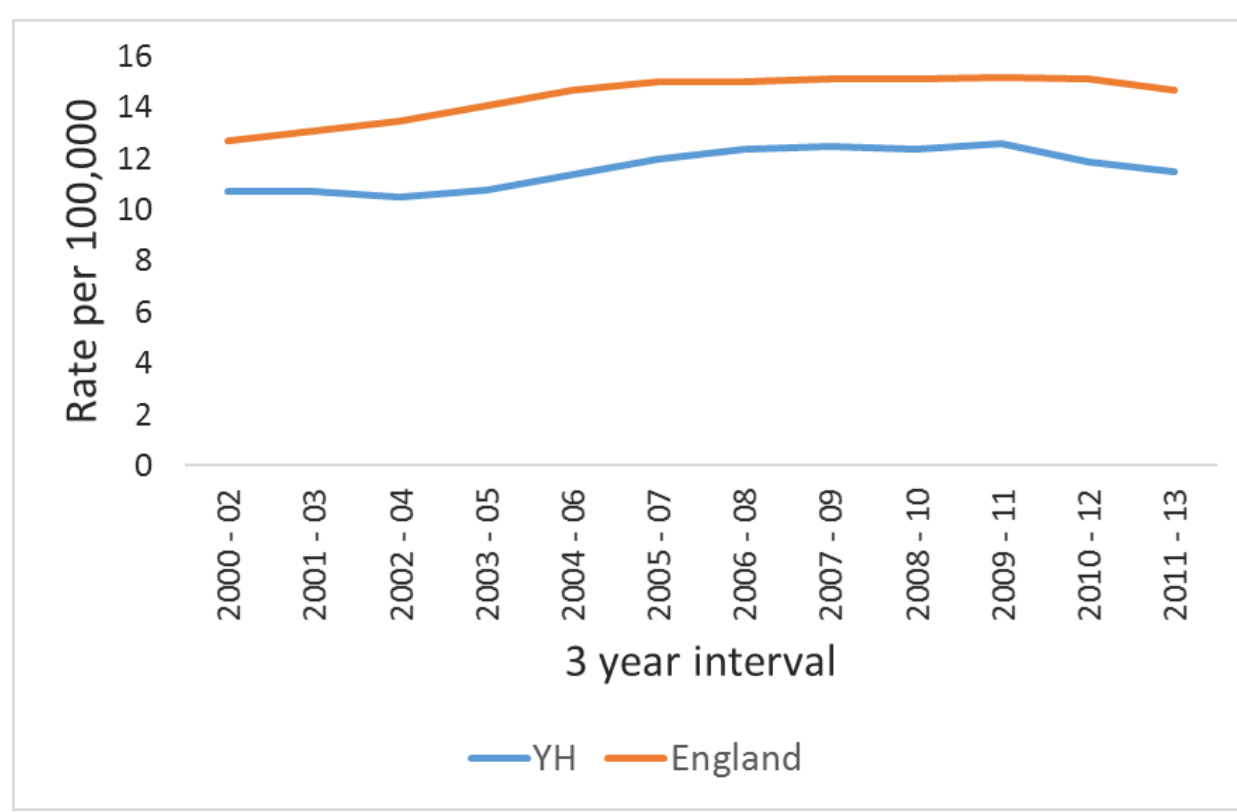


Improving TB Control in Yorkshire and Humber: Delivering the Collaborative Strategy

Dr Renu Bindra, CCDC, Public Health England

Chair, Yorkshire and Humber and North East TB Control Board



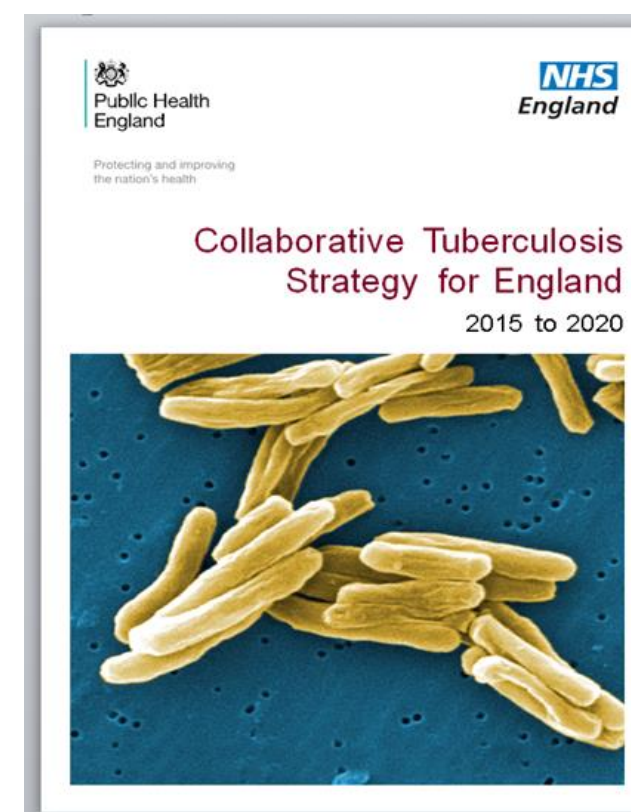
TB rates in Yorkshire and Humber peak between 2004 - 09, and are higher than rates seen in other western European countries



