



Who are the underserved groups and what is being done to address this nationally?

Gini Williams on behalf of TB Alert

Yorkshire & Humber & North East TB Event
'Addressing TB in Underserved Groups'
22nd March 2016

Introduction



- Who are the underserved groups?
- What is being done nationally under the strategy
- TB Alert's work with underserved groups – how do we reach them?
- What can we learn / utilise locally?

Who do we mean?



People are 'under-served' if their social circumstances, language, culture or lifestyle (or those of their parents or carers) make it difficult to:

- recognise the clinical onset of TB
- access diagnostic and treatment services
- self-administer treatment
- attend regular appointments for clinical follow-up



Page 84, NICE Guideline (NG33, 2016)

Groups Identified as Underserved



Underserved adults include:

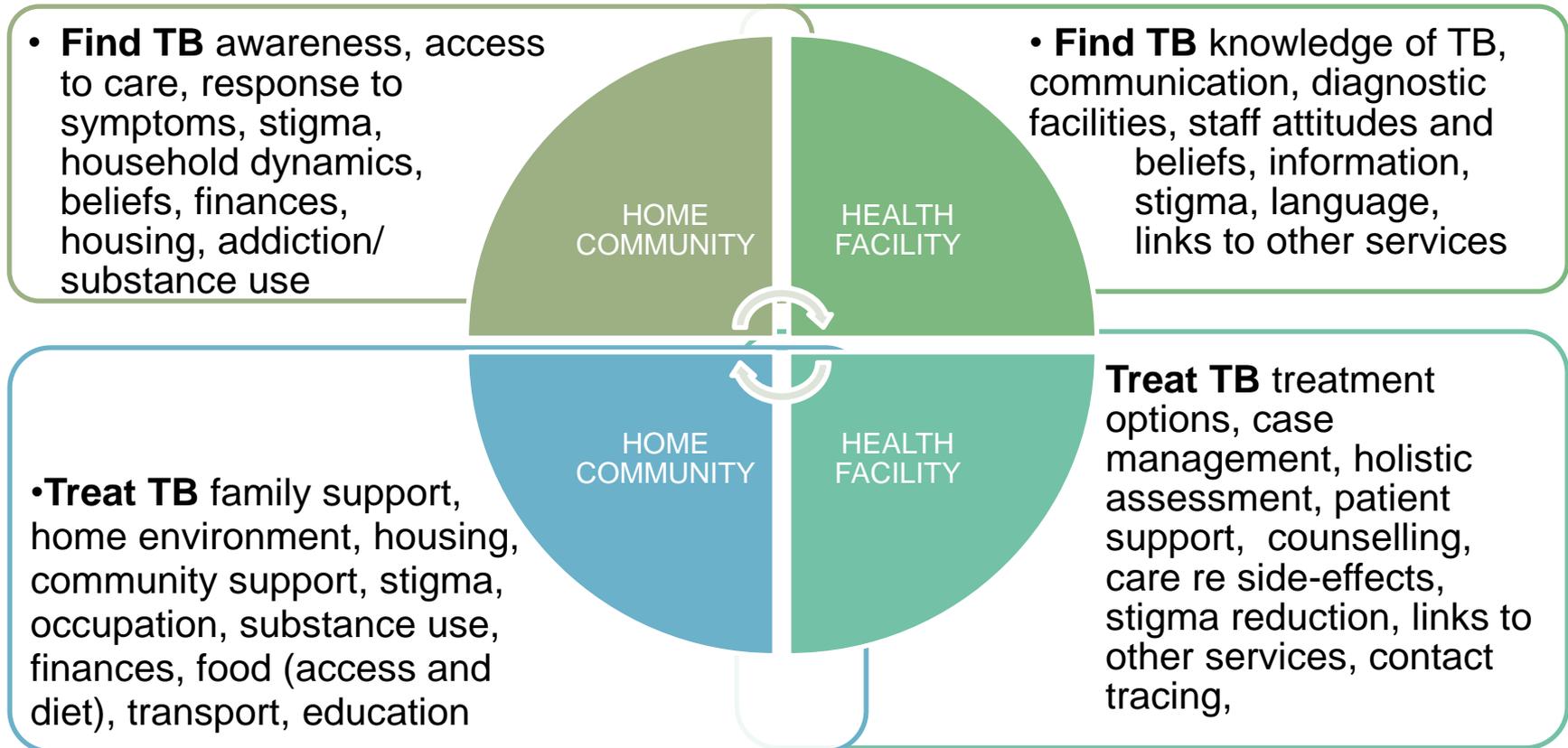
- people who are homeless
- people who misuse substances
- prisoners
- vulnerable migrants.

