Public Health England

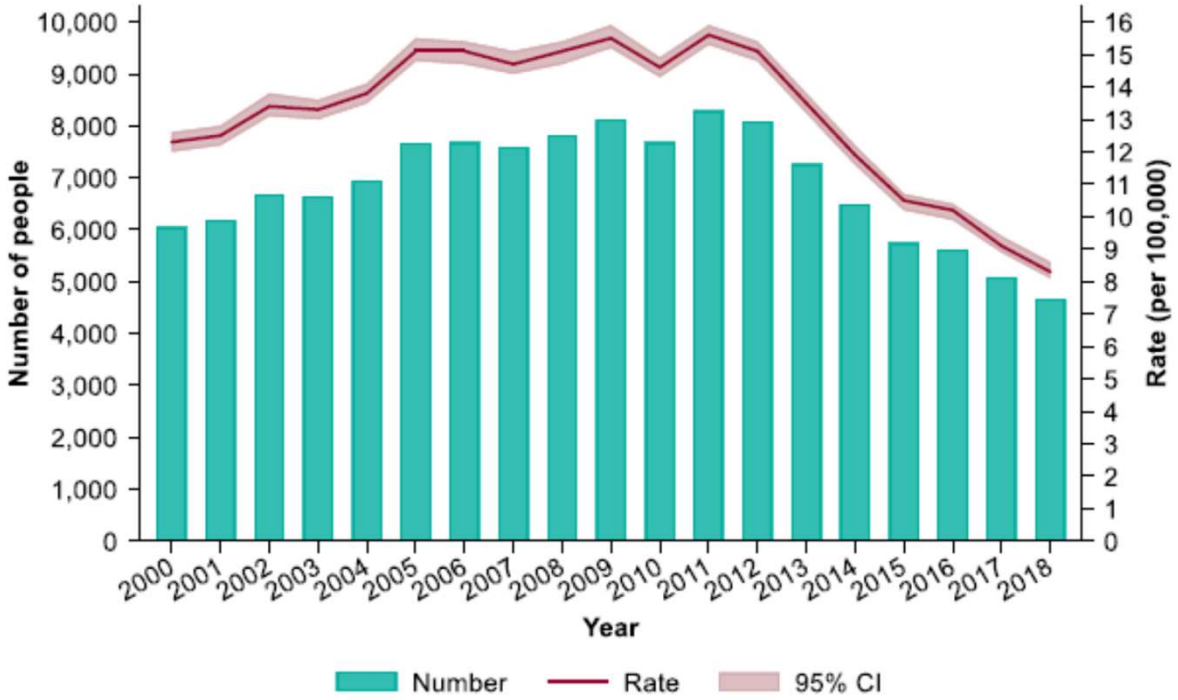
The changing landscape

Giles Ratcliffe, Chair Yorkshire and Humber and North East TB Control Board and Consultant in Public Health, Specialised Commissioning Yorkshire & the Humber Public Health England

