

Mapping services for children with TB in Yorkshire Humber and North East 2017

- Aims:
- Identify what paediatric services are available for children with TB
- Access to BCG
- Access to radiology
- Paediatric new migrant screening
- TB nurse education

- Opportunity for services to highlight problems
- Highlight difficulties in services to individual trusts and commissioners
- Look at ways collaborative cross regional working might help
- Opportunities for network development
- Didn't differentiate management of active and latent disease • Sometimes different answers from nursing and medical teams involved in same service

- Some questions perhaps lack clarity • No response from two units
- Report submitted • Opportunity for further comment / discussion

Achievements

- Identified lead paediatrician, TB nurse(s) and link adult service in all DGHs & teaching hospitals across both regions
- Good access to care in many regions
- Some difficulties highlighted
- Opportunities for learning opportunities from different models of care
- Networking and education need

4.2 Paediatric clinics

Table 5: Yorkshire & Humber paediatric clinics

	Regular paediatric TB clinic held in hospital			Have difficulties seeing symptomatic new patients within 48 hours?		Have difficulties seeing well new patients within 2 weeks?		Have difficulties seeing review patients every 4-6 weeks?		Have difficulties with adequate cover for annual leave?	
	Yes	Frequency	No	Yes	No	Yes	No	Yes	No	Yes	No
Barnsley	✓	Ad hoc according to need			✓	✓	✓		✓		✓
Bradford	✓	Monthly			✓		✓		✓		✓
Calderdale & Kirklees (South)		n/a	✓	✓		✓		✓		✓	
Doncaster	✓	Not stated			✓		✓		✓	✓	
Kirklees (North)	✓	Adhoc According to Need			✓		✓		✓		✓
Leeds	✓	No response			✓		✓		✓	✓	
NEL		n/a	✓		✓	✓		✓			✓
NL		n/a	✓		✓		✓		✓	✓	
NY (Harrogate)			✓ As not required		✓		✓	✓		✓	
Rotherham		n/a	✓		✓	✓		✓			✓
Sheffield	✓	Every 2 weeks			Would see out of normal clinics but needs pathway agreed with trust	✓		Sometimes			✓
Wakefield		n/a	✓		✓		✓	✓		✓	
York			✓		✓ No symptomatic paediatric patients for at least past 2 years.		✓		✓	✓	

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Table 6: North East paediatric clinics

	Regular paediatric TB clinic held in hospital			Have difficulties seeing symptomatic new patients within 48 hours?		Have difficulties seeing well new patients within 2 weeks?		Have difficulties seeing review patients every 4-6 weeks?		Have difficulties with adequate cover for annual leave?	
	Yes	Frequency	No	Yes	No	Yes	No	Yes	No	Yes	No
Durham & Darlington		n/a	✓		✓		✓		✓	✓	
Gateshead ¹	✓	Monthly			✓		✓		✓	✓	
Newcastle, North Tyneside & Northumberland	✓	Nearly weekly on Mon and Thurs			✓		✓		✓	✓	
Redcar & Cleveland and Middlesbrough		N/A	✓	✓			✓	✓			✓
South Tyneside ²	✓	Monthly			✓		✓		✓		✓
Stockton & Hartlepool		n/a	✓		✓		✓		✓	✓	
Sunderland	✓	Monthly			✓	✓			✓		✓

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Table 7: Yorkshire & Humber alternatives to regular paediatric clinic

	If no regular clinic, where are children seen?	Any problems this causes
Barnsley	n/a	Given flexibility to do this work as needed
Bradford	n/a	n/a
Calderdale & Kirklees (South)	O/P clinic as extras to clinic or ad-hoc	Difficulties finding clinic space / slot to see children in
Doncaster	n/a	Requires approval, delay in informing families, DNA rate 10% due to TB nurses attending clinic
Kirklees (North)	General children's outpatient clinic or rapid access clinic	Depends with availability of consultant who has special interest in TB Consultant paed works part time at present
Leeds	n/a	n/a
NEL	Scunthorpe/Sheffield	Delay in formal diagnosis and treatment Distress for parents
NL	Children's o/p dept. as extras on general or respiratory clinic, or set up as 'ad hoc' clinic if no capacity in regular sessions	TB nurse not always available Additional workload not addressed in job plan
NY (Harrogate)	Paediatric respiratory clinic	No capacity to see at 48hours notice in clinic so would access acute ward if needed. No formal paediatric TB service in the trust – local TB team access Dr O'Riordan at LGI for acute advice
Rotherham	Paediatric outpatient department	Patient load is erratic so difficult to plan for Difficulty in reviewing in two weeks and arranging follow up in 6 weeks and have to see them as extra if can't find a suitable slot in general paediatric clinic for follow up.
Sheffield	N/A	One response reported fragmented care as adults access one of two hospitals in Sheffield and children access the children's hospital. TB nurses cover clinics at all 3 sites which stretch resources. There is a lack of joined up care.
Wakefield	General or registrars rapid access clinic if urgent	Not always able to see new referrals but will discuss with registrar and TB nurses follow up in the community Dr Soulioti might cover if paed on leave Both doctors close to retiring
York	Children's Assessment Unit	No response

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Table 8: North East alternatives to regular paediatric clinic

	If no regular clinic, where are children seen?	Any problems this causes
Durham & Darlington	Low demand therefore see as need arises, arrange directly with consultant at short notice without delay	None stated
Gateshead	n/a	n/a
Newcastle, North Tyneside & Northumberland	n/a	n/a
Redcar & Cleveland and Middlesbrough	Children's O/P in general paediatric clinic	Nurse sometimes has to see patients in own time
South Tyneside	n/a	n/a
Stockton & Hartlepool	Paediatric day unit/OPD/home	Can be difficult to co-ordinate appointments due to cross-site working
Sunderland	n/a	n/a

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Provision of OP and acute care

