Public Health England

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NHS England

Evaluation report
Yorkshire & Humber & North East bi-annual TB event: Implementing NICE guideline 33: controversies and practicalities

Tuesday 11 October 2016, York

Yorkshire and Humber and North East TB Control Board

November 2016

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Key points

- A Yorkshire and Humber and North East wide event was held to bring together stakeholders with an interest the new NICE Guideline for TB, published in January 2016.

- 125 professionals attended the event.

- 73/125 (58% of attendees) evaluation forms were completed and collated.

- The response to the event was very positive with 60% of delegates completing the evaluation form saying it was ‘very good’ and 30% said it was ‘good’ (non-response: 10%)

1. Introduction

The Joint Yorkshire & Humber & North East TB Control Board (YHNE TBCB) was established in September 2015 in response to the national TB Strategy that was published by PHE and NHS England in January 2015 [1]. The national strategy was developed to respond to the relatively high incidence of TB in England.

The Tuberculosis in England 2016 Report shows a year-on-year decline in TB incidence in England for the past four years when incidence reached a peak. Despite this overall reduction, there has been an increase in the proportion of cases of TB among with social risk factors such as homelessness, drug misuse and imprisonment [2], and the rate of TB remains 15 times higher in non-UK born compared to the UK-born population.

The YHNE TBCB continues to provide oversight of TB control in the two PHE areas. Within the remit mandated by the Collaborative Strategy, this involves actively engaging stakeholders including primary and secondary care providers, local authorities, CCGs and the third sector. Before the establishment of the YHNE TBCB, structures were in place to address TB control. Further work has been developed to strengthen these links, and through the TBCB structure and membership (appendices 4 and 5) we continue to share and exchange good practice locally and nationally to enable delivery of the strategy. It is within this engagement that the NICE event was organised as the second of our bi-annual events, following a successful event in March 2016 on under-served populations.

2. NICE Guideline NG33

The National Institute for Health and Clinical Excellence (NICE) is a Non Departmental Public Body established in 1999 and incorporated in 2013 with statutory responsibilities to develop guidance and quality standards for health and social care in England. NICE guideline NG33 on TB was published in January 2016 and replaces the 2006 guidance and its amendments in 2011. NG33 includes a number of new recommendations including those on LTBI screening, use of and cut-offs for TST, and use of IGRA testing [3]. The change from existing TB management guidelines has led to a number of discussions and questions both regionally and nationally, and a call for development of a local approach to implement the guidance.

Our TBCB NICE event therefore aimed to galvanise local efforts from different practitioners to discuss controversies and practicalities in implementing the new guideline.

3. The event

The event was chaired by Dr Renu Bindra, chair of the YHNE TBCB. It was attended by 125 people from a range of organisations (see Figure 1 below). The full agenda is included in this report as Appendix 1.

NICE recommends that professionals should put in consideration local and national funding and priority contexts when interpreting and implementing its guidelines [3]. The objectives of the events were to:

- Understand the rationale of the TB guideline NG33 from a NICE perspective – with a keynote presentation from the NICE Guideline Development Group
- Explore the main areas of controversy in implementation of NG33
- Consider implications for both commissioners and service providers
- Promote engagement with the clinical advisory, paediatric and commissioning task and finish groups of the TBCB
- Develop consensus on a Yorkshire and Humber and North East-wide approach to NG££

The activities and discussions are summarised below, full presentations are available from John.Dusabe-Richards@phe.gov.uk. A more detailed report on the discussions will be submitted to the TBCb for consideration.

Welcome, introduction & scene setting

Dr Renu Bindra, *Dr Renu Bindra, Chair Yorkshire and Humber and North East TB Control Board; Consultant in Communicable Disease Control, Public Health England*

Dr Bindra welcomed the participants and highlighted the recent further reduction in TB rates since 2012. She outlined the purpose of this event, before introducing the first speaker.

NICE guideline 33: overview

Prof. Hayward*, University College London, co-Chair Guideline Development Group, NICE, NG33*

This was the event's keynote presentation. Prof. Hayward's gave an introduction of his role on the Guideline Development Group (GDG) for NG33. His presentation highlighted the process NICE went through developing the new guideline, including cost-benefit analyses and use of QALYs. Prof. Hayward's presentation gave an overview of the TB guideline and its inclusions and exclusions compared to the previous guideline of 2006. He described in particular the new Mantoux cut off, IGRA and TST among new entrants from high incidence countries, children and immuno-compromised patients.

What does the NICE guidance mean locally?

Dr Omar Pirzada*, Consultant in respiratory disease, Sheffield teaching hospitals & chair YHNE TBCB clinical advisory task & finish group*

This presentation addressed some of the local issues arising from the discussions within the TBCB and the clinical advisory task and finish group on the practicalities of implementing NG33. Dr Pirzada described a consultation that took place in YH to try and achieve region-wide consensus on te the application of the guidance, taking into account incidence and service configuration. He also talked about the relevance of existing guidance from other statutory bodies such as PHE and the Green Book. Dr Pirzada provided information on available advice on TB diagnosis and treatment procedures.

NICE guideline 33: paediatric issues

Dr Fiona Shackley, Paediatrician, Sheffield Children's Hospital & Dr Marieke Emonts, Great North Children's Hospital; Co-chairs YHNE TBCB paediatrics task & finish group

Dr Fiona Shackley and Dr Marieke Emonts presented paediatricians' views on NG33. They argued that there are challenges within the guideline such as the TST cut off and lack of of focus on children in the LTBI screening programme. Their presentation recommended balancing the risk of treating children unnecessarily against the failure to treat those with TB infection. This presentation also affirmed that TB paediatrians across the country concur in following NG33 but described the need for a prospective audit of outcomes and implications of the changes (Ref: Paeds Meeting, June 2016).

