



TB Strategy Update

This is a regular update that provides information on the progress of the **Collaborative TB Strategy for England 2015 - 2020**. To subscribe to future updates please [click here](#)

THANK YOU!

2020 was a year like no other and we simply couldn't start this edition of our update without saying a **HUGE thank you** to everyone keeping TB services running throughout what has been an incredibly challenging year. We have had to adapt quickly to working in new ways and be innovative in the way we both deliver services and support patients.



For each and every one of you supporting patients and working tirelessly to accommodate new ways of working whilst providing care to patients and the public we again **THANK YOU**. Continuity is so important during these difficult times and as we fight COVID we know we need to keep up the fight to end TB.

World TB Day 2021



World TB Day on the 24th March is designed to raise public and professional awareness that tuberculosis (TB) still exists and can have devastating health, social and economic impacts across the globe, despite being a preventable and curable disease. Whilst much of the world's media and individuals' attention is focussed on COVID, people are still being affected by TB, and some people's diagnosis delayed or missed.

The World TB Day theme for this year is: **'The Clock is Ticking'**

This conveys the message that the world is running out of time to act on the commitments to end TB that were made at the UN in 2018. This is particularly important in the context of COVID, which has put the WHO's End TB Strategy at risk.

Please find below some online sources of material to utilise using social media:

- [StopTB World TB Day](#)
- [WHO Campaign World TB Day](#)
- [The Truth About TB](#)



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Collaborative TB Strategy – End of Programme Report

The **End of Programme Report** summarises key activities, outputs and outcomes delivered during implementation of the **Collaborative TB Strategy for England** from 2015 to 2020. A summary of these are:

- a substantial decline in TB incidence (29% in 5 years)
- a framework and plan enabling a common purpose for multi-agency TB stakeholder working and, by linking NHS TB clinicians and nurses through clinical and nurse networks to TB Control Boards, the national TB team and TB Delivery Board, enabling responsive and collaborative working
- creation of 7 multi-agency TB Control Boards that have provided a forum enabling TB stakeholders to plan and develop actions to meet local need, for example: developing local pathways for patients with no recourse to public funds, piloting whole genome sequencing and instituting supra TB cohort reviews
- a national TB clinical policy and service specification to support the commissioning, planning and delivery of TB services
- TB nurse workforce development including:
 - enhancing and supporting TB nurse networks
 - developing a TB Nurse Competency Framework and generic job descriptions to promote consistency and support the delivery of TB prevention, care and control
 - annual national TB nurse conferences for showcasing local nurse leadership, sharing best practice, innovation and national networking
- production of TB awareness raising literature and tools with TB Alert (for example, online GP e-learning modules, a nurse slide set for educational events, animations and new TB leaflets)
- NHSE&I funded a new migrant latent TB infection (LTBI) testing and treatment programme from 2015 and has shown year on year increases in test uptake
- the introduction of whole genome sequencing for all new mycobacterial isolates improving the speed of detection of drug resistance and providing accurate determination of TB transmission
- a comprehensive information **resource to support working with TB in under-served populations**; launched in 2017 and updated in 2019
- re-development of the British Thoracic Society MDR-TB Clinical Advice Service
- the Strategy has supported innovation, for example:
 - adding TB data to the online tool, **PHE Fingertips**, in 2015 to provide local authorities and CCGs with local and national TB data
 - sharing the North West Paediatric TB Care Pathway and virtual MDT with all TBCBs
 - a housing pathway and fund for people with TB who are homeless and/or with no recourse to public funds in London



The Report acknowledges the dedicated and enthusiastic TB workforce without whom implementation of the Strategy and the declines in TB incidence would not have been possible.

It shares outputs and outcomes at national level, by 'area for action' and by TB Control Board (each Board summarising their activities in the appendices). It reflects on the TB Stakeholder Survey of 2019 and the evaluation of the TB Strategy by the All Party Parliamentary Group for TB. It then draws this all together, listing the outstanding challenges and makes recommendations for inclusion in a future TB Action Plan. These include a greater focus on tackling TB in under-served populations; on reducing diagnostic delay and in-UK transmission; on understanding and responding to the variation in TB incidence and patient demographic profiles; on workforce agility and sustainability, and on innovation, research and technology. Ultimately the report recommends a continued focus on TB with greater NHS, STP and Integrated Care System leadership and engagement, to sustain the downward trend in TB incidence, reduce health inequalities and move England towards TB elimination by 2035.

