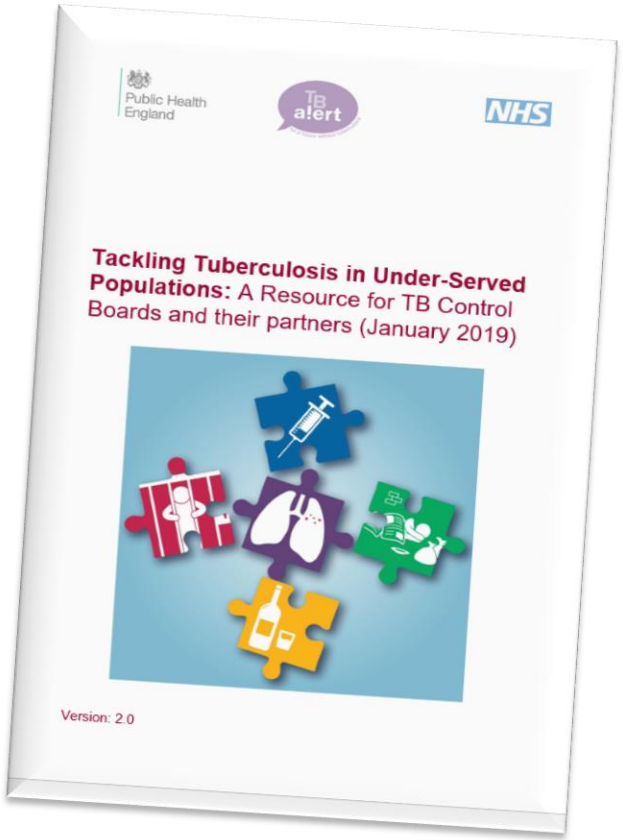
Public Health England

Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners (January 2019)



Available
https://www.gov.uk/government/publications/tackling-tuberculosis-in-under-served-populations

Slides prepared by:
National TB Office – PHE
TBStrategy@phe.gov.uk

Public Health England

Who are the under-served with TB?

For the purpose of this resource people considered as under-served include:

- people who are homeless
- people who misuse drugs or alcohol
- people in contact with the criminal justice system
- people with mental health needs
- some migrants groups, including asylum seekers, refugees and those in immigration detention

Public Health England

TB among the under-served in 2017

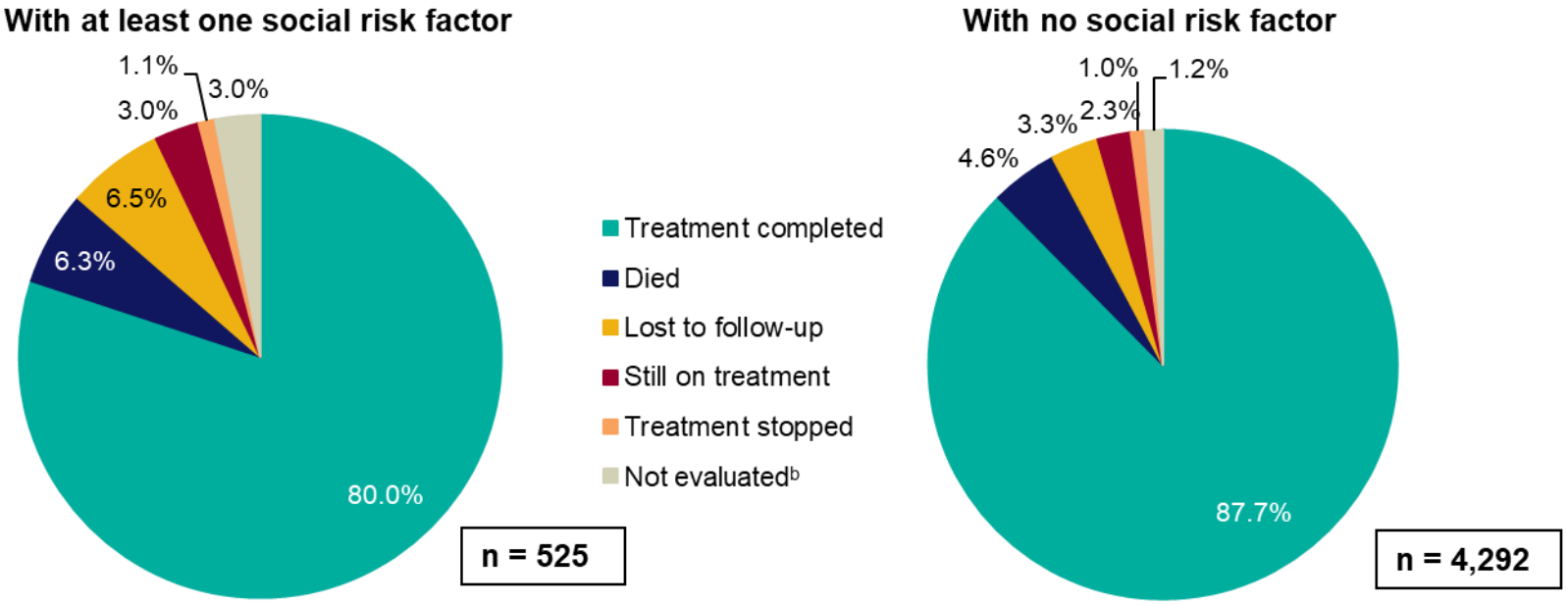
In 2017, 13% of people with TB had at least one SRF highest proportion since data collection began in 2010