Group discussions: paediatrics, workforce, LTBI testing and commissioning – 8 discussion groups[1]

Summary of the key issues in the group discussions:

Additional workload, time and financial resources: limited financial and time resources, and increasing workload, limit the ability of practioners, nurses and commissioners to fully implementining all the guideline recommendations. This is particularly the case with the recommendation to use Mantoux testing in favour of IGRA (for non-programmatic LTBI testing); it is not clear whether NICE factored in the economic cost of patients attending more than one appointment, and the impact of our local demographic and geography. Further issues here also included unclear roles and relationships between paediatric teams who may be managing the child and the TB team managing the adults from the same family.

Responsibility for the implementation of NG33: Questions and comments from the LTBI table were focused on the word 'consider' which is used in various sections of the NICE document; this needs to be balanced when considering the elements of "patient care", "value for money" and "available resources". There is always potential for competing or even

[1] Group work facilitators were: Helen McAuslane, Sandy Moffitt, Suzi Coles, Cathie Railton, Martine Tune, Meg Goodrick, Kevin McGready and Cathy Mullarkey

contradicting “considerations”. Whose call is it? It was also not clear for the groups whose responsibility it was for the payment and commissioning for the training of TB teams to carry out specific recommendations in the guideline e.g. on mantoux testing with regard to children.

Evidence, sensitivity/specificity and clinical decisions in NG33: there was discussion around the lack of a gold standard in diagnosising LTBI, and the use of sensitivity and specificity data (and which data were used). There is potential for overtreatment. The guidance on LTBI screening in particular, and the amendment issued by NICE, put clinicicians in a difficult decision in deciding which test to use. Debate among paediatricians seems to suggest it is hard to implement the guideline in children. There remains therefore a need to clarify the evidence behind the guidance, preferably based more on clinical outcomes as opposed to cost-effectiveness. Decisions based on clinical risk should also include patient decisions on whether they want to take the treatment or not.

4. Attendance overview

A total of 125 participants attended the event. Attendees came from a wide range of organisations (see Figure 1); the majority from secondary care organisations (40%). Primary care and local authorities were equally represented at 14% each. Attendees also came from CCGs, the third sector, the private sector and HM prisons. Figure 2 is a summary showing professions of the attendees at the event. The majority were nurses (37%) followed by public health specialists (16%). Consultant physicians represented 15% of the attendance, while managers including TB programme managers, screening and immunisation as well as health protection managers were 10%. GPs, team leads and directors of public health also attended.

