

Protecting and improving the nation's health

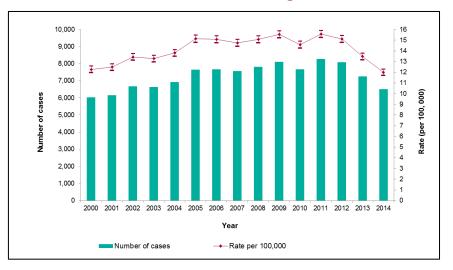
# **TB Strategy Update** – Issue 2, January 2016

This is a regular update that will provide information on the progress of the Collaborative TB Strategy for England 2015 - 2020. **To subscribe to future updates please <u>click here</u>** 

# TB in England

The 2015 Tuberculosis in England report (presenting data to end 2014) was published in October, key points to note include:

 in the last three years there has been a year on year decline in the number and rate of TB cases in England, down to 6,520 cases in 2014, a rate of 12.0 per 100,000.
 However the rate of TB in England remains one of the highest in Western Europe



#### TB case notifications and rates, England, 2000-2014

- the reduction in TB case numbers is mainly due to a reduction in the number of cases in the non UK born population, which is likely in part to reflect recent declines in the number of migrants from high TB burden countries and the impact of pre-entry screening and to some extent on improved TB control
- the majority of non-UK born cases (86%) are now notified more than 2 years after entering the UK, and are likely due to reactivation of latent TB
- there has been no downward trend in TB in the UK born population in the last decade, 15% of whom had at least one social risk factor
- treatment completion at 12 months for drug sensitive cases has improved to 85%, however only 56% of drug resistant cases completed treatment by 24 months

- the delay from onset of symptoms to treatment start is unacceptably long and has been increasing over time, with 30% of pulmonary TB cases notified in 2014 experiencing a delay of more than 4 months
- ten per cent of all cases had at least one social risk factor; a higher proportion of those with social risk factors had drug resistant TB and worse TB outcomes

#### Implementation of the TB Strategy – an update

#### **National TB Office**

Sarah Anderson (Head of National TB Office) and Lynn Altass (National TB Strategy Programme Manager) are now in place at the national TB office. Their contact details are sarah.anderson@phe.gov.uk and l.altass@nhs.net; they can also be contacted via tbstrategy@phe.gov.uk.

The national TB office is supported by Lucy Thomas (PHE Head of TB Surveillance), Dominik Zenner (PHE Head of TB Screening), their teams and Surinder Tamne, PHE Senior TB Nurse Lead.

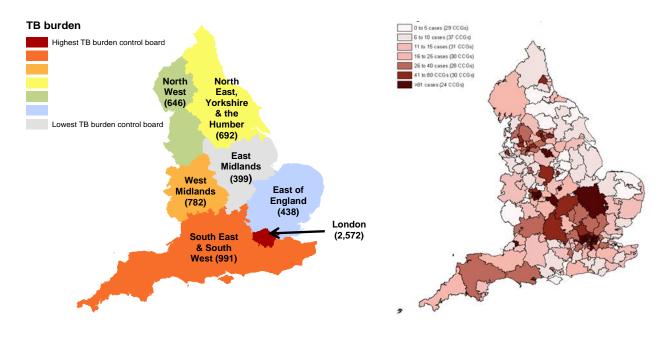
#### **TB Control Boards**

Seven TB control Boards (TBCBs) are now up and running, covering the nine PHE Centre areas. North East England has joined up with Yorkshire and Humber to form the 'Yorkshire, Humber and North East TBCB' and South East and South West England have joined up to form the 'South TBCB'. Below are maps showing each TB Control Board and its 2014 TB case burden, and over the page is a table providing contact details for each TBCB.



