



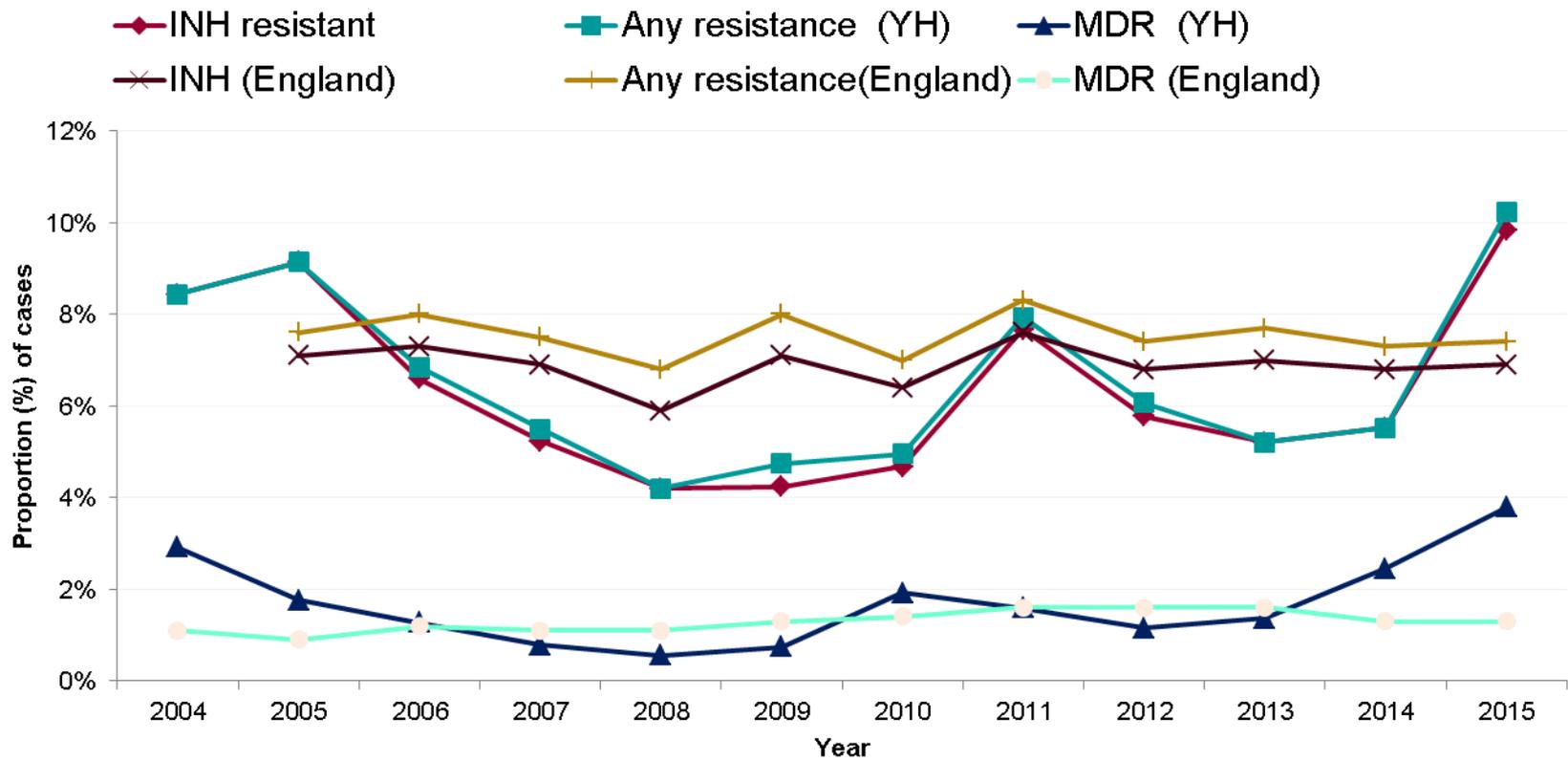
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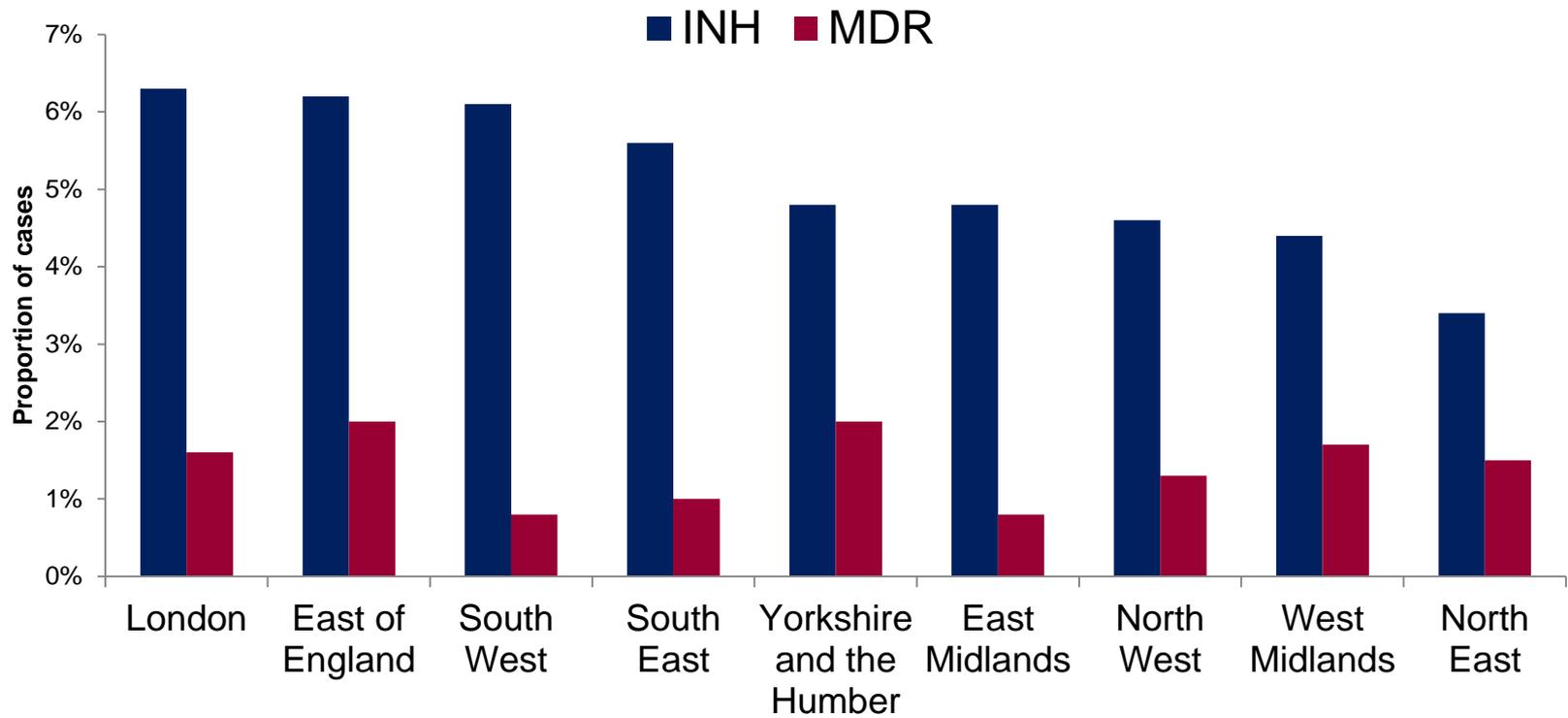
Managing cases of MDR-TB in individuals with No Recourse to Public Funds (NRPF) in Yorkshire and Humber

