



Public Health
England

Protecting and improving the nation's health

Commissioning of TB Services in Yorkshire and the Humber – National Service Specification Gap Analysis

Dr Alexis Gilbert
Specialty Registrar in Public Health

January 2017

National Strategy – Areas for action

(The Collaborative Tuberculosis Strategy for England: 2015 to 2020)

1. Improve access to services and ensure early diagnosis
2. Provide universal access to high quality diagnostics
3. Improve treatment and care services
4. Ensure comprehensive contact tracing
5. Improve BCG vaccination uptake
6. Reduce drug-resistant TB
7. Tackle TB in under-served populations
8. Systematically implement new entrant latent TB screening
9. Strengthen surveillance and monitoring
10. Ensure an appropriate workforce to deliver TB control

Underpinned by five Steps

1. Strengthen the co-ordination and oversight of all aspects of TB control by establishing formal TB control boards
2. Develop clear, evidence-based model service specifications of the clinical and public health actions required to control TB
- 3. Assess local services against the service specifications and develop plans to secure improvements**
4. Establish arrangements to cover the cost of additional services to address specific gaps in current TB control arrangements
5. Strengthen national support for local TB control arrangements

Methods

- Survey based on the national specification
- Sent to all CCGs in Yorkshire and the Humber
- Identifying commissioners difficult in places

9 responses received covering 17 CCGs

Category	Count	Percentage
CCGs covered by responses received	17	77.3%
CCGs not covered	5	22.73%

CCGs covered by
responses received (17)
77.3%

CCGs not covered (5)
22.73%

TB Incidence – YH CCG areas

TB incidence (three year average)

2012 - 14

Crude rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	21,863	13.5	13.3	13.7
Yorkshire and the Humber region	-	-	-	-
NHS Bradford City CCG	177	71.3	61.2	82.6
NHS North Kirklees CCG	138	24.5	20.6	28.9
NHS Bradford Districts CC...	216	21.5	18.7	24.6
NHS Leeds South And East...	144	19.9	16.8	23.4
NHS Sheffield CCG	270	16.1	14.2	18.1
NHS Greater Huddersfield...	111	15.4	12.7	18.5
NHS Leeds North CCG	70	11.7	9.1	14.8
NHS Calderdale CCG	61	9.9	7.5	12.7
NHS Rotherham CCG	65	8.4	6.5	10.7
NHS Leeds West CCG	77	8.0	6.3	10.0
NHS North Lincolnshire CC...	40	7.9	5.6	10.8
NHS Doncaster CCG	70	7.7	6.0	9.7
NHS Hull CCG	59	7.6	5.8	9.9
NHS Airedale, Wharfedale A...	36	7.6	5.3	10.5
NHS Wakefield CCG	66	6.7	5.2	8.5
NHS Harrogate And Rural D...	13	2.7	1.5	4.7
NHS Barnsley CCG	19	2.7	1.6	4.2
NHS Vale Of York CCG	26	2.5	1.6	3.6
NHS Scarborough And Ryeda...	8	2.4	1.0	4.8
NHS East Riding Of Yorksh...	19	2.0	1.2	3.1
NHS Hambleton, Richmondsh...	8	1.7	0.8	3.4
NHS North East Lincolnshi...	8	1.7	0.7	3.3

Source: Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)

1. Ensuring access to services and early diagnosis

Two areas with similar (low) incidence:

“New entrant screening not provided other than within 1 GP that covers 30% approx”.