Figure 1: No. of attendees by Organisation

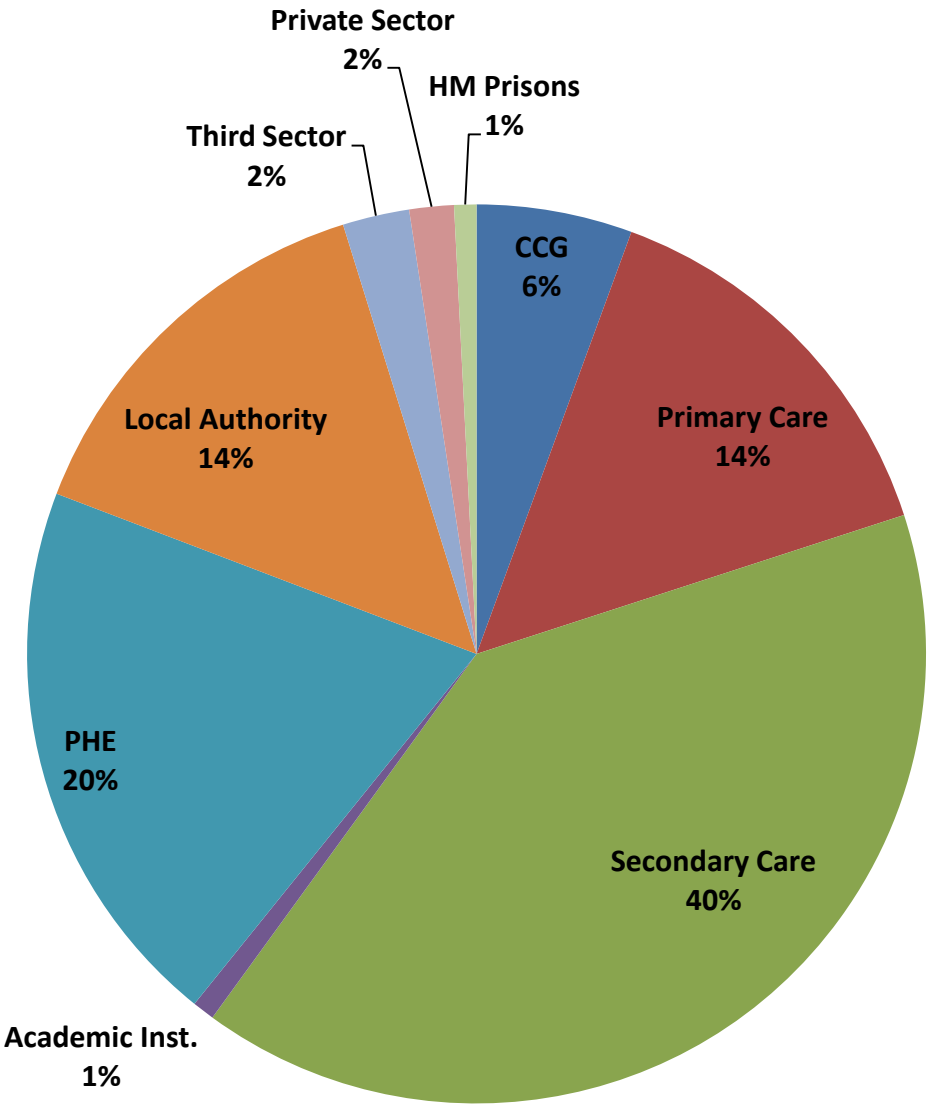
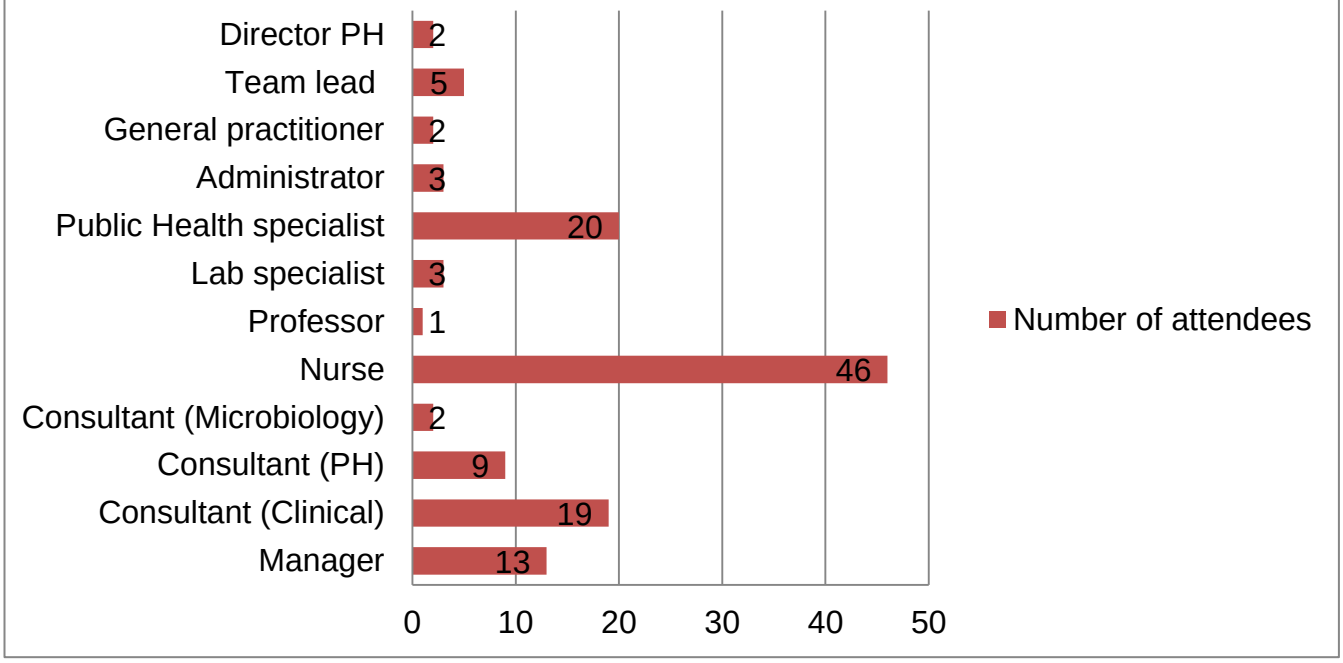


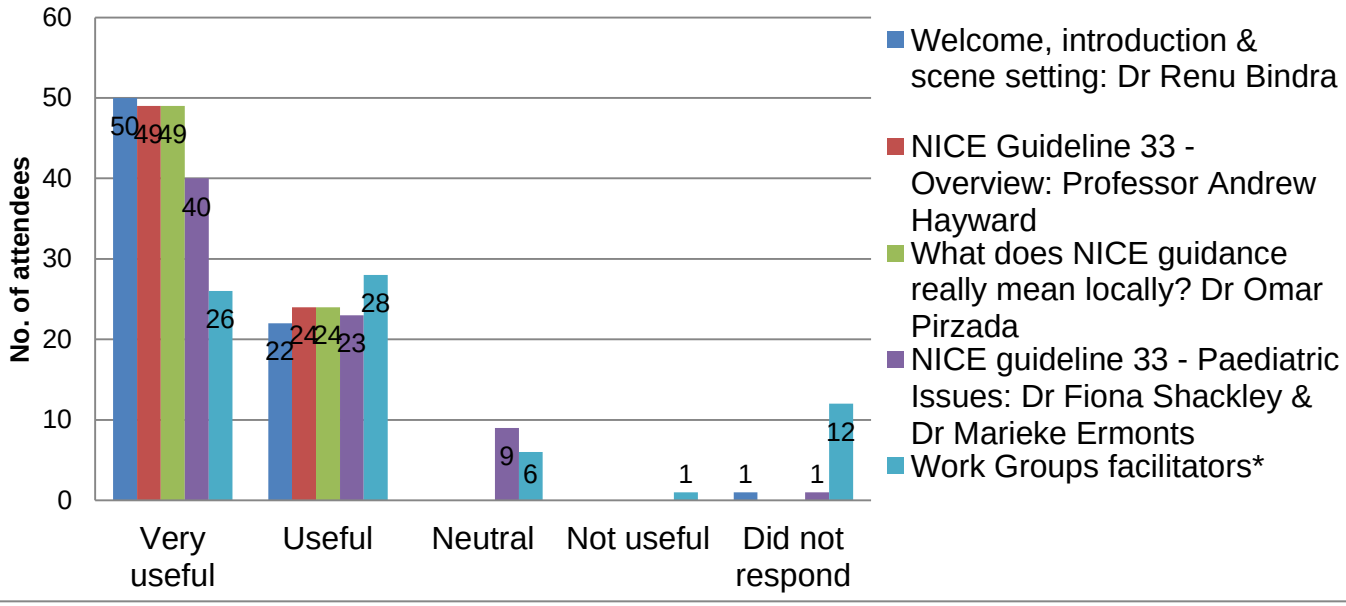
Figure 2: No. of attendees by professional group



