



Early lessons learned from the NHS England funded latent tuberculosis infection testing and treatment in Yorkshire

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Location: Yorkshire & Humber

INTRODUCTION

The Collaborative TB Strategy for England 2015–2020 (published in January 2015) recommends LTBI testing and treatment for 16 to 35 year olds who recently arrived in England from countries of high incidence (>150/100,000). CCGs with the highest incidence of TB in England were eligible to apply for funding; in Yorkshire and Humber these were Bradford City, Bradford District, Leeds South and East, Greater Huddersfield, North Kirklees and Sheffield. The regional subgroup under the Yorkshire and Humber and North East TB Control Board was established to oversee the implementation of the work. This subgroup continues to meet on a quarterly basis.

A number of service models have been adopted to best meet the needs of the local population; these include testing in primary care as well as specifically established nurse-led clinics or a mixture of both. Engagement with and joint working between commissioners, primary care, secondary care and local authorities has been crucial in establishing the programme and, with the recent appointment of a dedicated project manager for the work in Yorkshire, we are now looking at the next phase of the programme.

A formal evaluation of the programme was undertaken by a registrar on placement at PHE during 2017. This poster details the key findings from this as well as more recent developments.

METHODS

The formal evaluation was done using both qualitative and quantitative data. Qualitative data was taken from the laboratory doing the testing, directly from the local services and from the national LTBI PHE team. Qualitative data was obtained via a survey to gather the views of stakeholders, followed by a number of semi-structured interviews. Figure 1 below shows the number of responses (24) to the survey by area. In terms of the role of the respondents, these were received from commissioners (9), clinical and non-clinical staff within provider organisations (8), a local laboratory (1), PHE (2) and staff from secondary care TB services (4).