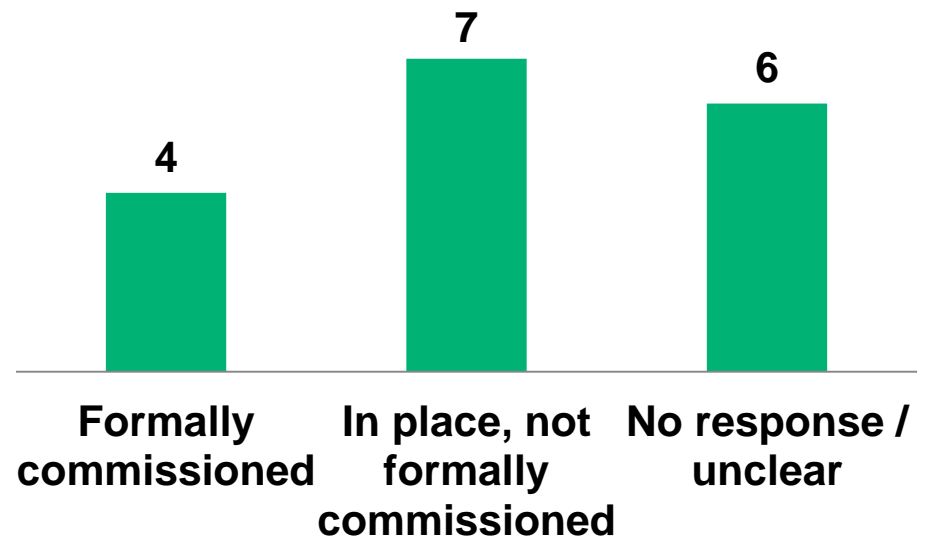
“100% of notified new entrants identified as at immediate risk to public health will be contacted in person and screened within three working days of receipt of form”

1. Ensuring access to services and early diagnosis

- CCGs struggle to find resources for awareness raising and training
- Availability of access to screening for new migrants is hugely variable in different areas of Yorkshire and the Humber.
- The majority of areas have a formal protocol for referrals

2. Universal access to high quality diagnostics

- The majority of areas have access to rapid diagnostics however it is not formally commissioned in most places.
- Access to diagnostic services for community/primary care providers could be explored further.



Number of CCGs commissioning diagnostics

3. Appropriate treatment and care services

Ensuring access to specialist or paediatric TB specialist services in low incidence predominantly rural areas is a challenge.

“Access issues locally mean patients go out of area if there is no capacity, which has significant impact on patient and family and can impact on compliance”

3. Appropriate treatment and care services

Commissioning of care for complex TB patients in the community or those with complex social needs such as housing remains difficult due to lack of clarity on responsibilities and funding arrangements.

“There is still an issue re this and who pays for what, the length of time to get the pathway in place. We will continue to work in partnership locally to address but there still remain issues regarding funding.”

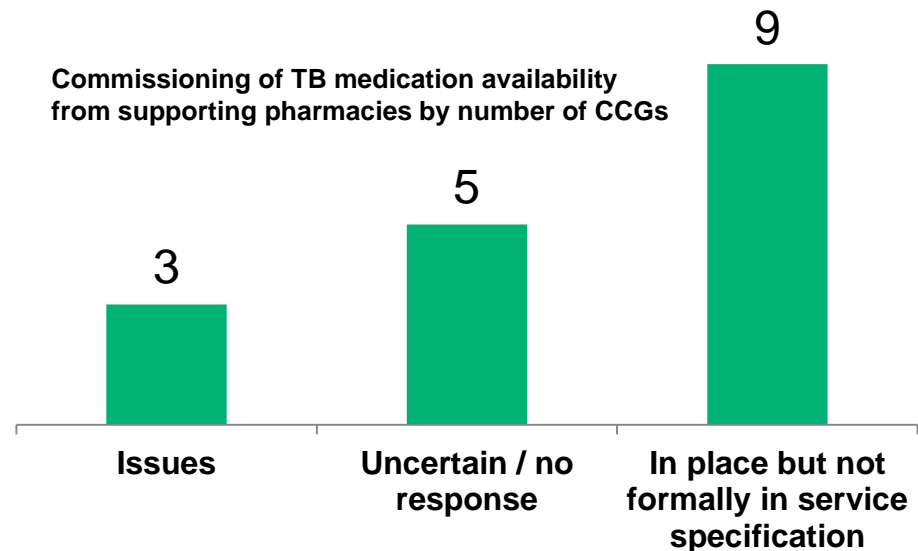
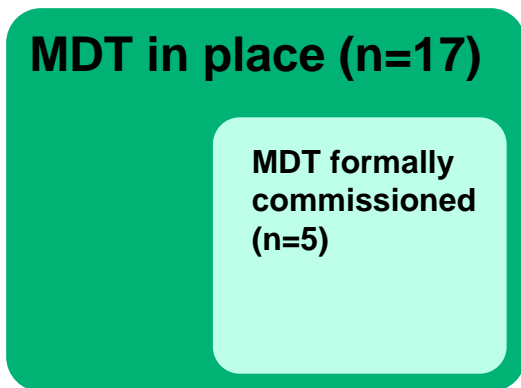
3. Appropriate treatment and care services

