

## Pudsey Bolton Royd Primary School

'Succeed today,



prepare for tomorrow'

'A happy, welcoming, school community where we all engage,  
achieve and excel.'

### **Supporting pupils with medical conditions Academic Year 2017 - 2018**

#### ***Policy Statement:***

Pudsey Bolton Royd is an all inclusive school aiming to support and welcome pupils with medical conditions, in order to facilitate their full potential. We acknowledge DfE statutory guidance for supporting pupils at school with medical conditions (April 2014) and our policy stands alongside all other relative school policies.

#### ***Aims:***

##### ***The aim of this policy is to:***

- Establish a means of support for children with medical needs.
- Clarify the wide-range of stakeholders involved in the consultation process.
- Ensure all staff in school are included in its implementation.
- Address training needs for staff.
- Set out clear guidance on the administration and storage of medication at school.
- Set out clear guidance on record keeping which shall comply with confidentiality and Data Protection.
- Ensure staff are aware of their roles and responsibilities.
- Plan for regular updates, evaluations and reviews.

### **Policy for Supporting Pupils at School with Medical Conditions**

**Policy content relates to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at school with medical conditions and with due regard to Section 100 of the Act which comes into force on 1<sup>st</sup> September 2014.**

#### **Introduction**

1. **On 1<sup>st</sup> September 2014**, a new duty comes into force to ensure all children with medical conditions, in terms of both physical and mental health, are properly

supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. **It is important that parents feel confident** school will provide effective support for their child's medical condition and that pupils feel safe. School should establish relationships with relevant local health services, to receive and fully consider advice from health professionals and to value the views of parents and pupils.
3. **Educational impact, together with social and emotional implications** need to be effectively managed. Short, long term and frequent absences are integral to establishing appropriate support to limit impact.
4. **In the case of children who may also have disabilities** the governing body must comply with duties under the Equality Act 2010. Some may have a Statement for Special Educational Needs (SEN) or Education, Health and Care Plan (EHC). For children with SEN, this policy should be read in conjunction with the SEN Code of Practice (available at [GOV.UK](http://GOV.UK)).

## **The Role of the Governing Body:**

### **Statutory**

1. To ensure that arrangements are in place to support pupils with medical conditions and to safeguard access and enjoyment of the same opportunities at school as any other child.
2. In making their arrangements, to take into account that many of the medical conditions requiring support at school will affect quality of life and may be life-threatening. The Governing Body should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. To ensure parents and pupils have confidence in the school's ability to provide effective support for medical conditions. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure staff are properly trained to provide the support pupils need.
4. To make certain, arrangements in place, are sufficient to meet statutory responsibilities and ensure policies, plans, procedures and systems are properly and effectively implemented and include a named person who has overall responsibility for policy implementation. The named person in school is currently Carolyn Tate / Inclusion Manager. The governor responsible is Jean Preston.
5. To ensure that school's policy is reviewed regularly and is accessible to parents and school staff.
6. To ensure policy sets out procedures to be followed whenever school is notified that a pupil has a medical condition.

### **Non-statutory**

7. In making arrangements, functions can be conferred on a Headteacher, a committee, other members of staff or other appropriate persons to inform the school what needs to be done in terms of implementation. The Governing Body however, remains legally responsible and accountable for fulfilling their statutory duty.
8. All children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition should be denied admission (see School Admission Code 2012) or

prevented from taking up a school place because arrangements for their medical condition have not been made. In line with safeguarding duties however, the Governing Body should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They do not therefore have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

9. Policy implementation should include:
- Who is responsible for ensuring sufficient staff are suitably trained. This is currently the Headteacher.
  - A commitment that all relevant staff will be made aware of the child's condition.
  - Cover arrangements in the event of staff absence or staff turnover is the responsibility of the Headteacher.
  - Briefing for supply teachers.
  - Risk Assessments for school visits, holidays and other school activities outside of the normal timetable.
  - Monitoring of individual Healthcare Plans.

