

# Communiqué

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## Enhanced TB surveillance system: a user's perspective

Health Protection Nurse GARY PORTER-JONES, from the North Wales Health Protection Team (HPT), writes about his team's experience of the new web-based enhanced TB surveillance (ETS) database, which should be rolled out nationwide in 2009.

Many of you will be aware that the Health Protection Agency (HPA) has been piloting this new database. Some of you may have been part of the pilot, perhaps as nurses in TB clinics filling out the new blue notification/surveillance forms, or in a health protection unit that uploads the data to the database and uses its comprehensive surveillance functions. Whatever your input, I'm sure you'll agree that the new system is far better than the local, regional, and national modules of the old ETS.

### How it was done

In my region, we provided the TB nurses in the three local clinics with their own usernames and passwords so that they could notify cases of TB and supply the enhanced surveillance data directly onto the online database, creating a truly paperless system. A neighbouring region continued to ask the nurses to complete the revised paper notification forms and post them to the HPT. It was useful to compare approaches and the experiences of the nurses using the different methods.

We found that both groups of nurses were happy with the method they were using. My concern was that the nurses in my region would view uploading the notification data themselves negatively, citing 'not enough time', or 'no access to a computer'. However, I was wrong. They embraced the concept with open arms, viewing it as a positive step and one that underpinned their

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autonomy and responsibility as competent professionals.

### Access is the key

The new ETS is an extremely useful and well-organised database – nurses can access all their patient's details with a couple of clicks of a mouse button. Once uploaded, the patients details are there for everyone, at every level, who needs them. The local clinic has a well-organised database of their patients; we, at regional level, are alerted each time a new case is notified and we can view possible epidemiological or microbiological links with other cases that are in our region and elsewhere. All this surveillance data is also always available within Wales as well as by the HPA in Colindale, and all within a couple of clicks of the mouse.

In this comprehensive pilot phase, numerous bugs were identified and fixed, and comments were provided on how best to structure it and many of its functions. Hopefully, it is now a tool to help provide an efficient structure to your TB caseload – it certainly is in North Wales.

# The RCN's forum rationalisation project – an update

RCN TB Nurses Forum Chair Malcolm Cocksedge writes.

The RCN has recently decided to rationalise the many forums that operate under the name of the RCN. (Detailed explanation as to why, driving factors and aims can be found on the RCN website.)

Like many people, my original thoughts were of money savings. However, I attended the Chairs' meetings to discuss and to be informed.

## A plan overturned

The original paper that was released merged TB with respiratory nursing; this is something to which the forum members unanimously objected. Historically, TB has been linked to respiratory nursing due to its medical association with the British Thoracic Society (BTS); the reality is that there is no need to be a respiratory nurse to work with patients who have TB, and

indeed there have been many incidents of respiratory nurses being given a TB caseload with no training into what is a separate specialty with very different goalposts.

With this in mind, the RCN has created a new area of practice as well as employed a nurse adviser who specialises in public health – this is where we feel we belong and after some debate this is to where we have been successfully merged.

## In future

The new forums will operate very much as before. Different entities within the forum will bid for project monies each year, so things such as the RCN TB Nurses Forum Conference will continue. Added to this it is highly likely that we will start to look at particular projects,

teaming up with colleagues in the All Party Parliamentary Group (APPG) UK coalition as well as the BTS to look at how we can move forward TB nursing. Over the next year or so we hope to be able to produce standards on 'case management'.

All in all, it looks very positive. It will be sad to say goodbye to the TB Nurses Forum as a separate entity and even sadder to say goodbye to our RCN Adviser Lynn Young, who has done an excellent job over the last many years keeping me on track and giving me the benefit of her tremendous experience.

The proposed changes are to come into effect towards the end of 2009, so watch this space for further details or feel free to visit the RCN website.

## Overcoming cultural and linguistic barriers in TB services

As part of the RCN TB Nurses Travel and Research Award, Rebecca Welfare, formerly TB Nurse Consultant, Centre for Infections, Health Protection Agency, travelled to Seattle, USA in May to attend the Community House Calls Program at Harborview Medical Center. She writes.

### Addressing inequalities

In the USA, like the UK, TB disproportionately affects certain ethnic minority communities born overseas and within the USA. Recent reports in both the USA and UK have demonstrated the need to address inequalities in health service provision by providing culturally and linguistically appropriate services that meet the needs of the community they serve. This cannot be more evident than in TB services in the UK, where approximately 70 per cent of all cases are non-UK born and where cultural and linguistic barriers pose a challenge to both provider and patient in the clinical setting.

### The programme

The Community House Calls Program at Harborview Medical Center in Seattle has over 14 years' experience in employing medical anthropological principles in the health care setting. Based on the community health care worker model, the program currently consists of seven bilingual, bicultural caseworkers who perform a pivotal role mediating between acute and primary health care services and the community setting, providing social and cultural case management in liaison with medical and allied professionals.

Managed by a nurse supervisor, department manager and medical

director, the cultural case workers have first-hand experience of resettlement in the USA and have strong and well established links with their respective communities. As case managers, the cultural caseworkers act as advocates, mediators, and interpreters for non-English speaking populations and for those who do not speak English very well across the hospital and community setting. They provide not only an individualised approach to case management, but also identify and address wider community issues that impact on health. In addition, their presence in the health care setting provides a means of increasing clinicians' awareness of cultural

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and linguistic issues, while also challenging cultural assumptions and misconceptions, which could potentially affect the quality of care delivered.