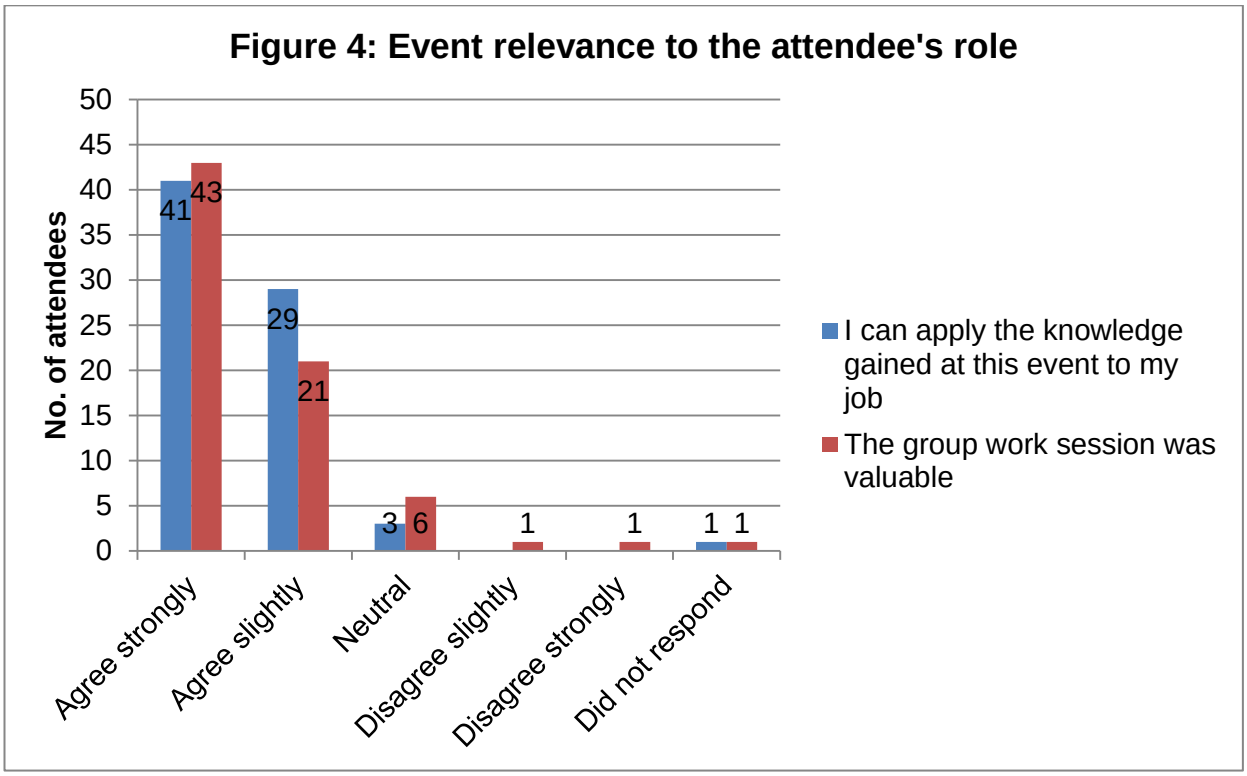
5. Feedback

Evaluation was part of the event programme. Attendees were given evaluation forms (Appendix 2) and reminded to fill them during the course of and after the event. Fifty eight per cent (N=125) of participants returned completed forms. The feedback is summarised below (note not all attendees completed all the questions). The majority of the attendees rated the sessions as very useful and useful (Figure 3).