“Recent Benefit changes impacted on ability of TB patients to continue housing benefits when they were no longer working... ..Lack of Contingency funds for softer support i.e. transport, refrigerators, food. Locally patients rely on charity or volunteers for this & PH grant should not and cannot fund these issues. If children are of no concern to social services or that family refuse access to their support – their emergency funds/support is limited”.

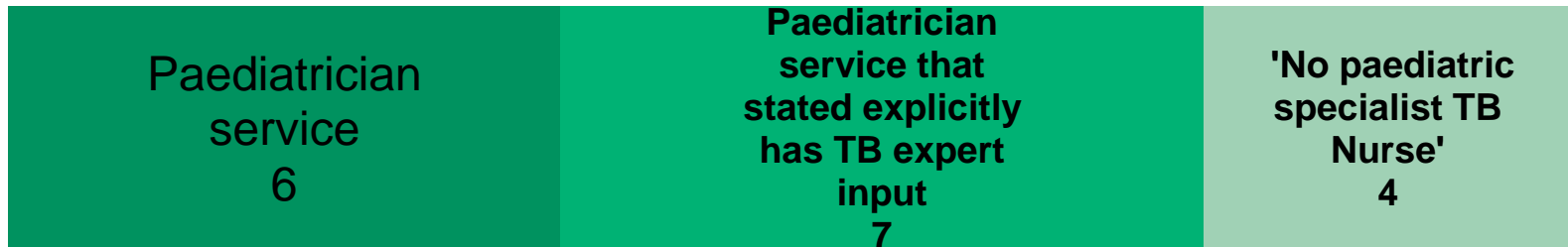
3. Appropriate treatment and care services

Accommodation

- 13/17 CCGs have ongoing discussions or plans to ensure appropriate protocols are in place, so that if a TB patient has insecure or no accommodation, alternative accommodation is organised for the duration of treatment. However, **none of the CCGs currently has such a formally agreed protocol in place.**



3. Appropriate treatment and care services



Number of CCGs who stated they had paediatrician led services for children with active or suspected TB.



Number of CCGs commissioning a 'one stop' family clinic to support families.

4. Ensure comprehensive contact tracing

Contact tracing takes place in all the CCGs who responded to the survey.

Formally commissioned in 13/17 CCGs.

Good practice

“The Health Visiting team identifies individuals requiring screening as a result of contact with the cases and arrange screening. This screening usually takes place within the joint TB clinic... Any concerns can be discussed with doctors or individuals transferred to the doctor side of the clinic on the same day.”

5. Improve BCG vaccination uptake

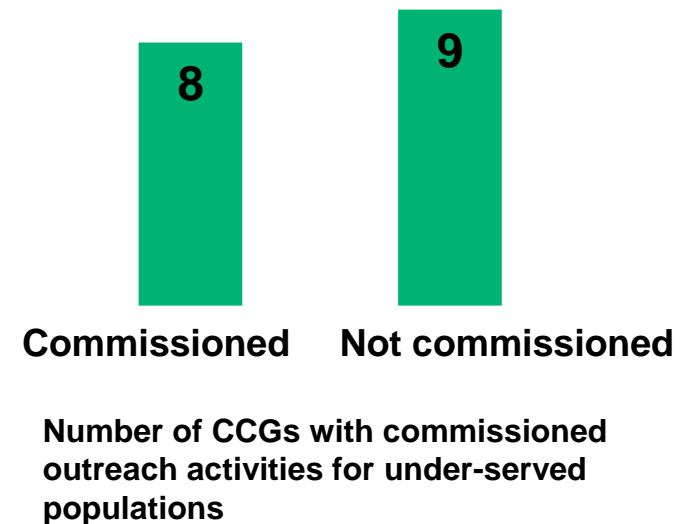
- Pathways for BCG vaccination are in place but have been impacted by vaccine shortages requiring services to track record individuals unvaccinated for later catch-up.
- Sixteen out of seventeen CCGs were clear this was currently provided. These all seemed to be formally commissioned either by CCGs or NHS England. The remaining response cited uncertainty over how this was commissioned and did not explicitly state it was provided.