Public Health England

Tuberculosis in England

Figure 1: Number of TB notifications and rates, England, 2000-2018

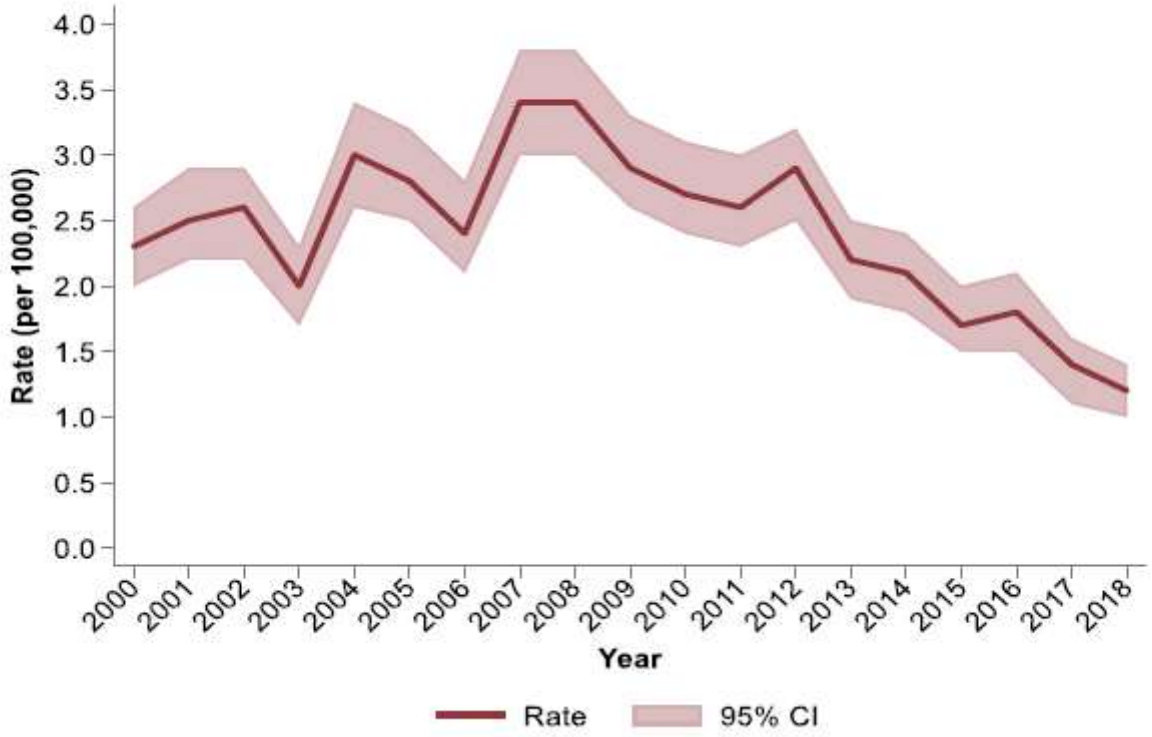


Tuberculosis in England 2019 report: Executive Summary. PHE, 2019

Public Health England

Transmission

Figure 2: Overall rate of TB in children (<15 years) born in the UK, England, 2000-2018



Tuberculosis in England 2019 report: Executive Summary. PHE, 2019

Public Health England

Source

- People born outside the UK continued to account for the most notifications in 2018 (72%) - incidence rate of 39.0 per 100,000

•Remained 14 times greater than the rate among people born in the UK (2.8 per 100,000).

•Between 2017 and 2018 there has been a decline in the number and rates of TB among both people born outside the UK (number: -8.1%, rate: -5.3%) and in the UK (number: -9.0%, rate -9.7%).

Public Health England

Successes

•The number of people with TB in England has fallen from a peak of 8,280 in 2011 to 4,655 in 2018 – a reduction of approximately 44%.

•An 8.2% decline in 2018 from the previous year.

•The incidence of TB in 2018 (8.3 per 100,000 population) was the lowest TB rate ever recorded in England.

•England now classified as a low incidence country by WHO.

•As of the beginning of 2018, all new isolates of mycobacteria in England were examined by whole genome sequencing (WGS), providing species identification, drug resistance prediction and assessment of relatedness.

•Despite the good news of continuing declines in TB rates in England, they remain some of the highest in western Europe. In 2017, England had the 3rd highest rate of TB in western Europe.