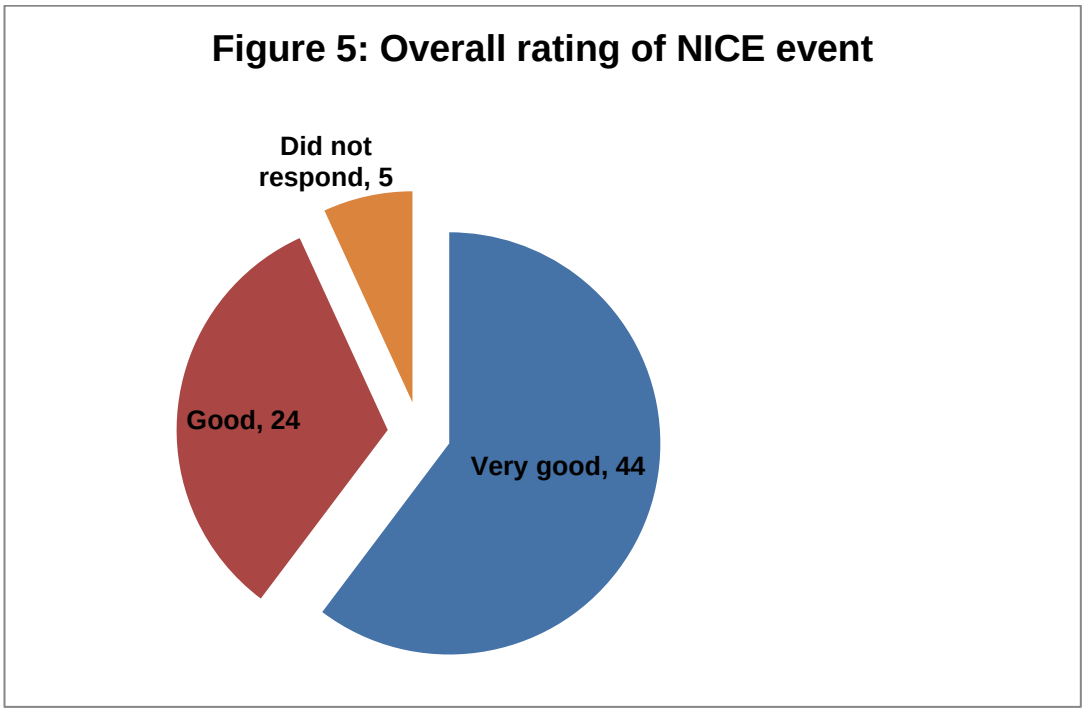
Figure 3: Session ratings



The majority of the attendes also evaluated the event as relevant to their roles and assessed the group work to be a valuable item on the agenda (Figure 4).



Overall, the attendees rated the event positively as very good or good. We also requested them to give further comments on the organisation of the event, choice of topics as well as the ideas for future events. Below we present an outline summary of the suggestions received.



Examples of comments regarding the most important thing attendees learnt/took away from the event:

- The clinical effectiveness of screening programmes when considering resources
- Clarification of reasoning behind the guidelines.
- The importance of laying out local TB pathways, roles & responsibilities of the different stakeholders and funding allows all stakeholders to see transparently their role in providing efficient TB services.
- Understanding of the rationale used to drive NICE guidance. TB issues nationally and epidemiology. Two stage screening and raw guidance.
- Conflict and confusion between NICE and YHNE approach to the use of TST and IGRA in LTBI.
- To make positive links with hospital TB nurses.
- That everyone is still very unclear regarding the guidance and everyone is practicing differently.
- Lack of consensus in screening in the locality.
- NICE changes and how this may impact upon treatment options for our client group.
- Clarity on NICE guidelines and practical implications.
- Pragmatic LTBI management.
- Changes to age range for LTBI screening and treatment.
- Sources of further info. Group discussions valuable regarding understanding shared concerns.
- The useful discussion in commissioning workshop.
- The lack of co-ordination regarding commissioning.
- That NICE calculations of cost effectiveness based on faulty assumption.
- NICE guidance is not the be all and end all and local data needs to be looked at alongside NICE guidance to develop best approach for our local area.
- Understood both sides / different perspectives of key issues / controversy.
- Changes to NICE guidance and how to ensure commissioning support for TB.
- Update and background to NICE guidance. Opportunity to challenge the changes. What this means in practical terms.
- General consideration of a range of issues re: implementation of both TB strategy & NICE guidelines.
- I have been able to distinguish and tease out specific elements of the interpretation of NICE and national TB strategy in a very helpful way.
- Demographic issues – guidelines still seem focussed on high incident areas such as London.
- NICE guidelines do not need to be applied verbatim but according to local conditions.
- The use of the word “consider”.
- Good overview of the guidelines – gained a direction to talk with our CCG commissioners.
- NICE versus local implementation and how to engage commissioners.
- Clarification of different screening strategies.
- How the CCG’s decide on commissioning of services.
- Networking
- NICE versus local implementation and how to engage commissioners.
- Clarification of different screening strategies.
- How the CCG’s decide on commissioning of services.

- Thought of the implication of 5mm cut off.
- Guidelines are clearer however left with uncertainty around commissioning difficulties.
- NICE guidelines Rx of LTBI and screening of new entrant people.
- Sadly there is a lack of consistent approach to implementation of the NICE guidelines but we need to work to continue towards this.
- Excellent to gain overview of rationale behind the NICE guidelines and to hear about variable responses to it across YHNE.
- Emphasises how dangerous the NICE process is.
- Still confused? Worries me how things vary in different areas – 40,000000 / 150,000000? 5mm/ 15mm?

Examples of comments regarding what delegates will do differently as a result of the event

- Re-read NICE guidelines and engage in further discussions with commissioners.
- Emphasise need for national and local consensus re: new entrant in low – medium risk areas.
- Discuss with PHE / commissioning re: service.
- Will raise TB NICE guidelines discussion at next TB network meeting.
- Review local pathways.
- Nothing will be done now as we are awaiting our new service spec from the CCG.
- Put into practice what has been learnt.
- Always raise awareness of guidelines & toolkit at various infection control forums.
- Different use of IGRA.
- Encourage services to audit impact.
- Discuss with paediatrician who did not attend this event.
- Keep working to support the Consultant and development of NICE implementation once consensus has been reached by CCG and clinical leads.
- Assess the patient circumstances depending on situation.
- Follow more recent and up-to-date research.
- Work in close collaboration with networks / groups able to share and exchange specific issues.
- Take data back to CCG for wider discussion.
- Share guideline information with team. Cascade.
- Discuss issues raised with local TB colleagues in secondary care.
- Look at the future commissioning of the TB service on the back of the guidance and the local implications.
- Better informed discussions at local level for TB pathway development / commissioning.
- Will work with local teams and influence decision making.
- Further discussion within team needed about implementing NICE guidelines.
- Try to influence commissioners.
- Feedback to PH teams part of Journal Club. Possibly introduce a session on TB in our Health Protection Assurance Board.
- Audit our practice.
- Possibly implement increased age for contact tracing.
- Ensure audits happen.
- Establish links and develop robust pathway with local TB service / nurses
- Look at commissioning requirement.

- Try to target the use of IGRA more carefully.
- Monitor TB diagnosis locally & nationally.
- Continue to engage all stakeholders to be involved in making local decisions.
- Need TB nurse training sessions.

