

School Nursing Duty Office
Dereham Hospital
Northgate
Dereham
NR19 2EX

Tel: 01362 654916

Email school.nursing@nchc.nhs.uk

Website: www.norfolkcommunityhealthandcare.nhs.uk

26 September 2014

Dear Headteacher

Following a reorganisation of caseloads within our service, we are writing to confirm who the link school nurse is for your cluster area. Please see the list of link school nurses for each cluster attached at the end of this letter. Within the Autumn Term the link school nurse will work with you to complete a health needs assessment of the cluster area to identify the health priorities and how they might be addressed.

How can school staff make a referral ?

We are only able to accept a written referral so please continue to make referrals by e-mail to our Single Point of Referral. A revised referral form has been attached for you to use. (please delete the current form that you have). Please include as much detail as possible to enable us to prioritise and allocate the referral appropriately at our weekly team meeting. Our duty school nurse is available Monday-Friday 9-5 on the above number if you require any further support or advice or further guidance on making a referral. Out of these hours a secure answer machine is available for you to leave a non emergency message.

How can Young People in High School self refer?

We aim to set up monthly drop in's within the high schools and the link nurses will be exploring this with key staff in school. This will provide an opportunity for young people to access us directly. However in between our visits young people can make their own confidential referral using the new Young person's referral form, a copy of which is attached. These can be made available in High Schools. As a service we will continue to explore other ways of young people accessing the service and schools will be updated of any new developments. Young people may also be given the duty number line (01362 654916) if they are able to make their own telephone referral but they should be advised that this is not an emergency service.

School Nursing Interventions

We have been planning many changes to our service in line with current public health outcomes and Department of Health Guidance to enable us to offer an equitable service across our school clusters. The service will include:-

- School Entry Screening of vision, hearing and growth (Reception Year)
- National Childhood Measurement Programme (Reception Year and Year 6 children)
- Public Health work with individuals and schools
- Safeguarding Children and Young People

Chair: Ken Applegate

Interim Chief Executive: Mark Easton

Norfolk Community Health and Care NHS Trust Head Office: Elliot House, 130 Ber Street, Norwich, Norfolk NR1 3FR

- Support with managing health needs of children in school eg advice re Health Care Planning and Cluster School Staff Training for children with additional health needs e.g. epilepsy, severe allergies, asthma
- Drop-in sessions / appointments in High Schools
- One to one work with children, young people and their families regarding an identified health need eg healthy lifestyle advice, emotional difficulties, toileting, sexual health/puperty advice,
- Hearing Tests (all ages) and vision tests (under 7s only) as requested

This list is not exhaustive and we would be happy for you to consult with us if you have concerns about a young person.

We would be grateful if you could share this information with your school staff. We would be very happy to meet with you and your staff and expand further on the role of the school nursing service and discuss ways in which the school nursing service could work more closely with your school. If you would like to arrange this please contact the duty school nurse in the first instance who will pass on your request.

We look forward to meeting you and working with the staff, pupils and parents at your school. In the meantime please do not hesitate to contact our service if we can be of any assistance.

Yours faithfully

School Nursing Team

Link Nurse Allocation

Cluster	Link School Nurse
Acle	Marie Balfour
Attleborough	Rhoda Ben-Aroya
Aylsham	Julie Notley
Ormiston Victory Costessey	Alyson Ripley-Thomas
Cromer	Michele Taylor
Dereham Neatherd	Nancy Campen
Dereham Northgate	Nancy Campen
Diss	Amanda Dench
Downham Market	Mel Easter
Fakenham	Katie Turnbull
Framingham Earl	Alyson Ripley-Thomas
Archbishop Sancroft, Harleston	Amanda Dench
Hellesdon	Catherine Henery
Hethersett	Nicola Lovett
Broadland, Hoveton	Marie Balfour
Smithdon, Hunstanton	Jill Jackson
King Edward V11, Kings Lynn	Mel Easter
Springwood, Kings Lynn	Sandra Webb
Kings Lynn Academy	Amanda Bonnett
Litcham	Amanda Bonnett
Hobart, Loddon	Alyson Ripley-Thomas
Long Stratton	Nancy Campen
Methwold	Mel Easter
North Walsham	Sharon Goddard
City Of Norwich	Jill Palmer
City Academy Norwich	Catherine Henery
The Hewett Norwich	Bernadette Osterberg
Notre Dame, Norwich	Lorraine Preece
Open Academy Norwich	Lisa Harper
Sewell Park, Norwich	Bernadette Osterberg
Old Buckenham	Sarah Archibald
Reepham	Sharon Goddard
Sheringham	Michele Taylor
Sprowston	Jill Palmer
Stalham	Julie Notley
Swaffham	Amanda Bonnett
Taverham	Lisa Harper
Terrington St Clement	Jill Jackson
Thetford Academy	Rhoda Ben-Aroya
Thorpe St Andrew	Lorraine Preece
Wayland, Watton	Sarah Archibald
Alderman Peel, Wells	Katie Turnbull
Marshland, West Walton	Jill Jackson
Wymondham College	Nicola Lovett
Wymondham High	Nicola Lovett

