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Indicator reporting

Yorkshire and the Humber LTBI Workshop

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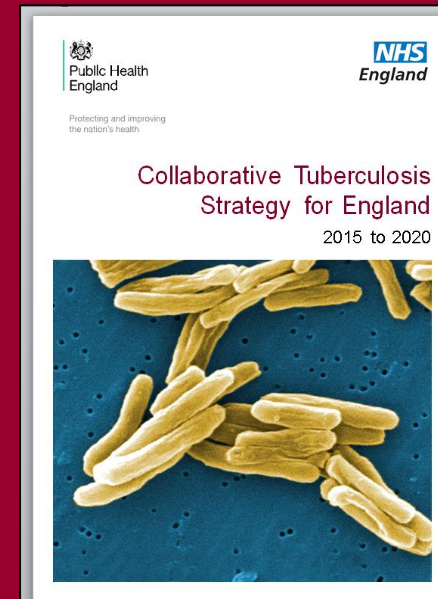

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Why do we need indicators?

- Programme progress
- Programme evaluation
- Commissioning
- Contracting and monitoring i.e. NHSE assurance process
- Ad hoc reports

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Who needs the information?

- CCGs
- PHE
- NHSE
- TB Control Boards

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National TB Programme reporting structure

PHE National Executive
PHE Delivery Board

NHS England National Executive
NHSE TB Strategy Co-ordination Group

National TB Programme Board
Co-chaired by PHE and NHS England

TB Strategy 'areas for action' 'task and finish' groups

TB Delivery Board
Chaired by Head of National TB Office

TBCB TB leads and managers network

East Midlands TBCB

East of England TBCB

London TBCB

NW England TBCB

South of England TBCB (SE & SW PHE Centres)

West Midlands TBCB

Yorkshire & Humber and North East TBCB (Y&H and NE PHE Centres)

○ - TB networks (numbers will vary)

TBCB - TB Control Board

What indicator systems are there?

- LTBI programme
- Fingertips
- Infographics
- TB Strategy progress measures
- NHSE data systems i.e. Flag4, CCG and NHS provider activity
- NICE quality standards

LTBI testing and treatment programme

There are four types of information required/collected for the LTBI testing and treatment programme:

- LTBI testing and treatment activity – primary care and secondary care data collection systems
- LTBI test analysis laboratories activity reports – local and national
- PHE LTBI database – 48 variables, most of which are routine
- LTBI programme – six national indicators
  - The number of CCGs that have a new entrant LTBI testing and treatment programme in place
  - Proportion of eligible new entrants covered by LTBI testing programmes who accept LTBI testing
  - The proportion of positive, negative and indeterminate tests
  - The proportion of patients who take up treatment amongst those who have been offered it
  - Proportion of individuals who complete LTBI treatment amongst those who start treatment
  - The proportion of patients who experience significant drug events amongst those who initiated treatment

LTBI test analysis laboratories KPIs

- Blood sample to be with the testing laboratory within timeframes that meet the time cut-off parameters of the relevant test used,
- Test result to be available to the test requestor/patient's GP within five working days of blood sample being taken, including electronic reporting where this is available
- Test results to also be available to relevant treatment services in order to enable continuity of care of the patient i.e. specialist TB services.
- An audit to be taken of avoidable indeterminates, with the results and actions taken to be supplied to NHS England and the relevant CCG. Samples found to be indeterminate will be rerun at least once using the remainder of the blood sample using appropriate test methodology
- Performance within applicable UKNEQAS schemes