Focus of future events

- More localised presentations.
- Group work room too noisy to hear on tables. Quieter areas for group work.
- Would be good to share examples of areas in which small services have changed and worked with commissioners to achieve this.
- Managing DOTS – approaches.
- Add writing paper to the pack.
- NICE guidelines – clear cut decision to follow.
- Service development / service models & models of good practice.
- Would like to learn more about how all areas can work together.
- Discuss MDR TB management.
- Other areas of learning for the TB workforce.
- TB pathways and examples of how areas cover the work and who provides which elements.
- More group work and questions to the panel.
- Paediatric sessions and group work – (6 x group work comments).
- How to get TB commissioning into the JSNA's & Health and Wellbeing boards.
- New entrant screening programmes for teams who do not fall into the areas receiving funding for 150 per 100,000. What should we be doing?
- Multi-agency planning for a TB outbreak.
- How to engage clients / patients.
- Working with local populations to ensure they attend screening.
- Questions & answer session after each presentation.
- Drug / Alcohol / homeless clients.
- Future provision of TB services considering the changing economic climate.
- How to quantify TB nurse workload. Revision of TB nurse ratios.

Further comments

- Excellent.
- Really useful to network and discuss issues.
- Very difficult to hear everyone around the table for group work / consider making groups smaller and somewhere quiet to breakaway (several similar comments).
- Valuable and interesting
- Highlights the need for better collaboration between agencies.
- Venue is very difficult to get to (several similar comments) including putting on a bus from the station.
- Well organised (several similar comments).
- Excellent event, thank you for arranging it.
- Renu is an excellent chair / facilitator.
- Great venue and well planned – parking is good.

- Good range of speakers and well chaired panel discussion. Thank you.
- Great to see so many enthusiastic people.
- Room was a bit cold (x 2 comments)
- Invaluable to have multi-disciplinary discussions about TB.
- Excellent organisation, thumbs up to the team

6. Conclusion

This event aimed at bringing together colleagues from various sectors to discuss the NICE guideline and establish a consensus on the local application of NG33. This was achieved through the presentations and discussions and as the event evaluation suggests, the event was a springboard for further discussions on the issues arising in various organisations and teams as they implement the guideline. Attendance from various actors especially the primary and secondary care institutions was important for awareness on the changes, progress as well as network for further conversations on TB management locally. A separate report on the outcomes and further technical engagement with stakeholders including NICE will be prepared. Finally, the clinical advisory is preparing a paper adapting the guideline locally which will be distributed to all stakeholders.

This report has been circulated to delegates from the event and they will also be kept informed of future events and work through communication emails and the quarterly updates.

For further information about the work programme please contact John.Dusabe-Richards@phe.gov.uk

7. References

1. Public Health England, NHS England. 2015. Collaborative tuberculosis strategy for England 2015-2020. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403231/Collaborative_TB_Strategy_for_England_2015_2020_.pdf [last accessed Nov 02, 2016]
2. Public Health England. 2016. Tuberculosis in England 2016 report. Tuberculosis Section, Centre for Infectious Disease Surveillance and Control, National Infection Service, PHE. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564656/TB_annual_report_2016.pdf [last accessed Nov, 02 2016]
3. National Institute for Health and Care Excellence. 2016. Tuberculosis: NICE guideline. NICE 2016. Available at https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-1837390683589 [last accessed Nov 2, 2016]

8. Appendices

Appendix 1: NICE event agenda

Public Health England

Protecting and improving the nation's health

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Yorkshire & Humber & North East TB Event
'Implementing NICE guideline 33: controversies and practicalities'

11 October 2016
FREE EVENT

Venue: FERA Conference Suite, Sand Hutton, York, YO41 1LZ

09:15 – 09:45	**Registration & coffee**
09:45 - 09:55	**Welcome, introduction & scene setting** *Dr Renu Bindra, Chair Yorkshire & Humber & North East TB Control Board & Consultant in Communicable Disease Control, Public Health England*
09:55 - 10:25	**NICE guideline 33: overview** *Prof Andrew Hayward, University College London and co-chair of NICE working group*
10:25 – 10:55	**What does the NICE guidance mean locally?** *Dr Omar Pirzada, Consultant in respiratory disease, Sheffield teaching hospitals & chair YHNE TBCB clinical advisory task & finish group*
10:55 – 11:25	**NICE guideline 33: paediatric issues** *Dr Fiona Shackley, Paediatrician, Sheffield Children's Hospital &* *Dr Marieke Emonts, Great North Children's Hospital* *Co-chairs YHNE TBCB paediatrics task & finish group*
11:25 – 11:45	**Coffee break**
11:45 – 12:15	**Group work choice (choose one):**

	Paediatrics: Facilitated by Dr Suzi Coles, CCDC, PHE Workforce: Facilitated by Cathy Mullarkey, Leeds and Meg Goodrick, Hull, TB nurses LTBI testing: Facilitated by Helen McAuslane, CCDC, PHE Commissioning implications: Facilitated by Kath Helliwell, Bradford CCG & Martine Tune, Barnsley CCG

12:15 – 13:00 **Questions to the panel**

13:00 – 13:10 **Closing remarks**
D*r Renu Bindra, Chair Yorkshire & Humber & North East TB Control Board & Consultant in Communicable Disease Control, Public Health England*

13:10 **Close**
13:10 – 14:00 **Lunch & networking**

Appendix 2: Event evaluation form

Public Health England

NHS National Institute for Health and Clinical Excellence

Yorkshire & Humber & North East TB Event
'Implementing NICE guideline 33': controversies and practicalities

