

# Interim Findings of the New Migrant LTBI Programme Evaluation

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# Evaluation

Aim: To evaluate the planning and implementation of LTBI services in West Yorkshire and the current services across the six CCG areas in Yorkshire and The Humber

- Process of setting up the service
- Data
- Current Service Process and Delivery

# Methods

## Quantitative Data

- Quarterly returns
- Data from Oxford Immunotec
- Further data from providers/commissioners

## Qualitative Data

- Survey
- Follow-up interviews with key stakeholders

# Respondents

22 Replies

Wide range of roles

Wide range of organisations

Region	Responses
Bradford	3
Huddersfield and Kirklees	4
Leeds	7
Sheffield	5
PHE	2
Other	1

# Integration with existing TB services

Very Well/Quite Well: 59% (19)

Not Well/Poorly: 9% (2)

Integration has been generally positive

3 areas had pre-existing LTBI testing services

Some reports of confusion and a two-tiered system

Nationally little recognition that some areas had a pre-existing LTBI screening service



# Information Sources

Wide variety of  
sources

Very satisfied/satisfied 64% (14)

Neither satisfied or dissatisfied/dissatisfied 32% (7)

No collation of resources

National resources were felt to be London focused



# How Well has the service been promoted to the target population?

Very well/ Quite well: 50% (11)

Not well/ Poorly: 36% (8)

Mixed picture

Positive feedback for national resources, TB Control board, Leeds TB Champion

Promotion left to individual regions

Difficulties reaching target population

General feeling awareness low amongst target population



# Service Pathway 1

## Identification of eligible patients

Very well/ Quite well 59% (13)

Poorly/Very poorly 9% (2)

Flag 4 Data benefits and drawbacks

## Getting patients to attend for the test

Very well/ Quite Well 41% (9)

Poorly/ Very poorly 19% (4)

Varied across organisations and regions

Positive feedback for GP new registrations

Written invitations were problematic



# Service Pathway 2

## Obtaining consent/ensuring understanding

Very well/ Quite well 68% (15)

Poorly/ Very poorly 5% (1)

Generally very positive comments

Language barrier acknowledged as a problem but largely overcome

## Obtaining the test result

Very well/ Quite well 59% (13)

Poorly/ Very poorly 9% (2)

Oxford Immunotec described as efficient

Concerns raised about different reporting systems; does not automatically tie in with ICE; potential risk.



# Service Pathway 3

Informing the patient of the test result

Very well/ Quite well 54% (12)

Poorly/ Very poorly 0% (0)

Reported to vary between practices

Referring those with a positive result into appropriate service

Very well/ Quite well 63% (14)

Poorly/ Very poorly 5% (1)

All comments complimented referral process



# Time till treatment

Proposed indicator is two weeks

Indicator usually met: 27% (6)

Met about half the time: 5% (1)

Indicator usually not met 36% (8)

Leeds and Bradford: Indicator was met

Huddersfield/Kirklees and Sheffield: Indicator not met

Questions about if the indicator is realistic/  
appropriate

# What has gone well?

Strong relationships between commissioner and provider helped rapid implementation

Well designed pathway common theme

Increasing flow of patients

Use of IGRA means minimal visits

Leeds – Community Champions

Sheffield – Screening for BBV



# Challenges – Data

Common theme through many different aspects of the programme

Lack of data widely identified as detrimental

Questions about central data collection



# Challenges – Local

Engagement of organisations

- Particularly GP practices

Lack of direction/ project management

Arrangements for national laboratory did not fit well with usual practices

Some regions found locating/contacting patients difficult and time consuming

Staffing of TB services - extra pressure on and from LTBI service



# Challenges - Systemic

Commissioning guides were felt to be London centred and did not take account of existing LGBT services

Two week indicator felt to be unrealistic

Narrow eligibility criteria which does not match NICE guidance well



# Conclusions

Yorkshire and The Humber has four functioning LTBI programmes

Smooth pathway identified across the board as a strength

Some problems integrating with pre-existing LTBI services

GP engagement seems to be very important

Data collection/ feedback very problematic





Any Questions?