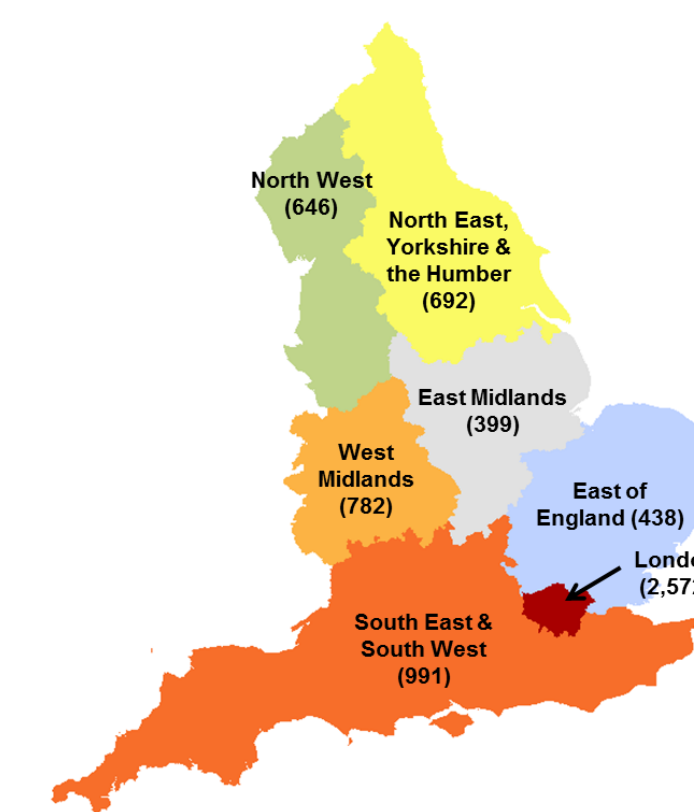
AUDIT, RESEARCH AND GUIDELINE UPDATE

Raising standards in UK TB control: introducing cohort review

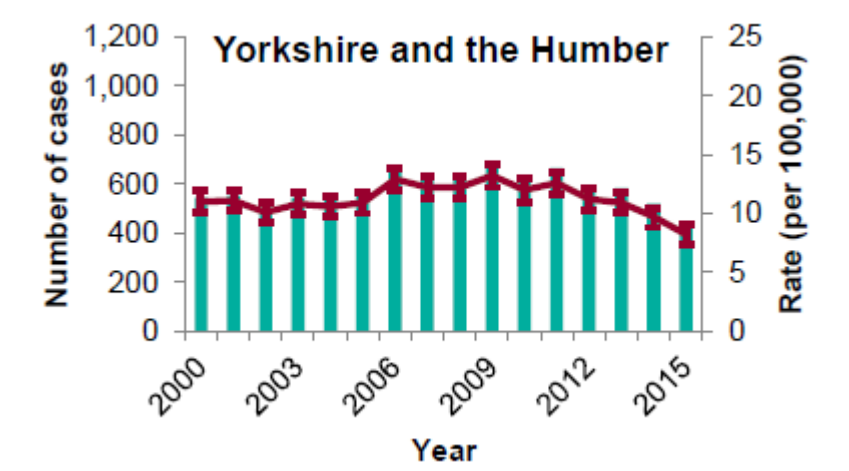
Charlotte Anderson,¹ Jacqueline White,² Ibrahim Abubakar,^{3,4} Marc Lipman,² Surinder Tamme,⁵ Sarah R Anderson,¹ Jennifer deKoningh,⁶ Susan Dart⁷



Five year joint PHE/NHSE strategy is launched



TB Control Board is established; one of 7 providing overarching support and an accountability structure for local TB control



TB rate is falling but the proportion with social risk factors and multi-drug resistance is of increasing concern

2009 → 2017

BACKGROUND

TB rates in Yorkshire and Humber have been unacceptably high in recent years, in keeping with the picture across England - where rates in the late 2000s were more than four times higher than in the USA, and the second highest in Western Europe. The trend has been in marked contrast to many comparable countries that have achieved a consistent reduction in TB by establishing well organised TB control programmes, with clear lines of accountability and responsibility.