- Can symptomatic children be seen within 48 hours? ?19 /20*
- Can asymptomatic children be seen within 2 weeks? 13 /20
- Can children be seen for follow up every 4-6 weeks? 13/ 20
- Difficulties with cover for annual leave? 8 /20
- No regular clinic 10/20
- Joint clinic with adults Calderdale and Leeds only

Recommendations

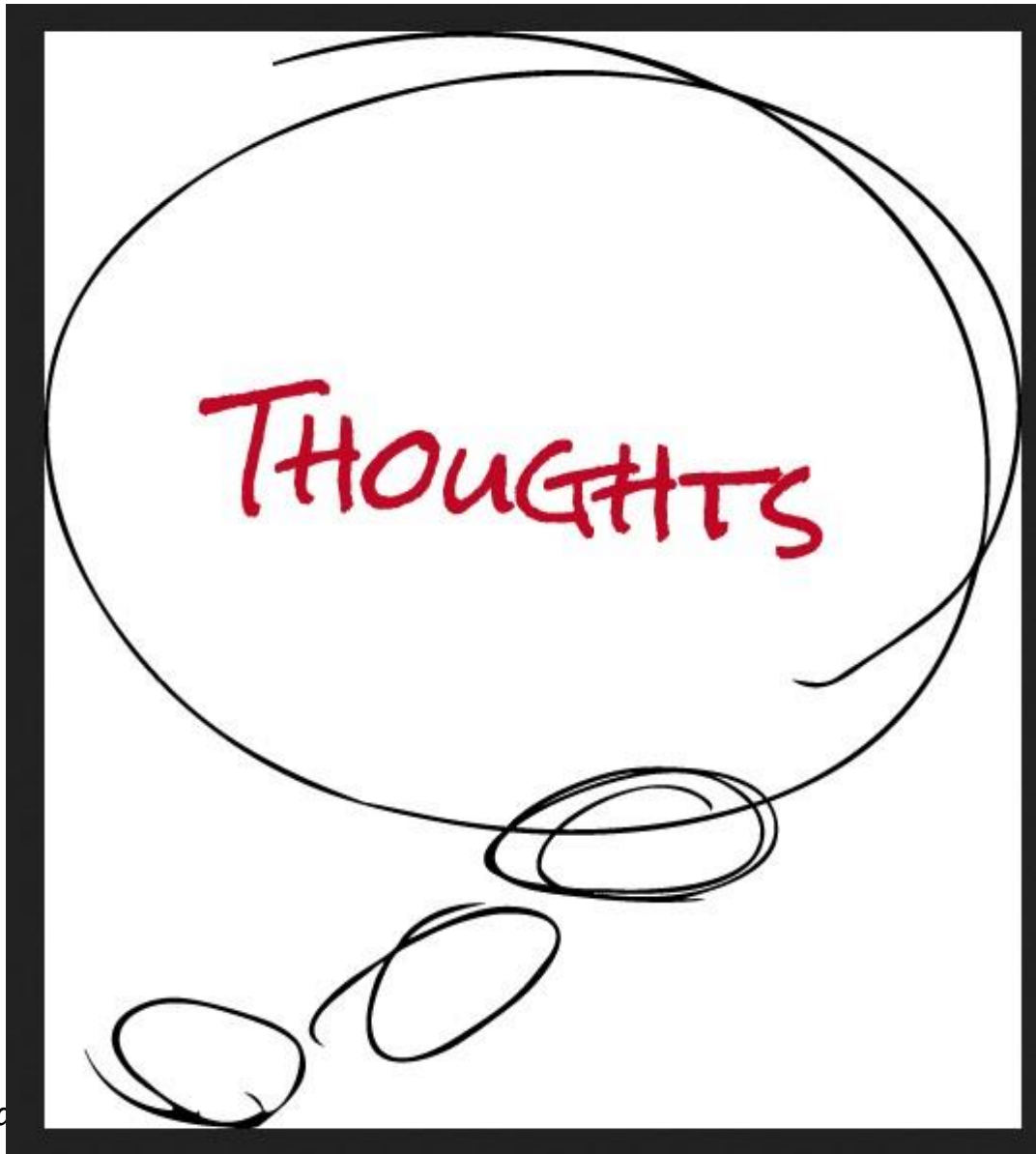
- Through Service specification to ensure process /capacity to:

See symptomatic patients at < 48 hours* (earlier if necessary)

Asymptomatic patient at 2 weeks

Follow up every 4-6 weeks on rx *Who should follow up be by?**

- Commissioners to ensure local agreement in place where no regular clinic to ensure children are seen in timely fashion
- Trusts to Ensure adequate staff to cover for leave. Consider cross trust/ commissioning arrangements (NICE)*
- Discuss with local providers and commissioners the possible benefit of joint clinics with adults services in other areas



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Paediatric contact screening

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4.4 Screening

Table 11: Screening in Yorkshire & Humber

	Provider of service for screening child contacts			Screening location			
	Medical team	TB nurses	Other - specify	Paediatric clinic	Community clinic	At home by TB nurses	Other - specify
Barnsley	✓			✓			
Bradford		✓				✓	
Calderdale & Kirklees (South)	✓	✓			✓		Calderdale also screen in hospital
Doncaster		✓				✓	
Kirklees (North)		✓			✓		
Leeds		✓					TB contact screening clinic (combined clinic for adults, children & families)
NEL		✓			✓	✓	
NL		✓		✓			
NY (Harrogate)		✓			✓	✓	
Rotherham	✓	✓		✓			
Sheffield		✓ ⁴				✓	
Wakefield		✓	✓ ³		✓		
York		✓			✓	✓	

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Table 12: Screening in North East

	Provider of service for screening child contacts			Screening location			
	Medical team	TB nurses	Other - specify	Paediatric clinic	Community clinic	At home by TB nurses	Other - specify
Durham & Darlington		✓			✓		
Gateshead	✓	✓		✓		✓ Mantoux reading only	
Newcastle, North Tyneside & Northumberland	✓	✓		✓		✓	
Redcar & Cleveland and Middlesbrough		✓			✓	✓	
South Tyneside	✓	✓		✓		✓ Mantoux reading only	
Stockton & Hartlepool		✓		✓			
Sunderland	✓			✓			