11th October 2016

Evaluation form

Delegate name (optional)	
Agency	

1. **Please give your rating for the following sessions**

Session	Very useful	Useful	Neutral	Not useful	Did not attend
Welcome, introduction & scene setting Dr Renu Bindra, CCDC PHE					
NICE guideline 33: Overview Professor Andrew Hayward					
What does NICE guidance mean locally? Dr Omar Pirzada					
NICE guideline 33:Paediatric Issues Dr Fiona Shackley Dr Marieke Emonts					
Group Work					

2. **Please indicate how much you agree or disagree with the following statement:**

	Agree strongly	Agree slightly	Neutral	Disagree slightly	Disagree strongly

I can apply the knowledge gained at this event to my job					
The group work session was valuable					

3. **What was the most important thing you learnt/will take away from the event?**

4. **What are you going to do differently as a result of the event?**

5. **Which session did you find most useful?**

6. **Please give your overall rating for this event**

Very good	Good	Neutral	Poor	Very poor

7. **We aim to hold similar events regularly; do you have any suggestions about what we should focus on at future sessions?**

8. **Do you have any further comments about this event?**

Appendix 3: List of attendees

Name	Email	Organisation	Title
Adele Mackin	adele.mackin@greaterhuddersfieldccg.nhs.uk	Greater Huddersfield Commissioning Group	Project Officer
Alicia Vedio	alicia.vedio@sheffield.ac.uk		
Alma Gaukrodger	alma.gaukrodger@dbh.nhs.uk	Doncaster Royal Infirmary	Staff Nurse / BCG vaccination nurse
Alison Jill Hirst	alison.jill.hirst@locala.org.uk	Locala	TB Nurse
Alison Gill	alison.gill@york.nhs.uk	York Teaching Hospital	Consultant Respiratory Physician
Andrew Hayward	hayward.ac@gmail.co	University College London - Co-chair of NICE	Professor
Andy Burkitt	andy.burkitt@phe.gov.uk	PHE Newcastle	TB Strain Cluster Investigator
Anita Dobson	AnitaDobson@barnsley.gov.uk	BMBC	Public Health Specialist Practitioner
Ann Smart	anne.smart@cgl.org.uk	CGL	Healthcare Nurse
Avijit Datta	avijit.datta@york.nhs.uk	York Teaching Hospital	Consultant Respiratory Physician
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Caroline Morris	caroline.morris@phe.gov.uk	PHE	Health Protection Nurse
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Catherine Mullarkey	catherine.mullarkey@nhs.net	Leeds Community Healthcare	Senior TB Health Visitor
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Donna Rutter		CCDFT	Infection Control Nurse
Eduardo	Eduardo.moya@bthft.nhs.uk	Bradford Teaching Hospitals	Consultant paediatrician

Fernandez Moya			
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Fiona Shackley	Fiona.Shackley@sch.nhs.uk	Sheffield Children's Hospital	Paediatrician
Gail Leach	gail.leach@hdft.nhs.uk	Harrogate & District Foundation	TB Nurse
Gavin Anderson	gavin.anderson@hey.nhs.uk	Hull & East Yorkshire Hospitals NHS Trust	Consultant Chest Physician
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Grace Sobola	grace.sobola@nhs.net	Leeds Community Healthcare NHS Trust	Staff Nurse (TB Service)
Gwendolyn Velasquez-fox	gwendolyn.velasquez-fox@locala.org.uk	LOCALA - TB service	TB Nurse
Hillary Stauch	hillary.stauch@phe.gov.uk	PHE North Yorkshire & Humber	Administration
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Janet Hargreaves	janet.hargreaves@phe.gov.uk	PHE North Yorkshire & Humber	Administrator
Jill Hirst	Jill.hirst@locala.org.uk	Locala	TB Nurse
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Joanne Branthwaite	j.branthwaite@nhs.net	CDDFT	TB team lead
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Kim Cartlich	kim.cartlich@nhs.net	CHCP	TB Lead
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Linda Daniel	linda.daniel@nhs.net	NHS England North (Y&H)	Programme Manager Clinical Strategy
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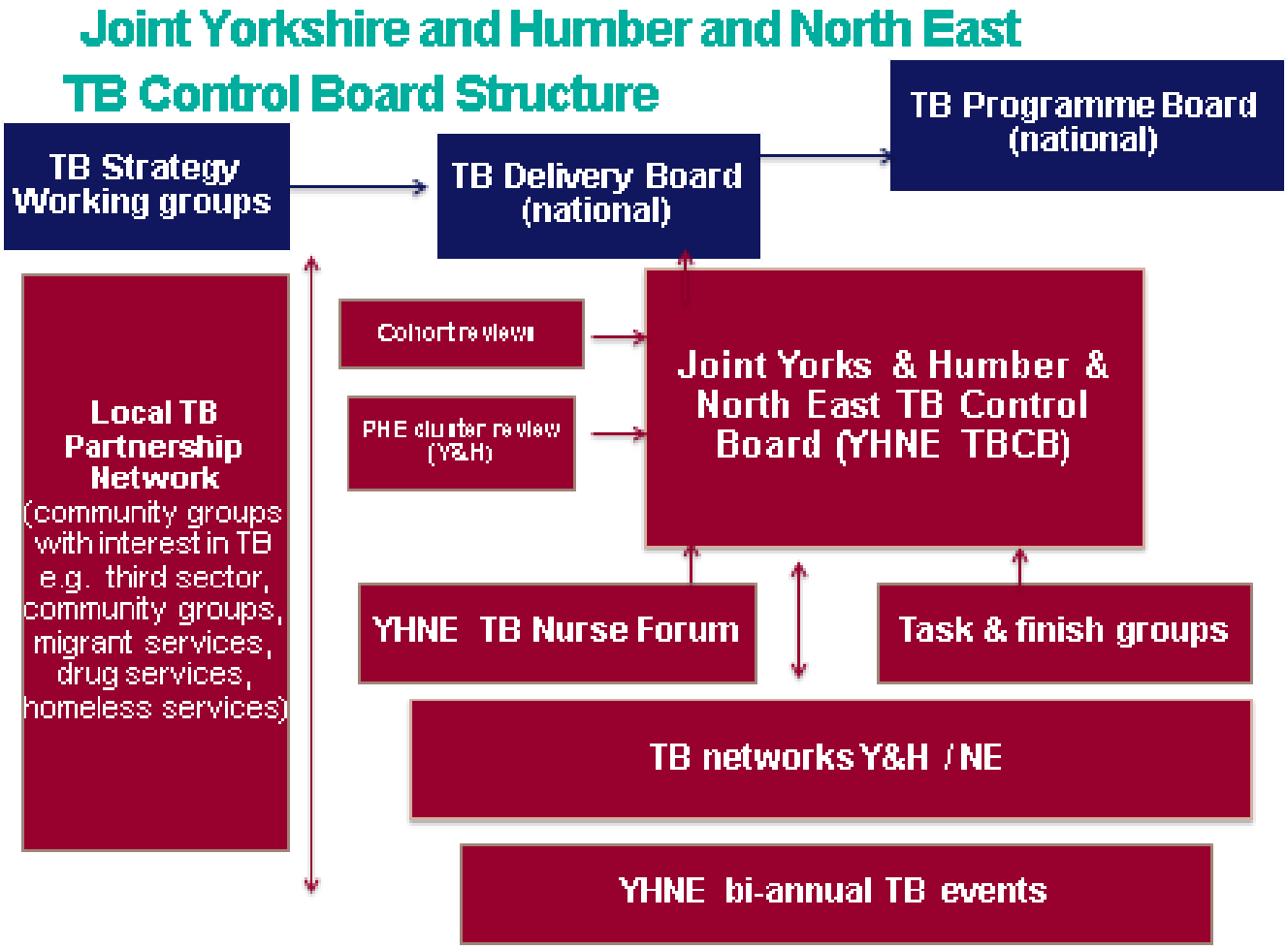
Appendix 4: YHNE TBCB structure



