Public Health England

Protecting and improving the nation's health

Enclosure PHE/16/30

PHE Board Paper

Title of meeting	PHE Board meeting
Date	Wednesday 25 May 2016
Sponsors	George Griffin, Paul Cosford, Derrick Crook
Presenter	Sarah Anderson
Title of paper	**The National TB Programme and Collaborative TB Strategy**

1. Purpose of the paper

1.1. To brief and update the PHE Board on action taken since the last presentation to the Board in May 2014 which focussed on "Tuberculosis – a public health threat"

1.2. To brief and update the PHE Board on the National TB Programme and implementation of the Collaborative Tuberculosis Strategy for England, 2015-2020

1.3. To respond to the TB 'Watch list' as generated by the external panel members in 2014 (Appendix A)

2. Recommendations

The Board is asked to:

a) **NOTE** the successful start to implementation of the Collaborative Tuberculosis Strategy, the significant gains in TB control but also that levels of TB remain unacceptably high in England.
b) **COMMENT** on the implementation of the Strategy and actions taken since its launch including PHE organisation and resourcing to support the TB Strategy implementation.
c) **NOTE** the NHS England commitment of £10million in 2015/16 and a further £10million in 2016/17 to support the Collaborative TB Strategy and its new entrant, latent TB testing and treatment programme.
d) **AGREE** that continued PHE support to resource the seven TB Control Boards and National TB Office is warranted considering the successes of the National TB Programme to date and the on-going NHS England commitment.

3. Background

3.1. In response to the unacceptably high rates of Tuberculosis (TB) in England, Public Health England (PHE) and NHS England jointly launched, the 'Collaborative Tuberculosis Strategy for England, 2015-2020' on 19 January 2015.

3.2. Following major declines in the incidence of TB in England over most of the 20th century, the incidence increased steadily from the late 1980s to 2005, then remained at relatively high levels until 2011 when 8,276 TB cases were notified, a rate of 15.6 per 100,000 population. A year on year decline has now been seen since 2011, with numbers down to 6,520 TB cases in 2014, a rate of 12.0 per

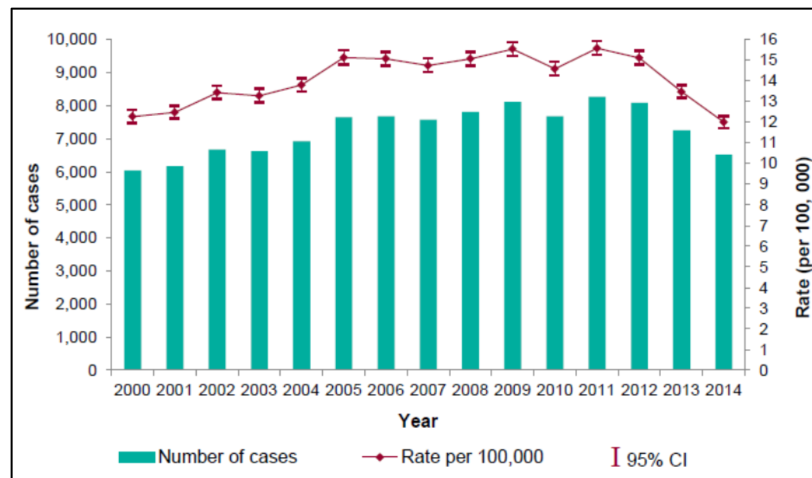
100,000 population.

3.3. However, the rate of TB in England remains one of the highest in Western Europe and more than four times as high as in the USA

3.4. The latest TB epidemiology is summarised in the 2015 'Tuberculosis in England' report; key points to note include:

a) the reduction in TB case numbers in the past 3 years is mainly due to a reduction in the number of cases in the non UK born population, which is likely in part to reflect recent declines in the number of migrants from high TB burden countries, the impact of pre-entry screening, and to some extent improved TB control
b) the majority of non-UK born cases (86%) are now notified more than 2 years after entering the UK, and are likely due to reactivation of latent TB infection
c) 15% of UK born TB cases had at least one social risk factor
d) a higher proportion of cases with social risk factors had drug resistant TB and worse TB outcomes
e) treatment completion at 12 months for drug sensitive cases has improved to 85%, however only 56% of drug resistant cases completed treatment by 24 months
f) the delay from onset of symptoms to treatment start date is unacceptably long and has been increasing over time, with 30% of pulmonary TB cases notified in 2014 experiencing a delay of more than 4 months

TB case notifications and rates, England, 2000-2014



4. The Collaborative TB Strategy for England, 2015 to 2020

4.1. TB is one of PHE's seven corporate priorities as set out in From evidence into action: opportunities to protect and improve the nation's health. In January 2015, PHE and NHS England jointly launched the 'Collaborative Tuberculosis Strategy for England, 2015-2020'.