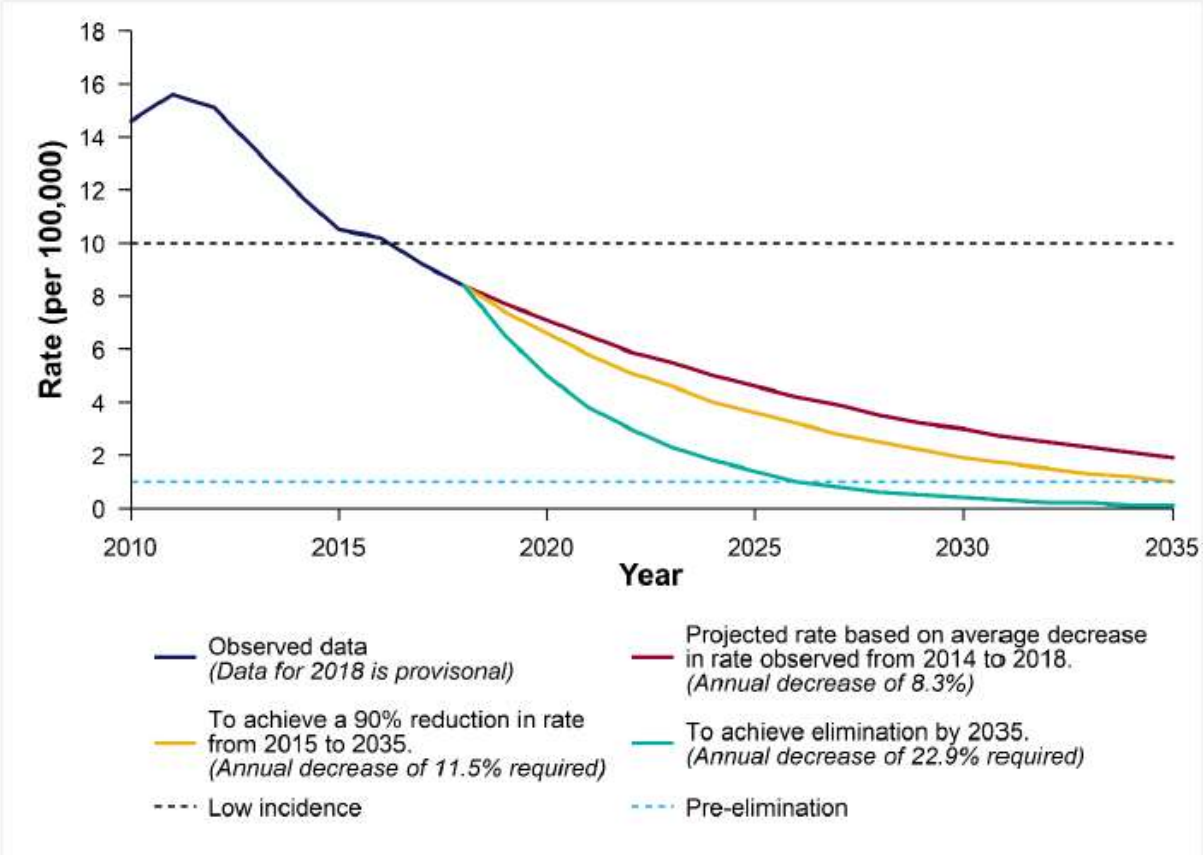
Public Health England

TB Strategy Post-2020 Concept Paper

- "Moving towards TB elimination in England: A 15-year National TB Vision and a 5-year TB Action Plan".
- Collaborative multi-sector stakeholder engagement process.
- Seek support for TB prevention, TB treatment and control efforts beyond the end of the current Collaborative TB Strategy.
- Align with WHO's Global End TB Strategy which aims to deliver a 90 per cent reduction in TB incidence in England by 2035 (against 2015 levels).
- To achieve a 90 per cent reduction in TB incidence and pre-elimination of less than 1 case per 100,000 population by 2035, England will need to deliver an annual decline in TB incidence of 11.5%.