Significant inequalities in the rate of tuberculosis persist, with the most deprived 10% of the population experiencing a rate more than 7 times higher than the least deprived 10%.

Public Health England

Last recorded TB outcome for the entire drug sensitive cohort by social risk factor [a], England, 2016

- The proportion of people completing treatment was lower among those with at least one social risk factor compared to those with no social risk factors.
- A higher proportion of people with at least one social risk factor had died or were lost to follow-up at the last recorded outcome compared to people with no social risk factors



[a] Excludes people with initial and amplified rifampicin resistant TB, MDR-TB, and those treated with an MDR-TB regimen

[b] Not evaluated includes unknown and transferred out

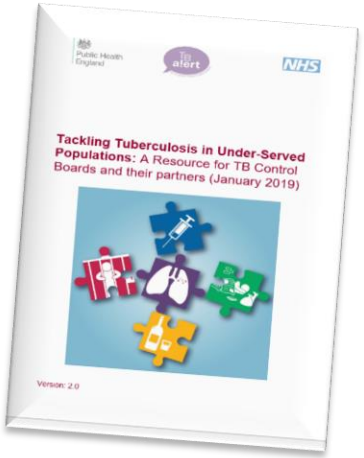
Tackling TB in Under-Served Populations: A Resource for TBCBs and their partners (2019)

Source: Enhanced Tuberculosis Surveillance (ETS).
Data extractedApril 2018
Prepared by: TB Section, National Infection Service, PHE

Public Health England

Purpose of USP resource

- to improve our understanding of the health needs of USPs with TB
- to provide a resource to help tackle TB in USPs
- to provide in one place links to documents, information leaflets, other resources and exemplars of good practise
- to support the design and delivery of multi-agency programmes to better meet the needs of USPs
- Ultimately, to contribute to TB control in the wider population



Outline of chapters in the resource

Chapter 1

- Defines who USPs are, outlines the burden of TB in these groups and maps where found in England

Chapters 2 to 6

- Take each USP in turn: outlines 'models of care' that can be used to meet the needs of USPs with TBdefines them; outlines the burden of TB within these groups; discusses their challenges and makes recommendations on how to meet USP needs to stimulate local action
- Each chapter includes hyperlinked resources (e.g. leaflets & websites) exemplars of innovation and good practice

Chapters 7, 8 and 9

- Outline roles and responsibilities of local government, TB Control Boards (TBCBs), Clinical Commissioning Groups (CCGs) and the third sector in meeting the needs of USPs

Chapter 10

- Outlines 'models of care' that can be used to meet the needs of USPs with TB

Key features of revised document across all chapters include

Epidemiological Update

- updated epidemiological data from 2012 – 2017 across all chapters

New graphs

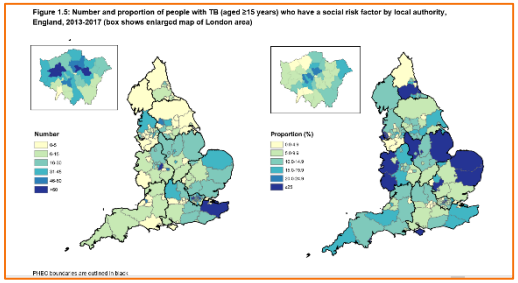
- new graphs with numbers and proportions by local authority with risk factor introduced for each of the relevant chapters

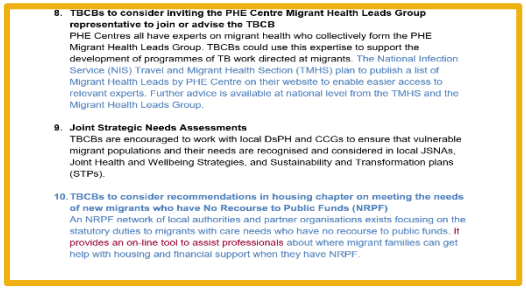
New Recommendations

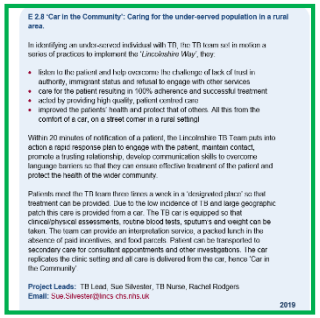
- recommendations from the recent meetings of the National USPs - TB Delivery Group relating to Social Care and Models of Care included in the relevant sections and new recommendations appear as blue text