4.2. The Strategy aims to achieve a year-on-year decrease in TB incidence, a reduction in health inequalities, and ultimately the elimination of TB as a public health problem in England.

4.3. To achieve these aims and deliver significant improvements in TB control the

Strategy sets out ten key ‘areas for action’.

These are:

1. Improve access and earlier diagnosis
2. Provide universal 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. Implement new entrant LTBI screening
9. Strengthen surveillance and monitoring
10. Ensure an appropriate workforce to deliver TB control

5. Implementation of the TB Strategy

5.1. Achievements of the TB Strategy in its first year:

a) The setting-up of a **National TB Programme** with a **National TB Office** (consisting of 3 staff) and seven TB Control Boards (covering 9 PHE Centres) to oversee the implementation of the TB Strategy and its ten ‘areas for action’.

b) The National TB Office, with support from other PHE and NHS England members, is providing advice and support to TB Control Boards, NHS England, CCGs and NHS TB teams.

c) Governance of the National TB programme is achieved through:

i. a National TB Programme Board that meets six monthly, and whose role is to provide strategic oversight to the programme,

ii. a National TB Delivery Board that meets quarterly to support implementation of the Strategy and

iii. a ‘TB Control Board TB Leads and Managers network’, chaired by the Head of the TB Office that meets monthly via teleconference and quarterly face to face at the National TB Delivery Board meeting.

d) The seven multidisciplinary and multiagency TB Control Boards are each managed by a TB lead, TB Programme Manager and admin support funded by PHE. They are providing over-arching support to local TB control and overseeing local implementation of the Strategy’s ten ‘areas for action’. A key focus in 2015 was the **creation of programmes to test and treat new migrants for latent TB infection (LTBI)**. NHS England made £10m available in 2015/16 to support this aspect of the TB Strategy and have just renewed this commitment for 2016/17.

e) 59 CCG LTBI plans have been agreed by the National TB Programme and funded by NHS England.

f) A **national TB Service Specification** was issued by the National TB Office and TBCBs are using this to review local TB services, to identify gaps and prepare action plans to meet these gaps.

g) In addition to existing TB surveillance outputs, the national TB surveillance team has provided **a new online resource of comprehensive TB data using the PHE Fingertips tool** that can be interrogated to local authority and CCG level to support TB commissioning and monitoring.

h) A **review of the TB nursing workforce** was completed and has led to a work stream to take forward the reviews recommendations.

i) The National TB Delivery Board has **established four task-and-finish groups** to work on the following 'areas for action' as outlined in the strategy:
   i. Provision of universal high quality diagnostics
   ii. Tackle TB in under-served populations
   iii. Reduce drug resistant TB
   iv. Ensure an appropriate workforce
   v.

j) Regular ***TB Strategy Updates*** have been issued by the National TB Office to keep TB stakeholders informed of progress on the Strategy's implementation. The last was released on World TB Day 24th March 2016.

5.2. Progress on the TB Strategy's individual 'areas for action'

Area 1 - Improve access to services and ensure early diagnosis

a) Awareness raising work is underway with development of updated literature, videos and animation
b) RCGP's TB e-learning module for primary care updated and now includes information on latent TB infection
c) A TB nurse slide set has been updated for use by TB nurses to run TB awareness raising and education programmes in primary care
d) 'TB Alert' (a third sector advocacy organisation) has been commissioned to update TB literature and provide support material for LTBI programmes
e) Work to understand the delays from symptom onset to treatment start date is being undertaken by the national TB surveillance team

Area 2 - Provide universal access to high quality diagnostics

a) An audit of TB laboratory services is about to start
b) PHE has reviewed the provision of Mycobacterium Reference Laboratories and rationalisation is being implemented
c) TB is a priority for implementing Whole Genome Sequencing (WGS) technology for both PHE and NHS England; and work is underway to introduce WGS for TB in 2016/17

Area 3 - Improve treatment and care services

a) A national TB Service Specification has been issued for use by TB Control Boards, CCGs and clinicians
b) The service specification is now being used in the assessment and commissioning of local TB services and to support the development of key performance indicators
c) TB Control Boards are working closely with local TB stakeholders, via TB clinical networks, to improve treatment and care

Area 4 - Ensure comprehensive contact tracing

a) The national TB Service Specification includes contact tracing standards
b) LTBEx, a London-wide TB incident management team, has agreed to share their outputs to support improvement in contact tracing
c) The new NICE TB guidance, issued in January 2016, supports improved contact tracing