Public Health England

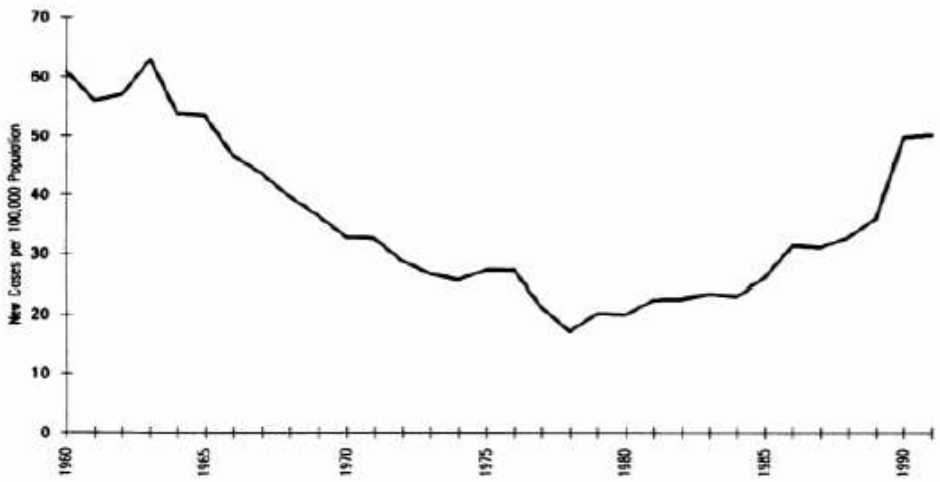
Graph showing observed and projected rates of TB notification in England, 2010-



Public Health England

Risk of deprioritising TB

Figure 3: The potential effect of deprioritising TB – as exemplified by TB case rates in New York City from 1960 to 1990 per 100,000 population[15]



Sources. Constructed from Vennema[78(p128)] and *Tuberculosis in New York City*[82(tbl 12)] with permission of the New York City Department of Health.

FIGURE 2—New cases of tuberculosis in New York City, 1960 through 1991.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694703/pdf/amjph00529-0136.pdf

Public Health England

Meeting proposed objectives

Table 1: Proposed objectives, milestones and targets for England based on WHO's End TB Strategy (2020-2035)

Vision	**Long term vision:** A country free of TB - zero deaths, disease and suffering due to TB **15-year vision:** A state of pre-elimination with less than 1 case per 100,000 population by 2035			
Goal	End the TB epidemic, achieve a year on year decrease in TB incidence, a reduction in health inequalities and ultimately the elimination of TB as a public health problem in England			
Objectives	1. Achieve a year on year reduction in TB incidence rate 2. Achieve a 50% reduction in TB incidence in England by 2025 compared with 2015 baseline 3. Increase the percentage of LAs/CCGs that achieve low-incidence status (TB incidence rate <10/100,000) from <70% in 2020 to 80% by 2025, 90% by 2030 and >95% by 2035 4. Increase the percentage of LAs/CCGs that achieve pre-elimination status (TB incidence rate <1/100,000) from <10% in 2020 to 35% by 2025, 70% by 2030 and >90% by 2035 5. Implement evidence based tailored interventions in specific population groups (e.g. under-served populations, medically/socially complex cases, people with MDR-TB, and children) with the primary aim of reducing TB transmission and improving TB treatment outcomes			
Indicators	**Milestones**		**Targets**	
	2020	2025	SDG 2030	End TB 2035
Percentage reduction in TB incidence rate *(compared to 2015 baseline)*	20%	50%	80%	90%
Percentage of TB-affected households experiencing catastrophic costs due to TB	Zero	Zero	Zero	Zero

Public Health England

10 Areas for Action

1) provide **person-centred care** through an integrated approach to health and social care to meet the specific needs of under-served populations

2) maintain the quality of **TB diagnostic, treatment and care services** to ensure high rates of treatment completion along with developing the use of whole genome sequencing to support faster diagnosis of TB

3) **reduce in-UK TB transmission**

4) scale up focus on **reducing diagnostic delay** through awareness raising in communities affected by TB and among health professionals

5) prevent reactivation of TB among migrants and contacts of TB cases through **LTBI testing and treatment**

Public Health England

Areas for action continued

6) continue to **reduce active TB in visa applicants from high incidence countries** through the UK TB pre-entry screening programme

7) support development and sustainability of **workforce and future-proofing of TB services**

8) address the challenges in areas of **low TB incidence**

9) consider the **wider determinants** of health and health inequalities

10) translate **new tools, research and innovation** into normal service delivery in a timely manner