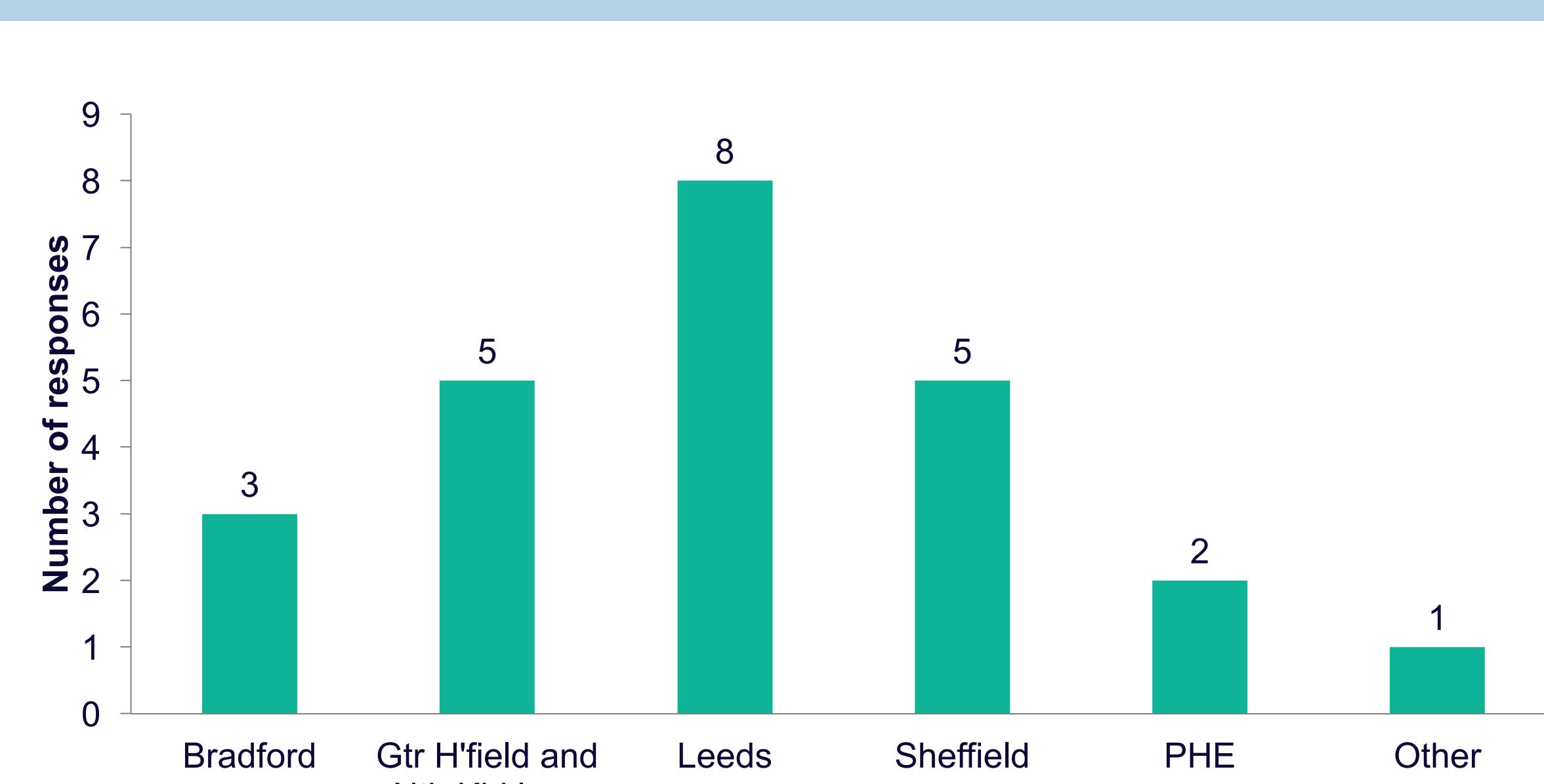


Figure 1: Number of responses to the survey by area

RESULTS

Laboratory data shows that during 2016/17 1,215 tests were undertaken. The breakdown for this is shown in figure 2. Around 16% of those tested were positive for LTBI. Of those testing positive, the proportion being referred for treatment is 100% in some areas but only 50% in others.

More recent data taken from eight months between January 2017 and October 2017 shows that 1,621 tests were undertaken, 221 of which were positive. This is a positivity rate of around 14%.

CCG - lab data	2016-17 activity
NHS Bradford Districts and City CCGs	451
NHS Greater Huddersfield CCG	243
NHS Leeds South And East CCG	35
NHS North Kirklees CCG	112
NHS Sheffield CCG	374

Figure 2: Number of tests undertaken during 2016/17 recorded by laboratory

Figure 3 provides a breakdown of how effective stakeholders reported each stage of the pathway was working. Every stage of the pathway was evaluated positively however, the first two stages (identifying eligible patients and getting patients to attend for the appointment/test) were rated less positively than the other stages.

Flag 4 data (which records migrants registering with a GP) was identified as the most common data source used to identify eligible patients; however, feedback about its usefulness was mixed and this is no longer available in some areas. Engagement of primary care was identified as an important factor in getting patients to attend for the test/appointment.