Area 5 - Improve BCG vaccination uptake

a) PHE and NHS England are working to ensure England has a supply of BCG vaccine for use in 2016 and beyond despite global vaccine shortages

Area 6 - Reduce drug-resistant TB

a) PHE and NHS England are working on a needs assessment for the

management of multidrug resistant TB (MDR-TB) patients. This work will contribute to the review of the Infectious Diseases Service Specification by the NHSE Specialised Commissioning team in 2016/17

b) The British Thoracic Society (BTS) is being supported by PHE to update and improve the BTS MDR-TB Advisory Service; use of which is encouraged in the TB Strategy and the TB Service Specification

Area 7 - Tackle TB in under-served populations

a) A major work stream is underway for 2016 to develop a toolkit to support TB Control Boards better meet the challenges of under-served populations

Area 8 - Systematically implement new entrant latent TB screening

a) A national programme to test and treat new migrants for latent TB infection (LTBI) has been a main focus for the National TB Office and TB Control Boards work in 2015/16
b) 59 high burden CCGs (TB rates ≥20/100,000 population and/or TB case numbers ≥0.5% total TB notifications in England) were supported by the National TB Office and TB Control Boards to develop LTBI plans. These were then approved and funded by NHS England
c) The National TB Office has worked with NHSE to agree recurrent funding for LTBI programmes and a further £10million was agreed for 2016/17
d) A national suite of materials to support LTBI testing and treatment has been written by PHE and NHSE and is available on the PHE and NHSE TB screening webpages
e) National procurement of the LTBI test analysis was completed with contracts awarded and framework agreements signed by LTBI test analysis providers and lead CCGs
f) In addition to the implementation of new entrant LTBI screening, PHE is playing a leading role in the UKs pre-entry TB screening programme that in 2014 diagnosed 369 TB cases prior to their arrival in the UK

Area 9 - Strengthen surveillance and monitoring

a) TB Strategy Monitoring Indicators can now be viewed on the PHE Fingertips tool which enables direct manipulation of local and national TB data by TB Control Boards and CCG commissioners
b) The national TB programme manager and the TB Control Board programme managers are developing ‘TB Control Board progress measures’ to support national and local monitoring of the ten ‘areas for action’

Area 10 - Ensure an appropriate workforce to deliver TB control

a) A review of the TB nursing workforce was commissioned by PHE and published in July 2015
b) A nurse competency framework is being prepared in response to the review of the TB nursing workforce
c) Work is planned in 2016 to review the non-clinical TB workforce
d) Two national TB workforce development study days will be held in 2016 for TB nurses (June 2016) and the non-clinical TB workforce (October 2016)

6. Challenges

6.1. If the TB Strategy is to deliver all that it set out to do, **adequate and sustained investment** in the national TB Office team and seven TB Control Boards is needed for the duration of the Strategy.

6.2. In its first year the National TB Programme, through implementation of the TB Strategy, has successfully delivered on a number of the Strategy's 'areas for action'. However, levels of TB remain unacceptably high in England and there is much still to do to improve TB control at local and national level.

6.3. Resources are needed to continue the Strategy's implementation as much of its success has come through the hard work of the small national TB Office team, the national TB Surveillance and Screening teams and the seven TB Control boards. Continued funding for the national TB Office team and seven TB Control boards is therefore needed if a sustained reduction in TB incidence is to be achieved.

6.4. The joint PHE / NHS England TB Strategy clearly stated PHEs commitment to resourcing "the costs of the TB control boards and the national TB programme", "whilst the costs of the clinical interventions to control TB…will be met by the NHS". It is therefore essential that PHE maintains its commitment to resourcing the TB Strategy as NHS England continues to commit substantial funds (£10million in 2015/16 and £10million in 2016/17) to the Strategy's implementation.

6.5. Although PHE provided seed money (£20,000) for each PHE Centre in 2015/16 and again in 2016/17, and Centre Directors were asked to provide additional resources to set up and run the TB Control Boards, a commitment is now needed from PHE to continue resourcing and supporting the national TB Programme, the national TB Office and TB Control Boards into the future.

6.6. **Commissioning and funding arrangements for several interventions proposed in the Strategy still need to be secured.** This includes activities such as active case finding in under-served populations.