Until recently, there was no clear infrastructure to support TB control in Yorkshire and Humber, and quality improvement initiatives such as TB Cohort Review were not adopted consistently across the region.

Following publication of the NHS England/Public Health England Collaborative Tuberculosis Strategy in early 2015, the joint Yorkshire and Humber and North East TB Control Board was established. A multiagency partnership, with representation from primary care, secondary care, and community based clinicians, commissioners, local authorities and the key national agencies, the Board is now well established and is overseeing a range of work streams designed to achieve the aims of the Collaborative Strategy: achieve a year-on-year decrease in incidence, a reduction in health inequalities, and ultimately eliminate TB as a public health problem in Yorkshire and the Humber.

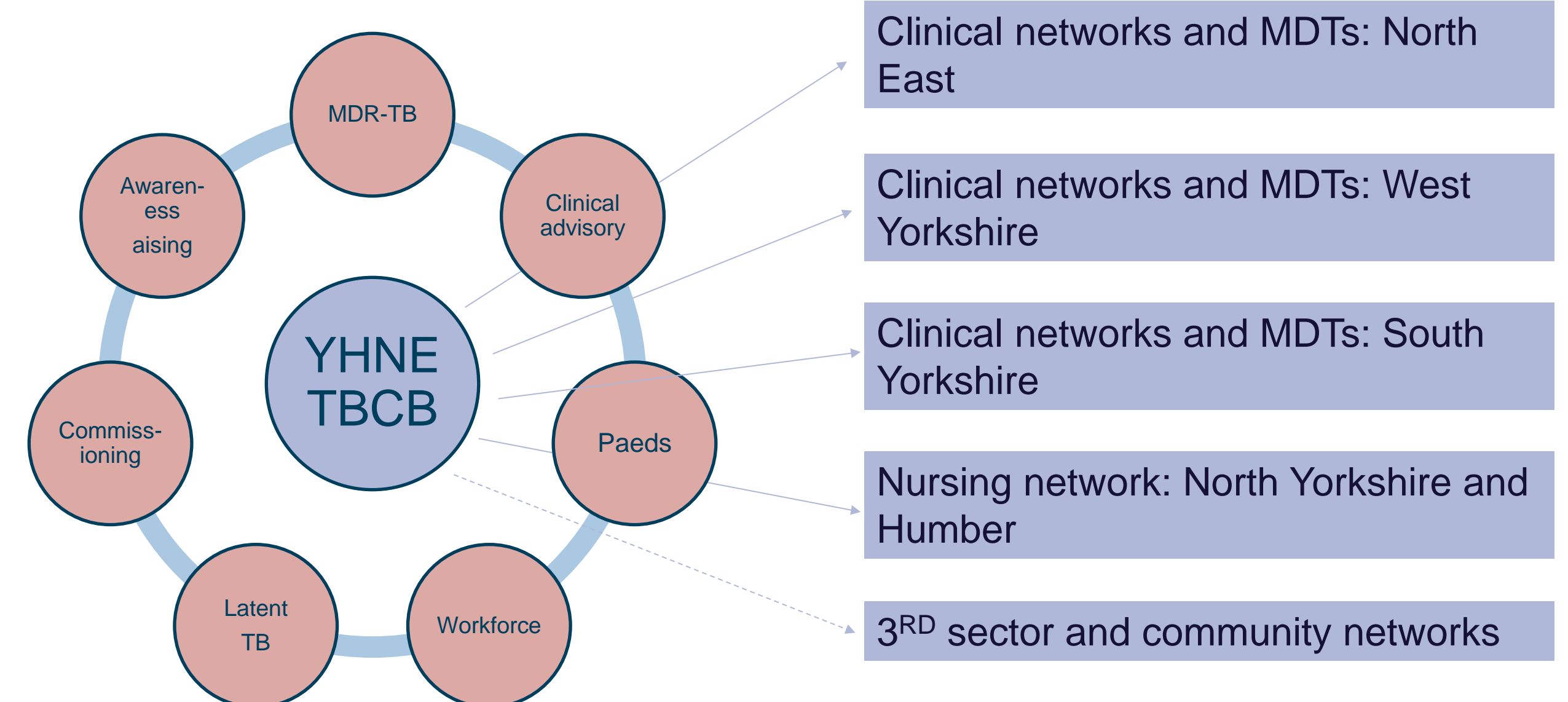
KEY ACHIEVEMENTS

Since its first meeting in late 2015, the TB Control Board, together with the work of its task and finish groups, has made significant progress in the following areas to improve TB Control:

