Community nursing review

The British Paediatric Association (BPA) has prepared a memorandum for the Community Nursing Review Team set up by the Secretary of State and chaired by Mrs Julia Cumberledge. The main theme of the BPA’s advice is that there should be a unified community nursing service for children provided by health visitors, school nurses, district nurses, and midwives, with the possible addition of hospital based nurses in certain specialties such as paediatric surgery, oncology, and diabetes. In children’s medicine the hospital and community services are now moving closer together, and the BPA hopes that a similar integration will develop in the children’s nursing services, perhaps with common management.

Health visitors

The role of health visitors needs to be clarified, particularly in relation to their degree of autonomy, the proportion of their time spent on the elderly, and the extent of their responsibility for social work. The BPA questions whether health visitors have the type of training and continuing education to enable them to meet their current responsibilities. Should they, perhaps, be required to have post-basic training in children’s nursing or an RSCN qualification? Health visitors might be able to take over from doctors the responsibility for immunisation and certain aspects of developmental screening, although other professional technicians could perhaps undertake hearing and vision screening.

School nurses

In school health there are two levels of care. The primary level involves screening for educational difficulties and provision of a service for minor illness and accidents at school. At secondary level there are the children with more complex conditions referred from the primary service. School nurses must play a part at both levels. Their responsibilities need to be defined and their training and administrative arrangements clearly set out.

District nursing services for children

In practice much of what is done for adults by district nurses is done for children by hospital children’s nurses with the children attending as day cases. Where the need exists a district nursing service such as the children’s home care service at St Mary’s Hospital, London, might be developed. The practice of hospital based specialist paediatric nurses working in the home and at school deserves support despite possible administrative difficulties.

Midwives

With early discharge from maternity units it is important that domiciliary midwives should be able to recognise the disorders of the newborn that require early intervention, and as health visitors are trained midwives the possibility of their taking responsibility for the baby in the early neonatal period might be considered.

The following are some of the statements of policy and principle made by the BPA in reply to specific questions posed by the Nursing Review Team:

1. Children, being absolutely dependent, should have priority over other patient groups.

2. Parents already have direct access to health visitors and this should continue. Extension of this practice to other community paediatric nurses must depend on how they relate to general practitioners.

3. Within an integrated children’s nursing service there is scope for specialisation—for example, in terminal care, accident prevention, and the management of conditions such as enuresis.

4. There would be advantages if all community nursing services were managed by district health authorities.

5. Child health records should be computerised with linkage between hospital, community, and general practitioner records.

6. Simple objective performance indicators should be used to monitor the community nursing services.

The two most important principles the BPA wishes to emphasise are that a unified children’s nursing service should be developed between both hospital and community and that children should be cared for by children’s trained nurses.

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