### **Policy Implementation – the Role of our School**

This document replaces previous guidance on Managing Medicines in Schools and Early Years Settings published in March 2005.

Early Years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

- To maintain confidentiality.
- To work collaboratively to provide effective support.
- Pupils in our school with medical conditions will be properly supported so that they have full access to education, including school trips and PE.
- School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, medical evidence is to be gathered in consultation with parents in order to ensure the right support can be put in place.
- Arrangements for children new to school should be in place in time for the start of the relevant term. For children in transition or moving mid-phase, school will endeavour to ensure arrangements are put in place within two weeks.
- School will ensure individual Healthcare Plans are in place to actively support children with medical conditions; these will be essential in long term cases or where conditions fluctuate or there is a high risk of emergency intervention needed. Not all children will require a Healthcare Plan; school, health professionals and parents should agree whether a Healthcare Plan is inappropriate or disproportionate. Refer to Flowchart, *Appendix A*.
- The format of our Healthcare Plans may differ in order to be most effective in addressing pupil needs and capturing key information. Where a child has SEN but does not have a Statement or Education Healthcare Plan (EHC) special educational needs should be mentioned in their individual Healthcare Plan.

### **Staff Responsibilities for Communication**

- Management structure with regard to lines of communication for pupils with medical needs will include Senco, the Family Support Manager, Class Teacher and Head / Deputy Headteacher. Management and administering of medication and/or support such as physiotherapy may include other members of staff whose responsibilities will be set out in the Healthcare Plan. *Template A*.
- School staff responsible for completing and reviewing individual Healthcare Plans, currently Carolyn Tate (Senco) and Christine Morton (Family Support Manager) will do so in partnership with parents, teachers and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils should also be involved where appropriate.
- School Healthcare Plans should set out steps to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- Healthcare Plans will be reviewed annually or earlier where a child's needs have changed.
- Reviews will have the child's best interests in mind, will assess and manage risks to the child's education, health and social well-being and minimise disruption.
- In the case of any child returning to school following hospital education or alternative provision (to include home tuition) school will endeavour, through collaborative working, to ensure the individual Healthcare Plan identifies the support the child will need to reintegrate effectively.
- Teachers planning school trips or other activities outside of the normal school timetable should ensure the child can participate e.g. in Risk Assessment and informing the individual Healthcare Plan through communication with the management structure team.
- Currently Carolyn Tate and Christine Morton are responsible in our school for informing the Headteacher and Deputy Headteacher together with other relevant staff of Healthcare Plans in place for individual pupils.
- The Headteacher is responsible for ensuring sufficient staff are trained in implementing policy delivering against Healthcare Plans, including contingency and emergency situations.
- The Headteacher is also responsible for ensuring school staff are appropriately insured to support pupils in this way.
- The Headteacher is responsible for allocating responsibility for administering medicines in school; currently persons responsible are the Headteacher, Deputy Headteacher and First Aid trained staff.
- Contact should be made with the school nursing service in the case of any child who has a medical condition that may require support at school; this may include advice and liaison for training. Currently this is the responsibility of Carolyn Tate / Inclusion Manager and / or Christine Morton Family Support Manager. Other health professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school or advice in completing a Healthcare Plan. Examples of this are asthma and diabetes.
- Where a healthcare professional informs school a child has been newly diagnosed, is due to return to school after a long-term illness or that needs have changed, persons responsible for Healthcare Plans (currently Carolyn Tate and Christine Morton) will seek to ensure confirmation from the healthcare professional, that arrangements in place meet the needs of the child and that any training requirements are met.