This cultural caseworker model at Community House Calls was piloted by Seattle and King County Public Health Department TB service between 1999 and 2001, where the socio-cultural and community based approach to care was found to improve treatment completion rates and the quality of patient care for individuals from specific ethnic minority groups. The model has since been replicated in other State TB programmes throughout the USA.

**Applicable to the UK?**

The cultural caseworker model could be developed and adapted for use in TB and allied health services in the UK setting, particularly in areas where there is a high prevalence of non-English or limited English speaking populations and where a socio-cultural case management approach is required.

For more information, contact me on  
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**Network for those  
affected by TB**

TB Alert is pleased to announce that, as part of the new Department of Health (DH) funded UK Awareness project, it is currently facilitating the development of a network for people who are or have been affected by TB. While TB Alert will be available to support the network's development, it will be network members who will decide the form it will take as well as its actions and strategies.

Here at TB Alert we believe that the network is a great opportunity for those who have been affected by TB to come together and develop an organisation that is specific to their interests and concerns in the UK. As well as regular opportunities for the network to meet, we will be setting up email communication between those who have been affected by TB who wish to be involved. You can also share your experiences and learn more about the work of TB Alert on its Facebook page ([www.facebook.com/pages/TB-Alert/20465909226](http://www.facebook.com/pages/TB-Alert/20465909226)).

If you are interested in participating in the network, in any way you can, please contact Tessa Marshall (Information Officer) on telephone: 01273 234770, email: [info@tbalert.org](mailto:info@tbalert.org)

**New HPA poster**

The Health Protection Agency's Tuberculosis Programme Board has published an Interferon Gamma Release Assay (IGRA) Questions and Answers poster. To request a hard copy, please email: [easo@hpa.org.uk](mailto:easo@hpa.org.uk)

For more information on IGRA tests and to see the HPA's position statement on IGRA testing, please visit the HPA's website at [www.hpa.org.uk](http://www.hpa.org.uk)

**Launch of UK  
Coalition to  
Stop TB**

The RCN has become a member of the newly launched UK Coalition to Stop TB, an alliance of UK-based organisations and individuals sharing a commitment to fight TB. So far, 18 organisations – from non-governmental organisations (NGOs) to professional bodies – have signed up. Work is currently being undertaken to formulate a strategy and work plan for the UK TB group. For more information please contact the group co-ordinator on email: [debbie@results-uk.org](mailto:debbie@results-uk.org)

Royal College  
of Nursing[www.rcn.org.uk/events](http://www.rcn.org.uk/events)**RCN Tuberculosis Nursing Forum Conference  
and Exhibition 2009****TB here and now!**Wednesday 11 March 2009  
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**Letter from the Adviser**

It is time to be honest with you. The fact is that I have been finding the presidential campaign in the USA far more interesting than life in the NHS and its latest round of health reform! It has been the most exciting and energetic of campaigns, with all the pantomime and glamour of the West End theatre and Broadway.

**The importance of health care**

Both US President-Elect, Barack Obama, and his Republican opponent, John McCain, have talked about future medical care in the USA and how it should be funded. With all the problems and difficulties experienced every day in the NHS, it is still a complete luxury to be seriously ill and not have to panic about escalating costs. Free at the point of need is enshrined in British legislation and long may this state of affairs continue.

For patients living in the UK who happen to have TB, and who might have been born in another country, it must be the most wonderful relief to be reassured that their treatment, however expensive, will be funded by the state.

**Inequality between the rich and poor**

But while we continue to welcome and support 'free at the point of need' health care, it is important for us to remember that social conditions are far from equal in the UK. In fact, the gap between the rich and the poor is as wide as it has ever been and, of course, it is the poor who are more vulnerable to TB than the more economically comfortable. Working in the field of TB, nurses face up to health

inequalities every working day and you must be exasperated at the social conditions which put people at risk.

If we pop the simple matter of credit crunch and financial meltdown into the equation we immediately assume that rising rates of unemployment and therefore relative poverty are on the way. Does this mean that rising rates of TB will also occur? The truth is that, currently we have no idea whatsoever, but we need to keep on our guard and lobby against diminished public health and prevention of disease activities. It is so easy to cut public health budgets when the going gets tough, but in the longer term this is the worst possible action.

During these bizarre times we must keep our nerve and work hard to ensure that politicians do not take measures that threaten the public health. The various TB action plans need to be implemented quickly and with commitment from all concerned. The All Party Parliamentary Group (APPG) for TB has the full support of RCN members and we look forward to long-term sustained partnership working in our aspirations to control and manage TB better. There is much work to do.

With my best wishes.

**Lynn Young**

**RCN/APPG survey launched**

The RCN TB Nurses Forum is working alongside the All Party Parliamentary Group (APPG) on Global TB to launch a survey aimed at nurses working in TB. The overall purpose of this survey is to get feedback and opinions from nursing staff regarding what is happening on the front line in TB services in their area. It seeks to understand if TB services are adequately funded and managed and what challenges still remain in TB control in the UK. The survey comes after Julie Morgan MP, a co-chair of the APPG, attended the RCN TB Nurses Forum in February 2008. During her address to TB nursing staff she applauded the work being carried out and asked that nursing staff 'tell MPs what you think and where we should focus our efforts'.

It is important that all TB nurses take the time to complete the survey and let their opinions be known. The survey will be fed back to the RCN TB nurses Forum and will be launched in Parliament in summer 2009.

The survey can be found on the APPG website at: [www.appg-tb.org.uk/documents/RCNAPPGSurvey.doc](http://www.appg-tb.org.uk/documents/RCNAPPGSurvey.doc)

**NHSmail**

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to [www.nhs.net](http://www.nhs.net). For help and information call 0845 300 5845 (8am-6pm, Monday to Friday).



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