

## Briefing for the Londonwide Local Medical Councils

### National TB Strategy implementation update

This briefing outlines how the latent TB infection (LTBI) testing and treatment programme spearheads implementation of the national TB strategy. The strategy is expected to bring significant transformation to the commissioning and provision of TB services with the aim of achieving substantial decreases in TB numbers.

Despite the year on year decline in TB incidence in England over the past three years, TB incidence in England remains high. In 2014, there were 6,520 cases of TB reported, an incidence of 12 cases per 100,000 population. This is the second highest rate in Europe and is more than four times that in the USA. London accounts for the highest proportion of cases in England with a rate of 30.1 cases per 100,000 population which is 2.5 more than the national TB rate. Nearly three quarters of all TB cases occur in the non-UK born population, mainly from countries with very high incidence.

Implementation of the national LTBI testing and treatment programme is now underway. This evidence based intervention is one of 10 key actions set out in the 'Collaborative Tuberculosis Strategy for England 2015-2020' published jointly by PHE and NHS England with the aim 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. The LTBI testing and treatment programme systematically offers testing and treatment to new migrants aged 16-35 years, arriving from countries with a high incidence of TB (150,000 per 100,000 populations and Sub-Saharan Africa) when they register with primary care.

NHS England provided £10m to support delivery of the LTBI programme in 2015/16 and will be continuing with this level of support (£10m) in 2016/17. Almost all priority clinical commissioning groups (CCGs), those CCGs with the highest<sup>1</sup> burden of TB in England, have submitted LTBI plans which have been approved by NHS England. The programme includes primary care based LTBI identification and testing with treatment in secondary care and 25 out of the 26 priority CCGs are in London accounting for 40% of all TB cases in England (Appendix A).

LTBI testing and treatment in primary care is an effective and cost-effective public health programme. The prevention of LTBI reactivation will lead to fewer active TB cases, decreased workload in primary and secondary care and financial savings. Information on the national programme including eligibility criteria, clinical pathways and data flows is set in the [TB Testing and Treatment for Migrants](#) guidance for primary care practitioners (and commissioners).

### The role of CCGs

CCGs are responsible for commissioning, developing, prioritising, implementing and delivering the local programme particularly with regard to commissioning additional secondary healthcare services. The role of CCGs is set out in the [TB commissioning guidance](#). Where a CCG has delegated commissioning responsibilities for primary care, the CCG also has responsibility for agreeing local incentives or other arrangements with primary care providers for the identification of patients for LTBI testing and treatment. The responsibilities and role of the lead CCG is for local

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<sup>1</sup>  $\geq 20/100,000$  and/or TB numbers  $\geq 0.5\%$  total England TB numbers.



agreement with other CCGs and the local TB Control Board and is outlined in the guidance. The role can include responsibility for commissioning of LTBI testing and treatment provision and delivery for other CCGs, regardless of whether these other CCGs have received NHS England funding for LTBI testing and treatment.

Frequently asked questions (FAQs) on this programme can be found in the link <https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-1/tb-strategy/>

### **Laboratory testing**

The funding made available by NHS England included procurement of the LTBI laboratory test analysis and test results reporting. This procurement process has now been completed and laboratory [providers](#) appointed with contact details etc. available to each TB Control Board and their CCGs. Priority CCGs have received the funding for LTBI testing and treatment including the laboratory based test analysis.

### **Data collection**

Data collection, monitoring and reporting are key outputs of this programme. To support this bespoke LTBI testing and treatment templates are now available for GP practice systems EMISWeb and SystmOne and a web-based template for healthcare providers who are not on these systems. Work is underway to develop a template for Vision. A comprehensive user guide is available. To access the user guide, the templates and other data collection tools please contact [tbscreening@phe.gov.uk](mailto:tbscreening@phe.gov.uk).

A number of necessary data fields require filling in - some of which will be done in primary care and some by the LTBI treatment provider if a patient has a positive LTBI test.

### **Information governance**

The collection of the data has been approved under section 251. The national LTBI testing and treatment programme (**SCCI2108**) was presented to the Standardisation Committee for Care Information (SCCI) on 27 January 2016. The committee has accepted the item as a mandatory collection under Regulation 3 of the Health Service (Control of Patient Information) Regulation 2002 (as made under section 60 of the Health and Social Care Act 2001 and amended by section 251 of the NHS Act 2006). This can be found on the [SCCI dashboard](#) and NHS England [TB Strategy](#) website.

**This legislation provides for the common law duty of confidentiality to be set aside to allow confidential patient information collection without patient consent to be processed for purposes related to “communicable disease and other risks to public health”.**

The SCCI approval means that GPs and their practices will not be in breach of the common law duty of confidentiality when they share the requested LTBI data with PHE. They will still be responsible for complying with all other relevant data protection laws.

### **Timescales and funding**

NHS England and PHE are committed to a five year strategy with a move to tapered funding as the programme progresses through the next five years. NHSE has confirmed funding of £10m for 2016/17.



**Appendix A: Three-year average number of TB case notifications and rates by Clinical Commissioning Group (CCG), England, 2011-2013**

<b>CCG name</b>	<b>TB numbers, average 2011-2013</b>	<b>TB rates, average 2011-2013</b>	<b>% total numbers England</b>
Barking and Dagenham	67.0	35.1	0.85
Barnet	94.3	25.9	1.20
Brent	298.7	95.0	3.79
Camden	59.0	26.2	0.75
Central London (Westminster)	38.0	23.7	0.48
City and Hackney	89.3	34.3	1.13
Croydon	120.3	32.5	1.53
Ealing	233.7	68.7	2.97
Enfield	74.3	23.3	0.94
Greenwich	115.7	44.6	1.47
Hammersmith and Fulham	54.0	29.9	0.69
Haringey	106.7	41.3	1.35
Harrow	161.0	66.5	2.04
Hillingdon	123.3	43.7	1.57
Hounslow	178.7	69.2	2.27
Islington	71.7	34.1	0.91
Lambeth	91.0	29.4	1.16
Lewisham	86.7	30.9	1.10
Merton	65.3	32.2	0.83
Newham	357.3	113.6	4.54
Redbridge	155.3	54.4	1.97
Southwark	109.3	37.1	1.39
Tower Hamlets	119.7	45.5	1.52
Waltham Forest	121.7	46.4	1.54
Wandsworth	80.7	26.2	1.02
West London (K&C&Qpp)	60.3	27.3	0.77

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