- Any member of staff may be asked to provide support to pupils with medical conditions. School staff should receive sufficient training and level of competency before taking on the responsibility to support children with medical conditions; school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Our Healthcare Plans (*Template A*) will state:**

- The pupil's medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, to include medication and other treatments, time, equipment, facilities, dietary requirements and environmental issues.
- What to do in an emergency including contact details and contingency arrangements. School's 'Blue Card' system may be applicable.
- Specific support for educational, social and emotional needs to include how absences will be managed, support in catching up and any counselling needs.
- The level of support required, for example whether or not the child is self-managing their medication. A statement should also be included for appropriate monitoring arrangements.
- The persons responsible for support, their training needs, expectations and cover arrangements when unavailable.
- Who in school needs to be aware of the child's condition and the support required.
- Written permission received from parents (*Template B*) covering the administering of medication by a member of the school staff or self-administered by the child. These documents are maintained in the School Office. Currently, Rona Broscombe is responsible for maintaining these.

**School Roles and Responsibilities**

- All prescription medicines to be administered in school are to be kept secure in the school office. Staff responsible for administering medication are currently the Headteacher, Deputy Headteacher and any trained First aider. Documentation will be completed and kept in the school office for record keeping purposes: ***Template C Record of medicine administered to an individual child or Template D Record of medicines administered to all children.*** Currently Rona Broscombe in the School Office is responsible for maintaining these documents. Inhalers are the only exception and these are to be accessible to the child in their own classroom. These are to be taken to PE and swimming lessons and in addition to any off site activities/visits. Parents are required to complete the schools medicines form(s) ***Template B.***
- Any member of staff who is informed that a child is likely to be out of school for a minimum of 15 days is required to inform Christine Morton who will advise on absence coding and liaise with the class teacher regarding home / school contact / support.
- The child's teacher together with any other supporting adult(s) in school should ensure the child maintains contact with peers and is kept informed about school social events and/or study support strategies through means such as Newsletters and the school website.
- The child's teacher will help provide education for the child, which may include discussion with Senco, the Family Support Manager and other supporting adults/agencies.

- School will continue to provide access to education as the child's medical condition will allow. This may include sourcing provision through a hospital school or teaching service or the home education service. Teachers are to consult with Senco and / or the Family Support Manager.
- To aid communication with other parties, to attend reviews and maintain contact with the pupil, Senco, the Family Support Manager and/or Class Teacher will be named in the Healthcare Plan as the person(s) responsible.
- The views of parents and pupils will be taken into consideration during each meeting and/or review or through the person named as responsible for communication in the Healthcare Plan. This could be a named clinician / health professional. Pupils will often be best placed to provide information about how their condition affects them and in contributing to their Healthcare Plan.
- School will follow Attendance Guidelines and Procedures to accurately record and monitor the pupil's attendance.
- Provision of materials and/or resources for pupils absent as a result of medical needs will be made through the Class Teacher and the management structure for communication.
- School will follow policy for issues relating to children with SEN provision and will endeavour to make appropriate modifications for example to the venue for a review.
- To support cases of long term absence, the Family Support Manager, Senco and the Class Teacher will meet in the first instance with the parent and/or child where appropriate to establish provision aimed at meeting the needs of the child.
- The management structure for communication will ensure any Year 6 child will have the opportunity to take Key Stage 2 SATs through ensuring the necessary modifications, in liaison with the Local Authority and NAA eg tests taken under supervision at home or in hospital as appropriate.
- The management structure for communication will establish a plan for smooth reintegration into school following any period of absence and this is to be monitored by the child's teacher. Any concerns should be addressed through the management structure for communication.
- Our school provides two spaces which can be used for the treatment of sick or injured pupils and for first aid and medical examinations, both containing a washbasin and reasonably near to a toilet.
- Most pupils with medical conditions will not need to take their medicine during the school day however if a child does - or if they need to have access to their medication in case of emergencies - parents should make an appointment to talk to the child's teacher who will refer on as appropriate to Senco or the Family Support Manager. Parents will be made aware of what support is available. Appropriate documentation and record keeping should be completed *Templates B & C refer*.
- Pupils requiring prescribed medication 3 times each day are deemed not to require this to be administered during the school day unless there is a specific requirement for this to be taken for example with a mid-day meal.