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New migrant screening for children

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4.9 New migrant screening

Table 21: Yorkshire and Humber new migrant screening

	Service in place for screening new migrant children?		Screening undertaken			Is this focused on children from countries with an incidence >150/100,000		Criteria for child screening
	Yes	No	Hospital clinic	Community clinic	Home	Yes	No	
Barnsley	✓			✓		✓		n/a
Bradford	✓			✓		✓		n/a
Calderdale & Kirklees (South)	✓			✓			✓ (Calderdale)	New entrant under 16 years children from 40/100,000
Doncaster	✓		no response			✓		Include current war-torn areas and if TB in family
Kirklees (North)	✓			✓			✓	New entrant under 16 years children from 40/100,000 (if no BCG evidence, mantoux prior to BCG) & TB contacts
Leeds	✓			✓		✓		Refugee children are screened within the GP practice they first register with on arrival. This has included Syrian families recently which had a significant yield of LTBI in both adults and children.
NEL	✓			✓	✓	✓		No response
NL	✓		✓				✓	40/100,000 (as there have been issues with MDR-TB in Lithuanian community locally)
NY (Harrogate)	✓		✓	✓			✓	40/100,000, contacts of pulmonary / Laryngeal TB cases, prior to BCG vaccination as recommended in the green book.
Rotherham	✓			✓		✓		No new entrant screening programme in Rotherham. Some children from a country with an incidence of 40/100,000 will be screened with one practice. If a child is registered with an alternative GP then no routine screening is offered.
Sheffield		✓	n/a	n/a	n/a	n/a	n/a	n/a
Wakefield	✓			✓		✓		It has been agreed with CCG we screen children from Romania, Latvia and Lithuania in line with current demographics and high positive yield
York	✓		✓	✓			✓	40/100,000, contacts of pulmonary / Laryngeal TB cases, prior to BCG vaccination as recommended in the green book.

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Table 22: North East new migrant screening

	Service in place for screening new migrant children?		Screening undertaken			Is this focused on children from countries with an incidence >150/100,000		Criteria for child screening
	Yes	No	Hospital clinic	Community clinic	Home	Yes	No	
Durham & Darlington	✓			✓			✓	Countries with incidence of 40/100,000
Gateshead	✓		✓			✓		Children from countries with incidence of 40/100,000 (children of parents with LTBI) and countries 150/000 highest priority)
Newcastle, North Tyneside & Northumberland	✓		✓			✓	✓	All children from countries > 40/100,000
Redcar & Cleveland and Middlesbrough	✓			✓			✓	40/100,000 & children that have travelled overland from low incident countries that have used lorries or camps
South Tyneside	✓		✓				✓	40/100,000
Stockton & Hartlepool	✓			✓			✓	40/100,000 & contacts
Sunderland		✓	✓				✓	40/100,000

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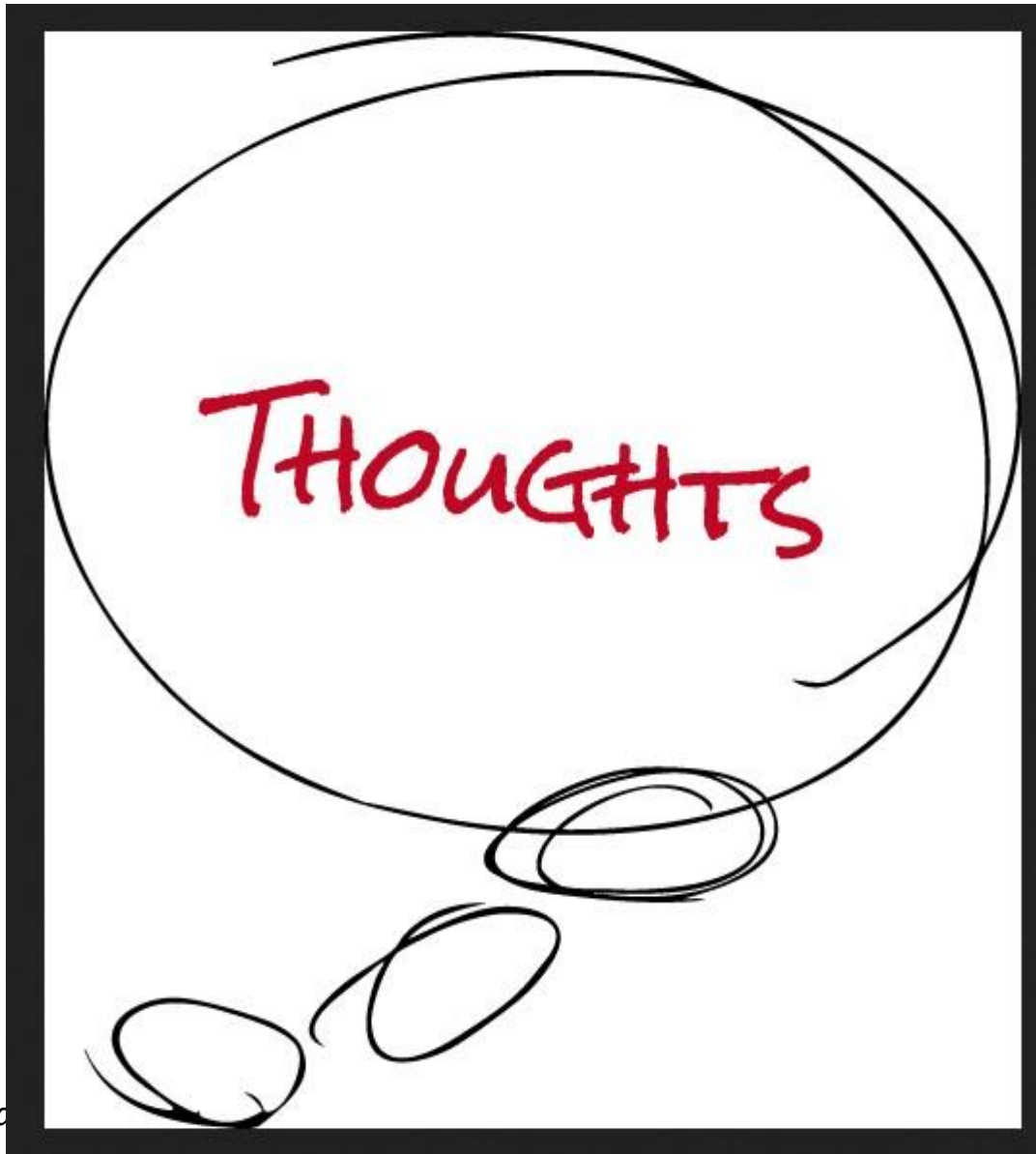
- TB nurses do contact screening in most areas +/- support from medical teams. Two areas medical team sole provision of screening*
- Screening provided in combinations of home visits, community clinic and paediatric clinic
- *NO question asked about trigger for screening but previous cross regional agreement to screen children exposed to adult with pulmonary or laryngeal TB: smear /culture +Ve or clinical diagnosis (contrary to NICE)*
- *Where screening previously done for non pulmonary contacts this should continue*
- Service for screening for new migrant children in 18/20, partial in one of these regions