Potentially underserved children include:

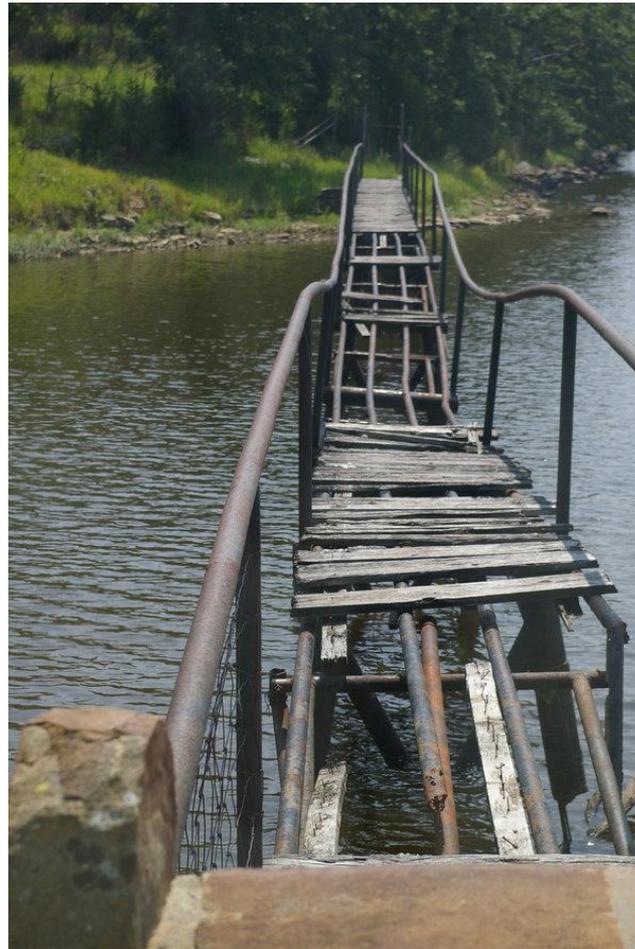
- unaccompanied minors
- children whose parents are under served, including vulnerable migrants
- children whose parents are in prison or who abuse substances
- children from Gypsy and Traveller communities
- looked-after children.

Page 84, NICE Guidelines (NG33, 2016)

The Patient Pathway - who is underserved when, where and how?



Bridging the gaps



Tackle TB in Underserved Populations (UKTBS: A7)



Need to focus on those, who are currently falling through the net – being diagnosed late and unable to follow treatment

Collaborative TB Strategy for England A7 recommends

- Integrated multi-disciplinary support to address complex health and social needs
- Full access to diagnosis and treatment for undocumented migrants
- Homeless people given accommodation and social care during treatment
- TB identified and treated in prisons and immigration removal centres

ALL need to be 'served' to tackle TB effectively



James Nachtway, 2009: Siberia

PHE Task and Finish Group: TB in Under-served populations Scope of Work



- people in contact with the **criminal justice system** (in prisons, police custody, Children and young People Secure Estates (CYPSE) etc. as well as in the community);
- **migrants**, including asylum seekers, refugees and those in immigration detention;
- **people in contact with drug and/or alcohol treatment services;**
- **homeless people;**
- **people with mental health needs,**
- as well as other **minority or vulnerable groups** who share a common feature of being currently underserved by primary and secondary healthcare services because of access or other issues.

Information provided by Eamonn O'Moore, PHE, Lead T&S Group on TB in USPs

Ongoing activities.....