New Exemplars of good practice

- new exemplars of best practice included across all the chapters, boxed in blue







Few specific key features of the revised document

Chapter 7

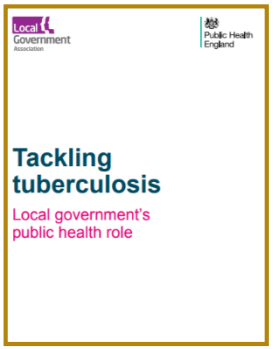
- updated section in Chapter 7 on what local authorities can do for USPs with TB

Chapter 9

- new recommendations on Community, Voluntary Sector and Programmes of Work

Appendix A1.7

- the burden of TB in each CCG is provided in Appendix A1.7



LGA & PHE: *Tackling TB: Local Governments' public health role:* https://www.local.gov.uk/sites/default/files/documents/22.22%20Tackling%20tuberculosis_05.pdf

Appendix 2b

- mapping TB Control Board activities towards meeting the needs of USPs with TB survey report (January 2018) included as Appendix 2b

Examples of new recommendations and exemplars of good practice in USPs –TB resource (2019)

Public Health England

Promote Citizens Advice Bureau

TBCBs to promote use of local Citizens Advice Bureau (CAB) services by TB nurses, to support TB patients access appropriate social support such as housing, access to food banks and other benefits, food bank etc. (chapter 7: E7.1 to E7.5)

Public Health England

Accessing GP services

TBCBs, CCGs, NHS England commissioners and patient representatives to work to improve registration of all USPs with primary care (Chapters 2 and Chapter 7)

Every one in England is entitled to free primary care regardless of nationality, immigration status and ‘without ‘proof of address. (E2.9)

NHS England : how to register with a doctor
https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf

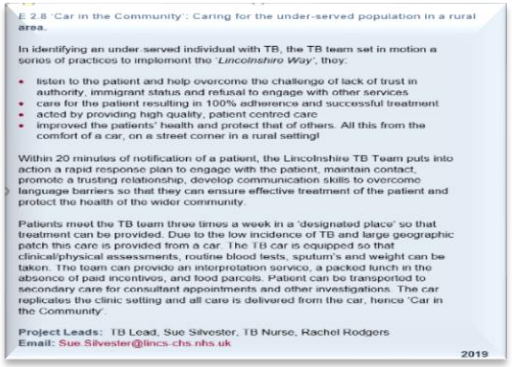
Public Health England

Encourage screening in outreach settings

TBCBs, CCGs and local authorities to consider supporting screening for the under-served populations

In addition, this opportunity could also be used to engage with the under-served people with health and social care support. (E6.10 and E6.13).

Encourage screening for BBV along with TB



E 2.8 'Car in the Community': Caring for the under-served population in a rural area.

In identifying an under-served individual with TB, the TB team set in motion a series of practices to implement the '*Lincolnshire Way*', they:

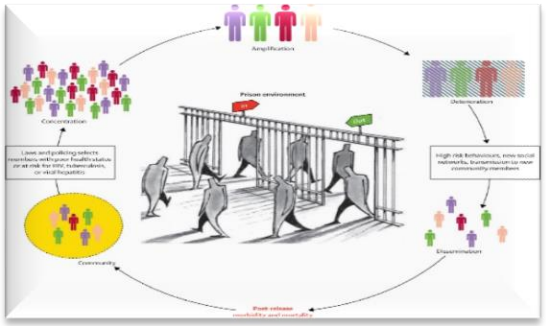
- listen to the patient and help overcome the challenge of lack of trust in authority, immigrant status and refusal to engage with other services
- care for the patient resulting in 100% adherence and successful treatment
- acted by providing high quality, patient centred care
- improved the patients' health and protect that of others. All this from the comfort of a car, on a street corner in a rural setting!

Within 20 minutes of notification of a patient, the Lincolnshire TB Team puts into action a rapid response plan to engage with the patient, maintain contact, promote a trusting relationship, develop communication skills to overcome language barriers so that they can ensure effective treatment of the patient and protect the health of the wider community.

Patients meet the TB team three times a week in a 'designated place' so that treatment can be provided. Due to the low incidence of TB and large geographic patch this care is provided from a car. The TB car is equipped so that clinical/physical assessments, routine blood tests, sputum's and weight can be taken. The team can provide an interpretation service, a packed lunch in the absence of paid incentives, and food parcels. Patient can be transported to secondary care for consultant appointments and other investigations. The car replicates the clinic setting and all care is delivered from the car, hence 'Car in the Community'.