Public Health England

YH/NE TBCB timeline of key achievements

2015/16

September 2015	established TBCB and ToR
November 2015	mapping against 10 key areas of action
December 2015	first stakeholder bulletin
January 2016	successful LTBI bids to NHSE
March 2016	regional event on underserved populations

2016/17

March 2016	high incidence CCGs implemented the LTBI programme
June 2016	workforce census
October 2016	stakeholder event on new NICE guidance NG33
January 2017	CCG gap analysis against national TB service specification
February 2017	paper on NRPF cases with costings
March 2017	regional guidance on NG33

2017/18

April 2017	North East TB Network established
September 2017	YH Nurse Forum ToR reviewed and formalised
Nov 2017	MDR TB CPD event
December 2017	successful business case to NHSE for LTBI project manager
January 2018	paediatric network event
February 2018	analysis of diagnostic delay
March 2018	YH Clinical Network established

2018/19

April 2018	new negative-pressure facility opened in East Yorkshire
May 2018	suite of documents on TB in children including RCA tool
June 2018	re-audit of diagnostic services
March 2019	LTBI tests April 2016–March 2019 = 6,693 (16.1% +ve)

Public Health England

YHNE TBCB: current issues

•**Efficiency:** With incidence decreasing and the strategy nearing an end there is a need to review our structure.

•**Focus on professional networks:** As work has progressed since 2015, the need for subgroups has decreased and we need to focus more on consolidating the networks across YH & NE.

•**Value of TBCB:** Stakeholders regard the TBCB as an important group to oversee the strategic direction of TB control across YH & NE but we need to ensure it is still fit for purpose.

•**Wider system changes:** There are significant changes to the wider healthcare system which the TBCB has not yet engaged with in a meaningful way (ICSs, PCNs, NHS footprint etc).

•**Support for TBCB:** This is reducing, the current chairs are standing down and the PM support has reduced to 0.2 WTE.

•**Cohort review:** A Select Survey was undertaken with stakeholders which showed a 50/50 split on whether cohort review should continue at all, and there was strong support for combining cohort review with network meetings. Stakeholders questioned the value of discussing all patients with the same professionals each time.

•**MDT structure:** There is a lack for formal MDT structures in place across YH.

•The new structure needs to take into account the issues above and be able to oversee the 2019/20 priorities and beyond.

Public Health England

What needs to be addressed?

Population focus: start with the needs of the public or population groups rather than with individual people.

Causes of the causes: looking behind an issue or problem to understand what is driving it. E.g. circumstances such as housing, education, indebtedness and income that underpin people's lives and make them more or less likely to enter criminal justice system

Prevention is better than cure: Three tiers, Primary, Secondary, Tertiary

Data, evidence and outcomes: use and interpretation of data and the evidence base to ensure that interventions are designed, delivered and tailored to be as effective as possible.

Partnerships, communities and systems: response across many disciplines; community assets; located in a wider system

Public Health England

Proposed solution?

•Hold bi-annual (rather than 3 x yearly)YHNE TBCB meetings.

•No longer have four CR groups in YH and instead create less frequent, more defined twice yearly YH wide thematic CRs.

•Re-energise the YH TB Clinical Network to include thematic CR. The group would meet twice a year for 1 full day to include CPD and a thematic review of cases.

•Develop more robust MDT arrangements across YH.