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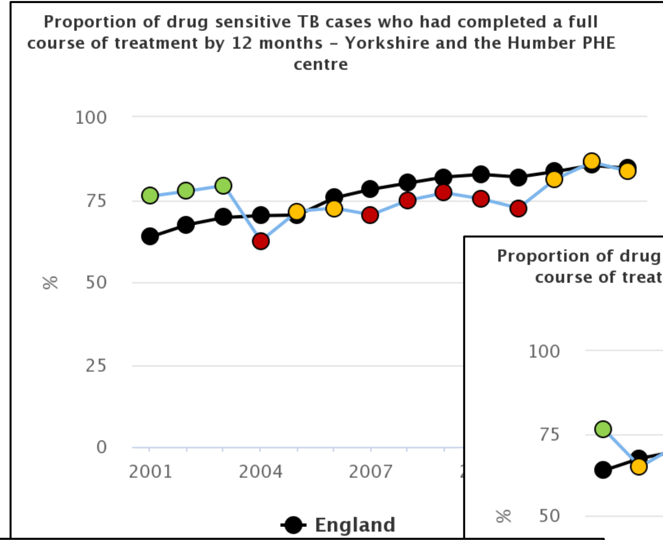
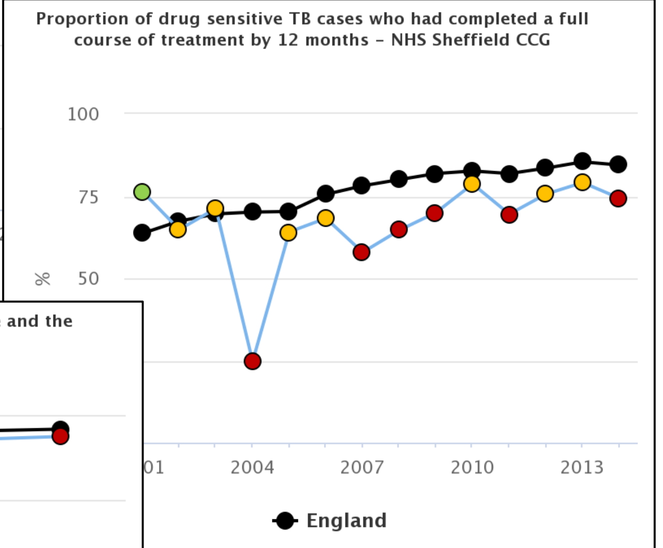
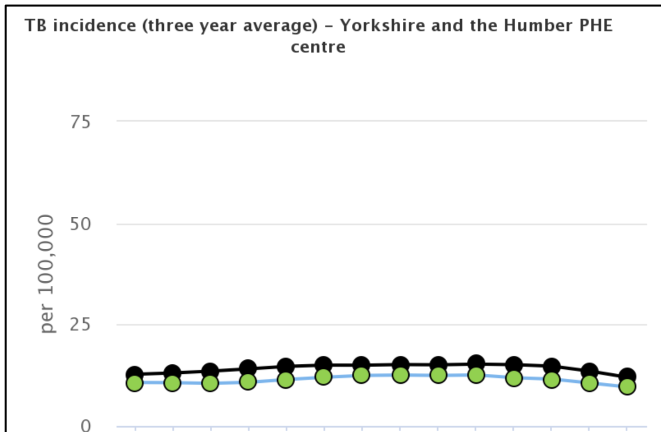
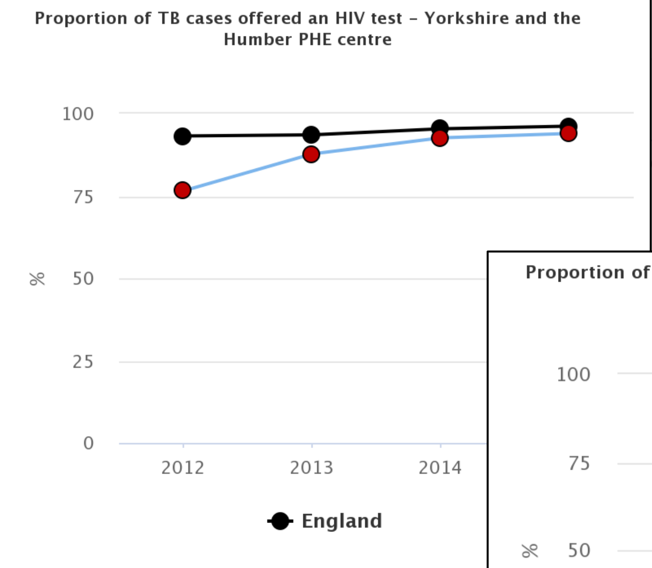
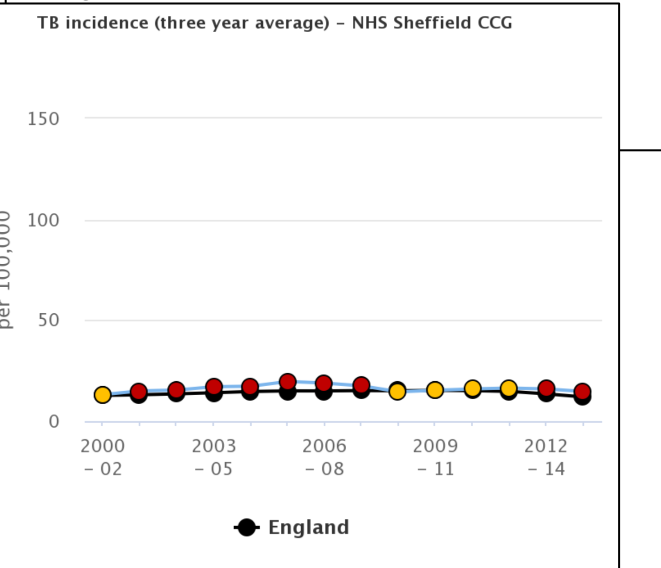
Fingertips - TB