# TB caseload by Clinical Commissioning

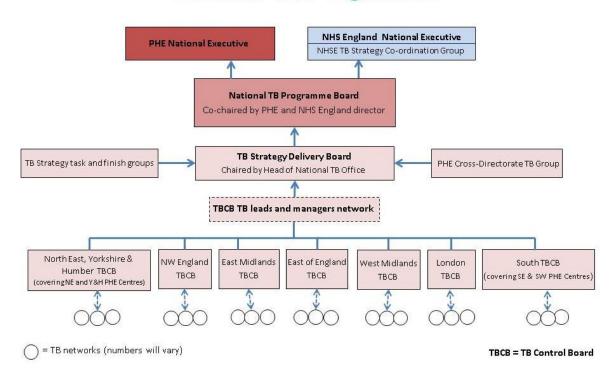
**Group** (3 year average, 2012 – 2014)



# Who are the TB Control Board TB leads and Program Managers?

| ТВСВ   | TBCB TB Lead                                 | Email   | TBCB Program<br>Manager             | Email                     |
|--|--|---|-------------------------------------|---------------------------|
| East Midlands TBCB                                       | Sophia Makki                                 | sophia.makki@phe.gov.uk                               | Andy Robinson                       | andy.robinson@phe.gov.uk  |
| East of England TBCB                                     | Deepti Kumar                                 | deepti.kumar@phe.gov.uk                               | Appointed starting<br>March 2016    |                           |
| London TBCB  | Anita Roche                                  | anita.roche@phe.gov.uk                                | Appointed starting<br>February 2016 |                           |
| North West England TBCB                                  | Jane Rossini                                 | jane.rossini@phe.gov.uk                               | Andrea Hare                         | andrea.hare@phe.gov.uk    |
| South TBCB<br>(South East and South<br>West PHE Centres) | Bernadette Purcell<br>(SE)<br>Mike Wade (SW) | bernadette.purcell@phe.gov.uk<br>mike.wade@phe.gov.uk | Wazi Khan                           | wazi.khan@phe.gov.uk      |
| West Midlands TBCB                                       | Nic Coetzee                                  | nic.coetzee@phe.gov.uk                                | Kate Duffield                       | kate.duffield@phe.gov.uk  |
| Yorkshire, Humber and<br>North East England TBCB         | Renu Bindra (Y&H)<br>Peter Acheson (NE)      | renu.bindra@phe.gov.uk<br>peter.acheson@phe.gov.uk    | Cathie Railton                      | cathie.railton@phe.gov.uk |

# How does this work organisationally?



# National TB Programme

# Meetings of the National TB programme

| National TB Programme Board        | 29 January 2016 (meets six monthly)                                 |
|------------------------------------|---|
| TB Strategy Delivery Board         | 11 January 2016 (meets three monthly)                               |
| TBCB TB leads and managers network | 10 February 2016 (teleconference)<br>10 March 2016 (teleconference) |

# TB Strategy 'Areas for action' – an update

#### 1. Improve access to services and ensure early diagnosis

- awareness raising work is underway with development of literature, videos and animation
- Royal College of GPs TB e-learning module is being updated to include LTBI
- working with TB Alert to update and provide support material for LTBI programmes
- work to better understand delays from symptom onset to treatment onset is being undertaken by the national surveillance team using ETS and LTBR data

#### 2. Provide universal access to high quality diagnostics

- PHE are currently reviewing TB laboratory services, once complete, a 'task & finish' group will be established to take forward this 'area for action'
- TB is a priority area for the implementation of Whole Genome Sequencing (WGS) technology for both PHE and NHSE; and work is underway to introduce WGS for TB in 2016

#### 3. Improve treatment and care services

- National TB service specification drafted and circulated for use by TB Control Boards, CCGs and clinicians (please email tbstrategy@phe.gov.uk if you would like a copy)
- the service specification can be used in the commissioning of TB services, development of key performance indicators and assessment of local TB services
- TBCBs are working with local TB stakeholders to support TB clinical networks, and encouraged to reflect on the BTS 'model TB networks' document (see resources p6)

#### 4. Ensure comprehensive contact tracing

- the national TB service specification has added clarity to the expectations of contact tracing
- LTBEx, a London-wide TB incident management team, is preparing documentation to share nationally to support improved CT
- new NICE TB Guidance is due out in January 2016 and is likely to recommend some changes to contact tracing