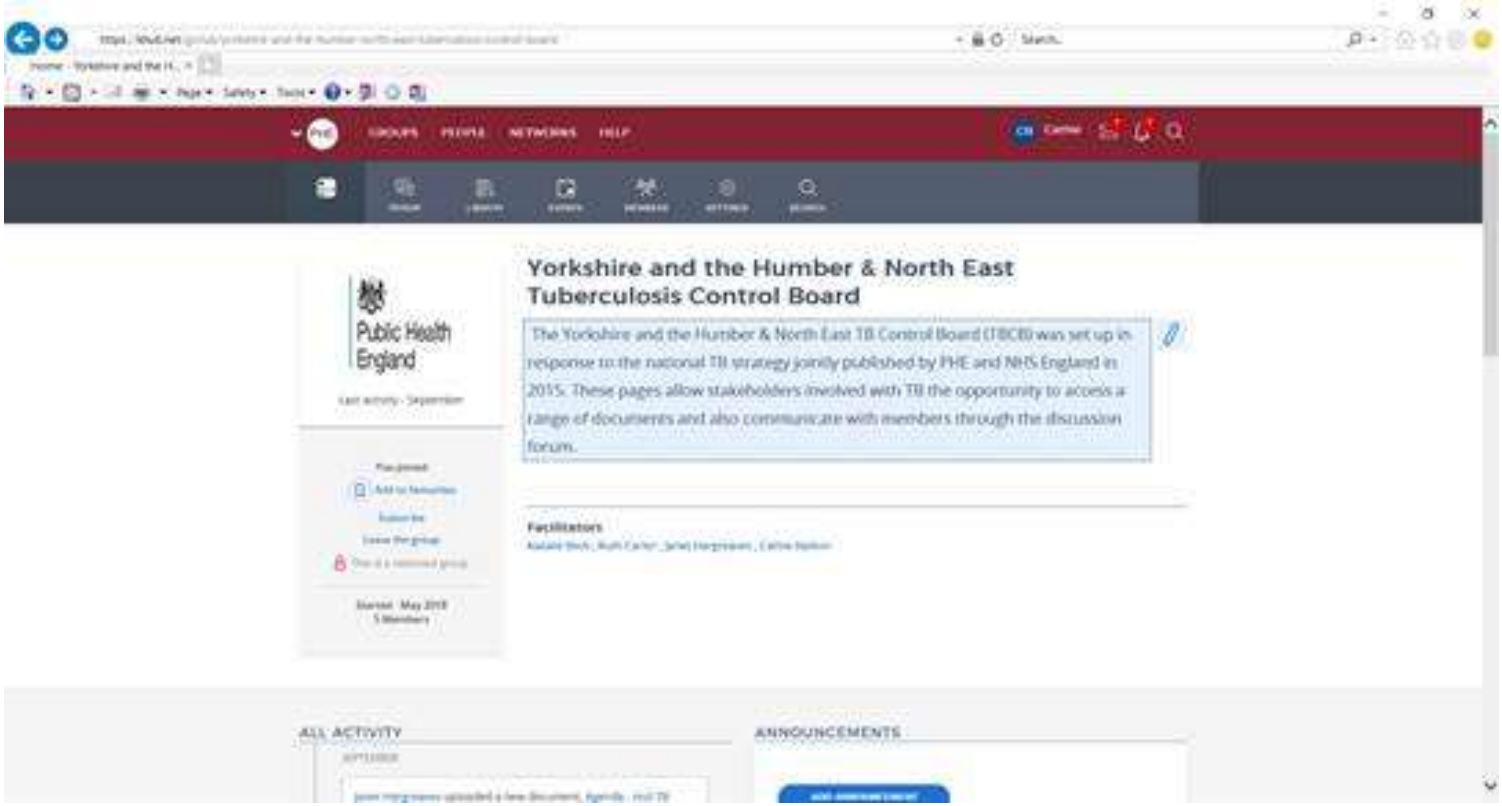
•Merge the function of the DR TB subgroup into the YH and NE TB Networks.

•Discuss with LA areas how their structures may benefit from a wider footprint with regards to local TB networks

•We would continue to support a distinct paediatric network, however its relationship with the wider network needs to be carefully considered, e.g. paediatric case reviews, MDT input etc

Public Health England

Improving Communication



Sign up here https://www.khub.net and then request permission to access the YHNE TBCB group which will include the paediatric network info.

Public Health England

Improving Communication

We also have various info on the TH PH Network site that is appropriate for public access here - https://www.yhphnetwork.co.uk/