### **Managing medicines in School**

- Medicines should only be administered in school when it would be detrimental to a child's health, not to do so.
- Non-prescription medicines are not to be administered to children.

- School's should only accept medicines that are in-date, properly labelled, provided in the original container and dispensed by a pharmacist and which include clear instructions for administering dosage and storage. The exception to this is insulin which must still be in-date but which may be made available inside an insulin pen or pump rather than in its original container.
- Pupils should be made aware of where their medicines are stored in order for them to access them immediately. Inhalers and epi-pens should be stored in the child's classroom for immediate access. Epi-pens and medication prescribed for Nursery pupils are stored in the Nursery Utility room.
- Inhalers, epi-pens and prescribed medicines should be taken on school trips to ensure access if and when required. An appointed person should be responsible for safe storage and return of these medicines during the trip.
- Records are required to be kept for medicines administered during school time.  
*Templates B&C refer.*
- When no longer required or out of date, medicines are to be returned to parents to arrange for their safe disposal. Sharp boxes are to be used for the disposal of needles and other sharps.

### **Record Keeping**

- Records are essential to offer protection to staff and children, providing evidence agreed procedures have been followed. Parents should be informed if their child is unwell at school.

### **Emergency Procedures**

- Where a child has a Healthcare Plan, this will define what constitutes an emergency and explain what to do in terms of symptoms and procedures. The child's teacher should also be informed if an emergency has occurred. Pupils may also have an awareness of how to respond.
- Where a child needs to be taken to Hospital, a first aid trained member of staff should remain with the child until a parent arrives and may also be required to accompany the child to Hospital.

### **Day trips, Residential and Sporting Activities**

- Teachers must be familiar with a child's medical condition and provision must be in place to ensure provision is inclusive unless evidence states it is not possible.
- Risk Assessments and Health and Safety Executive (HSE) guidance for school trips, refers.

### **Unacceptable Practice**

- Children should not be prevented from easily accessing their inhalers and other self-administered medicines when required.
- Children with similar conditions should not be deemed as requiring the same treatments.
- The views and opinions of parents and children and medical evidence should not be ignored but may be challenged.

- Children with medical conditions should not be sent home regularly or be prevented from accessing normal school activities, including lunch unless this is specified in their Healthcare Plans.
- Children who require to be sent home or to a medical room for assistance should be accompanied by a member of staff.
- Absences should not be penalised where these relate to their condition e.g. in medical appointments.
- Children should not be prevented from drinking, eating or taking toilet breaks at times of need where this effectively supports management of their medical needs.
- Children should not be prevented from participating in any aspect of school life by requiring parents to accompany the child.

### Complaints

- Should parents or pupils be dissatisfied with support provided they should discuss their complaints directly with school. If for any reason the matter is unresolved, they should make a formal complaint via school's complaints procedure. Making complaints to the Department for Education should only occur if it comes within scope of Section 496/497 of the Education Act of 1996 and all other attempts at resolution have been exhausted.

## Further sources of information

### Other safeguarding legislation

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child. **Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

□ They **must not** discriminate against, harass or victimise disabled children and young people

• They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

## Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **The Special Educational Needs Code of Practice**