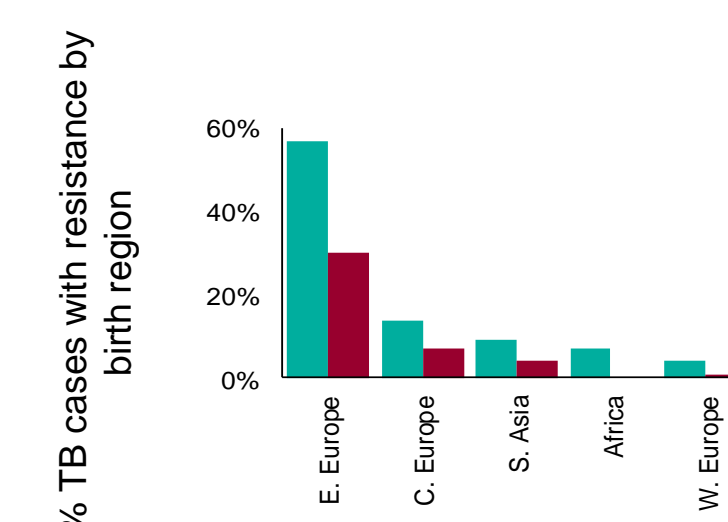
- Improving access and early diagnosis
 - Following a gap analysis of local commissioning arrangements against the national model service specification, tailored recommendations to CCGs with an offer of TBCB support
 - Wide dissemination of a new national toolkit to support screening for latent infection, and e-learning resources for healthcare professionals
- Providing universal access to high quality diagnostics
 - Support to local clinical teams following the introduction of Whole Genome Sequencing across the north of England
- Improving treatment and care services
 - Used the gap analysis to identify areas of concern
 - Developed a local implementation resource for NICE guidance 33, to address the main areas requiring clarification in the local context
 - Review of the cohort review process – standards and thematic analysis
- Reducing drug-resistant TB
 - Undertook a region-wide needs assessment of specialist facilities for patients with MDR-TB, leading to local capital investment in additional negative pressure beds
 - Ongoing work with Directors of Public Health to address the complex social issues associated with patients with MDR-TB and No Recourse to Public Funds, including proposals to develop a regional risk pool
- Improve BCG vaccination uptake
 - Audit of neonatal BCG immunisation policies and processes in NHS maternity units in Yorkshire and Humber
- Systematically implementing new entrant latent TB infection (LTBI) screening
 - Ongoing work with six CCGs to implement the national LTBI programme in South and West Yorkshire
 - Planned workshop to address uptake and testing, especially in hard to reach groups
- Ensuring an appropriate workforce to deliver TB control
 - Undertook a YHNE workforce review
 - Letter to all CCGs highlighting concerns regarding resilience of TB nursing workforce, and their ability to access ongoing educational activities

STRUCTURE AND RELATIONSHIPS

The Board delivers on the key areas of the Collaborative Strategy through the work of seven task and finish groups, and its relationship with local clinical networks and multidisciplinary teams.



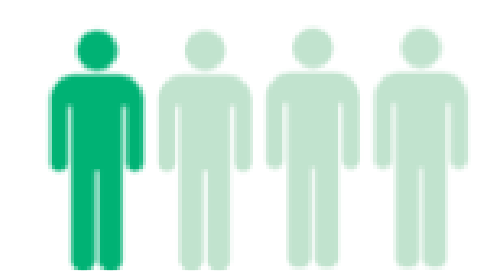
PRIORITIES



Overall in Yorkshire and the Humber:
10% of TB cases are **Isoniazid** resistant
4% of TB cases are **multi-drug resistant**

- Addressing specific issues identified by the service specification gap analysis including increasing access to non-programmatic new entrant screening, and improving treatment completion rates

Only **1 in 4** patients identified with risk factors known to affect successful completion of treatment were supported with **Directly Observed Therapy** to improve treatment completion



- Developing a TB workforce strategy for Yorkshire and Humber and the North East
- Using the findings of an ongoing evaluation to maintain implementation of the new entrant LTBI screening programme