

Communiqué

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Letter from the Editor: Cathy Browne

TB in the news for 2007

The year 2007 has seen tuberculosis staying high on the political agenda, and we have seen three major developments that will improve TB services. These are:

- the launch of the All Party Parliamentary Group (APPG) on TB
- the development of the Department of Health's toolkit for commissioning TB services
- the introduction of free TB medication for patients (see page three).

Our plans for 2008 are similarly energetic, kicking off with our conference and exhibition on 27 February 2008 (see page three) and we hope to have the opportunity to meet many of you again at RCN Congress in April 2008, when the forum is having a fringe event on Monday, 28 April 2008 entitled 'Find and treat service'.

Finally, I hope you all have a restful and peaceful holiday season, and on behalf of the Forum Steering Committee, I wish you a happy and prosperous 2008.

Share and share alike!

SUSAN DUTHIE, who has recently joined the forum committee, provides a bit of background on herself, and looks forward to gaining a new perspective.

Originally from St Andrews, I moved to Aberdeen and qualified as a nurse in 1985. After staff nursing in care of the elderly and gastrointestinal medicine, I left to have twin boys (now aged 19!). Returning to work in 1992, I became a school nurse in a large local academy within a deprived area of the city that provided me with a wealth of experiences and learning opportunities. I then became a lead nurse for school nursing in the area. During this period, I worked closely with the health protection team with regard to the schools' catch-up immunisation programmes and the re-introduction and development of a nurse-led BCG service as well as a wide range of other health protection issues affecting schools, their pupils and staff.

In 2002, I completed a BA degree in Public Health Nursing (Health Visiting) with Specialist Practice and Nurse Prescribing at the Robert Gordon University in Aberdeen; in 2004, I became the

sole TB specialist nurse for Grampian working within the health protection team and set about redesigning service provision. Numbers of cases of TB, although low in comparison to other UK areas, are on the increase, especially amongst our immigrant population, and this provides a particularly interesting and diverse working environment.

I recently was made chair of the Scottish TB Nurses Steering Group and was asked by my colleagues to consider representing them on the RCN TB Nurses Forum. I accepted the challenge and the forum accepted me! I hope to bring in a Scottish perspective to the group and bring back a more UK-wide perspective to my Scottish colleagues, sharing best practice and expertise and contributing to national debate and the writing of guidance around all aspects of TB and its management and control.

Further information

Send contributions for the next issue by 12 June 2008 to the Editor, Cathy Browne
Telephone: 0121 424 1937
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TB COURSES

Education for Health has organised a short course to help health professionals gain a basic understanding of TB and effectively identify, support and manage patients who have, or who are at risk of acquiring, TB. The short course complements the diploma-level TB module and both courses are suitable for

clinicians, working directly or indirectly with patients with, or at risk of acquiring, TB.

For further details, contact Eileen Pearson, Clinical Lead for TB, on telephone: 01926 493313 or visit www.educationforhealth.org.uk/pages/education_training/short_course/tuberculosis.asp

Letter from the Adviser

LYNN YOUNG discusses a few home truths about the future of health provision.

Rise of the polyclinic

The drive to develop care closer to home and diminish the demand on district general hospitals continues, and with this comes interest in a new health care provider – the polyclinic. This setting aims to offer general practice skills and knowledge, diagnostic testing, on-the-spot treatment and access to specialist care, if need be.

Regardless of the beauty of this development, alongside any progress will be the inevitable conflicts and tensions relating to where polyclinics should be situated and where are the funds going to be diverted from in order to pay the bills.

Staying the course

The latest report from Sir Derek Wanless, from the highly respected King's Fund, offers praise, caution and doubts regarding the current success of the NHS. We must all acknowledge that, while huge achievements prevail, they are insufficient in terms of the vast sums of cash now entering the NHS. The NHS must be more productive and provide better value for money if it is to perform as a world-class service in the future. Much more work needs to be done, but Sir Derek believes that we are on track, the policy is right and reorganisation will fail to produce any better results.

But here is the tough news

Unless we are more successful in persuading people to live better, healthier lifestyles, we will all be surrounded by failure in terms of improving health status, preventing disease and ensuring that morbidity and mortality numbers continue to fall. Maybe providing the right treatment and care is the easy task compared to helping people adapt habits of a lifetime. While it is key to ensure that patients with TB get the correct treatment, recovery and long-term good health is highly dependent on maintaining a healthy lifestyle.