David Bagguley, ST4 Public Health



Local drivers: increasing numbers







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No Recourse to Public Funds (NRPF)

Individuals who have no legal entitlement to financial support or assistance from the state are described as having No Recourse to Public Funds.



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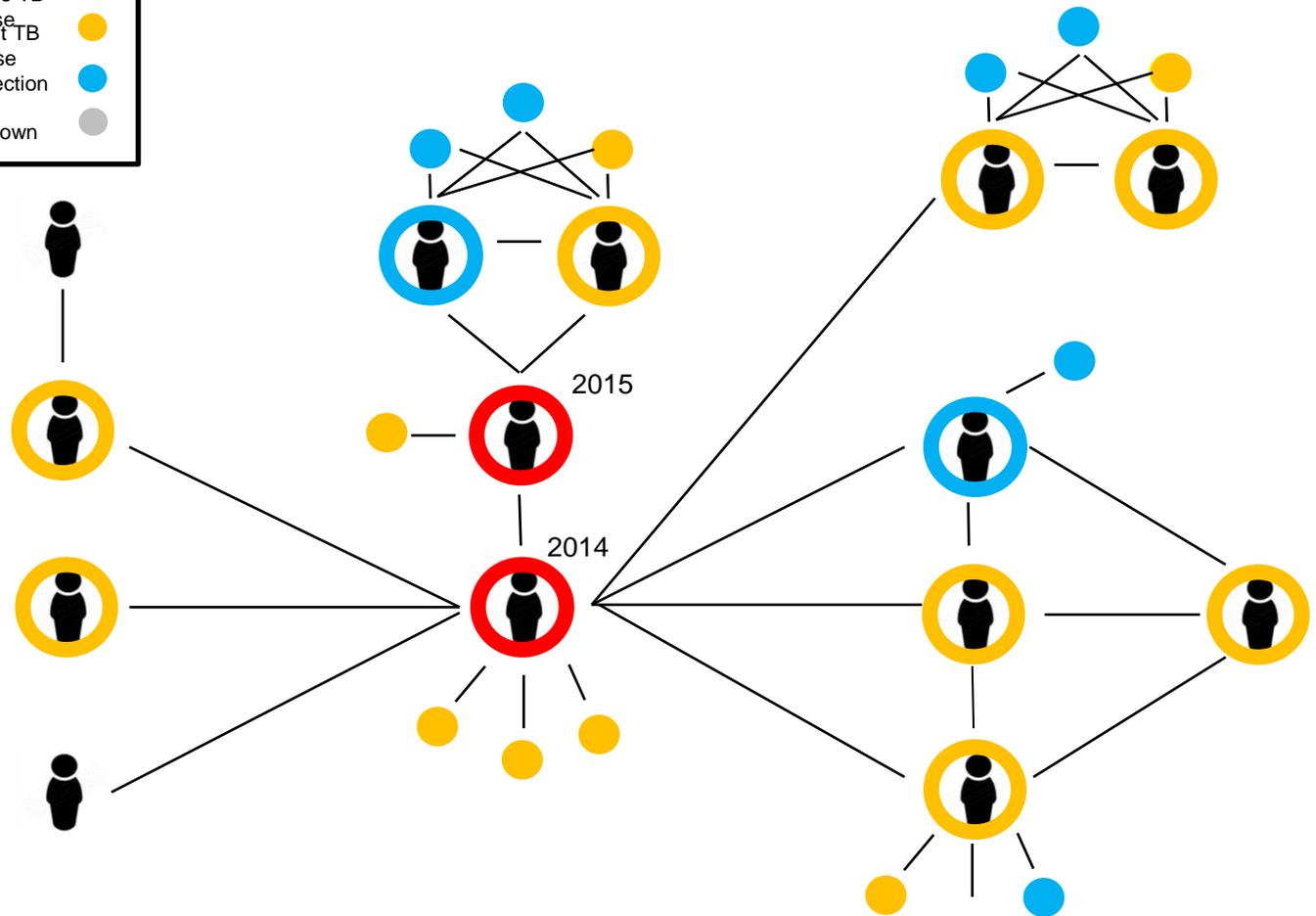
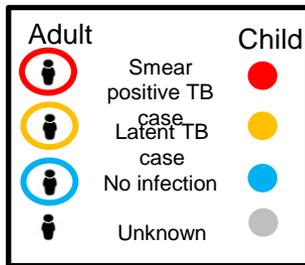
National Guidance

- “Multidisciplinary TB teams, commissioners, local authority housing lead officers and other social landlords, providers of hostel accommodation, hospital discharge teams, Public Health England and the Local Government Association should work together to agree a process for identifying and providing accommodation for homeless people diagnosed with active pulmonary TB who are otherwise ineligible for state-funded accommodation”

(Tuberculosis NG33, 1.8.11.2)