The End of Programme Report can be downloaded from the PHE website [here](#):

TB Action Plan for England, 2021-2026

The TB Action Plan, 2021 – 2026, was launched for consultation 3 weeks ago. Over 50 individuals and groups responded, thank you. PHE and NHSE&I are now working through these responses to adapt the Plan with the aim to publish it in early April.

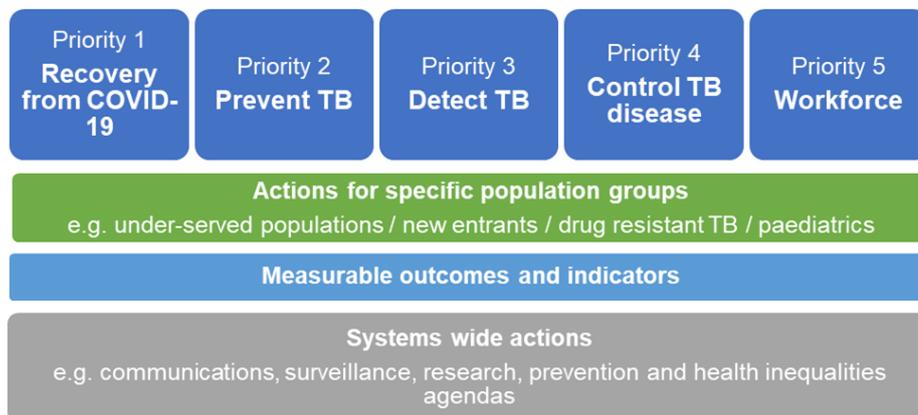
The aim of the TB Action Plan, is to improve the prevention, detection and control of TB in England. The Action Plan will focus on the needs of those affected by TB and TB services whilst recognising the impact and learning of the COVID-19 pandemic.

The five key priorities of the action plan are:

- Priority 1 - Recovery from COVID-19
- Priority 2 - Prevent TB
- Priority 3 - Detect TB
- Priority 4 - Control TB disease
- Priority 5 - Workforce

These priorities are underpinned by:

- actions for specific population groups i.e. under-served populations, new entrants, people with drug resistant TB and children with TB
- measurable outcomes and indicators
- systems wide actions i.e. communications, surveillance, research and ensuring TB is included on prevention and health inequalities agendas



Delivery of the priorities will build on the progress in collaborative working particularly at regional and local level, to strengthen the patient pathway from the onset of symptoms or detection of infection and to utilise the latest technology, treatment and diagnostics.

Looking to the future of TB Control

Since the launch of the TB Strategy in 2015, significant steps have been taken to implement its 10 ‘areas for action’ and improve TB prevention and control in England. Collectively, we have contributed to a near one third reduction in TB incidence. Thank you for your hard work to help achieve this.

We are now moving into a new era of TB control placing a greater focus on supporting the NHS and recovery from COVID and we have a new TB Action Plan to guide this work. With this new focus, TB strategic work will become business as usual within PHEs TB Unit, and the small national TB strategy team is being disbanded. We would like to take this opportunity to thank you for all your support over the last five years and wish you well in the continuing work to reduce TB incidence and move toward TB elimination in England.

With the changing focus of national TB control, PHEs TB Unit has been restructured. Esther Robinson is the new Head of Unit, and there are two new Consultants in 'TB Prevention' – one clinical and one public health, these are Martin Dedicoat (Consultant Infectious Diseases physician based in Birmingham) and Suzi Coles (Consultant in Health Protection based in Bradford). They will work alongside Tracey Langham, a new TB Health Protection Practitioner, working with Surinder Tamne (Tammy), PHE Senior TB Nurse, and the surveillance, scientific and support staff.

COVID-19: Provision of TB services update from NHSE&I

In March 2020, and January 2021, NHSE&I released letters outlining the importance of maintaining TB services during the COVID-19 pandemic. Due to the fact TB is a notifiable infectious disease and active TB disease is 'health critical' to the individual with TB and the wider community NHSE&I ask providers of TB services to maintain the focus on early diagnosis and the management and care of people with active TB disease.

Its letter makes recommendations for clinical care for active TB disease, latent TB infection testing and treatment and BCG vaccinations. The January 2021 letter can be found [here](#):

COVID-19 Pandemic TB Nurse Peer Support Forums



To support TB nursing services cope with the impact of COVID-19 on their services and patients, the first virtual TB nurse peer support forum was initiated by Cathie Railton, programme manager (PM) for the nurses linked to the Yorkshire, Humber and North East TB Control Board (TBCB).