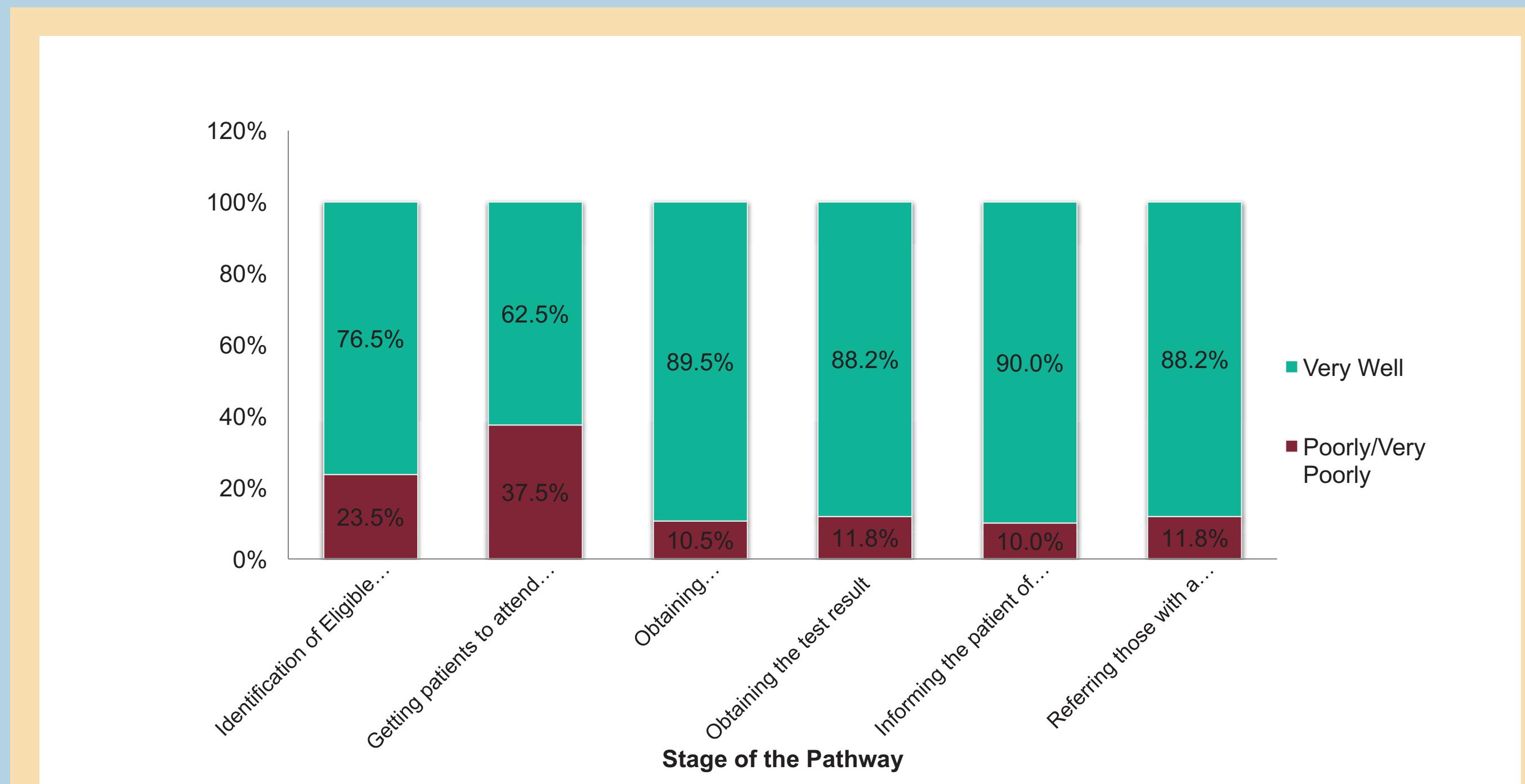


Figure 3: How effective stakeholders believe each stage of the pathway is working

DISCUSSION

The Yorkshire and Humber region has four fully functioning LTBI testing and treatment services. The patient pathway is reported to be working well and there is a large amount of enthusiasm and commitment amongst those commissioning and delivering these services to make them successful.

Data shows that once people are into the service the pathway works well but the difficulties lie with identifying the local population and also ensuring they access testing. Furthermore the availability of quantitative data to monitor the effectiveness of the whole pathway has, and continues to be a challenge.

Concerns have also been raised about the inequity of services for those people not resident in a high incidence CCG area and how easily they are able to access a test.

Good partnership working, especially between commissioners and providers has been repeatedly highlighted as something that aided in the development and implementation of the LTBI testing and treatment programme.

CONCLUSIONS

The Yorkshire and Humber LTBI Subgroup is taking forward a number of recommendations made in the formal evaluation, along with a number of other priorities. The programme is now starting to benefit from the recruitment of a dedicated project manager and the priorities for the coming year are:

- Improve data collection, monitoring and dissemination processes locally and nationally to enable better monitoring of the programme.
- Improve engagement with primary care, the third sector, community groups and other agencies working with new migrants to encourage better uptake in testing.
- Consider BBV screening alongside LTBI screening.
- Continue to facilitate networking between the different programmes across the region including continuation of the LTBI subgroup and the future planning of one-off information sharing and networking events.
- Look at testing for all at-risk populations as per NICE guidance across the whole of Yorkshire and Humber.

ACKNOWLEDGEMENTS

Helen McAuslane, CCDC, PHE
Michelle Everitt, SpR, PHE

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