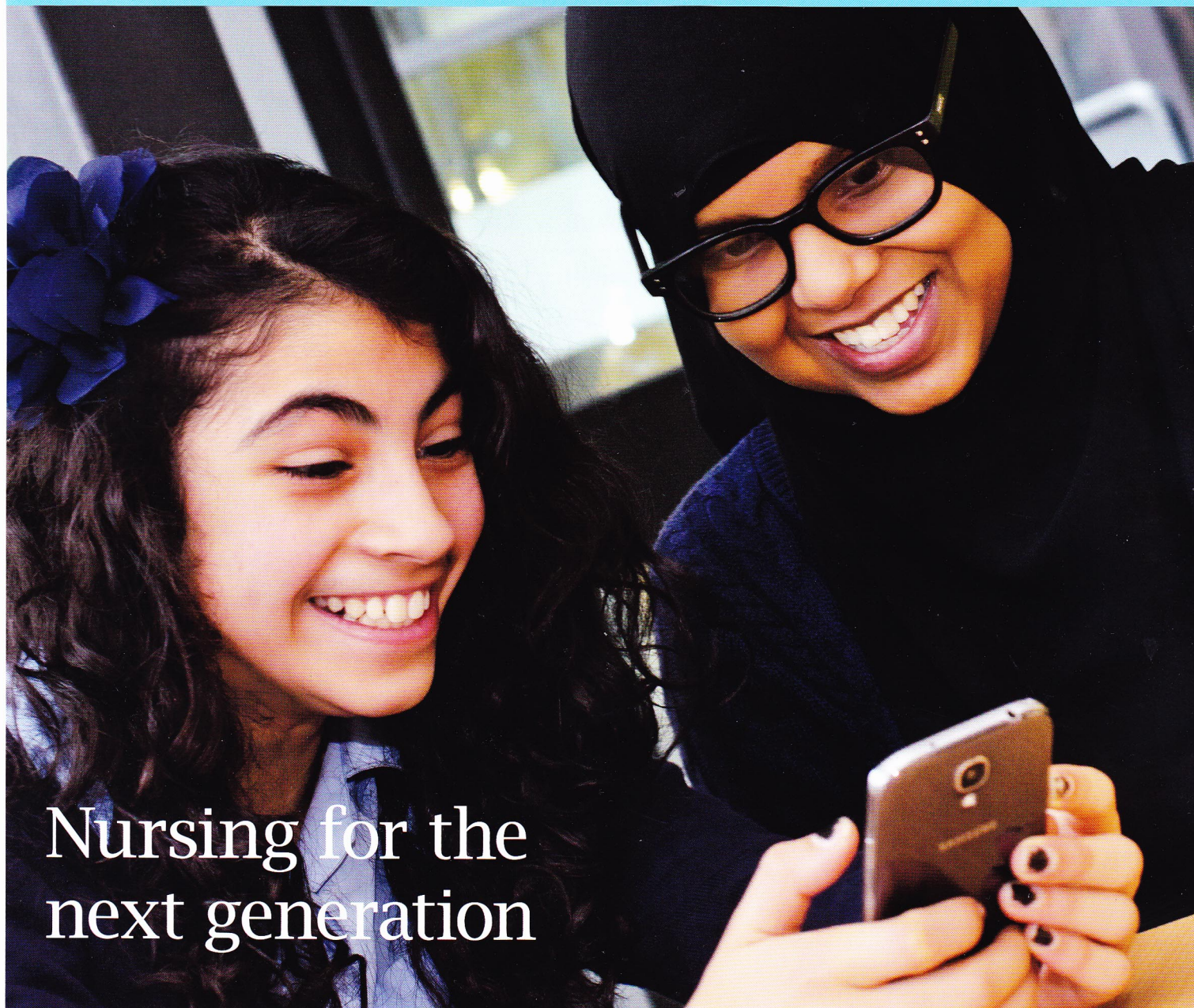


# PRIMARY HEALTH CARE

THE RCN COMMUNITY HEALTH NURSING JOURNAL



## Nursing for the next generation

### The Great War

District nurses were challenged on all fronts

### Complex care

Long-term ventilation for children at home

### Nutrition

Role of probiotics in gut health of older people

### Diabetes

Increasing uptake of retinopathy screening



# Contents

October 2014 | Volume 24 | Number 8

## Editorial

- 5 Choosing to do the right thing

## News

- 9 **Healthcare assistants being used to fill gaps in provision** Nurse numbers in some district services fall to almost half, raising fears about care quality

## Analysis

- 10 **On the cover: Specialist role enables young patients to have care at home** Innovative scheme that offers long-term ventilation in the community

## Opinion

- 12 **Book reviews; From the front line** A paper trail that sets out how care went wrong is not the way to provide good nursing care, insists Bethann Siviter

## Resources

- 14 Diary, On the web, Noticeboard  
15 Research news  
19 Research focus

## Art & science

- 20 **On the cover: Nurses in step with the smartphone generation** Mobile messaging can be seen as a way to help meet service-user expectations about timely access to services  
25 **On the cover: Barriers to diabetic retinopathy screening in South Asian groups** Study to explore the reasons for low uptake of appropriate vision tests among hard-to-reach communities

## Features

- 31 **On the cover: District nursing in the Great War: a challenge on all fronts** The experiences of healthcare workers during the first world war are brought to life in a review of the Queen's Nurses' Magazine of 100 years ago

## Continuing professional development

- 35 **On the cover: The use of probiotics to help manage changes in the gut as people age** Alterations that occur in the gastrointestinal bacterial population as people age and how these affect health and nutrition

Cover image: Jenn Hitchcock

## Welcome



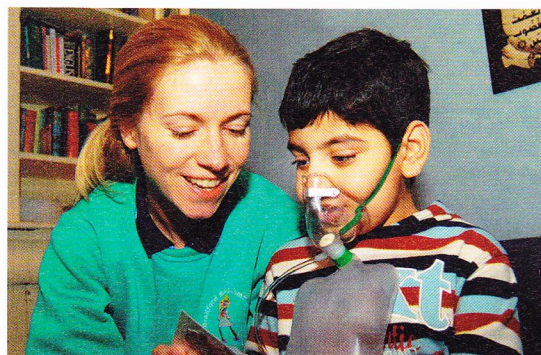
School nurses are acknowledged leaders in public health delivery, but teams are often short staffed and may have to cover large geographical areas. Projects that use new ways of working and technology to enable safe, accessible, confidential and early intervention can be equally rewarding for hardworking nurses as well as service users.

One service developed in Leicestershire (page 20) shows what can be achieved. A school nurse messaging service, computer-based management and triage system and a suite of guidance have improved workload efficiency and reached new service users, including adolescent boys.

The many benefits seen and issues raised for school nurses are covered in the article, but significantly it suggests that there is a compelling argument for widening the programme to support messaging contact via social media platforms such as Twitter and Facebook.

School-aged children are leading a communications revolution and projects such as this one show how healthcare professionals can harness the potential.

Julie Sylvester, editor



**10** Nursing team offers respiratory support to children at home



**31** The challenges that faced nurses throughout the first world war

# NURSES IN STEP WITH THE SMARTPHONE GENERATION

With communications trends developing rapidly, mobile messaging can be seen as a way to help meet service-user expectations about timely access to services. Jimmy Endicott and Maggie Clarke explore the implications for front line nurses

## Correspondence

jimmy.endicott@leicspart.nhs.uk

**Jimmy Endicott is mobile media development manager**

**Maggie Clarke is senior nurse – professional lead, school nursing**

**Both at Leicestershire Partnership NHS Trust**

**Date of submission**  
November 4 2013

**Date of acceptance**  
May 27 2014

**Peer review**  
This article has been subject to double-blind peer review and checked using antiplagiarism software

**Author guidelines**  
[rcnpublishing.com/r/phc-author-guidelines](http://rcnpublishing.com/r/phc-author-guidelines)

## Abstract

School-aged children are leading a communications revolution, with ways of getting in touch shifting significantly. This article explores the effect of this development on healthcare professionals, particularly nurses. Leicestershire Partnership NHS Trust provides a school nurse messaging service for about 100,000 young people aged 11 to 19 years. Staff are using a new computer-based message management system, supported by a suite of guidance. By providing service users and staff with more efficient and timely methods of communication, in ways that better resonate with young people, the service aims to meet local service-user needs and national strategic expectations.

## Keywords

App, instant messaging, mobile device, mobile media, school nurse, school nursing, smartphone, social media, social network, text messaging, texting

LEICESTERSHIRE'S SCHOOL nurse messaging service was born out of an 11-month pilot involving 4,200 young people in three schools. The project began because nurses at Leicestershire Partnership NHS Trust had noticed how the proliferation of smartphone ownership had distinctly altered the way young people interact with the world around them. Nurses said they wanted to be better equipped to deal with this changing communication culture.

National statistics at the time reflected the local trends: 2012 was the first year to see a fall in the total time spent talking on mobile phones, which is a

remarkable reversal in trend considering that, since they first came into common use, time spent on voice calls has increased with every year. Meanwhile, use of messaging continued its prolific growth and, in the same year, was the most popular way for people to digitally communicate with family and friends (Ofcom 2012).

These changes were underpinned by the expansion of smartphone ownership across all age groups, led by falling monthly tariffs that made hi-tech mobile devices accessible to a wider audience. In this context, young service users at the trust were requesting more modern and timely options for contacting healthcare professionals, and school nurses in particular were asking for greater support to meet this demand. The trust saw messaging as a way to improve access to services and enable nurses to work more efficiently. However, staff also identified risks, which made it clear that developments should proceed with caution.

## Responding to expectations

These local themes were reflected in national strategy. The Digital First programme (Department of Health (DH) 2012a) encourages use of digital communications between service users and healthcare providers to improve accessibility and convenience for service users and to replace unnecessary face-to-face consultations. Additionally, the DH's (2012b) vision and call to action for school nurses, *Getting it Right for Children, Young People and Families*, encourages the use of messaging and apps as a means of maximising the contribution of school nursing teams.



The trust began to consult with its nurses informally about how the needs of staff and service users could be met within the terms of the national strategy. Nurses were keen to embrace messaging with young people, but consistently indicated the same primary concern: the possibility of receiving a message in which a young person discloses imminent risk of harm. In community health care, where many services are not available round the clock or on an emergency basis, there is an increased chance of such messages arriving out of hours, when nurses are busy with other things, on annual leave or absent from work for other reasons.

Further issues were highlighted in relation to information security and identity verification. Because mobile handsets are not secure, nurses cannot be certain about the identity of message senders, nor can they be certain that messages sent in response will be read by the intended recipient.

### Staff involvement

Nurses described text messaging as being so intrinsic to daily life that it was already creeping into their professional practice. To improve safety immediately, they requested more detailed guidance about the use of messaging with young people.

In response, guidance was developed by a school nurse reference group in consultation with Leicestershire Police, trust colleagues from safeguarding, information governance and clinical governance teams, the National Society for the Prevention of Cruelty to Children (NSPCC), some established sexual health text-based helplines and the Royal College of Nursing (RCN). It is based on existing RCN guidance (RCN 2006) and defines local procedures in greater detail. For example, a flowchart sets out steps to follow if a message discloses risk of significant harm.

In focus groups, school nurses described their ideals for messaging young people. These included:

- A preference for a team-based approach that would help them share the responsibility of managing associated risks.
- Provision for 'bounce-back' messages that would detail alternative sources of help when incoming messages could not be responded to immediately.
- Out-of-office provision to help manage new messages in times of staff absence.
- A record-keeping system that is quick and easy.
- Notifications and automatic fail safes to help them manage workflow, and additional security to keep patient-identifiable information safe, preventing accidental disclosure of messaging conversations.

Standard phone handsets could not meet all these expectations, so the trust used the

feedback to develop a specification for a message-management tool for nurses. Having been unsuccessful in identifying an off-the-shelf product that met the specification, the trust then drew up its own designs and commissioned software developers to deliver a web-based system.

The resulting product, ChatHealth, uses similar security measures that protect NHS email to bring a greater degree of information security to messaging with young people. Each team has a message inbox, so that any team member can access and/or respond to any messaging conversation, which helps colleagues support one another during times of absence and supports complete openness. Each clinician in a team also has a personal inbox, to which they can assign messaging conversations from the team caseload; they can transfer conversations to their own caseload if they want to provide continuity and offer a more personal touch through the episode of care.

A transcribing tool makes record keeping quick and easy; it is also compatible with electronic or paper patient records. There are a number of features that help mitigate risk, and a host of automated bounce backs, fail safes, notifications and alerts to keep messaging safe by ensuring no message goes unanswered. ChatHealth is accessible by staff in office settings from desktop computers or when mobile, working via laptops and mobile devices. Meanwhile, young people send messages as normal via mobile handsets.

Having seen initial progress on the project, local commissioners contributed to funding the work under a Commissioning for Quality and Innovation (CQUIN) agreement. CQUINs enable commissioners to reward excellence by linking a proportion of the trust's income to achieving local quality improvement goals (NHS Commissioning Board 2012).

### Involving young people

More than 30 young people from four schools across mixed demographic backgrounds attended focus groups to discuss phone use in school and their perceptions of school nurses. Of the participants, 97% owned phones - which confirmed for the trust that text messaging was widely accessible to young people; 88% of participants said that, if a messaging service were available, access would be easier and peers would be more likely to contact a school nurse.

The remaining 12% of participants said that the terms of service, particularly relating to confidentiality, would need to be defined clearly in promotional material for it to succeed. Consequently, the trust engaged young people in

designing promotional materials for the messaging service. When discussing what sort of information to include on posters, young people were keen to highlight examples of the kinds of help school nurses can offer: in particular, support with mental health issues and self-harm. They suggested that peers were otherwise unsure how to access help in relation to these issues.

In focus groups, young people talked about handset security, acknowledging that it could be possible for other people to access their messaging conversations. Consequently, the trust is now finalising the introduction of a smartphone instant-messaging app to complement the existing text-messaging service. The app will improve information security by password-protecting the conversations. Messaging will be free within a user's data plan and, because users will complete a profile, nurses will be better able to manage risks related to identity verification.

The trust conducted a wider survey with more than 2,000 respondents aged 11-19 years from local schools. About 80% of young people said they owned smartphones that were compliant with apps and instant messaging. This helped convince the trust that app technology was widely accessible to young people. This prevalence of smartphone ownership among the younger demographic was more recently confirmed by national research (Ofcom 2014).

## Piloting the service

The trust began piloting the school nurse messaging service in May 2013. It was made available to 4,200 students aged 11 to 19 years in three Leicestershire schools, which were carefully selected to cover a range of ethnic and socioeconomic demographics. During three terms of piloting, about 300 episodes of care that included messaging were delivered. This is a significant proportion of all school nursing activity.

During the summer term, for example, there were 85 messaging conversations – about 18% of the total number of contacts in the same period the previous year, when contact was possible only via traditional methods (face-to-face and phone). Some enquiries were handled using messaging only, while other episodes of a more targeted nature were handled through a combination of messaging, face-to-face visits and phone contact; in many cases messaging was the gateway to a face-to-face contact.

While many young people were happy to provide their names to the nurses they contacted, 45% of messaging conversations were handled anonymously. In a number of instances, conversations began anonymously and a name

was given after the first few exchanges. Then the young person might attend a face-to-face clinic if appropriate.

Nearly half of all the messaging in the pilot was administrative, related to booking, changing or confirming appointments; 34% of conversations related to sexual health and relationships; 17% to emotional health and wellbeing; and the remainder to a range of health and wellbeing issues, including self-harm, weight management, sleep patterns, personal hygiene and skin care. Records of all messages were kept and, where names were provided, transcripts were attached to the relevant patient record.

## Outcomes

At the end of the pilot phase, school nurses reflected on their experiences. They all reported having had contact with new service users. They also reported increased access from young males, a group the nurses suggested were traditionally less likely to engage with the school nursing service, particularly face to face. During the pilot, one in five named users of the messaging service were males.

Most nurses also reported having saved time through messaging compared with face-to-face and telephone contacts. This, in turn, released time for them to have face-to-face contact where it was most needed. Messaging was generally described as a quick and efficient way to manage a range of enquiries. It was thought to be succinct (in that the enquirer often 'gets straight to the point') and it enabled nurses to consult with colleagues or other agencies, if necessary, before responding to an enquiry.

In one quality assurance exercise, school nurses and school nurse managers peer reviewed transcripts of messaging conversations conducted. Their feedback described a thorough, timely, instant, informative, succinct, safe, non-judgemental, sensitive and reassuring service that was offering the option of face-to-face care to young people where required.

Based on the outcomes of the pilot, a decision was made to extend the service across school nursing. To facilitate this development, the trust has now trained about 70 band 5 and 6 school nurses in the use of ChatHealth.

## Implications for school nursing

School nurses are acknowledged leaders in public health delivery (DH 2009), yet teams are invariably short staffed and some cover large geographical areas. Projects that enable safe, accessible, confidential and early intervention can be equally

rewarding for hardworking nurses as well as service users. School nursing management at the trust is particularly pleased in several areas where the messaging service is having an effect:

- Enabling nurses to deal more quickly with a range of universal enquiries, releasing time to dedicate to face-to-face consultations where most needed.
- Converting time that might otherwise have been spent travelling into time spent interacting positively with young people.
- Helping school nursing to become more widely available, particularly to young people for whom this service may be the only access to health care.
- Supporting public health nursing through a prevention-rather-than-cure approach and, through early intervention, preventing escalation of care.
- Providing reassurance of a safe service, with built-in quality controls and accompanying guidance that ensures record-keeping standards are maintained to Nursing and Midwifery Council (2009) guidelines.
- Helping young people communicate comfortably, sometimes without having to 'say something embarrassing' face to face. Based on feedback from service users, it is expected that this could be an outstanding benefit in situations relating to self-harm, child sexual exploitation or forced marriage, for example, which are often identified as being difficult for young people to speak about.
- Providing a safety net for school nurses when faced with challenging questions or situations. It gives them the opportunity to ask for advice from safeguarding named nurses, other school nurses or expert professionals, ensuring that their responses are evidence based and of even higher quality.

## Conclusion

School nurses are central to the delivery of the healthy child programme and have a pivotal role in the early intervention and prevention strategy (DH 2009). Embracing mobile communications and social media is helping school nurses achieve this aim while continuing to be friendly, accessible and confidential.

Many of the enquiries received via messages during the pilot were not geographically specific or school specific. Consequently, as the trust implemented provision across school nursing, a single point of access and triage model was adopted. By centralising message handling in this way, the trust can now save time through more intelligent management of the workload and better management of risk.

Uptake of the service has been good, and the trust is already seeing significant growth in the number of enquiries dealt with at the point of triage without being escalated to a locality team for ongoing, targeted care. As more service users are accessing school nursing for the first time through messaging and raising a broader range of issues, there has been a notable reduction in the number of messaging conversations that are administrative, that is those relating to booking, changing or confirming appointments. More episodes of care are being delivered entirely through messaging, with fewer than one in three such enquiries being referred for face-to-face contact in school.

As the service embeds, it is anticipated that school nurses may also see a rise in contact from parents and carers. Work has also begun to extend the service into special schools and other non-mainstream educational settings.

Initial benefits seen through the messaging service suggest that there is a compelling argument for widening the programme to support messaging contact via social media platforms such as Twitter and Facebook. This could now follow more easily, given the learning that has already been achieved and the improved guidelines that have been created.

In the increasingly competitive healthcare market, school nursing needs to consider different ways of working to meet the challenges of being a commissioned service. Nurses must continue to meet the increasing needs of young people, while nursing managers must clearly express what their services offer and provide proof that high quality services are being provided in a lean manner.

Leicestershire Partnership NHS Trust's messaging service will enable its school nurses to continue meeting demands in a way that helps them to be openly accountable for the high quality service they provide to young people.

## References

- Department of Health (2009) *Healthy Child Programme: From 5 to 19 Years Old*. The Stationery Office, London.
- Department of Health (2012a) *Digital First: The Delivery Choice for England's Population*. The Stationery Office, London.
- Department of Health (2012b) *Getting it Right for Children, Young People and Families: Maximising the Contribution of the School Nursing Team*. The Stationery Office, London.
- NHS Commissioning Board (2012) *Commissioning for Quality and Innovation (CQUIN): 2013/14 Guidance*. [tinyurl.com/nhs-com-board-cquin](http://tinyurl.com/nhs-com-board-cquin) (Last accessed: September 11 2014.)
- Nursing and Midwifery Council (2009) *Record Keeping Guidance for Nurses and Midwives*. NMC, London.
- Ofcom (2012) *Communications Market Report 2012*. Ofcom, London.
- Ofcom (2014) *Communications Market Report 2014*. Ofcom, London.
- Royal College of Nursing (2006) *Use of Text Messaging Services. Guidance for Nurses Working with Children and Young People*. RCN, London.

## Online archive

For related information, visit our online archive and search using the keywords

**Conflict of interest**  
None declared