Project Leads: TB Lead, Sue Silvester, TB Nurse, Rachel Rodgers
Email: Sue.Silvester@lincs-chs.nhs.uk

2019



E 6.13 Homelessness in Northamptonshire

Northamptonshire has several district councils with higher than average homeless households in comparison to the England and regional averages. TB incidence, although lower than both regional and England averages, has risen slightly in the last few years and there has been an increase in notifications in those who are homeless.

A multiagency resource pooling exercise led by Northamptonshire County Council has been set up with the aim to reach out to homeless and rough sleepers in the county to provide basic health checks. This project is funded by a joint resource pooling exercise between the Local Authority, NHS, PHE, non-NHS providers and voluntary organisations to provide a one stop health shop for the identified vulnerable groups. This programme aims to:

- improve access to services (primary, secondary, social care) and housing.
- test for and treat infectious diseases by:
  a. offering Hepatitis A, B, C and HIV tests
  b. offering latent TB screening
  c. facilitating those requiring treatment directly into the treatment pathway
- improve immunisation uptake by offering Hepatitis B and seasonal flu
- identify people with non-communicable diseases and engage them with health and social care services.
- Increase in GP registration

Leads: Drs Annapurna Sen & Samia Latif
Email: ASen@northamptonshire.gov.uk and samia.latif@phe.gov.uk

2019

Consider extending coverage of latent TB infection (LTBI) diagnostic services to high risk populations

Public Health England

Recommendations of USP Resource

- Resource makes many recommendations on how **collectively** we can better meet the needs of USPs with TB
- Detailed recommendations appear in each of chapter 2 to 6
- Overarching recommendations include….

Public Health England

Overarching Recommendations (1)

1. Raise awareness of TB in USPs and those who work with them

This could include:

- TB awareness raising sessions, run by a local TB nurses

- encourage greater use and dissemination of TB awareness raising materials e.g. those of TB Alert and National Knowledge Service for drug and alcohol misusers, prisons, the homeless, new migrants and their key workers

Public Health England

Overarching Recommendations (2)

2. Work to provide more integrated services for USPs

Consideration to be given to:

- specialised primary care or community based services to support refugees and asylum seekers (Chapter 2)
- 'one-stop shops' and 'outreach services' for people with TB who have mental health, drug or alcohol problems or who are homeless (Chapters 4,5,6)

- developing patient pathways using pharmacies or mental health support workers or encouraging concomitant prescribing of opiate substitute therapy and TB medication by TB and substance misuse services (Chapter 4)

Public Health England

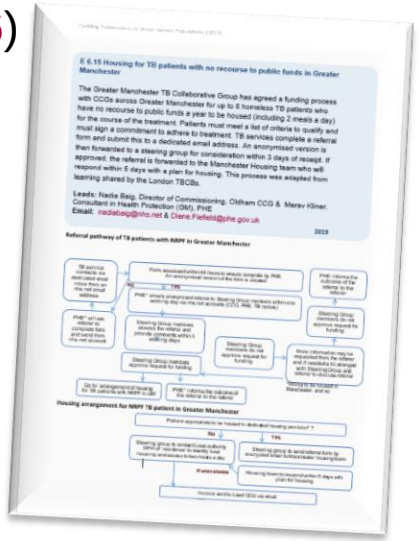
Overarching Recommendations (3)

3. Work to address the issues of homelessness & TB

The USP resource provides many recommendations including:

- TBCBs and their partners, to develop streamlined accommodation pathways
  - to help house homeless TB patients
  - to help house TB patients ineligible for local authority funded accommodation (those with NRPFs) (Chapter 6)

- TBCBs working with CCGs and local authorities to agree the best way to fund temporary housing for homeless TB patients, until treatment is completed (Chapter 6)



Public Health England

Overarching Recommendations (4)

4. Consider using holistic mobile X-ray unit to visit homeless hostels on a periodic basis (Ch.6)

5. Ensure USPs, and their needs, are recognised and considered in local JSNAs, JHWSs and STPs (Chapter 7)

6. Encourage the prison estate to prioritise and embed approaches to detect and treatment infectious TB (Chapter 3)

7. CCGs, primary and secondary care providers to work to increase the uptake of latent TB testing and treatment among new migrants (Chapter 2)

Relevant exemplars of innovations and good practise to meet these recommendations appear in each chapter

Public Health England

We hope this resource will be useful to you and your stakeholders
to help develop services that better meet the needs of
under-served populations
and to reverse the pattern of health inequalities so commonly associated with TB

We encourage you to read the Resource:
discuss it, work with it & share it as widely as possible

Thank you