7. Tackle TB in under-served populations

Financial constraints are a barrier to implementing programmes for under-served populations

Of those who don't commission:

- Six CCGs said it was due to financial constraints.
- One CCG noted that they contributed to funding received by one GP practice to provide migrant health and were in discussions to expand this.
- One CCG assessed that there was no need for this in that area.
- One CCG noted it was not detailed in their service specification, however it is done in practice to some degree.

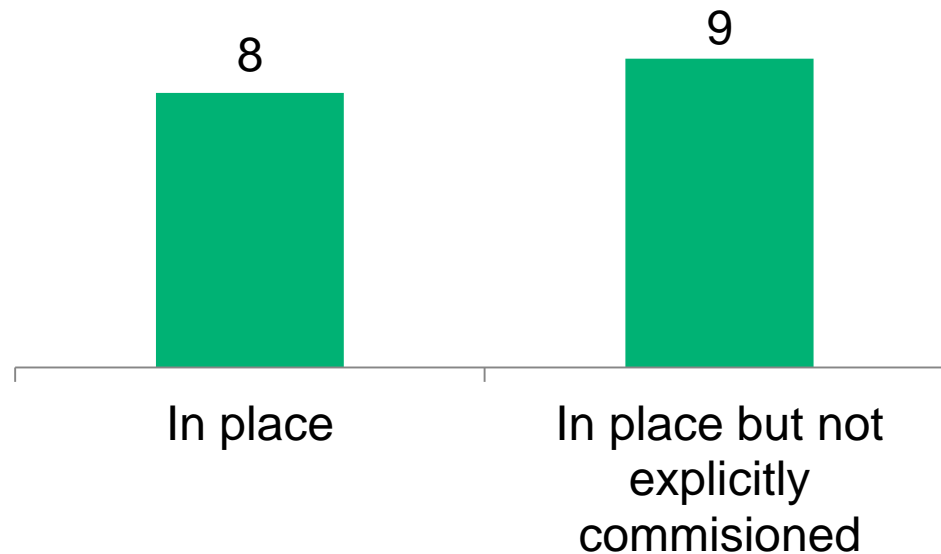


8. Appropriate services for undocumented migrants, prisoners and screening of new entrants from areas of high incidence

- Availability of Flag 4 data with the move to a new provider of this data is an issue concerning CCGs.
- Thirteen CCGs specified that this was done, mainly through formally commissioned LTBI screening programmes. One response covering the remaining four CCGs (all low incidence areas) did not comment on this question.
- Only two CCGs (commissioned jointly) explicitly stated prisons as a location that the TB service should be provided at.

10. Strengthen surveillance and monitoring

All 17 CCGs reported that cases were registered on ETS, however this is only formally commissioned in less than half of those CCGs.



Next steps

The Commissioning and Monitoring Task and Finish Group met in late 2016 to consider how these findings can inform the implementation of the national strategy in Yorkshire and the Humber and the North-East.

Feedback from commissioners on the group noted the limited time and resource available to commissioners to devote to TB service commissioning.

Next steps

To support commissioners who are developing or renewing service specifications in 2016/17 the Task and Finish Group will

- Ensure commissioners in every CCG have access to the new specification, regional priorities (from the survey) and other appropriate guidance and documentation at the time of reviewing their local commissioning arrangements.
- Write to Accountable Officers of CCGs to highlight the regional priorities and the need to ensure high quality commissioning of TB services that cover the core areas laid out in the national service specification.
- Supporting the sharing of best practice in TB commissioning across Yorkshire and the Humber and the North East through awareness of the Task and Finish Group as a source of advice and expertise for commissioners.