- 40/100,000 and 150/100,000 criteria used in different areas

Recommendations

- Variety of ways contact screening provided
- Ensure local model meets local need (trust , control board commisioners?)
- All paediatric contacts should be seen by a paediatrician
- Discussion round provision of services for latent TB by non paediatricians*

- Commissioners to ensure new migrant screening for children in place in Sheffield and Sunderland and improved in Rotherham
- Control board / Paediatric network look at clarity regarding testing criteria Contacts and new migrants



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MDR cases in last 12 months

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Table 17: Yorkshire and Humber management of active and latent TB

	Have you seen children with active or latent MDR TB in last 12 months?		Case number: latent	Case number: active
	Yes	No		
Barnsley	✓		5	2 presumed TB shared care with SCH
Bradford	✓		3	1
Calderdale & Kirklees (South)	✓ (South Kirklees)	✓ (Calderdale)	3	
		✓	n/a	n/a
Kirklees (North)		✓	n/a	n/a
Leeds	✓		1	
NEL		✓	n/a	n/a
NL	✓		10	
NY (Harrogate)		✓	n/a	n/a
Rotherham		✓	n/a	n/a
Sheffield	✓		0	1
Wakefield		✓	n/a	n/a
York		✓	n/a	n/a

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Table 18: North East management of active and latent TB

	Have you seen children with active or latent MDR TB in last 12 months?		Case number: latent	Case number: active
	Yes	No		
Durham & Darlington		✓		
Gateshead		✓	N/A	N/A
Newcastle, North Tyneside & Northumberland	✓		2	
Redcar & Cleveland and Middlesbrough	✓		10	4
South Tyneside		✓	n/a	n/a
Stockton & Hartlepool	✓		6	2
Sunderland	✓		Apx 3	1

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- Draft guidelines* suggest all latent or active MDR cases should be discussed and co managed with one of 3 tertiary centers (Leeds/ Newcastle /Sheffield)

* AND discussed with newly re launched national virtual MDT
Access to specialist advice

4.6 MDTs, cohort reviews and access to specialist advice

Table 15: Yorkshire and Humber MDTs and cohort reviews

	Do you hold a local clinical TB MDT to discuss complex patients with adult colleagues and TB nursing team?		Do you take part in cohort reviews?		Specialist centre used for advice
	Yes	No	Yes	No	
Barnsley	✓		✓		Sheffield
Bradford	✓		✓		Leeds
Calderdale & Kirklees (South)	✓ Meetings are arranged but usually at a time paed unable to attend due to other clinical commitments			✓	Leeds
Doncaster		✓	✓		Sheffield
Kirklees (North)		✓	✓		Leeds
Leeds	✓		✓		Various specialists
NEL		✓	✓		Sheffield
NL	✓		✓		Sheffield
NY (Harrogate)		✓ TB Nurses have MDT's alternate months with adult respiratory consultants in York and Harrogate that a paediatrician is welcome to access in the event a child diagnosed with TB.	✓ TB nurses do		Leeds
Rotherham		✓	✓		Sheffield
Sheffield	✓		✓		Birmingham, London colleagues and paed network by email
Wakefield		✓	✓		Leeds
York		✓ do have MDT's alternate months with respiratory consultants in York and Harrogate that a paediatrician is welcome to access in the event a child diagnosed with TB.	✓		Leeds

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Table 15: North East MDTs and cohort reviews

	Do you hold a local clinical TB MDT to discuss complex patients with adult colleagues and TB nursing team?		Take part in cohort reviews?		Specialist centre used for advice
	Yes	No	Yes	No	
Durham & Darlington	✓			✓	Newcastle
Gateshead	✓		✓		Newcastle
Newcastle, North Tyneside & Northumberland	✓		✓		Imperial College, direct with colleagues and via PTBNet
Redcar & Cleveland and Middlesbrough		✓	✓		Newcastle
South Tyneside	✓	✓	✓		Newcastle
Stockton & Hartlepool		✓	✓		Newcastle
Sunderland	✓		✓		Newcastle

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Access to local strategic TB network ... linking to TB control board

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Does anyone from the team attend the local TB strategic network?				
	Yes	No	No network	Don't know
Barnsley	✓			
Bradford	✓			
Calderdale & Kirklees (South)				✓
Doncaster	✓			
Kirklees (North)	✓			
Leeds	✓			
NEL	✓			
NL	✓			
NY (Harrogate)	✓			
Rotherham	✓			
Sheffield	✓			
Wakefield		✓		
York	✓			

