SCHOOL NURSE MESSAGING SERVICE

PILOT REVIEW

APRIL 2014
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1. INTRODUCTION

Proliferation of smartphone ownership amongst young people has distinctly altered the way they interface with the world around them. During 2012, anecdotal feedback from school nurses and other community health clinicians at Leicestershire Partnership NHS Trust indicated they were feeling increasing pressure from service users to be contactable via mobile messaging.

National guidelines encouraged the use of messaging and apps to improve timeliness and efficiency of service delivery. These reports included “Getting it right for children and young people” (the school nurse vision and call to action) and “Digital First – the delivery choice for England’s population” (the Department of Health initiative to incorporate technology into interactions between service users and clinicians).

Leicestershire Partnership NHS Trust Division of Families, Young People and Children’s Services identified that an SMS messaging service or app based instant messaging service which enables young people to speak with a school nurse safely and securely, would help provide timely and convenient access to confidential health advice for students in Leicester, Leicestershire and Rutland.

A year-long pilot was planned in three pilot sites. The sites were chosen because of the differences between them in the age and socio ethnic makeup of the students on roll.

1.1. Pilot sites

<table>
<thead>
<tr>
<th></th>
<th>Judgemeadow Community College</th>
<th>Lutterworth College</th>
<th>Charnwood College Formerly Garendon</th>
<th>Formerly Burleigh</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Leicester City</td>
<td>Leicester County</td>
<td>Leicester County</td>
<td>Leicester County</td>
</tr>
<tr>
<td><strong>College Type</strong></td>
<td>Secondary high school</td>
<td>Academy (secondary school with sixth form)</td>
<td>Secondary community college / high school</td>
<td>Secondary / foundation with sixth form</td>
</tr>
<tr>
<td><strong>Student Ages</strong></td>
<td>11 – 16 years</td>
<td>14 – 19 years</td>
<td>11 – 14 years</td>
<td>14 – 19 years</td>
</tr>
<tr>
<td><strong>Students on roll</strong></td>
<td>1204</td>
<td>1896</td>
<td>1195</td>
<td></td>
</tr>
</tbody>
</table>
2. PRE-PILOT

2.1. Research

Research was undertaken in schools to better understand young people’s appetite for a school nurse messaging service.

2.1.1. Quantitative Research

Around 4,500 questionnaires were distributed in the proposed pilot sites and more than 2,000 responses were received. The exercise was supported by the University of Derby.

2.1.2. Qualitative Research

Focus groups were conducted at four schools with more than 30 students. Groups included students of mixed ages between 11 and 17, some of whom had and some of whom hadn’t used the school nursing service before. See the full focus group report.

2.2. Summary of findings

A school nurse messaging service was viewed to be a good idea – 88% students felt a messaging service would make it easier for students to contact a school nurse and more likely that students would access a school nurse – particularly if the option to make anonymous enquiries was available.

Access to technology was good with use of high spec smartphones being prevalent in school. Although anti-phone use policies were in place in all schools, students who felt they applied discretion and respect around phone use, expected to experience tolerance from teaching staff.

Young people recognised some information security risks relating to SMS messaging and that those risks could be overcome by the use of an app – students suggested the need for both options.

Confidentiality was suggested to be critical to the success of a service. In order for a service to work the terms of confidentiality would need to be well explained and upheld. Marketing materials would need to explain the parameters of the service and be disseminated through a variety of channels.

A messaging service would need to ensure a personable and timely response to enquiries in order to retain the trust of young people and deliver satisfaction.

2.3. Engagement

Young people were involved in developing a marketing plan and marketing materials for the pilot service.
3. PILOT DESCRIPTION

3.1. Timescales

The pilot began in the three pilot sites on 29 April 2013 and ran until 28 March 2014.

3.2. Technology

School nurses had identified a number of risks associated with messaging young people such as managing out-of-hours contact, ensuring accurate record keeping and verifying the identity of users. A bespoke web based message management system was developed by LPT to mitigate these risks. The system enhances safety by providing out-of-hours bounce-backs, automated fail-safes, availability management, unread-message alerts and auditable transcripts. Around 30 clinicians were involved in testing and developing the system.

3.3. Staff and Training

Staff from three school nursing locality bases delivered the pilot. Around 30 school nurses were trained to use the messaging system in total, including the nurses that directly supported the pilot sites, their colleagues in the respective locality bases and colleagues at other locality bases who helped provide cover during school holidays. Training sessions were critical to engaging clinical staff in the development of the message management system.

3.4. Guidance

Comprehensive guidance was developed for school nurses using messaging with young people – particularly in relation to young people at risk of significant harm. School staff, parents, governors, clinical leads, school nurses and safeguarding colleagues were consulted as well as other organisations with relevant experience, including Leicestershire Police, NSPCC, Royal College of Nursing and some sexual health message-based helplines. The safety procedures we have developed are now helping to inform national guidance for school nurses using messaging with young people.