Referral to School Nursing Team For use by Professionals and Parents

<p>Referrer details</p> <p>Name:.....</p> <p>Designation:.....</p> <p>Location:.....</p> <p>Contact telephone number:.....</p> <p>Date of referral:.....</p>	<p>Child details</p> <p>Name:.....</p> <p>DOB: Sex: M / F</p> <p>NHS No. (if known)</p> <p>School:.....</p> <p>GP:.....</p>
<p>Primary school referrals</p> <p>Do parents consent to this referral: Y / N</p> <p>Is the child aware of this referral: Y / N</p> <p>Parents signature.....</p> <ul style="list-style-type: none"> Where possible please get this referral form signed prior to sending it to us. If you are unable to scan a signed referral form a signature will be obtained at the initial appointment Please see over for “Reason for Referral” (this must be completed in full) 	<p>Parent name:.....</p> <p>Telephone number:.....</p> <p>Address:.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Secondary school referrals</p> <p>Is the young person aware/consent to this referral? Y / N</p> <p>Please tick if parents have been informed <input type="checkbox"/> (see * below)</p> <p>Signature of Young Person.....</p> <ul style="list-style-type: none"> Where possible please get this referral form signed prior to sending it to us. If you are unable to scan a signed referral form a signature will be obtained at the initial appointment Parental consent is not necessary for secondary school student referrals - but if the young person has not been informed the referral will not be accepted Please see over for “Reason for Referral” (this must be completed in full) 	<p>.....</p> <p>.....</p> <p>.....</p>

Referral to School Nursing Team **For use by Professionals and Parents**

Primary Reason for Referral (please tick one box only)

Emotional/Behavioural Problem		Sleep problem	
Healthy Lifestyle advice		Developmental problem	
Sexual health/C card (CASH)		Personal hygiene	
Smoking		S.E.N - Education Health Care Plans (EHCP)	
Substance Misuse		Bereavement	
Continence		Children in Need (S17)	
Family Support		Safeguarding (S47)	
Family Support Process		Initial Child Protection Conference	
Hearing/Vision		Review Child Protection Conference	
Assessment & Advice (re a young person)		Other Safeguarding information requests	
Management of health conditions in school		Looked after children (LAC) Review/Meeting	
Young Person does not wish to disclose (The young person can also be given the option of self referral using the young persons form)			

Please provide clear details to support your request including the main issues, what you require the school nursing service to provide, what the concerns are, the parent/young persons view of the referral.

Referrals received with insufficient information will be returned to the referrer (unless the young person has requested not to share information at this stage)

Are other agencies also involved ?	Yes/No
If Yes which agencies are involved	

Extra details (only required if appropriate to referral)		
Are there any issues of worker safety? Y / N If yes please ring the School Nurse to discuss concerns.	If this is a referral requesting a hearing and/or vision test, do parents consent for results to be shared with school? (Without a signature results can not be shared with school) (parent signature).....	School Nursing Team - Referrals can only be accepted by this form being e mailed to the Single Point of Referral school.nursing@nchc.nhs.uk For further advice please phone the duty office on 01362 654916

Confidential
Referral to School Nursing Team
For use by young people in high school wishing to self refer

<p>Young Person's details</p> <p>Name:.....</p> <p>DOB: Sex: M / F</p> <p>School:.....</p> <p>GP:.....</p> <p>Telephone number that we can contact you on </p> <p>Address:..... </p>	<p>How to get an appointment with the school nurse.</p> <p>Guidance</p> <ul style="list-style-type: none"> Young people in high school may self refer to the school nursing team using this form. You may also contact us by email school.nursing@nchc.nhs.uk You can phone the Duty School Nurse on 01362 654916 to request an appointment. Completed forms can be emailed school.nursing@nchc.nhs.uk or posted to School Nursing Duty Office Dereham Hospital Northgate Dereham NR19 2EX <p>Signature of Young Person</p> <ul style="list-style-type: none"> Where possible please sign this referral form before sending it to us. However if you are sending it by email then we will ask you to sign the form at your first appointment.
<p>Parent/Carer involvement</p> <p>Are parents/carers aware you are making this referral? Yes/No</p> <p>.....</p> <p>Optional Information (you do not have to fill this in)</p> <p>Parent name.....</p> <p>Contact telephone</p>	<ul style="list-style-type: none"> Parental consent is not required for you to access a confidential appointment with the school nurse. However depending on the issues you discuss with us we may encourage you to seek further support from a parent or another appropriate adult. This will however be discussed with you at your first appointment.
<p>Reason for referral</p> <p>Please give a brief reason why you would like an appointment with a school nurse</p> <p>• OR I do not wish to disclose at this stage <input type="checkbox"/></p> <p>• It is helpful to have as much information as possible but if you do not want to disclose the issue at this stage the referral will still be accepted.</p>	