National TB Service Specification

Service Specification No. TBA with NHS England	This document is the 2017 update of previous editions and provides suggested text and a template for a local TB service specification; for use in local determination and agreement. It sets expected outcomes, service standards and key performance indicators for commissioners to use when commissioning TB services either as a separate TB contract or as part of provider contract. This service specification also sets out additional or alternative key performance indicators. This document should be read in conjunction with the 2017 National TB Clinical Policy document.
Service	TB services – TB diagnosis and treatment
Commissioner lead	XXX Clinical Commissioning Group(s)
Other commissioners	ZZZ other
Providers	YYY provider(s)
Issue date	Day/Month/Year
Date of review	Annually Day/Month/Year
Background	

Tuberculosis (TB) is an infectious disease that is treatable and curable but continues to be a major public health issue. There has been a year-on-year decline in the incidence of TB in England since 2011, down to 10.2 per 100,000 population (5,664 cases) in 2016, a reduction of one-third since the peak of 15.6 per 100,000 (8,280 cases) in 2011. There are considerable differences in the incidence and numbers of TB and patient outcomes between Clinical Commissioning Groups (CCGs) across England.

This service specification supports implementation of the Collaborative Tuberculosis Strategy for England: 2015 to 2020 to achieve year-on-year reductions in TB incidence, and the eventual elimination of TB as a public health problem in England and use of NICE guidance, NG33, Tuberculosis, 2016.

Commissioners should be aware that relevant aspects of this service specification can be used to develop local service standards and key performance indicators in

conjunction with the national TB clinical policy.

Standards and outcomes

Commissioners will work with providers to contribute to national and locally defined outcomes to provide high quality TB services that best meet the needs of the local population and patients.

Providers of health care for people affected by TB should be aware of national and local quality standards, key performance indicators and relevant service specifications and clinical policies that relate to patient care and service delivery.

Expected outcomes

- increased awareness of TB across statutory and non-statutory health and non-health care providers and communities

- a reduction in the local incidence of TB

- achieve the target of 85% TB treatment completion rates aiming to achieve over 90%

- a reduction in the incidence of drug resistant TB

- increase in numbers of suspected pulmonary (infectious) TB patients assessed by TB services within two working days of referral

- increase in numbers of contacts of a case of TB identified and assessed for active and latent TB achieving an average minimum of five close contacts per pulmonary TB case aiming to achieve at least 10 close contacts per pulmonary TB case

- ensure 100% of all eligible neonates are offered BCG vaccination

- a reduction in people with LTBI developing active TB disease

Service standards

This service specification includes Key Performance Indicators (KPIs) for local monitoring and reporting purposes. It is recommended that locally, at CCG or STP level, two to four KPIs are agreed for local monitoring and reporting arrangements with providers of local TB services which includes the two national KPIs detailed below.

Signatories to local TB service specifications to agree additional local monitoring tools and KPIs that ensure improvements to patient experience and outcomes. Signatories to ensure these are linked to local TB epidemiology, TB demographics, TB data reporting and inform local commissioning intentions in conjunction with the expected outcomes outlined above and the national TB clinical policy.

National KPIs

1. ***a reduction in the local incidence of TB***

   Evidence – local and national reporting of TB rates

2. ***achieve the target of 85% TB treatment completion rates aiming to achieve over 90%***

   Evidence – local and national reporting

Examples of other KPIs for local use are detailed below and include the NICE quality standards (1 – 6) that can be linked to the TB service standards are detailed below:

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 TB, are tested for latent TB infection when they register with a GP.

   KPI - Evidence of local arrangements/programme to identify people, aged 16 to 35 years, who have arrived in the country within the past 5 years, from countries with a high incidence of TB, when they register with a GP and that they are offered an LTBI test.

   Evidence – local CCG part of national LTBI programmatic testing and treatment programme or has implemented a local programme

2. Adults, aged under 65 years, who are diagnosed with HIV, are tested for latent TB infection.

   KPI - Evidence of local arrangements to ensure that adults, aged under 65 years, who are diagnosed with HIV, tested for latent TB infection.

   Evidence –obtained from ETS/LTBR

3. People who are referred to a TB service, who meet specific criteria, have rapid diagnostic nucleic acid amplification tests (NAATs).

   KPI - Evidence of local arrangements to ensure that people who are referred to a TB service, who meet specific criteria, have rapid diagnostic NAATs.

   Evidence - obtained from ETS, not on LTBR

4. People who have imaging features suggestive of active pulmonary TB are assessed by the next working day.

   KPI - Evidence of TB services having local arrangements in place to ensure that people who have imaging features suggestive of active pulmonary TB are assessed within two working days (as per national TB clinical policy).

   Evidence – cohort review reporting

5. People with active TB from under-served groups are offered directly observed therapy.

   KPI – Evidence of local arrangements to ensure that people with active TB from under-served groups are offered directly observed therapy.

   Evidence - obtained from ETS/LTBR

6. People with active pulmonary TB who are homeless are offered accommodation for the duration of their treatment.

   KPI - Evidence of local arrangements to ensure that people diagnosed with active pulmonary TB who are homeless are identified.

Local KPI examples include:

London

7. providers (i.e. TB service teams) of TB services must collaborate and participate in cohort review by sector or part sector on a quarterly basis.

   Evidence – PHEC Health Protection Teams report to local commissioners and

TB Control Boards

8. contact tracing should be effective and comprehensive with an average of 5 close contacts per pulmonary TB notification aspiring to 10 contacts per pulmonary TB notification.

   Evidence – PHEC Health Protection Teams report to local commissioners and TB Control Boards

Other examples:

9. 90% of people with ?pulmonary (infectious) TB are seen by specialist TB services within two working days of the referral.

Evidence – PHEC Health Protection Teams report to local commissioners and TB Control Boards

10. Other examples of performance reporting that can be used as local KPIs:

   a. Six monthly Health Care Workers raising awareness programme

   Evidence: local reporting

   b. Minimum participation in an annual Local population raising awareness programme

   c. 90% of referrals to TB services are seen by the TB service within 2 weeks after referral

   d. Annual patient satisfaction survey carried out by TB service provider

   e. Year on year decrease in TB rates and numbers

   f. TB treatment completion rates achieved are ≥85%

   g. Culture confirmation of pulmonary TB cases is ≥80%

   h. All culture confirmed cases have drug susceptibility testing for all first line drugs. ≥98%

   i. MDRTB cases reported to the BTS Advisory Service ≥95%

   Evidence: BTS and ETS/LTBR

Enhancements could include details of:

- TB strategy progress measures to monitor implementation of the strategy
- Service improvements to reflect best practice