



## London latent TB testing and treatment programme update

Implementation of the national LTBI (latent TB infection) testing and treatment programme is now underway across London except in Bexley, Bromley and Sutton.

NHS England have provided us with an update for practices which covers a number of areas relating to the LTBI programme including:

The role of CCGs;

Data collection;

Information governance;

Timescales and funding.

Some CCGs have expressed concerns about the extraction of sensitive patient identifiable data (PID) by Public Health England (PHE) from GP records for the purpose of this screening programme.

Public Health England confirm that they have Regulation 3, Section 251 (NHS Act 2006) approval to extract such information from GP systems without patient consent. Although not strictly required, following the successful model of a pilot in Newham, GP colleagues will be asked to sign a simple data sharing agreement proforma with 'CEG'; the organisation which will extract the PID from the medical record. CEG will then pass the data on to PHE. In some areas the CSU may perform this role instead of 'CEG'.

Despite the section 251 approval, Londonwide LMCs understands that patients will be allowed to dissent from sharing their PID if they wish but should first be fully reassured and advised that their data will be held securely by PHE for the purposes of the programme only, as per the information leaflet.

Patients may change their mind and consent at any time.

Those patients identified by GPs as being at high risk of latent TB infection will be offered an IGRA test and managed along a LTBI care pathway, depending on their results. Existing local arrangements are expected by PHE to continue for the urgent referral of patients with signs and symptoms of open TB. Local CCGs will be developing specifications for the GP aspect of the care pathway, aiming not to duplicate investigations carried out by secondary care services where possible.

Templates for EMIS and SystmOne have been designed to record demographic and clinical information on GP IT systems for extraction by CEG. An interim method of recording is available for other IT systems – the Vision template should be available soon. The templates contain 48 'variables' (pieces of information) covering both the primary and secondary care aspects of the care pathway, many of which will be automatically populated by the GP IT system.

GP colleagues will only be expected to complete those variables relating to the primary care part of the Care Pathway. PHE will collate the electronically recorded variables from both the primary and secondary care parts of the pathway.

PHE expects that many of the investigation variables will continue to be done in secondary care as a routine prior to initiating treatment. Colleagues may still wish to use the opportunity where appropriate to offer some additional tests themselves (such as screening for Hepatitis and HIV) especially if the patient comes from a country where blood borne infection is a high risk or his/her lifestyle suggests that it would be prudent.

Further information will be shared via email and the LMC website when available.