3.5. Governance

The pilot and development of associated technology and guidance were all robustly governed through a project board, ensuring the project was formally managed and held to account on critical themes like safeguarding, clinical governance and information governance.
3.6. Promotion

Around 300 posters and 6000 business card sized flyers were distributed in the pilot sites to encourage use of the service. Slides for TV screens in common areas, presentations to be delivered in school assemblies and information for staff and student publications and websites were also provided to school nurses and schools. See the marketing materials.

3.7. Messaging Types

The initial pilot phase was conducted using SMS text messaging with each pilot site having a dedicated school nurse messaging number. Network operators charged texts at standard rates. App based instant messaging, for students with smartphones, was introduced at a later stage. Young people informed the development of our messaging app and helped to test it for usability in focus groups at all three pilot sites. Instant messaging is free of charge to students within their existing data-plans and password protection on the app enables us to offer a greater degree of information security.
4. OUTCOMES

4.1. Service delivery and analysis

The school nurse messaging service helped to deliver almost 300 episodes of care during the pilot period in a school population of approximately 4,300 young people.

- Summer Term 2012/13 – 85 messaging conversations
- Summer Holidays 2012/13 – 25 messaging conversations
- Autumn Term 2013/14 – 75 messaging conversations
- Spring Term 2013/14 – 84 messaging conversations
- Total – 269 messaging conversations

4.1.1. Message content

In some instances, an entire episode of care was delivered through a messaging alone. In other episodes, messaging was used as a gateway to face-to-face contact or was used to bridge the gap between face-to-face contacts. Some conversations were initiated during school hours and many were initiated out-of-hours. Contact with the service continued during the summer holidays, but not during the Christmas holidays.

Based on a sample of 200 conversation transcripts, nearly half of all health enquiries were made anonymously (45%) and more than half were with young people who gave their names. One in five contacts where a name was provided were with young males.

Health enquiries spanned a range of issues. The majority of all enquiries were appointment requests or administrative, usually in relation to appointments, followed by sexual health enquiries then emotional health and wellbeing enquiries. In Judgemeadow Community College, emotional health and wellbeing enquiries were more common than sexual health enquiries. In Charnwood College, sexual health enquiries and emotional health and wellbeing enquiries were equally common. In Lutterworth College sexual health enquiries were more common than all other types of enquiry.

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Judgement</th>
<th>Charnwood</th>
<th>Lutterworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Request / Administrative</td>
<td>47.2%</td>
<td>45.7%</td>
<td>67.6%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>33.9%</td>
<td>17.1%</td>
<td>8.8%</td>
<td>60.7%</td>
</tr>
<tr>
<td>Emotional Health and Wellbeing</td>
<td>17.3%</td>
<td>37.1%</td>
<td>8.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>General Health</td>
<td>7.1%</td>
<td>14.3%</td>
<td>2.9%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>2.4%</td>
<td>8.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>2.4%</td>
<td>5.7%</td>
<td></td>
<td>1.8%</td>
</tr>
<tr>
<td>Dietary/Nutritional</td>
<td>2.4%</td>
<td>2.9%</td>
<td>2.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Parental Advice</td>
<td>1.6%</td>
<td>2.9%</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td>1.6%</td>
<td>5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunisations</td>
<td></td>
<td></td>
<td></td>
<td>1.8%</td>
</tr>
</tbody>
</table>
4.1.2. **Quality**

More than half of the messaging conversations conducted during the pilot were transcribed and peer reviewed by school nurses and school nurse managers, to help monitor and assure the quality of our care. Reviewers described the school nurse messaging service as:

- Thorough
- Timely
- Instant
- Informative
- Succinct
- Safe
- Non-judgmental
- Sensitive
- Reassuring

Face-to-face contact was noted as continuing to take place as normal, where needed, and anonymity was not thought to be compromising the quality of care. [See examples of messaging conversations.](#)
4.2. Feedback from young people

Feedback was gathered from young people in the form of filmed interviews. When asked about the benefits of speaking with a school nurse by messaging they said it:

- Is discreet and confidential.
- Breaks the ice in a less embarrassing way.
- Is quick and easily available.
- Can be more comfortable to be anonymous.
- Sometimes feels less-judgemental than face-to-face contact.