**Section 19 of the Education Act 1996** (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

## Associated resources

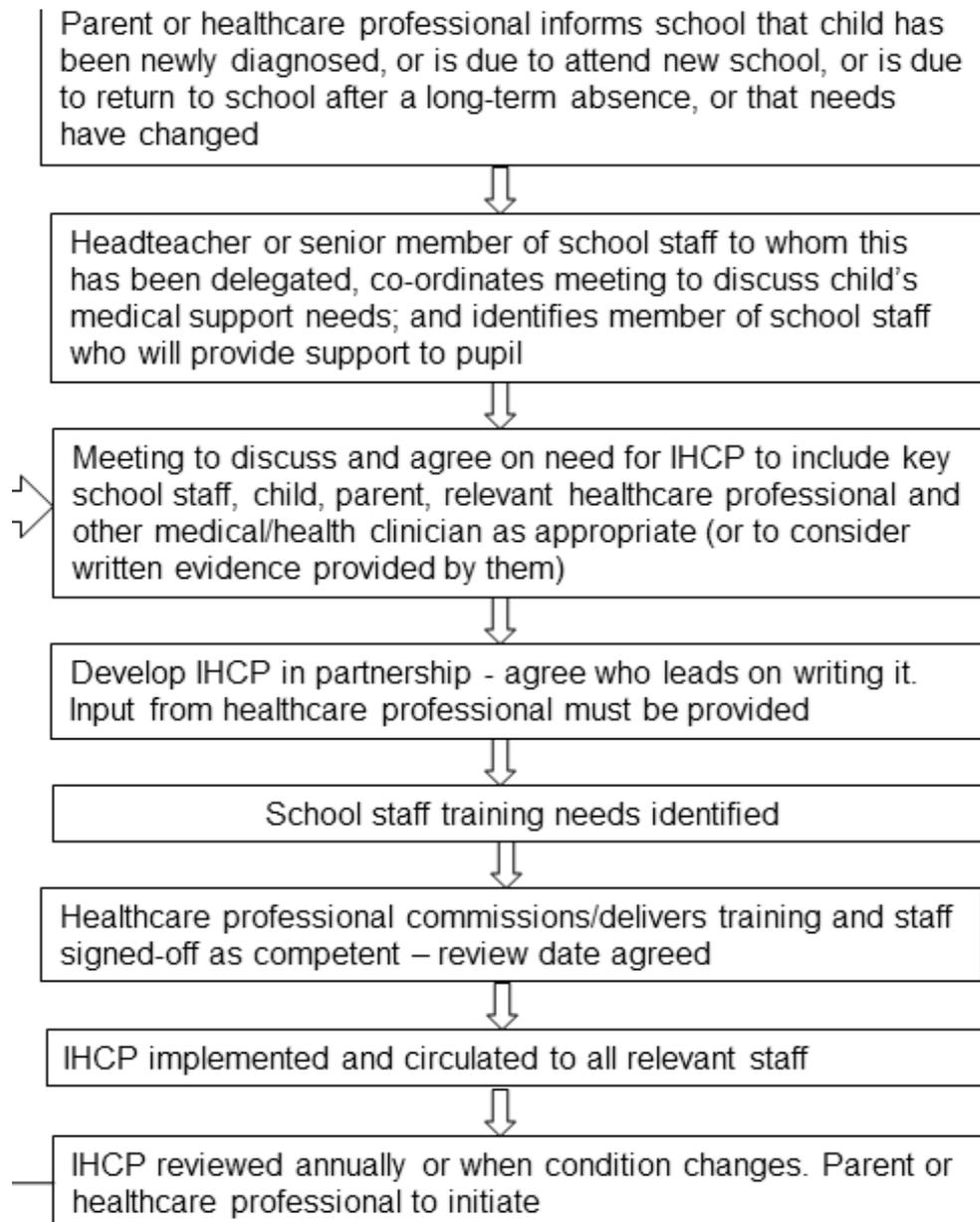
Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

## **Appendices**

**Appendix A: Model for developing individual healthcare plans.**

**Appendix B: Templates A - G**

## **Appendix A: Model process for developing individual healthcare plans**



## Appendix B:

Template A: Individual Healthcare Plan.

Template B: Parental agreement for setting to administer medicine.

Template C: Record of medicine administered to an individual child.

Template D: Record of medicine administered to all children.

Template E: Staff training record for administration of medicines.

Template F: Contacting emergency services.

Template G: Model letter inviting parents to contribute to individual healthcare plan development.

## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with

the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely