

Fighting the assumption that 'no evidence means no benefit'

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School nurses are a soft touch for cuts

Seeking a soft target for making savings, NHS Trusts have been hitting school nursing services. The good work they do is so easy to challenge because there is little useful information on the outcomes of health interventions.

Here are a few examples of the victims of purchasers making dramatic cutbacks:

- South Devon: 50% of school nursing jobs to go.
- South Buckinghamshire: The Trust is planning to axe six school nurse posts to save £80,000.
- South Bedfordshire Community Healthcare Trust plans to cut school nursing services by £100,000.
- Bedfordshire's Healthcare is under threat to lose £56,000 from the school nursing budget.
- Enfield Community Care NHS Trust is seeking to cut £50,000 from school nursing services.
- Central Nottinghamshire Healthcare Trust considered downgrading 11 school nurses from F to E grade to meet purchaser demands.
- City & Hackney Community Services NHS Trust has had £216,000 cut from its contract with East London & City Health Authority, and has been told to make all the savings from school health and community nursing.

Hiding the good work

Here are two examples of the difficulty of evaluating health outcomes, based on the sort of

work we are required to carry out.

1. Years of data — no analysis

For years, school nurses have been asked to provide data on the number of contacts and on vision and hearing tests, all based on the Kerner requirements. But these data have limited value in informing service requirements. For example, the data on vision testing record the number of tests completed and the number of referrals, but how does this information help a purchaser to decide whether the service should be decreased or increased? For decades we have been collecting and collating vision-testing data, but they have never been analysed in a way that has been helpful to purchasers and service providers.

2. No unwanted pregnancies — but no marks either

School nurses have played a vital role in ensuring the health of young people in a multi-professional responsibility. A school nurse working for the Combined Health Care NHS Trust became extremely concerned when she identified 15 unwanted pregnancies amongst her 14–16 year old girls at a secondary school. Determined to tackle this problem, the school nurse set up a comprehensive sexual health programme in partnership with the teachers. *The following year there were no unwanted pregnancies in this age group.*

However, these striking results could not be officially recorded because the current data requirements do not include outcome measures. Therefore, only those 'in the know', who prob-

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ably do not include the administrators responsible for implementing budgetary decisions, were aware of the value of this particular intervention.

How school nurses respond

1. Meeting national targets

Let us start with the Government's strategy for health in England, *The Health of the Nation* (DOH, 1992). Challenging targets have been set for the reduction of coronary heart disease and strokes, cancers, mental illness and accidents. Some of these targets are specifically aimed at young people, namely the reduction in teenage pregnancy rates and death rates from accidents. But there are also risky behaviours in young people which need to be addressed in order to reach the other targets such as smoking, alcohol consumption, substance abuse and physical lassitude.

School nurses have responded to these challenges with enthusiasm and a generous commitment. Two of this year's Queen's Nursing Institute awards for innovation have been given to school nurses. Sue Warburton (Salford Community NHS Trust) is leading an exciting project on Fitness for Life, and Linda Burgess (Epsom Health Care NHS Trust) is running a dynamic sun-awareness programme for schoolchildren and teachers.

2. Combining health and education

In 1994, Pat Dark (Health Promotion Adviser for the South West Thames Regional Health Authority) produced a superb document for health and education professionals to encourage links between *The Health of the Nation* and Curriculum Guidance 5 (Health Education) (SWTRHA, 1994).

3. Rising to the occasion

Also in 1994, epidemiologists predicted a massive outbreak of measles within the following year. While this prediction is now being questioned by scientists, school nurses rose to the public health challenge and vaccinated 14 million children in just over three months. Despite their concern about the backlog of all their other work, they reported tremendous satisfaction with their achievements, made possible by highly effective teamwork (DOH, 1995).

More recently, school nurses have been tackling other problems in schools, such as the con-

fusion around ecstasy and violence (in particular, the fatal stabbing of a headmaster and the tragedy of Dunblane, which affected every school in the country). Other health concerns include obesity, anorexia nervosa, bullying, maladaptive behaviour, stress, HIV and AIDS, and an increase in tuberculosis and asthma.

More work for fewer hands

A survey undertaken in 1994 by The Queen's Nursing Institute, *In Search of a Blueprint* (Bagnall et al., 1996), identified that the school nurses working within NHS Trusts have, on average, workloads greater than the Court Report recommendation of 2,500 school-age children (DOH, 1976). Recent cutbacks in school nursing services will have increased this figure.

The report also demonstrated that although the majority of NHS Trusts were reviewing their school health services, the lack of national guidance on minimum standards meant that the levels of service differed greatly. For example, one Trust was forging links between the school health service and primary health care teams in order to target resources effectively, while another Trust had only just introduced routine medical examinations and head louse inspections.

Profiling schools

The cause of such diversity must be linked to the lack of information on the school population's health needs. This is a critical starting-point. Yvonne Moores, Chief Nursing Officer, launched a report entitled *In a Different Light: School nurses and their role in meeting the needs of school-age children* (DOH, 1997). Included with this report is a computer disc containing a pro-forma School Health Profile. Widely circulated to NHS Trusts throughout England, many have already started collecting meaningful data on the school population's health needs. Once school profiles have been completed, they can then be analysed and resources can be more efficiently targeted at need.

The Queen's Nursing Institute has hosted a DOH-funded workshop entitled *Managing Quality in Nursing Services for School Age Children*. Sixteen NHS Trusts were invited to attend as a result of their local quality initiatives. The major focus of this workshop was on outcome measures, the audit cycle, and methods of service improvement.

Additionally, the Community Practitioners

and Health Visitors' Association (CPHVA) has recently established a project to help establish a database of information on examples of school nurse clinical auditing for validating and improving school nursing practice and services.

Time for a longer view

Before any more NHS Trusts target school nursing services for cutbacks, they should consider the long-term implications of having fewer school nurses. Work is under way to ensure that the evidence of their endeavour and achievement is more meaningful and accessible, but until it is available decision-makers should think twice about the assumption that 'no evidence means no benefit'. In addition, a recent report issued jointly by the CPHVA suggests that there may have been breaches of the statutory requirements placed on Health Authorities and the Secretary of State (CPHVA, 1997).

It is time to stop this destruction of school nursing services, to assess fully the needs of the school-age population, and to invest appropriately in young people's health. Short-term cutbacks will undoubtedly result in increased long-term health care expenditure.

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Information about the pupils' health needs is a critical starting-point

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