Concerns raised about health visitors being attached to individual general practices

Health staff urged to be assertive over child abuse

By Karen Murray

ALL HEALTHCARE workers need to be more assertive in detecting and reporting cases of suspected child abuse, according to nursing organisations.

Health visitors and school nurses in particular have been reminded that they have important roles to play in ensuring better communications to prevent others suffering the same fates as Victoria Climbie in London and Lauren Wright in Norfolk.

Both youngsters died from their injuries after enduring months of systematic cruelty. Victoria, eight, was abused by her great aunt Marie Therese Kouao and her boyfriend Carl Manning, and Lauren, six, suffered at the hands of her stepmother Tracey Wright.

The cases have also raised concerns over the effectiveness of health visitors being attached to individual general practices.

Chair of the RCN child protection forum Chris Middleton said child protection was ‘everyone’s business’.

‘The protection of children can no longer be seen as the exclusive preserve of those with the words “child protection” in their job title. All nurses and midwives have a professional duty to act when they are concerned about the safety of a child,’ he said.

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Community Practitioners’ and Health Visitors’ Association (CPHVA) director Jackie Carnell said: ‘On a pessimistic note, you can’t eliminate abuse completely – you can’t live in people’s homes, 24 hours a day.

‘But, in these two cases I find it really sad that the abuse was not picked up earlier and acted on in a more assertive manner. It is vital that people talk to each other, take concerns of abuse seriously and get them checked out,’ she said.

She pointed out that health visitors’ jobs are made more difficult if they are attached to individual general practices and with no overall responsibility.

Ms Carnell said: ‘In city areas, there are usually three or four general practices that pool from a population of health visitors. There could be four or five health visitors on the same estate or street, meaning there may be no intimate knowledge about a case in one person’s head.

‘It also means there is no responsibility for the health needs of a geographic community. This shared responsibility means total responsibility is often lost and things can slip through the net.

‘On a grassroots level, it is vital we have a community health team based in the community with responsibility for that community.’

Despite the appointment in July of a national director of children’s healthcare services, Al Aynsley-Green, Ms Carnell said that the incidents had added weight to calls for the government to appoint a children’s commissioner to ensure children’s needs are met at the highest level.

Young smokers need help to quit

ALL MEASURES to help young smokers quit should be considered providing there is proper support and supervision, RCN primary care adviser Lynn Young said this week.

Responding to reports that children as young as 12 are to be given nicotine patches and gum, Ms Young said it was ‘tragic’ that this action was necessary.

But she said the reality was that some youngsters were heavily addicted and needed help to stop.

‘We support this if it helps young people stop smoking, providing there is careful monitoring and that the youngsters get support and supervision as well. We need to get them when they’re young and at the same time continue to work on preventative campaigns,’ she said.

A group of 250 youngsters are being targeted for a nicotine replacement therapy (NRT) trial in Nottingham. Until now, NRT has been available only to people over 18. The trial is being supported and monitored by the Cancer Research Campaign and Imperial Cancer Research Fund.

Trial co-ordinator John Britton said: ‘At the moment we have the absurd situation that kids can get hold of cigarettes easily but cannot obtain the NRT that might help them to give up. We hope our study will show that NRT is just as effective for teenagers as adults in helping them to quit smoking.’

The trial will centre on a controlled, randomised trial with teenagers who want to stop.

A two-year study to assess the effectiveness of screening for tuberculosis in general practice is to be carried out jointly by a practice nurse and GPs.

Meg McDonald, a practice nurse at an east London health centre, will jointly lead what is understood to be the first ever randomised controlled trial on TB screening.

Mycobacterium tuberculosis

The study will involve 40 practices and 100,000 patients in Hackney, one of the poorest boroughs in the country.

Research shows that TB affects poor and non-white ethnic groups disproportionately and represents a major health inequality: ‘In the light of evidence that the disease has been on the rise since the late 1980s, we will try to find out if routine screening in new patient checks is effective,’ said Dr McDonald.

The study will be among the projects undertaken at a new institute of community health sciences, set up by Queen Mary College, University of London.

A London conference organised last week by TB Alert, the Public Health Laboratory Service and the Royal Society of Medicine brought together health services, housing and social services agencies to discuss ways of tackling the disease. It is estimated that the number of cases increased by 17 per cent in 1999-2000, to nearly 3,000.

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