Following its success and feedback from nurses, the forums were introduced in the other six regions across England by Surinder Tamne (PHE TB Senior Nurse) and Lynn Altass (NHSE&I Senior TB Programme manager) supported by Stephanie Dennis (TB administrator PHE TB Unit); Shelley Eugene and Adele Macklin (NHSE&I TB Programme managers); Andy Burkitt and Neil McDonald (PHE Field Epidemiology Service); Alison Blake, Diane Holland, Mandy Middleton, Kate Bintley, Jacqui White and Stacey Farrow (TBCB Nurse Leads); Ola Williams, Kate Duffield, Wazi Khan (TBCB PMs) and Anita Roche and Bayad Nozad (TBCB Leads).

These TB nurse peer support forums have reported that COVID-19 had improved access to innovative technology and new ways of working including improved multi-specialist and inter-departmental collaboration. There have been sharing of local issues highlighting disparity in the regions, for example access to innovative technology, internet connectivity, support to staff who were shielding, reduced access to diagnostics/support services such as radiology and phlebotomy, access to clinic space and how redeployment was applied. It was noted that the timely release of NHSE&I guidance on the maintenance of TB services helped to prevent redeployment of nurses from TB services in some areas. Independent nurse prescribing, physical assessment and phlebotomy skills have been identified as necessary skills needed to continue nurse-led clinics and contact tracing.

Nurses have shared their experience with virtual appointments, which were either by phone or video and use several different platforms to conduct video appointments. Despite a local push to promote online patient consultations, nurses are ensuring person-centred care and support; each patient is risk assessed for their suitability for a virtual appointment which is determined by where they are on the TB pathway, whether complex needs are present or whether there are any communication barriers. Using

appropriate COVID-19 infection prevention measures, physical face to face hospital appointments and community/home visits have continued throughout the pandemic where assessed as necessary.

The regional TB nurse peer support forums have provided a platform on which to share practical information on what works well and how to manage and mitigate against the negative impact of delayed diagnosis and treatment on patients and their contacts. In addition, the PHE TB Senior Nurse and NHSE&I TB Programme Team have communicated these experiences across the regions as well as providing additional support and clarification of national guidance.

The feedback from patients and the experience and learning shared by TB services during the pandemic will support recommendations on TB nurse workforce development and future TB service provision in England.

Much appreciation is given to all those who have supported these forums, with very special thanks to those who have taken part in the peer support discussions, shared their experience and clinical practice during this pandemic. The forums have shown the considerable agility and resilience of the TB nurse workforce.



Innovations for TB – COVID 19 lessons learnt & incorporated

Jacqui White, Clinical Team Lead, North Central London TB Service

Georgie Russell, Consultant Physician Imperial College Healthcare NHS trust

“Active TB disease is ‘health critical’ to the individual and the wider community. Providers of TB services must maintain their focus on early diagnosis and the management and care of people with active TB disease during this current situation...”

At the height of the pandemic the priorities were to deliver:

- Triage
- Risk assess all encounters
- Resources - PPE/staff
- Safety - staff/patients
- Maintaining case management activities including provision of continuous medication supplies
- Digital transformation
- Limiting face-face contact

However, we encountered many challenges such as staff sickness, redeployment, clinic/office space, ever changing guidance, managing uncertainty and focussing on control rather than prevention. This alongside disruptions to normal referral pathways, reduced diagnostic capacity, access to services and reluctance to attend hospital settings made it challenging to deliver on these priorities.

In North Central London we had to innovate how we managed cases and services for TB and overcome some of the challenges we were facing. **The steps we took to innovate included:**

Case management

The TB nurse role was critical to ensure patient support/contact and continuity of care. Phone calls enabled continued engagement with patients where face to face was no longer possible. Nurse prescribing skills came into their own, and a postal medication service set up to avoid unnecessary hospital visits. Medication was also prescribed for longer periods with scheduled phone follow ups and in terms of adherence support VOT was offered in preference to DOT and where DOT was necessary it was done on the doorstep or outside wherever possible.

Instilling confidence & providing reassurance

- Discussed risk versus benefits of face to face encounters with patients
- Pre-attendance phone discussion, temperature check/screening on arrival at clinic, use of PPE, social distancing
- Listening to patients and providing reassurance to promote timely screening/diagnosis
- Patient education in cough stigma. Not all coughs are COVID!

Virtual delivery of care

Virtual clinic follow ups were provided along with virtual cohort reviews/MDTs whilst some staff worked flexibly from home. Flexible working from home is successful provided there is access to phones, laptops, iPads and technology

Contact tracing

We offered community screening to families with a renewed emphasis on close household contacts due to the concerns about increased TB transmission amongst families isolating. We made a local decision to use IGRA at a single encounter Vs TST testing requiring two encounters where appropriate, and once services became COVID-19 secure we worked hard to screen low risk contacts who had screening delayed or high risk contacts who did not attend.

Outreach services

We offered community based contact tracing for families/phlebotomy; community based nurse-led follow up with portable ECGs, DOT, home delivery of medication & intensive social care input for isolated patients.

Location of TB services

We worked flexibly across multiple sites and remotely from home to deliver services in a new way. TB services that were clinically distanced from the main hospital site, in a dedicated space, were able to deliver a less restricted service.

Staff wellbeing is critical

Risk assessments for staff were provided both for COVID and home working. Reaching out to ensure lone/home workers were supported was crucial. Access to confidential support and psychology services, wellbeing sessions, regular debriefs and 1:1's were all crucial to maintain staff wellbeing as was protecting staff breaks and supporting annual leave/days off.

Imperial TB Service pre COVID Vs COVID redesign

<ul style="list-style-type: none"> • Daily nurse led clinics (face to face) • Telephone advice line • 3x weekly consultant clinics • 1x EBUS list 2x BASL list a week • Weekly face to face MDT • Monthly team meeting (face to face) • In patient side room beds 	<ul style="list-style-type: none"> • Daily 'gold command call' from TB Dr of the week to TB nurse of the week • Electronic prescribing • Telephone clinics • Video clinics • Fitting in the interpreter • Treatment counselling by video
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Lessons learned

- Consider incorporating virtual care into standard care pathways, a blended approach
- Consider delivering more community-based TB care
- Digital innovation supports us but can't replace face to face contact
- Outpatient services are essential for TB care and need to be maintained
- Access to technology improves collaboration (clinic meetings and cohort review on MS Teams) and avoids unnecessary outpatient follow up ('Attend Anywhere' or other Apps)
- Electronic prescribing and medication delivery options help patients
- Remote monitoring is possible (e.g. LFTs on dry blood spot sent by post / portable ECGs)
- Future up-skilling of TB nurses to offer even more holistic approach to patient care – hugely important

Tackling TB in under-served populations 2020/21

Although the prevalence of TB in the general population has reduced during the 5 years of the TB Strategy, people with social risk factors (SRF) are the one group with increasing levels of infection (PHE Annual Report 2020). People with drug sensitive TB and a SRF had poorer outcomes and treatment completion was lower compared to those without. The need to improve TB diagnosis, treatment and prevention among the under-served populations (USPs), remains a priority if we are to achieve TB elimination in the UK. Here, we highlight a few key achievements of the past year:

TB in prisons: Training slide sets developed for wing and healthcare staff

Public Health England in collaboration with partner agencies have developed **training slide sets to raise awareness of TB in prisons and other places of detention**. These slide sets can be downloaded from the PHE website and adapted for local presentation. The slides provide information on identification, management, control and prevention of TB in prisons.

TB awareness for wing staff in prisons and other places of detention

This slide set provides information on:

- symptoms of TB, explaining differences between active and latent TB
- risk factors for developing TB
- diagnosing and treating TB
- public health management of TB incidents in prisons including isolation, bed watch contact tracing and discharge planning
- information on how prison staff can support residents with TB

TB awareness training for healthcare staff in prisons and places of detention

This slide set includes information on:

- management and support of patients
- infection control and appropriate isolation
- discharge/release or transfer planning
- principles and importance of contact tracing

Interventions included by NHSE&I on NHS Long Term Plan Menu of evidence-based interventions to reduce inequalities

The TB Strategy national USPs Delivery Group submitted interventions for inclusion in the menu of evidence-based interventions to reduce health inequalities being developed by NHSE&I. This menu aims to inform local system planning, setting out how the interventions specifically reduce health inequalities. The interventions accepted were:

- **Video Observed Therapy** to support better TB treatment completion using SureAdhere (delivered by Find & Treat)
- **Commissioning community pharmacies** to provide directly observed therapy (DOT) especially for those attending services for opioid substitution treatment (OST)

Supplied by Dr Anjana Roy (anjana.roy@phe.gov.uk)

PHE Health Improvement: Alcohol, Drugs, Tobacco & Justice Division

ExplainTB an App to support patients whose first language is not English

Explain TB is a smartphone-based aid that provides straightforward information about TB in 36 languages. It provides it in text and audio-visual forms and aims to bridge the language barrier that migrants with TB may experience when accessing care. It is available free for iPhones via the [App Store](#) and for android phones via [GooglePlay](#)



Within the 'Explain TB App':

- there are 41 brief information sheets on TB
- you can translate these 41 information sheets instantaneously into any of 36 languages
- you can create bilingual handouts, bringing together a selection of the 41 information sheets, to produce a unique handout specific for your patient
- you can watch 3-minute videos summarising TB in any of 13 languages
- there is a link to a QR code poster which once printed gives access to 17 videos explaining TB in simple language (TIP: these can be printed and put up in your clinic for patient use)

Explain TB can be accessed via a computer (<https://www.explaintb.org/>) or can be downloaded onto a smartphone so that its information can be shared with patients in clinic.

TB Surveillance

Provisional data for 2020 shows a decline in TB case notifications and rates compared to 2019. A total of 4,131 TB cases were notified in 2020, a rate of 7.3 per 100,000. This represents a 13.1% decline in TB rates since 2019, and a 38.7% decline since the start of the TB Strategy in 2015. It is important to note that this data is provisional and may represent under reporting due to the COVID-19 pandemic. Further details of provisional data are published on the [TB pages of the PHE website](#) in **quarterly TB reports**. These reports aim to provide timely and up-to-date figures on key epidemiological indicators, inclusive of regional breakdowns, to inform ongoing TB control efforts in England. Click [here](#) to see.

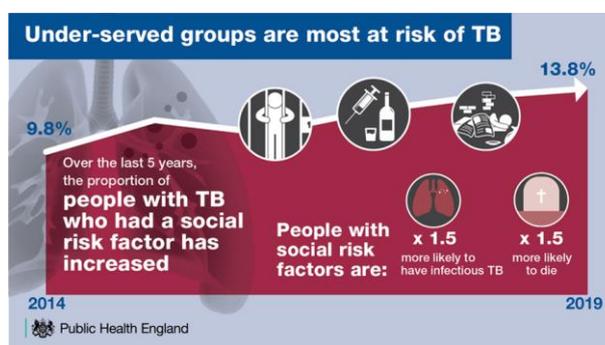
Reaching the WHO's End TB Strategy target of a 90% reduction in new TB notifications by 2035 was always going to be challenging, and the COVID-19 pandemic adds additional complexities. The impact of COVID-19 on TB notifications is also being monitored monthly via internal reporting.

The **Annual TB in England report** was published in November 2020. This presented detailed data to the end of 2019. In 2019 a 2.4% increase in the number of people notified with TB was observed; from 4,615 in 2018 to 4,725. The observed increase was not equally spread across England. Despite this, the rate of 8.4/100,000 in England means it is still classified as a low incidence country by the WHO.

Inequalities remain an important feature of TB epidemiology with disparities in geography, country of birth, ethnicity and social risk factors. In 2019, 14% of TB cases had a social risk factor; the highest since data collection began in 2010. The rate of TB in the most deprived 10% of the population was more than 5 times higher than the least deprived decile.

Accompanying the annual report, the following surveillance reports and tools have also been updated with the latest TB surveillance data:

- **[Tuberculosis cases UK: 2000 to 2019](#)**, presenting the latest TB surveillance trends for the UK
- **[TB Strategy monitoring indicators](#)** – are updated yearly in the annual report and are available via **[PHE Fingertips](#)** to enable interactive interrogation of TB data at Local Authority and CCG level
- **[TB Infographics](#)**, based on the Annual TB report data, prepared and released at national and TB Control Board level with the Annual TB report



TB Alert

TB Alert has been a fantastic partner supporting the delivery of the Collaborative TB Strategy over the last 5 years and for many more years supporting frontline staff and patients. It is with great sadness that they have needed to winddown many of their activities and since December 2020 no longer employ a staff team. Over the years TB Alert has provided some excellent resources both for the public and healthcare workers and have been a great source of support and information and we sincerely thank them for their work.



Below is a summary of TB Alert's UK work and what will continue.

1) Information, awareness and support to individuals and affected communities

- TB Alert will maintain its website *The Truth About TB* and Helen Clegg TB Alert's communications manager can be contacted on helen.clegg@tbalert.org for any queries
- A wide range of *awareness raising resources*, for the public and for third sector organisations which work with affected communities, remain available on the TB Alert website
- *Patient information leaflets* co-branded NHS and TB Alert can be downloaded from their website along with translated versions
- TB Alert's telephone information service, for people with or concerned about TB, will be maintained on 07311 437398, however their email information service will discontinue
- Awareness raising campaigns, increasingly using social media and other digital channels, will continue where possible

2) Training, education and guidance

- TB Alert developed online training for health professionals (GPs and midwives), and this still exists via the *Royal College of GPs* and *Royal College of Midwives*
- TB Alert both delivered training programmes for third sector organisations that support communities affected by TB and advising and supported regional and local services on raising awareness, improving access to services, and providing patient-centred care. These activities have been paused at this time.

3) Involving patients and the public

- TB Alert facilitated a TB Action Group of patient advocates. They are reviewing how this might be supported going forward
- TB Alert led on patient and public involvement in TB research programmes, most significantly with UCL, this will continue for existing research collaborations

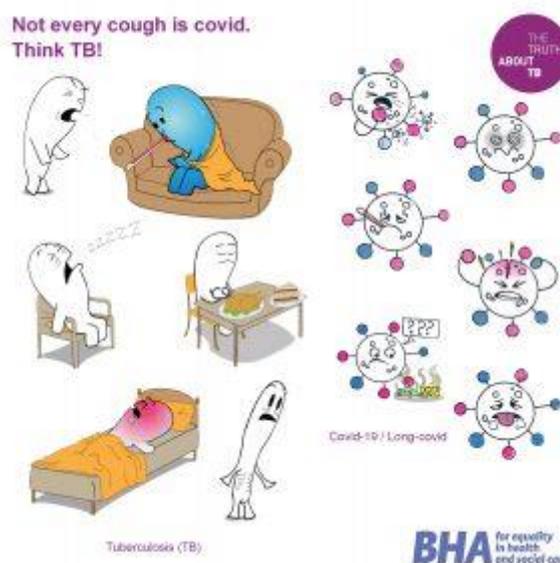
Not every cough is covid – think TB! Social media toolkit.

This social media toolkit can be used by anyone wishing to raise awareness of TB in their community. This is more important than ever, with the world's attention turned towards the coronavirus pandemic.

Unfortunately, because the symptoms of TB, covid-19 and long-covid are often similar it is possible for TB to be overlooked. This toolkit helps differentiate the symptoms of these conditions and asks people to Think TB as well as COVID in those likely to be at increased risk!

Access the toolkit here:

Not every cough is Covid - Social Media Toolkit



Congratulations to HSJ Finalists in Acute Service Redesign

Many congratulations to the Royal Manchester Children's Hospital, North West Paediatric Allergy and Infection Network and North West TB Control Board who were "Highly Commended" in the Acute Service Re-design category of the Health Service Journal (HJS) Awards 2020. They submitted their '**New approach to an old disease; delivering specialist care to children with TB close to home**'. Their service offers a weekly virtual paediatric TB clinic run by a specialist paediatric TB physician linked to clinicians in local DGHs and rolling regional audit, supported by targeted education and networking opportunities. It has ensured resources are used more effectively to improve quality of care for patients closer to home. This model was previously shared in the March 2018 *TB Strategy Update* as an exemplar of best practise and could easily be adapted by other services to provide high quality care without the need to travel to tertiary care centres.

This combined team were "commended for their innovative approach to service delivery building on clinical skills, ambition and teamwork to deliver impressive outcomes in challenging contexts. The judges felt that the delivery model has significant potential for adaption to address a range of other relatively rare conditions safely and consistently. They agreed that this was an innovative model for paediatric TB especially for travelling families"



We'd like to thank all stakeholders working to improve TB control in England for your continued hard work and support

A new 5-year TB Action Plan is about to be launched this aims to further improve TB control, to maintain and extend the downward trend in TB incidence and move us towards TB elimination

Elimination is now our goal!

The TB Strategy Update is prepared by the PHE TB Strategy team

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