6.7. PHEs Strategic Plan 2016/17 talks about the actions PHE will take to achieve its aims of protecting and improving the public's health and closing the gap on health inequalities. Working to reduce TB in the under-served populations will therefore support not only one of the TB Strategy's aims of reducing health inequalities but also one of PHEs overarching strategic aims. However, further consideration and commitment is needed to fund this work

7. Next Steps

7.1. In 2016 the work of the National TB Programme will focus on:

a) addressing the needs of the under-served to reduce health inequalities
b) raising awareness of TB in healthcare workers and at risk populations
c) working to improve treatment and care services
d) supporting the seven TB Control Boards further engage with local stakeholders and to develop a local response to TB service needs using the national TB Service Specification
e) sustaining the roll out of the new entrant LTBI testing and treatment programmes in the high burden CCGs
f) working with NHSE to develop sustained funding for LTBI testing and treatment programmes through to 2020
g) finalising TB Control Board monitoring and reporting systems
h) supporting the on-going work of the four task-and-finish groups to take forward tackling the needs of the under-served, high quality diagnostics, MDR-TB and development of the TB workforce work streams.
i) sustaining the resource for the national TB Office and TB Control Board support teams i.e. the seven TB leads and TB programme managers

8. Conclusion

8.1. In this paper we have outlined the successful progress made to date, on the implementation of the TB Strategy.

8.2. Collaboration between the National TB Office, TB Control Boards, NHS England the NHS, primary care, local government and the third sector has been key to the successful delivery of the Strategy's first year actions.

8.3. Ultimately however, success will be achieved through collective participation and the commitment of a wide range of stakeholders; particularly the firm commitment of resources to deliver the content of the TB Strategy and maintain a strong national TB Programme, to prevent, treat and control TB in England.

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Appendix A

Public Health England Board
Actions from the meeting of 27 May 2014

Tuberculosis (Owner: Director for Health Protection and Medical Director)

The observations and suggestions are exclusively those of the external panel members and are not PHE policy, although they are considered carefully by PHE in reaching a considered position on each of the public health themes in its business planning and priority setting process.

External panel observation		***Comment/Progress 25 May 2016***
1.	'Find and treat' capability was good but walk-in TB facilities would be beneficial.	The national TB Service Specification, prepared by the National TB Office and being used by TB Control Boards, states that "patients who suspect they may have active TB should also be able to self-refer to TB services" and that "TB services should be excluded from the 'choose and book' systems for appointment bookings". The above are increasingly happening. In addition the Specification states that "flexible clinic locations, opening hours and appointment systems that meet the likely needs of the population should be considered".
2.	Direct observation of therapy for example by family or community members would improve compliance with treatment regimens.	DOT by family members is not the usual method of patient centered case management and care; except for paediatric patients. This does not exclude the use of family members where appropriate.
3.	TB resources needed, and mandated leadership to be adequately funded.	<u>National TB Office</u> - Fully funded for first 2 years (2015-2017) - Also draws on expertise of national TB screening lead and national TB surveillance lead - However, confirmation of continued funding for the National TB Office is needed for the duration of the Strategy <u>TB Control Boards</u> - PHE provided seed money (£20,000) for each PHE Centre in 2015/16 and 2016/17, and asked each Centre Director to provide additional resources to set up and run the TB Control Boards. - PHE Centres have responded in different ways and where they have been able to provide more support / resources, implementation has been more rapid and successful. - A commitment to on-going funding to support TB Control Boards is now needed for the duration of the Strategy. **Note** - TB Control Board TB leads and managers have been key to the successful local delivery of the TB Strategy.

		LTBI testing and treatment - NHSE committed funding of £10m in 2015/16 and £10m in 2016/17, with a funding review underway for 2017 to 2020. - The funding review is likely to recommend tapered funding to reflect decreasing case numbers in the latter half of the LTBI programme. TB services - The TB Service Specification recommends following the Royal College Of Nursing, PHE and others 'TB Guidance' on staffing. - In addition, TB Control Boards are working with their CCGs to commission key performance indicators that are indicative of appropriate staffing numbers i.e. KPIs on cohort review and contact tracing.
4.	Basic tests by GPs for new migrants should include testing for latent TB.	New migrant LTBI testing and treatment has been implemented for the 59 high priority CCGs across England. Funded by NHSE, for 2015/16 and 2016/17, supported by the national PHE screening team, National TB Office and TB Control Boards. Any underspend in 2016/17 will be used to support retrospective LTBI testing and treatment
5.	The traditional social determinants of health in terms of better housing and conditions applied to TB.	The task-and-finish group for under-served populations, area for action seven, is specifically addressing this issue and is expected to report back with recommendations in the autumn, 2016. Local work is also underway to review local need.
6.	Awareness amongst general practitioners and nurses could be improved.	PHE has been working with TB Alert to update TB awareness raising materials such as TB posters and leaflets. In addition, PHE has also updated the RCGPs eLearning module on TB for primary care and a TB slide set for use by TB nurses to run TB awareness raising and education programmes in primary care.