Local drivers: complex clusters





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Discharge



~~Benefits~~



~~Social Services North
Lincolnshire~~



~~Social Services Hull~~

DPH



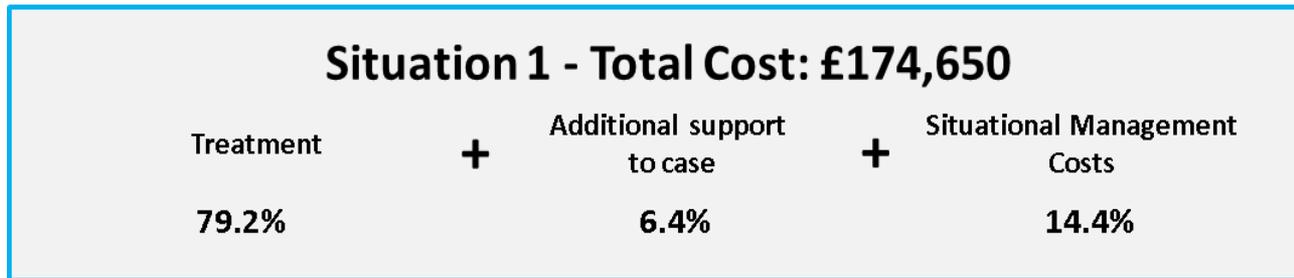
Benefits



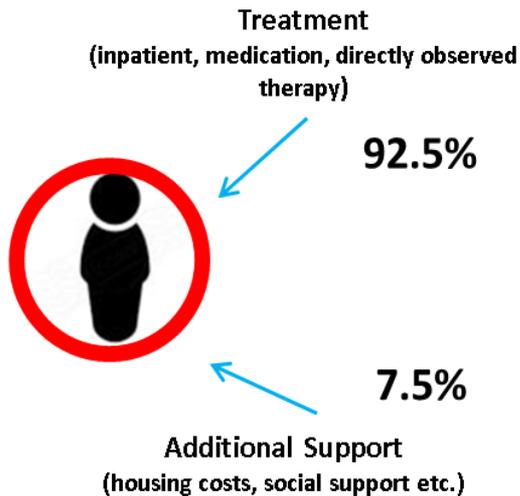
catch
22



Local drivers: cost to the system



Case - £149,450

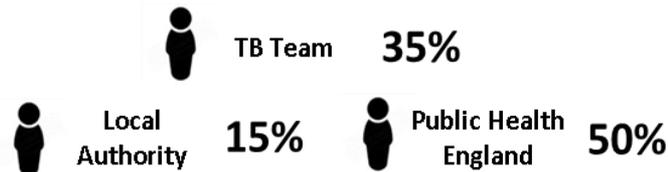


Situational Management Costs - £25,200

Multi-Agency Meetings: Staff Time - £8,125



Additional costs (staff & legal) - £17,075





Local drivers: cost to the system

Situation 1 – Non Commissioned Costs: £36,450

Additional Support (e.g. Housing,
Social Support)

£11,250 (31%)

+

Situational Management (e.g. staff time,
multi-agency meetings, legal costs)

£25,200 (69%)



Commissioner

£5775 (15.8%)



Provider

£6000 (16.5%)



Cross Organisation
Costs

£8125 (22.3%)

Local
Authority

£8050 (22.1%)



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£8500 (23.3%)



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Report to Directors of Public Health

1. Do nothing
2. Agree patient pathway on a local / sub-regional basis
3. Regional risk-pool



Proposed Solution

- Locally-agreed patient pathway, backed by a Memorandum of Understanding between commissioners
- Toolkit, including suggested pathway and other resources, will be published by TB Control Board
- Will be trialled before publication
- LAs to work with local partners to agree funding responsibilities
- Could apply to non-MDR TB



Rationale for action

1. To ensure that a patient with MDR-TB who has NRPF will be accommodated for the duration of their treatment, and be able to access support costs (for subsistence, travel, etc.)
2. To improve the health of a patient due to the provision of a safe and supported home environment
3. To minimise transmission of MDR-TB in the community due to adherence to and completion of treatment
4. To reduce the risk of development of further drug resistance



Rationale for action

5. To improve overall outcomes for the TB service and improve the quality of care provided
6. To reduce the avoidable situational management typically associated with MDR-TB cases in patients with NRPF
7. To improve partnership working within local TB systems and prevent unnecessary duplication of workload
8. To satisfy NICE recommendations as per the national Tuberculosis guidance (NG33)



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Any questions?