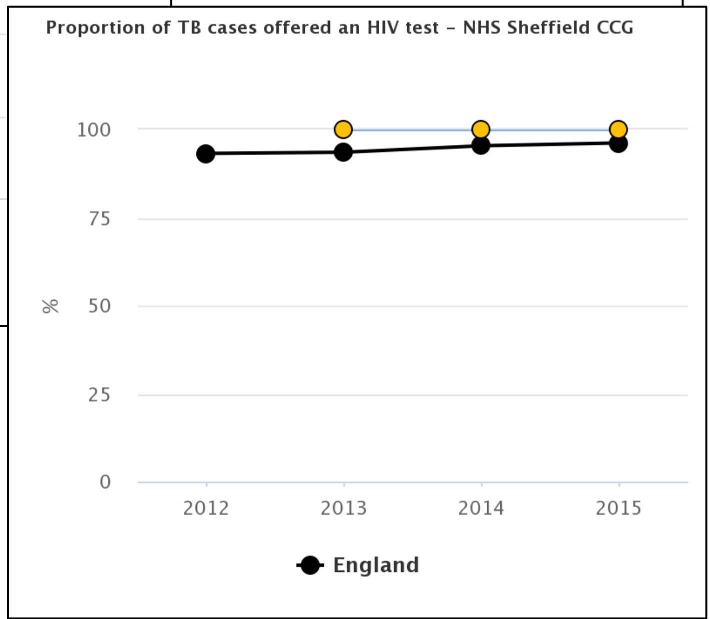












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Infographics

Key actions to eliminate TB

Collaborative TB Strategy for England, 2015-2020

- Improve access and diagnosis
- Quality diagnostics
- Quality treatment and care
- Contact tracing
- Workforce strategy
- Vaccination
- Surveillance and monitoring
- Latent TB screening
- Tackle TB in under-served populations
- Reduce drug resistance

TB in England

3 in 4 TB cases born abroad

2011 8,280

2015 5,758

Cases among both the UK and foreign born populations decreased in 2015

There has been a reduction in the number of cases of TB in England over the past 4 years