#### 5. Improve BCG vaccination uptake

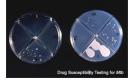
• England once again has a supply of BCG vaccine which can be used into 2016 and work is now about to start on this 'area for action'

#### 6. Reduce drug-resistant TB

- Yorkshire and Humber have carried out a rapid needs assessment of MDR-TB facilities and demand
- PHE is working with NHS England on a needs assessment of facilities for the public health management of MDR-TB patients
- this work will contribute to the review of the Infectious Diseases Service Specification that the NHSE Specialised Commissioning team aims to carry out in mid-2016
- discussions have started with the British Thoracic Society around support for the BTS MDR-TB Advisory Service







# 7. Tackle TB in under-served populations

• work stream planned for 2016, task & finish group being established

#### 8. Systematically implement new entrant latent TB screening

- this has been the focus of much of the national team and newly formed TBCBs work since the summer
- 58/59 priority CCGs have submitted plans and been approved to access the new NHS England monies for LTBI testing and treatment
- procurement of the LTBI test analysis has been completed and CCGs and the successful providers are working on implementation
- NHSE will review 2015/16 activity and performance of CCG LTBI programmes as part of its review for support into 2016/17
- a national suite of materials to support LTBI testing and treatment has been written by PHE and NHSE and is available on the TB screening webpage

#### 9. Strengthen surveillance and monitoring

Bublic Health England

- the TB Strategy Monitoring Indicators, available via the PHE Fingertips tool, have been updated with 2014 data following publication of the 2015 Tuberculosis in England report. This tool enables direct manipulation of local and national TB data
- early in 2016 Fingertips data will be available by Clinical Commissioning Group(CCG)

| Home > Introduction > Data   |   |  |                       |                      |   | Contact L   |
|--|---|--|-----------------------|----------------------|---|---|
| <b>TB Strateg</b>  | y Monito  | oring In   | dicators              | S                    | Indicator keyword   | s C   |
| Overview Compare indicators  | Map Trends  | Compare A  | rea Definitions       | Download             |   |   |
| Area type: PHE Ce<br>Area: () London   |   |  |                       |                      | Benchmark: Engla  |   |
| Indicator:    TB incic   | dence (three year avera   | ige)   | •                     | <ul> <li></li> </ul> |   |   |
| * a note is attached to the value, hove  | th-percentile of UTLAs ser over to see more details   | ≤50th to >10th ≤10th   |                       |                      |   |   |
| a note is attached to the value, hove     Export table as image     TB incidence (three year     Area  | average) 2012 - 14<br>Count   | Value  |                       |                      | 95%   | Crude rate - per 100,00   |
| a note is attached to the value, hove     Export table as image     TB incidence (three year     Area  | average) 2012 - 14<br>Count   | Value  |                       |                      | 95%<br>Lower Cl   | 95%<br>Upper Cl   |
| a note is attached to the value, hove     Export table as image     TB incidence (three year     Area     Area     Area     Area   | average) 2012 - 14<br>Count<br>21,863   | Value  |                       |                      | 95%<br>Lower Cl<br>13.3   | 95%<br>Upper CI<br>13.7   |
|  | average) 2012 - 14<br>Count<br>21,863<br>1,308  | Value<br>Value<br>13.5<br>9.5                                    | H                     |                      | 95%<br>Lower Cl<br>13.3<br>9.0  | 95%<br>Upper Cl<br>13.7<br>10.0   |
| * a note is attached to the value, hove<br>Export table as image<br>TB incidence (three year<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area<br>Area | average) 2012 - 14<br>Count<br>21,863<br>1,308<br>1,393   | Value<br>13.5<br>9.5<br>7.5                                      | H                     |                      | 95%<br>Lower Cl<br>13.3<br>9.0<br>7.1                                     | 95%<br>Upper CI<br>13.1<br>10.0<br>7.5  |
| * a note is attached to the value, hove<br>Export table as image<br>TB incidence (three year<br>Area<br>Area<br>England<br>East Midlands PHE centre<br>East of England PHE centr<br>London PHE centre  | average) 2012 - 14<br>Count<br>21,863<br>1,308<br>1,393<br>8,939  | Value<br>13.5<br>9.5<br>7.5<br>35.4                              | H                     |                      | 95%<br>Lower Cl<br>13.3<br>9.0<br>7.1<br>34.7                             | 95%<br>Upper CI<br>13.1<br>10.0<br>7.9<br>36.1                                      |
|  | average) 2012 - 14<br>Count<br>21,863<br>1,308<br>1,393<br>8,939<br>473   | Value<br>▲ ▼<br>13.5<br>9.5<br>7.5<br>35.4<br>6.0                | H<br>H                |                      | 95%<br>Lower Cl<br>13.3<br>9.0<br>7.1<br>34.7<br>5.5                      | 95%<br>Upper CI<br>13.1<br>10.0<br>7.5<br>36.7<br>6.6                               |
|  | average) 2012 - 14<br>Count<br>21,863<br>1,308<br>1,393<br>8,339<br>473<br>2,138  | Value<br>13.5<br>9.5<br>7.5<br>35.4<br>6.0<br>10.0               | H<br>H<br>H           |                      | 95%<br>Lower Cl<br>13.3<br>9.0<br>7.1<br>34.7<br>5.5<br>9.6               | 95%<br>Upper CI<br>13.7<br>10.0<br>7.5<br>36.<br>6.0<br>10.5                        |
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| * a note is attached to the value, hove<br>Export table as image<br>TB incidence (three year<br>Area<br>TB and the set of England<br>East Midlands PHE centre<br>East of England PHE centre<br>North East PHE centre<br>North West PHE centre<br>South East PHE centre   | average) 2012 - 14<br>Count<br>21,863<br>1,308<br>1,393<br>8,399<br>473<br>2,138<br>2,128   | Value<br>13.5<br>9.5<br>7.5<br>35.4<br>6.0<br>10.0<br>8.3        | H<br>H<br>H<br>H<br>H |                      | 95%<br>Lower Cl<br>13.3<br>9.0<br>7.1<br>34.7<br>5.5<br>9.6<br>8.0        | 95%<br>Upper Cl<br>13.7<br>10.0<br>7.5<br>36.<br>6.0<br>10.5<br>8.7                 |