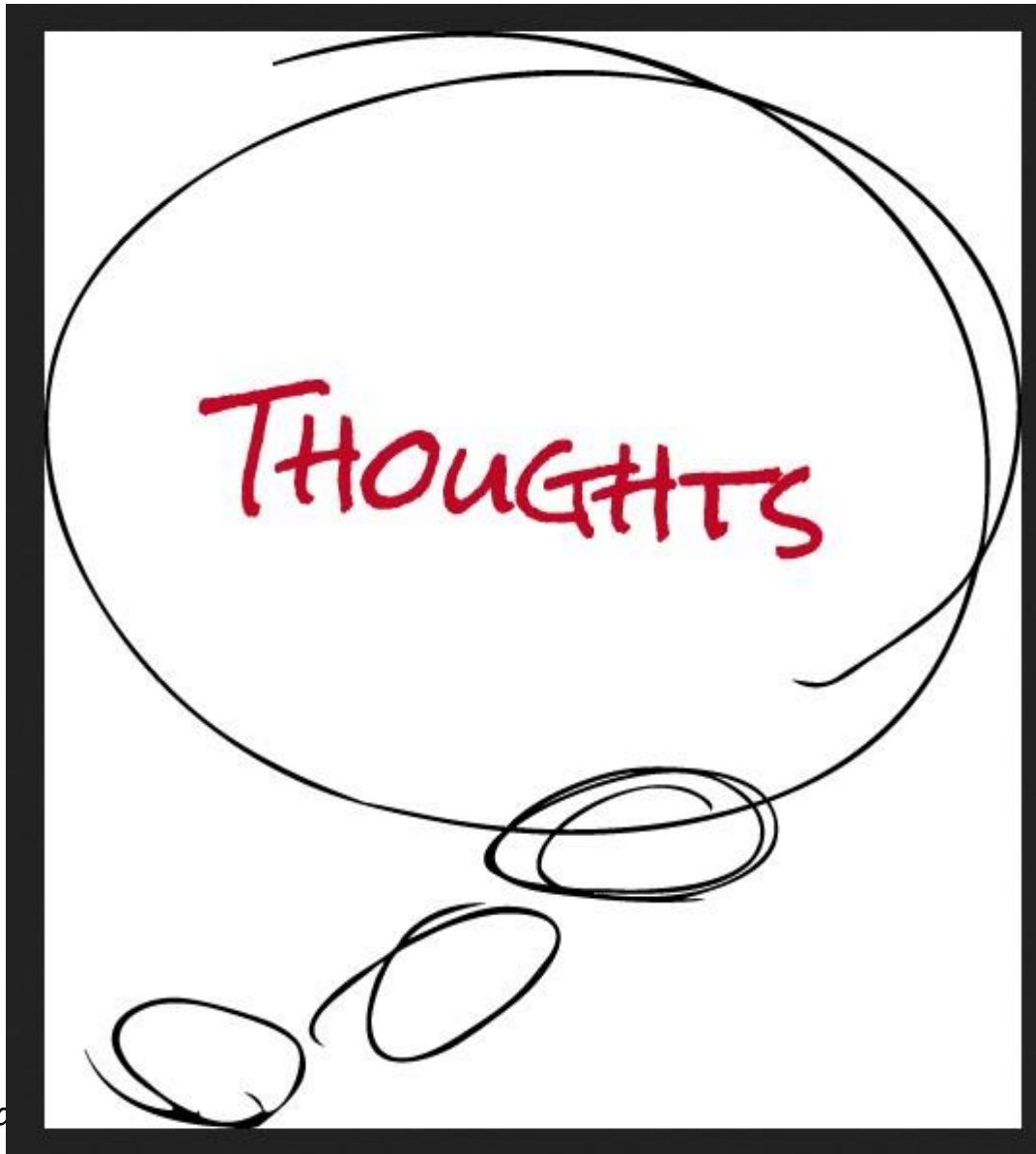
Table 14: North East local strategic network

Does anyone from the team attend the local TB strategic network?				
	Yes	No	No network	Don't know
Durham & Darlington	✓			
Gateshead	✓			
Newcastle, North Tyneside & Northumberland	✓			
Redcar & Cleveland and Middlesbrough	✓			
South Tyneside	✓			
Stockton & Hartlepool	✓			
Sunderland	✓			

Recommendations

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- All paediatric consultants/ paed TB nurses should have access to MDT support and advice (local, regional and national*)
- Paediatric engagement with cohort review * ? Role for cross area joint paediatric cohort review
- Formalise current links for specialist advice as part of Network linking into national paediatric TB networks*
- *Paediatricians and TB nurses need two way access to get information from and raise issues with control board **



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4.8 Radiology

Table 19: Yorkshire & Humber radiology provision

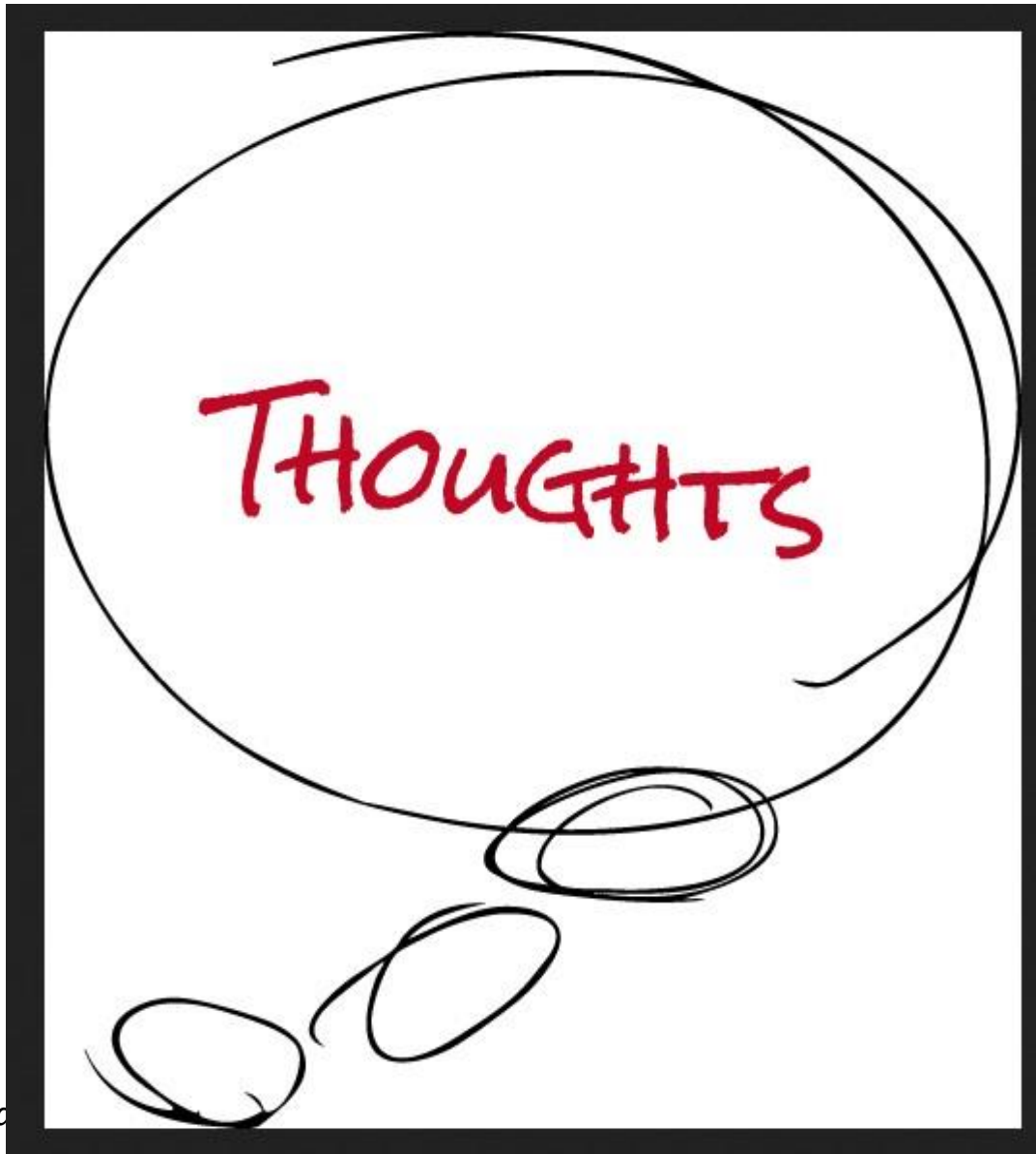
	Have arrangement with local radiologist to ensure consistent reporting of paed x-rays?	
	Yes	No
Barnsley	✓	
Bradford	✓	
Calderdale & Kirklees (South)	✓	
Doncaster	✓	
Kirklees (North)	✓	
Leeds	✓	
NEL	✓	
NL	✓	
NY (Harrogate)		✓ But arrangements could be made with paed radiologist
Rotherham	✓	
Sheffield	✓	
Wakefield		✓
York	Children's X-rays usually reported by a single radiologist at York Hospital	

Table 20: North East radiology provision

	Have arrangement with local radiologist to ensure consistent reporting of paed x-rays?	
	Yes	No
Durham & Darlington		✓
Gateshead	✓	
Newcastle, North Tyneside & Northumberland		✓
Redcar & Cleveland and Middlesbrough	✓	
South Tyneside	✓	
Stockton & Hartlepool	✓	
Sunderland		✓

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- Most units appear to have an arrangement for ensuring consistent reporting?
- Do we need to look at how robust these are and whether there is a role network recommendations / Standards of care?
- Is there are role appetite for option of virtual radiology ? Clinical MDTs for complex cases?
- OR formal pathways for referral of X-rays + clinical opinion
- ? Double reporting / ? paed Vs adult radiologist/ Radiology experience in areas of low incidence



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Current national guidance for priority for BCG vaccine

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Annex A. Priority Groups for BCG Vaccine

Highest priority

A. All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater¹.

B. All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater².

C. Previously unvaccinated children aged one to five years:

- living in areas of the UK where the annual incidence of TB is 40/100,000 or greater; or
- with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, and can normally be vaccinated without tuberculin testing.

Moderate priority

D. Previously unvaccinated, tuberculin-negative children aged from six to under 16 years of age with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, tuberculin tested and vaccinated if negative as per the Green Book section on tuberculin testing prior to BCG vaccination³.

E. Previously unvaccinated tuberculin-negative individuals under 16 years of age who are contacts of cases of respiratory TB (following NICE recommended contact management advice)⁴.

F. Previously unvaccinated, tuberculin-negative individuals under 16 years of age who were born in or who have lived for a prolonged period (at least three months) in a country with an annual TB incidence of 40/100,000 or greater.

G. Previously unvaccinated, tuberculin-negative individuals under 16 years of age who are going to live or work with local people for more than three months in a country where the annual incidence of TB is 40/100,000 or greater.

Lowest priority

H. Individuals at occupational risk.

BCG

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4.10 Access to BCG vaccine for priority groups

Table 23: Yorkshire and Humber access to BCG vaccine

	0-12 months with parent or grandparent born in country with TB incidence > 40/100,000		0-12 months living in UK area where TB incidence is > 40/100,000		> 12 months born in family where parent or grandparent comes from country with TB incidence > 40/100,000 missed due to vaccine shortages		Previously unimmunised children 1-5 years with parent or grandparent born in country with TB incidence > 40/100,000		Access BCG vaccine for children in moderate risk group	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Barnsley	✓		✓		✓		✓		✓	
Bradford	✓			✓		✓		✓	✓	
Calderdale & Kirklees (South)	✓		Calderdale – identified via new entrant screening		✓		✓		✓	
Doncaster	✓		✓		✓		✓		✓	
Kirklees (North)	✓		✓		✓		✓		✓	
Leeds	✓		✓		✓		✓		No response	
NEL	✓		✓		✓		✓		✓	
NL	✓			✓ N/A for population	✓		✓		✓	
NY (Harrogate)	✓		✓		Would if needed as TB Nursing team don't have access to vaccine		Usually only under 12 months		✓ The TB Nursing Team currently has no access to BCG vaccine. They would immunise children missed at birth from 1 yr. and contacts eligible for BCG following negative screening	
Rotherham	✓		✓		✓		✓		✓	
Sheffield	✓		✓			✓		✓		✓
Wakefield	✓		✓		✓		✓		✓	
York	Have been able to vaccinate all infants & children identified to be at risk. Due to continuing vaccine shortage vaccinating newborns in groups within a 'BCG clinic' rather than prior to hospital discharge. TB Team currently has no access to BCG vaccine. Would immunise children missed at birth from 1 year of age and contacts eligible for BCG following negative screening for TB.									

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Table 24: North East access to BCG vaccine

	0-12 months with parent or grandparent born in country with TB incidence > 40/100,000		0-12 months living in UK area where TB incidence is > 40/100,000		> 12 months born in family where parent or grandparent comes from country with TB incidence > 40/100,000 missed due to vaccine shortages		Previously unimmunised children 1-5 years with parent or grandparent born in country with TB incidence > 40/100,000		Access BCG vaccine for children in moderate risk group	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Durham & Darlington	✓		No response		✓		✓		✓	
Gateshead ^a	✓		N/A low incidence area		✓		✓		✓	
Newcastle, North Tyneside & Northumberland	✓		✓		✓		✓		✓	
Redcar & Cleveland and Middlesbrough	✓		✓		✓		✓		✓	
South Tyneside	✓		N/A low incidence area		✓		✓		✓	
Stockton & Hartlepool	✓		✓		✓		✓		✓	
Sunderland	✓		✓		✓		✓		✓	

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4.11 Giver of BCG vaccine

Table 25: Yorkshire & Humber giver of BCG vaccine

	Giver of neonatal BCG				Giver of BCG to children > 1year				Is formal training accessible for those giving BCG?		Would a standardised training programme be useful	
	Neo-natal nurses	Paed. jnr medical staff	Paed. consultant	Comm. TB nurse	Neonatal/paed. nurses	Paed. jnr medical staff	Paed. Consultant	TB Nurse	Yes	No	Yes	No
Barnsley	✓						✓		✓		n/a	n/a
Bradford	✓				no response					✓	✓	
Calderdale & Kirklees (South)		✓		✓		✓		✓ (Calderdale)	✓ (South Kirklees)	✓ (Calderdale)	✓	
Doncaster	specialist o/p nurses				specialist o/p nurses				✓		n/a	n/a
Kirklees (North)	✓						✓	✓		✓	n/a	
Leeds	✓			✓	no response				✓		n/a	n/a
NEL				✓	no response					✓	✓	
NL		✓		✓				✓			n/a	n/a
NY (Harrogate)	Vaccine given by paed ANP only						✓		✓ ANP organised training with TB team no formal processes	✓		
Rotherham	The BCG is given by midwives in the postnatal unit and there is an outpatient clinic for BCG where babies received BCG by the paediatric nurses				✓				✓		n/a	n/a
Sheffield	✓	✓					✓	Don't know		✓		
Wakefield	✓						✓	✓		no response		
York	Paed nurses				✓					✓ Single paediatric nurse been trained by paed Consultant	✓	

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Table 26: North East giver of BCG vaccine

	Giver of neonatal BCG				Giver of BCG to children > 1year				Is formal training accessible for those giving BCG?		Would a standardised training programme be useful?	
	Neonatal nurses	Paediatric junior medical staff	Paed consultant	Community TB nurse	Neonatal/paediatric nurses	Paed junior medical staff	Paed consultant	TB Nurse	Yes	No	Yes	No
Durham & Darlington				✓	No response				✓		No response	
Gateshead	Being trained	✓						✓	✓		✓	
Newcastle, North Tyneside & Northumberland	✓			✓	✓	✓			✓	✓	✓	n/a
Redcar & Cleveland and Middlesbrough	✓			✓	✓			✓		✓	✓	
South Tyneside	✓		✓				✓		✓		n/a	n/a
Stockton & Hartlepool	Paed nurses			✓	No response					✓	✓	
Sunderland	✓	✓					✓	✓		✓	✓	

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4.12 Protocol for administration of non-licensed BCG vaccine

Table 27: Yorkshire and Humber administration of non-licensed BCG vaccine

	Do you have local protocol for administration of current non-licensed BCG vaccine		Protocol provided		Local strategy in place to manage variable access to BCG agreed by primary and secondary care and the local public health team	
	Yes	No	Yes	No	Yes	No
Barnsley	✓			✓	✓	
Bradford	No response			✓	No response	
Calderdale & Kirklees (South)	✓			✓	✓ (Calderdale)	
Doncaster	✓			✓	✓	
Kirklees (North)	✓		✓		✓	
Leeds	No response			✓	✓	
NEL		✓	n/a	n/a		✓
NL		✓	n/a	n/a		✓
NY (Harrogate)		✓	n/a	n/a		✓
Rotherham	✓			✓	No response	
Sheffield	✓			✓	No response	
Wakefield	✓		NHS England booklets and guidance			✓
York		✓	n/a	n/a		✓

Dr

Table 28: North East administration of non-licensed BCG vaccine

	Do you have local protocol for administration of current non-licensed BCG vaccine		Protocol provided		Local strategy in place to manage variable access to BCG agreed by primary and secondary care and the local public health team	
	Yes	No	Yes	No	Yes	No
Durham & Darlington		✓		✓		✓
Gateshead		✓ Being developed	n/a	n/a		✓
Newcastle, North Tyneside & Northumberland	✓		✓ InterVax preparation and record sheets			✓

Mapping of paediatric TB services, Yorkshire and the Humber and the North East

Redcar & Cleveland and Middlesbrough		✓	n/a	N/A		✓
South Tyneside		✓	n/a	n/a	✓ ⁹	
Stockton & Hartlepool	✓			Trust policy for unlicensed medicines	✓	
Sunderland	✓		✓ PHE guidance			✓

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BCG recommendations / Comments

- Variety of immunisers
- Generally access for infants < 12 months; > 12 months more variable
- Protocol / process regarding non licenced product and need for nurse prescriber... not clear • Variable access to training
- Recommendations:
- Work with providers and commissioners where there are ongoing issues around access to vaccine
- * Hampered by national lack of clarity about responsibility for programme for over 1's

- Develop / facilitate access to cross regional training packages for..... neonatal nurses TB nurses and junior doctors?

4.13 Training and further comments

Table 29: Yorkshire and Humber training and further comments

	Training					Further comments
	TB nursing team have access to regular updates on caring for children and families with TB, including child protection			Would a regular paediatric education update be useful		
	Yes	Details	No	Yes	No	Comments
Barnsley		Updates done by self-directed study or liaising with paed colleagues	✓	✓		
Bradford	✓	Info from TB Alert and YHNE paed subgroup		✓		

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Calderdale & Kirklees (South)		South Kirklees do not have a TB nursing team in their trust, they are commissioned to another provider. Calderdale have a TB nursing team but do not have regular updates apart from what is sent via PHE. Safeguarding level 3 completed.	✓			South Kirklees: Service locally disjointed with commissioning to another provider. The local care for children with TB is provided by a mixture of community provider TB specialist nurses and paediatricians who are not commissioned for the service. Maternity services in the trust are commissioned locally to immunise at risk babies born within the trust and its catchment area.
Doncaster	✓	Not provided		No response		Need clinical networks to develop
Kirklees (North)	✓	Employer provides mandatory safeguarding trainings, also self-directed learnings and attendance at regional workshops		✓	n/a	
Leeds	✓	No details provided		✓		
NEL		n/a	✓	✓		
NL	✓	Attendance at regional workshops & mandatory training on safeguarding		✓		
NY (Harrogate)			✓	✓		No formal TB paediatric service lead at HDFT as very little case load requirement but if needed can be organised
Rotherham	✓	Has access to mandatory safeguarding training		✓		
Sheffield	✓	Regular meetings with Safeguarding Team to discuss complex cases. Access to Safeguarding mandatory training		No response		Concerns that BCG is not being delivered to priority groups in Sheffield in line with national guidelines.
Wakefield			✓	✓		
York		n/a	✓	✓		Forwarded flow chart for Looked after Children -Latent TB Screening Process for UASC in North Yorkshire

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Table 30: NE training and further comments

	Training					Further comments
	TB nursing team have access to regular updates on caring for children and families with TB, including child protection			Would a regular paediatric education update useful		Comments
	Yes	Details	No	Yes	No	
Durham & Darlington	✓	Attend paediatric updates/education, access child protection training within local trust policy		No response		
Gateshead	✓	Able to access all Trust safeguarding in-house training and LSCB training. Have to complete level 3 training every year due to Specialist HV role. Unable to access any external to the NE TB training - no funding from Trust. This has implications for re-validation		✓		
Newcastle, North Tyneside & Northumberland	✓	Nurses undertake safeguarding training to level 3 yearly Band 7 is a qualified children's nurse Access to child protection training and updates, but not specific training on TB for children and families. All training in London and limited funds, try and assess yearly.		✓	n/a	MT Training for TB nurses needs to be accredited, accessible and free with appropriate progression. Other specialist burses in different fields receive education with progression.
Redcar & Cleveland & Middlesbrough	✓	RVI child network Local training for child protection	n/a	✓		Regular paediatric meeting be useful
South Tyneside	✓	Safeguarding Level 3 updates are requirement for Health Visitor registration but no funding for TB training. Updates accessed through reading articles/attending NE regional paediatric network		✓		HV training has helped in relation to experience of working with parents and children. Funding through Trust is an ongoing issue and there has been no TB training, conferences, updates other than network for last two years.
Stockton & Hartlepool	✓	RVI child network Local training for child protection		✓		Regular paediatric meeting be useful
Sunderland		N/A	✓	✓		

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Training

- Safeguarding training generally in place
- Need for specific paediatric updates for TB nurses looking after children
- Need for updates for paediatricians looking after children with TB
- Local regional and national TB network would facilitate this
- New Royal college or nursing package supports adult trained nurses to continue to look after children with TB

Networks

- TB numbers falling do we really need network?
- Families need seen close to home
- Public health and individual consequences of poor care
- TB not part of specialised commissioning for paediatric ID
- NICE suggests paediatrician with experience in TB or with support from paediatrician with TB experience
- Equity of access to care
- Shared reflection on practice
- Shared evidence based guidelines
- Access to Education

- Pathways for expert advice

Guidelines for management of latent and active TB in children?

- Agreement regionally we would follow NICE 5mm mantoux cut off at regional meeting October 2016 (York)
- Ongoing concerns in paediatric and adult circles about some unnecessary treatment
- Lack of national guidance about mantoux cut off for new migrant screening in children
- Some debate about duration of treatment for under 2s exposed to smear +ve TB with mantoux <5mm
- Concerns re only screening child contacts or smear positive cases

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- HIV Hep B & C screening
- CSF in miliary disease only if neurological features
- Induced sputum vs Gastric aspirate
- NICE doesn't really tell you what to do with child in front of you

Yorkshire & Humber & North East TB Control Board

Paediatric TB Clinical Guidelines

Second level title goes here if required

Developed by the Paediatric TB Subgroup, October 2017

DRAFT

- Draft guideline developed based on North west paediatric TB network guideline
- Contains modified data collection tool which could be modified for paediatric cohort review/ cross regional audit
- Flow pathway for testing as per NICE *
- Dosing recommendations
- Suggestions re shared care pathways between units
- Child protection
- Pregnancy/ neonates
- Needs practical input from TB nurses.... (volunteers?)

- Discussion about development of guideline being developed by British Association of Paediatric TB
- Discussion about development of guideline being developed
- Would a shared local guideline be helpful?
 - To describe local network pathways and standards of care
 - Support equity of care across region
 - Practical advice till any national guideline agreed
 - Tool to collect cross regional audit data

- Role for annual regional paediatric TB network meeting?

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