

The North West London Hospitals **NHS**

NHS Trust

WOMEN AND CHILDREN'S SERVICES

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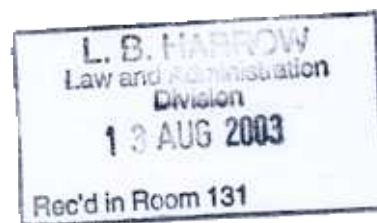
11/08/03

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Ms. Heather Smith
Committee Administrator
Chief Executive's Department
London Borough of Harrow
PO Box 2
Civic Centre
Harrow HA1 2UH



Dear Ms. Smith,

Re: Review of the Promotion of Healthy Lifestyles in Mainstream Schools

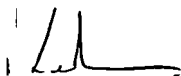
Thank you for your letter dated 30th July regarding the above.

We have undertaken a review of our services and I enclose an extract on School Nurses which indicates that we need to undertake a number of further changes in School Nursing.

Currently I am meeting with Michael Hart from the LEA and Dawn Jarvis our Lead Nurse to redevelop the service for School Nurses. I wonder whether you would be willing to nominate someone from the Committee to work with us so that this can be taken further.

With kind regards,

Yours sincerely,



Dr. Peter Lachman
Clinical Director

Extract from report by Professor Frank Oberklaid
Review of Children Services March 2003-08-12

8.6 School Nurses:

School Nursing is another discipline in a state of flux. Their traditional role was to screen large numbers of children in order to detect early physical and developmental problems that might interfere with their school learning. A number of reports, both in the UK and other countries, have suggested that this is not a productive use of their expertise; however there is no clear consensus about the exact role that nurses should undertake in schools. In Harrow, school nurses undertake varied roles, with an increasing workload and demands on their time. The routine school health activities undertaken are at school entry. They no longer perform health checks at thirteen, and we do not perform vision screenings at eight and ten years. They undertake immunisation at thirteen and fifteen years. Recently they have had an increased role in child protection and participation in hospital based specialist clinics such as enuresis, chest clinic, teenage pregnancy, and so on. They also undertake a significant health promotion role in schools, doing "anything the school asks them to do"; this can include teaching on sex education, eating behaviours etc. This activity is ad hoc and reactive. Some nurses run drop in sessions in high schools, and several work in the NPH Outpatient Department in specialist clinics in areas where they have developed significant expertise. There is expressed concern about the relationship of school nurses with community paediatricians, and confusion about how best to utilise the expertise of community paediatricians. There is also uncertainty about whether nurses can refer children directly to Outpatients, or whether they need to be referred back to the GP first.

Recommendations

8.6.1 A review of the "screening" activities undertaken by school nurses at various ages should be undertaken, to ensure that they are consistent with current evidence and in line with recommendations made by reports such as *Health for All Children (Hall)*.

- 8.6.2 The content of the work of school nurses should be more closely defined. While it could be argued that diversity and flexibility is a good idea in the sense that it meets local needs, on the other hand there is the danger that quality is lost and that activities that are established in reaction to demand may not always be evidence based. In this context, it would be useful to develop a series of clinical protocols or guidelines which address common conditions – asthma, enuresis, chronic illness, ADHD, learning difficulties etc. This should be done in conjunction with community paediatricians. Evidence based protocols would provide an important aspect of training and professional development, but would also help facilitate some consistency with respect to assessment, referral and management.
- 8.6.3 Closer links should be established between school nurses, paediatric therapists, community paediatricians and general paediatricians working at the hospital level. As previously suggested, this would be greatly facilitated by the establishment of a Department of Community Child Health, with School Nursing being a component of this Department.
- 8.6.4 Rather than the school nurses undertaking health promotion activities in an ad hoc manner as is currently the case, I would recommend that school nurses work closely with the Education Department and with individual schools to develop a limited number of health promotion “packages” each year. For example, in the first year packages might be developed on asthma, sex education, and good nutrition/obesity prevention. These could be developed as self-directed training packages, or as educational “modules” which could be taught systematically to teachers and other school staff. In this way the expertise of the nurses will be transferred in a more systematic and evidence based way to teachers, and over the space of several years a large number of topics could be covered in this way. This would seem to be far more effective than for individual nurses to work in a reactive and ad hoc way with individual schools.