched system. Heightened anxiety about safety, especially in higher-risk groups such as Black, Asian and minority ethnic (BAME) staff, has also been reported (see online supplemental material).

The paediatric workforce has been working intensely and beyond their usual scope this year. Child health services must be supported to restore their care, so that they are resilient ahead of winter when activity will increase. This includes protection from adult surge policies to ensure all children can see the right person in the right place at the right time.

Nawsheen Boodhun [1], **Nicola Jay** [2], **Davide Carzedda** [1], **Marie Rogers** [1]

[1]Workforce, Royal College of Paediatrics and Child Health, London, UK
[2]Paediatric Allergy, Sheffield Children's NHS Foundation Trust, Sheffield, UK

Correspondence to Nawsheen Boodhun, Workforce, Royal College of Paediatrics and Child Health, London WC1X 8SH, UK; nawsheen.boodhun@rcpch.ac.uk

Twitter Nawsheen Boodhun @NawsheenNB, Nicola Jay @sheffkids65 and Marie Rogers @Marie_R_Rogers

Contributors Each named author has substantially contributed to the planning, conduct and reporting of the work described in the article.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

► Additional material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/archdischild-2020-320565).

To cite Boodhun N, Jay N, Carzedda D, *et al*. *Arch Dis Child* 2021;**106**:622–623.

Accepted 15 October 2020
Published Online First 2 November 2020

Arch Dis Child 2021;**106**:622–623.
doi:10.1136/archdischild-2020-320565

ORCID iDs
Nawsheen Boodhun http://orcid.org/0000-0002-2571-6940
Nicola Jay http://orcid.org/0000-0003-1388-192X
Davide Carzedda http://orcid.org/0000-0002-4383-0958
Marie Rogers http://orcid.org/0000-0002-4623-6719

REFERENCES

1 UNICEF. Children in lockdown: rapid assessment of the impact of coronavirus on children in the UK, 2020. Available: https://www.unicef.org.uk/wp-content/uploads/2020/04/UnicefUK_ChildrenInLockdown_RapidAssessment.pdf [Accessed Sep 2020].
2 Lynn RM, Avis JL, Lenton S, *et al*. Delayed access to care and late presentations in children during the COVID-19 pandemic: a snapshot survey of 4075 paediatricians in the UK and ireland. *Arch Dis Child* 2021;106:e8.
3 RCPCH. Significant gaps in the workforce – findings from our census, 2019. Available: https://www.rcpch.ac.uk/news-events/news/significant-gaps-workforce-findings-our-census [Accessed Aug 2020].
4 RCPCH. State of child health in the UK, 2020. Available: https://stateofchildhealth.rcpch.ac.uk/ [Accessed Aug 2020].