- **TB active case finding programmes in prisons-** DXR in eight large local prisons (five in London and three in the Regions- DH funded);
- **New TB care pathway for people on reception to Prescribed Places of Detention (PPDs)** - PHE Health & Justice Health Protection Network;
- **LTBI screening ‘proof of concept’ pathfinder-** London IRC(s);
- Ongoing work with **Migrant Health Leads Group-** previously presented to the TBOG;
- **Find-and-treat programme-** homeless people, prisoners, drug users etc.
- **Work at PHE Centre level** with NHS, Local Government and other partners;
- **Enhanced Surveillance** to improve data on USPs;

Information provided by Eamonn O’Moore, PHE, Lead T&S Group on TB in USPs

This is not achieved alone....



Issues....



- This population is often defined as having **multiple, complex needs** so **wider determinants of health** including:
 - » housing,
 - » education,
 - » employment,
 - » life-style (especially drug and alcohol)
 - » social networks
- This brings into play **engagement with other organisations**, not only in the **health sector** but also **justice, local government, third sector & voluntary, social care, education etc.**
- **Need to ensure programmes are also informed by needs of the population they serve- ‘patient voice’/ ‘lived experience’.**

Information provided by Eamonn O’Moore, PHE, Lead T&S Group on TB in USPs

Potential Plan for the Task and Finish group



- Agreeing framework for the group – first meeting today
- Plan to
 - determine size and nature of the issue
 - look at existing data and identify gaps and barriers
 - explore qualitative evidence – patient experience; third sector involvement etc
 - explore cost benefit of addressing issues
 - provide information to TBCBs
- Report: July (interim) and September

Value of third sector



- “Unlike statutory service providers, the voluntary sector provides models of provision and support that can work flexibly around the needs of patients.” (2015, Health Committee TB Report: Tackling TB in London page 17)



rmc
refugee and migrant centre

Praxis
COMMUNITY
PROJECTS

What is TB Alert doing?



- Involved strategically on 4 TBCBs
 - Advocating integrated care meeting patients' clinical and social needs
 - Guidance on community engagement
- Language, awareness and access to information
 - Awareness raising: *The Truth About TB*
 - Information for patients, NHS co-branded – multi-media re-vamp planned
 - Training for GPs with RCGP
 - Support TB Action Group of people affected by TB

What can be done locally?



- Collaborative TB Strategy for England offers a number of opportunities
 - Specific areas of action which highlight need for improved health service response and potential for third sector involvement
 - Emphasis on collaboration between CCGs, public health, third sector agencies and local authority health and well-being boards (JNSAs)

National Strategy Areas for Action (1)



A1. Improve access and early diagnosis

- Work with community groups and agencies working with USPs to raise awareness and tackle stigma
- Train voluntary agencies working with USPs re signposting

A3. Improve treatment and care services

- Enhanced case management – not currently universal
- Enrol and train Community-based DOT providers from agencies working with USPs
- Holistic approach

A6. Drug-resistant TB

- Tackle social risk factors
- Prevention through ECM
- Community-based DOT providers from agencies working with USPs

National Strategy Areas for Action (2)



A8. New entrant screening

- Work with agencies involved with migrants to raise awareness and provide health education

A9. Strengthen surveillance and monitoring

- Cohort review – not currently universal
- Ability to share data for monitoring and ECM

A10. Workforce development

- Multi-disciplinary teams involving third sector and potentially trained lay workers
- Competencies to support ECM and management of complex caseloads in partnership with a network of organisations

Emphasis on collaboration



“PHE and NHS England are are committed to working in partnership with the NHS, clinical commissioning groups (CCGs) and local authorities, whose leadership through their directors of public health and health and well-being boards is critically important in bringing together all the local agencies, including third sector partners in order for this strategy to succeed.”

(page 3, Collaborative TB Strategy for England, 2015)



Summing up



- TB in the underserved requires a response way beyond clinical services
- There is a national Task and Finish group focused on USPs due to report in September
- TBCBs have the opportunity to ensure TB services are more responsive to needs of USPs by working with multiple stakeholders
- Commissioning has to include investment in third sector support and integration into TB Control Boards and local planning
- Third Sector is essential for improving response to cultural and social aspects of TB for individuals and communities

We need to work together to fix the bridge

