

Feedback from the School Nurse Discussion, Stoke-on-Trent CCG

30.06.2015

Total number of the table: 9

Table breakdown: 2 GPs, 2 facilitators, 1 Head of School Nursing Service (provider), 3 Voluntary Sector providers & 1 member of the public

Dr V Vasudevan & Natalie Cotton provided an overview of the School Nursing provision within Stoke-on-Trent and explained the responsibility of the respective organisations,

Public Health:

CCG: clinical responsibility

NHS England: screening and immunisation programmes

NC explained that we are keen to understand what works well and what can be improved during the discussion.

Top 3 issues:

1. Communication re role of the school nurse across all partners, parents, schools, GP's
2. Prevention: early identification and self-management
3. Referral: information sharing and supporting information for onward referral

Key issues:

Referral to third sector organisations:

- Representative from SCOPE discussed the low referral rate from the school nursing service, suggesting that referral for physical needs were low.
- Indicated that the School nursing based in special schools have a good understanding of what SCOPE can provide.
- Requested how SCOPE can be identified through the single point of access web site and become part of the local offer.
- A: NC explained the Single Point of Access that will be developed via the new specification for School Nursing and its role in triage via school nurses and onward referral

Different service offer:

- SU explained how she has worked in different secondary schools in the area and school nursing provision is very 'different'. In one school the SN knew the children, had local knowledge and had a regular presence in the school.
- She commented that 'young people do not know how to access health care or their GP's' and that from personal experience she 'would not have known when the school nurse was in'.
- This made access to the school nurse important in health seeking activity for young people.
- A: it was appreciated that the core offer was different for all schools within the City. Private schools may have different provision than the state schools.

Choice of school by parents based on 'nurturing ethos of the school':

- SU explained how she based the choice of secondary school for her two boys (now adults) on the how nurturing the school was. Access to school nursing was part of her decision and a clue to how well a school delivered its pastoral care.
- A: it was discussed that the new model of provision will allocate school nursing on a geographical basis.

- The new model (core offer) will differ from current provision in that there will be,
 - A central hub for referral to a geographically based school nursing provision across the 3 areas (North Central & South)
 - The offer will be based on a universal, universal plus, universal partnership plus and community provision. The CCG has clinical responsibility for the partnership plus and community elements.
 - Ease of access to the service would be via Single Point of Access
 - The service offer will be for both term times and non term times (full year delivery)
 - Target service will be developed and campaign based provision
 - Team approach
 - Based in clinics in the community
 - Six month transition period towards a September implementation with cover arrangements put in place

Prevention:

- Questions were asked about the role of School nursing within the prevention agenda from both service users and the GP's present.
- SU commented that 'parents do not understand the role of the School Nurse'
- A: Head of School Nursing explained that when the commissioning process was complete a communication programme would take place that would communicate the new offer and role of the SN.
- GP table member commented that SN's should have a role in prevention and early identification.

Role of SN in sexual health education:

- SU commented that 'there are mixed messages about what school nurses do since the introduction of PSE lessons in school'
- A: Head of School Nursing explained that the role of the school nurse would be clarified in the communication plan.

Referral to the SN service:

- GP table member commented that the schools provide a counselling service but when children are referred to them for onward referral no documentation of the initial consultation follows. Stated that SN's should be writing to the GP with the referral.
- A: NC explained that the service offer for CAMHS is changing.

Engaging with parents:

- SU commented that schools are like 'islands, and don't appreciate that children live in the community' and will access other organisations, youth groups ect.
- Parent to parent engagement could be considered as a means of distributing information
- A: It was suggested that engagement with parents and use of the existing networks would be used to promote the new SC offer

Immunisations:

- Q: Su asked whether the school nurses know the immunisation history of the children
- A: All information about immunisations is available to the SN's. There may be issues with children transferring into the area or where the immunisations record is incomplete or unknown.

League tables for Schools:

- Q: it was asked whether there should be league tables for schools re SN services.

- A: The Head of SN commented that there would be issues with what is measured
- Q: it was suggested that underage smoking rates could be measured.
- It was commented that this information is already available via the lifestyle survey in schools, however this is an optional return for schools therefore the data is incomplete.
- Comment from GP: suggested that the CCG should support the prevention element of the school health programme (this is the role of public health).
- A: the Head of SN commented that this already takes place via the process of child centred planning (assessment and planning)

Special School SN provision:

- Q: SU asked whether the special schools would have a dedicated SN?
- A: it was discussed that this will be dependent on the costing envelope agreed with the CCG. The core offer would be delivered irrespective of the school setting and special schools can and already do purchase additional capacity.

Self-management:

- It was commented that the SN service encourages self-management for long term conditions i.e. asthma / diabetes

Teenage pregnancy:

- The pregnancy rate in Stoke- on -Trent was discussed.
- A: there is no statutory delivery for school nursing, this is the role of public health. There are services available for young people, namely, Sexual Health Services, STAR, PSA lessons in school (opt out for schools)

SN link for General Practice:

- Q: re named SN for general practice as per Health Visiting
- A: this is not within the core offer provision

Workforce capacity:

- Q: asked re the workforce capacity across all schools and the risk posed by the new model
- A: it was suggested that the risk is greater under the current model where SN's are school based. In the case of sickness there is no one to pick up the caseload. However, with a geographically based team approach, if sickness occurs the team will pick up the caseload. This mitigates the risk.

Sickness rate:

- Q: re sickness rate for SN
- A: currently 1.5%

Third sector provision:

It was commented that SU commented that we need to 'build capacity by working with the third sector partners'. SN should be working in partnership with the third sector to increase capacity.

Comments:

SU commented that we need to 'build capacity by working with the third sector partners'

Q: Question

A: Answer