Under-served groups are most at risk of TB

TB cases with a social risk factor increased

8.9% of cases

11.8% of cases

2011 → 20

Social risk groups:

are twice as likely to have infectious TB

are twice as likely to die

Improve TB diagnosis

Reduce spread of TB including multi-drug resistant TB

MDR - TB accounts for **1.6%** of cases and increases costs to both the patient and the NHS

Reduce delays in access, diagnosis and care

TB is curable with antibiotics

the sooner the illness is diagnosed and treated the better

85% of TB patients complete a six-month course of treatment

TB is curable – treat and complete

Patients should complete treatment to reduce the risk of:

- drug resistant TB
- onward transmission
- relapse of disease
- dying

TB Strategy progress measures – why?

- Do we have the data/information we need to show the progress of the strategy?
- Standardisation of data/information provision to ensure appropriate services are provided
- ‘Like for like’ comparisons at national and local level
- Developed to validate the 10 ‘areas for action’
- Using current data systems and evidence based feedback progress measures provide NHSE and PHE with information on the epidemiology and control of TB pre strategy and post TB strategy
- To demonstrate that nationally and locally (TB Control Boards) have a robust LTBI programme in place
- Provide progress reports for NHSE and PHE
- Using information provided by:
  - the PHE FES teams
  - using the outputs of Cohort Review
  - National and London TB surveillance systems - ETS, LTBR
  - NHSE i.e. CCGs, hospital activity, laboratory data

Progress measures

- 10 ‘areas for action’
- Each ‘area for action’ has three or four detailed actions supporting development and implementation of the ‘area fro action’
- Each detailed action has a ‘progress measure definition’ which can be measured objectively or which objective information is available
- The data source is defined
- Comments can be made
- Example below

A8	Systematically implement new entrant latent TB (LTBI) screening	Yes/No	a) LTBI testing and treatment programmes are in place for priority CCGs b) LTBI testing and treatment programmes are monitored and reported on	8.1 Priority CCGs LTBI programmes implemented yes/no	NHSE
		Yes/No		8.2 PHE able to provide activity reports on LTBI programmes yes/no	PHE