Appendix 5: YHNE TBCB membership

Role	Agency	Name
CCDC Y&H & chair	PHE Y&H	Renu Bindra
CCDC NE & vice chair	PHE NE	Paul Davison
Field Epidemiology	PHE Y&H	Louise Coole
Microbiology PHE	PHE	Miles Denton
Microbiology NHS	NHS	Tim Collyns
Commissioning	NHS England	Gillian Laurence (Head of Clinical Strategy)
Commissioning	Lead CCG	Vicky Dutchburn Head of Strategy, Business Planning & Service Improvement; Greater Huddersfield CCG
Director of PH (Y&H)	Leeds City Council	Ian Cameron
Director of PH (NE)	Middlesborough Council Hartlepool Council	Edward Kunonga Louise Wallace (deputising in Edwards's absence)Hartlepool Council
Director of adult services	Stockton Council	Peter Kelly (NE DASS Network) For information can contact Y&H DAAS Network Co-ordinator Tim Gollins
Adult TB consultant Y&H	Leeds Teaching Hospitals Sheffield Teaching Hospitals	John Watson, Leeds (Respiratory) Omar Pirzada (Sheffield)
Adult TB consultant NE	Newcastle Upon Tyne Hospitals	Chris Stenton (TB physician) James Macfarlane Matthias Schmidt (ID physician)
Paediatric TB specialist consultant (two consultants to rotate attendance)	Sheffield Children's NHS Trust Royal Victoria infirmary, Great North Children's Hospital	Fiona Shackley (Y&H) Marieke Emonts (NE)
GP	The University Health Centre Huddersfield	Sandy Moffit
TB nurse Y&H (share attendance)	Leeds Community Healthcare City Healthcare Partnership	Cathy Mullarkey & Meg Goodrick
TB nurse NE	Newcastle Upon Tyne Hospitals NHS Trust	Fiona Cook
TB Alert	TB Alert	Mike Mandelbaum
Patient advocate	TBC	
Third Sector	TBC	
Community group	TBC	
Programme Manager	PHE	John Dusabe-Richards
Admin support	PHE	Janet Hargreaves

Appendix 6: Useful tuberculosis information and resources available

Public Health England

Yorkshire & Humber & North East TB Control Board event, 11 October 2016

Implementing the NICE guidance: Controversies and practicalities

Useful information and resources available

Information	Organisation	Available from
NICE guidelines (NG33)	NICE	https://www.nice.org.uk/guidance/NG33
Latent TB toolkit	TB Alert	http://www.tbalert.org/wp-content/uploads/2016/07/LatentTBToolkit_WEB.pdf
Online TB training	TB Alert	http://www.tbalert.org/health-professionals/primary-care-information-and-professional-development/
TB Specialist Nurse Resource Pack	TB Alert	http://www.tbalert.org/health-professionals/primary-care-information-and-professional-development/
Various information and resources for professionals & the public	TB Alert	http://www.thetruthabouttb.org/ & http://www.tbalert.org/
Various TB information and resources for professionals & the public	PHE	https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
Latent TB leaflet for patients (available in 12 languages)	PHE	https://www.gov.uk/government/publications/latent-tb-testing-and-treatment-leaflet
TB strategy	PHE and NHS England	https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england
Tuberculosis in England 2016 report (presenting data to end of 2015)	PHE	https://www.gov.uk/government/publications/tuberculosis-in-england-annual-report