 the national TB programme manager and the TBCB programme managers are developing a 'dashboard' to support the national team and TB control boards monitor progress of the strategies ten 'areas for action'. This will be relatively high level with support through Fingertips and it is anticipated that additional local metrics will be added to monitor local implementation of the Strategy.





#### 10. Ensure an appropriate workforce to deliver TB control

- a Review of the TB nursing workforce was commissioned by PHE and published in July 2105.
- PHE has established a nursing workforce development group to take forward the recommendations of the TB nursing workforce report
- a piece of work is planned for 2016 with the Centre for Workforce Intelligence (CfWI) that will review the non-clinical TB workforce
- two national TB workforce development study days are planned for 2016
  - Symposium for TB nurses and allied professionals to be held in May 2016
  - Symposium for Non TB professionals to be held in October 2016

# Key next phases

- TB Control Boards to increasingly engage with local stakeholders
- TB Control Boards to assess local TB services against a locally adapted TB service specification, identify any gaps in provision and develop plans to meet these gaps
- roll out the new entrant LTBI testing and treatment programmes in the 58 high incident CCGs
- establish monitoring and reporting systems
- take forward tackling the needs of the under-served, awareness raising work and work to improve treatment and care services.

# Resources – 'click' to access the link to the documents listed below

- Collaborative TB strategy for England 2015 to 2020
- Collaborative TB strategy for England 2015 to 2020: info-graphic
- TB Strategy Monitoring Indicators
- Tuberculosis (TB) in the UK: annual report
- Annual PHE TB newsletter
- TB screening website
- NHS England web page for TB strategy and commissioning information
- Consultation on Collaborative Tuberculosis Strategy for England Summary report January 2015
- BTS 'Defining a model for a Gold Standard for a TB MDT group and associated networks'
- Review of the TB nurse workforce

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