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Area for action number	Area for action	Status	Area for Action detail	Progress measure definition	Data source
A1	Improve access to services and ensure early diagnosis≥	Yes/No	a) Raising awareness programmes in place	1.1 Health Care Workers raising awareness programme - yes/no	TBCBs
		Yes/No	b) Training programmes developed and used	1.2 Local population raising awareness programme - yes/no	TBCBs
		Yes/No	c) TB services have developed flexible services that meet patients' needs i.e. questionnaires, surveys	1.3 90% seen by TB service <2 weeks after referral - yes/no	Cohort review
		Yes/No	d) Work with partnership agencies to reduce health inequalities and improve access	1.4 Patient satisfaction surveys carried out - yes/no	TBCBs
A2	Provide universal access to high quality diagnostics		a) Access to microbiology is timely and high quality	2.1 Culture confirmation of pulmonary TB cases is ≥80% green, 60 - 79.9% amber, ≤59.9% red	ETS/LTBR
		Yes/No	b) TB services access to microbiology advice/service	2.2 TB services have direct access to specialist microbiology advice - yes/no	TBCBs
		Yes/No	c) All diagnostic services use the most effective and up-to-date technology	2.3 TB services have access to PCR for testing of TB specimens - yes/no	TBCBs
A3	Improve treatment and care services	Yes/No	a) Clinical networks are in place to co-ordinate and support standards of care for all TB patients including complex and MDRTB etc b) TB services and networks are linked to the local TBCB	3.1 Cohort review in place and held quarterly with all patients reviewed - yes/no	TBCBs
		Yes/No	b) TB services and networks are linked to the local TBCB c) Contracts with TB service providers include the national TB service specification, local KPIs and reference national guidelines	3.2 Service gap analysis conducted annually (with reference to the national TB service specification) - yes/no	TBCBs
		Yes/No	d) TB workforce is appropriate to local patient needs and can meet local KPIs etc e) Paediatric TB cases and TB/HIV co-infected TB cases are managed by the appropriate specialist or in conjunction with the appropriate specialist	3.3 Key Performance Indicators developed by the TB control board in collaboration with the local lead CCG - yes/no	TBCBs
A4	Ensure comprehensive contact tracing		For all cases of notified pulmonary TB an average minimum of 5 close contacts have been screened. a) Proportion of pulmonary cases with ≥5 contacts identified b) proportion of identified contacts assessed c) proportion of contacts with LTBI completing chemoprophylaxis	4.1 Pulmonary cases with a median of ≥5 close contacts identified - green, ≥3 - amber, <3 - red	Cohort review
				4.2 Proportion of identified contacts of pulmonary TB cases assessed. ≥90% - green, 80 - 89.9% - amber, ≤79.9% - red	Cohort review
A5 TBCBs are NOT expected to deliver on this action due to the uncertainty of, and poor supply of BCG	Improve BCG vaccination uptake		a) Local pathways b) Low incidence areas have a programme in place to ensure BCG is offered to those as outlined in the green book c) Systems in place to monitor BCG uptake	To be discussed with Imms Boards	
A6	Reduce drug resistant TB		a) MDRTB patients are supported using the MDT approach b) All TB services treating cases of MDRTB work with the BTS MDRTB specialist advisory service and/or designated MDRTB service c) DOT is standard practice	6.1 All culture confirmed cases have drug susceptibility testing for all first line drugs. ≥98% green, 97 - 97.9% amber, ≤96.9% red	ETS/LTBR
				6.2 MDRTB cases reported to the BTS Advisory Service ≥95% green, 80 - 94.9% amber, ≤79.9 red	ETS - denominator BTS - numerator, through PHE National
A7	Tackle TB in under served populations		a) Commissioning of TB is integrated with other stakeholders to ensure best patient care b) Outreach interventions are in place c) Continuity of care is maintained through the patient's treatment pathway	7.1 Proportion of all drug sensitive TB cases with social risk factors completing treatment within 12 months. ≥85% green, 70 - 84.9% amber, ≤79.9% red (excluding CNS, spinal, miliary or cryptic disseminated TB)	Cohort review
A8	Systematically implement new entrant latent TB (LTBI) screening	Yes/No	a) LTBI testing and treatment programmes are in place for priority CCGs	8.1 Priority CCGs LTBI programmes implemented yes/no	NHSE
		Yes/No	b) LTBI testing and treatment programmes are monitored and reported on	8.2 PHE able to provide activity reports on LTBI programmes yes/no	PHE
A9	Strengthen surveillance and monitoring	Yes/No	a) Lines of accountability are in place nationally and locally b) A single national ETS in place c) Support cohort review d) Use the national suite of indicators reporting mechanisms to inform commissioning and TB service provision	9.1 Local epidemiology report published annually yes/no	FES
		Yes/No		9.2 TB control board reports published on 'Areas for Action' progress measures yes/no	TBCBs
A10	Ensure an appropriate workforce to deliver TB control	Yes/No	a) Workforce strategy in place	10.1 Workforce review undertaken (nursing and non nursing) - yes/no	TBCBs
		Yes/No	b) KPIs, quality and outcomes of TB services monitored i.e. cohort review, contact tracing, treatment completion rates	10.2 TB control board local TB workforce strategy - yes/no	TBCBs

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NHSE data systems

- Flag 4
- Hospital and community activity systems including national reporting systems i.e. inpatient and outpatient activity
- CCGs
- CSUs
- GP/primary care

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NICE quality standards

Statement 1 People aged 16 to 35 years who have arrived in the country within the past 5 years, from countries with a high incidence of tuberculosis (TB), are tested for latent TB infection when they register with a GP

https://www.nice.org.uk/guidance/QS141

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Thank you – its you that provides the information/data that underpins this work and enables us to show NHSE and PHE that the strategy is worth it!