4.3. Feedback from school nursing staff

Staff discussed their experience of messaging with young people at a review workshop and feedback was gathered in the form of filmed interviews. When asked about the benefits of a school nurse messaging service they said:

- It helps deal with more enquiries more quickly.
- Time to care is released, enabling face-to-face contact to be delivered where it is most needed.
- More new young people have accesses the school nurse – particularly young males
- Using a messaging management system feels safer than messaging using handsets.
- Record keeping is easier and more accurate.
- See full filmed interviews

4.4. Feedback from teaching staff

Teaching staff from one of the pilot sites participated in a review workshop with students, governors, NHS staff, commissioners and senior staff from the Department of Health. When asked to give feedback about their experiences of piloting a school nurse messaging service teaching staff said:

“The school nurse messaging service has been viewed very positively by our students and supports our safeguarding strategy in the college. Implementing the system has been issue free and I would recommend its use.”

Rob Summers, Headteacher, Judgemeadow Community College

“Young people in our school have benefitted greatly. They have been able to send messages day or night and at weekends - they know they will get a reply the next school day and this has helped some through tough times.”

Heather Foster, Lead First Aider and Personal Care Assistant, Judgemeadow Community College
4.5. National interest

The project has been presented at a number of events and conferences organised by organisations such as Public Health England (PHE) and School and Public Health Nurses Association (SAPHNA). Wendy Nicholson, the Department of Health’s Professional Officer for School and Community Nursing, visited a pilot site to see the scheme in action in January 2014 and said:

“Increasing accessibility isn’t necessarily about having a school nurse in every school, every day - it’s actually about how children and young people can get in touch more readily. The pilot here in Leicestershire is absolutely ground-breaking. There isn’t anything else that we’ve seen that’s got the evidence base behind it and is as robust. If we’re going to be really serious about reaching young people more widely, then there aren’t enough school nurses to go around. We need to embrace other approaches and this seems like a fantastic approach.”
See full filmed interview

4.6. Media interest

The project has attracted the focus of a number of professional journals and media outlets such as Nursing Children and Young People, Primary Health Care, Journal of School Nursing, SecEd and Primary Health Care.

- BBC Radio Coverage
- Capital Radio Coverage
- Newspaper coverage
5. POST-PILOT RECOMMENDATIONS

5.1. Embedding the wider school nurse messaging service

Based on the early success of the pilot, it was recommended that the provision should be widened. This was accepted and the school nurse messaging service was rolled-out on 31 March 2014. All band 5 and band 6 school nurses were trained to use the messaging system and the service was made available to all young people in mainstream schools aged 11-19 in Leicester, Leicestershire and Rutland. A priority for 2014/15 will be to continue embedding this service.

One significant recommendation made, based on the learnings of the pilot, was to adopt a centralised access model for service delivery. One team of nurses will cross locality boundaries to triage all incoming messages, assigning to locality teams only those messages which required targeted local input. This “first line of response” model will help us encourage contact from young people by other social media channels such as web-chats, Facebook, Twitter and other social media sites in the future.

5.2. Developing a programme of virtual clinics

It was recommendation was that a structured programme of scheduled virtual clinics should be established to continue improving service access. This was accepted as a priority for 2014/15 and a weekly schedule of themed virtual drop-ins will be introduced across the area. These will be delivered in a web-chat format where young people will be encouraged to discuss shared experiences related to the theme (e.g. skin care, bullying, self-harm) in an open forum under the supervision of a qualified school nurse who will host the conversation and provide appropriate advice. A weekly schedule of confidential one-to-one virtual clinics will also be offered. These will be delivered in an instant chat format where young people can access a secure private consultation with a school nurse at a predetermined date and time. This will be piloted primarily in our most rural areas, where school nurses can be required to travel for up to two hours, round trip, in order to offer face-to-face consultations in just one school.

5.3. Messaging and young people with additional needs

It was recommended that investigation should be made into what more needs to be done in order to give young people with additional needs improved access to healthcare by messaging. This was accepted as a priority for 2014/15 and the messaging service will be piloted in one or more special schools. Whilst this will be led by school nursing, young people could be given access to an integrated team, including a speech and language therapist, occupational therapist and physiotherapist. The pilot will help scope what adaptations might be required to achieve more equitable service access through messaging for young people with special needs.

A further recommendation is to explore how messaging can improve access to healthcare for young people from hard-to-reach demographics. This includes young people who are home educated, in PRUs (and similar units), excluded from school, young offenders, in free schools, homeless, asylum seekers, in travelling families and those who don’t speak English as a first language.
5.4. Introducing the messaging system to Health Visiting

The final recommendation accepted as a priority for 2014/15 is to begin exploring how use of the messaging system might benefit health visiting – and a pilot is planned to be delivered with new parents. Health visitors at a limited number of sites will use messaging to screen parents approaching the 3 - 4 month stage to identify whether a face-to-face visit is required. There will be emphasis on screening for who parental mental wellbeing and for concerns about child development.