In the next year or two, the Government is bound to focus on developing expert commissioning for care closer to home, along with better financial and performance management and improved community/public health – perhaps as a sign of this new focus, the Right Honourable Alan Johnson has just announced a renewed effort to reduce health inequalities.

With my best wishes.

Mobile X-ray Unit proving

The Mobile X-ray Unit (MXU) service offers quick access to detection and treatment of TB for marginalised groups with no general access to TB services. The rapid process of the screening has enabled over 30,000 people from high-risk and marginalised populations to be screened since April 2005. It is unlikely that these patients could have been reached without the use of this innovative technology and partnership with key agencies in London. TERRY JOE, MXU Project Manager, writes.

Reaching out to the community

The Mobile X-ray Unit (MXU) has successfully reached out to London services that would not normally engage with TB services. During the first year, the service contacted over 130 different organisations, community groups and outreach teams, providing screening services to 197 venues across London. The MXU has also responded to areas outside London during this period, including Oxford, Luton, Leicester, Leamington Spa and a number of prisons outside London.

The MXU service has become an integral and visible response to supporting the control of TB. The service raises awareness among staff of the signs and symptoms of TB and encourages discussion of key issues related to TB. This has resulted in providers' services sometimes developing or changing their policies, in acknowledgement of the impact of the service on their client groups. The project's involvement with the CHAIN London homeless database assists in tracking the movement of homeless people as they access a range of services across London. This has been of benefit to the MXU team and has allowed us to identify key areas for targeting in the future, as well as find cases lost to follow up.

Active case finding

TB remains a public health challenge for London, with continuing increasing incidence recently noted in 2005. The service to date has detected over 50 TB cases since April 2005. The complexity of these cases includes eight cases with resistance to first-line TB drugs. There is no other form of active case finding for this community, who often present with advance symptoms at a late stage. This project is essential in enabling cases to be treated quickly and at a lower cost to NHS trusts. The identification of these patients early will reduce transmission of disease in the community and prevent future cases of TB.

The service is pan-London and operates with one MXU and a team of staff. The groups targeted for screening are often reluctant to access NHS services and it is very unlikely that mainstream services could have reached these patients. Feedback from users and provider agencies has been positive. Many users accessing the screening service have commented positively on the ease of access, the speed of screening and the relevance of a service that is based in the community. It has been particularly rewarding to have patients diagnosed with TB via the MXU

a great success

“ *There is no other form of active case finding for this community, who often present with advance symptoms at a late stage.* ”

service express how valuable the intervention has been to their quality of life. Crucially, the service is increasing access to marginalised groups, detecting cases and ensuring that further investigations and a treatment plan can be implemented quickly.

The evaluation of the service carried out independently by the Health Protection Agency will be available later this year. If you have any further questions, please contact me on email: terence.joe@uclh.nhs.uk, or telephone: 020 7380 9738.

Changes to the supply of drugs for TB patients

The Department of Health has been exploring ways to reduce the cost of TB drugs to patients since it was first identified in the Chief Medical Officer's TB Action Plan – Stopping Tuberculosis in England. Anecdotal evidence from TB specialists has often cited prescription charges as a barrier for patients starting and completing treatment. In response, from 1 September 2007, changes to the NHS (Charges for Drugs and Appliances) Regulations 2000 (the Charges Regulations) have made drugs supplied to treat TB free to patients attending TB clinics or those treated under a patient group direction. The changes apply to any drug supplied for the treatment of TB. However, if the FP10 form is used by a GP to prescribe TB drugs, the patient will still have to pay prescription charges, unless they are exempt.

The aim is to encourage people with TB to be seen regularly in TB clinics, where they can be properly assessed and their treatment monitored by specialists in the field. More information can be found at: www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Tuberculosis/DH_078136

RCN EVENTS

RCN Tuberculosis Nurses Forum annual conference and exhibition

TB: today and tomorrow

Early bird
RCN Member fee
only £59!

Wednesday 27 February 2008
Cowdray Hall, RCN HQ, London

The last year has seen numerous developments that will improve TB services in the UK. The main focus of this conference is TB in the future.

All nurses and other health professionals working in the field of TB or who have an interest in TB should not miss out on this exciting programme and accompanying exhibition.

Proposed programme:

- **Keynote address: The role of the All Party Parliamentary Group (APPG)**
Julie Morgan MP, Cardiff North
- **Management of child contacts of TB and diagnosis of latent versus active TB in children**
- **The latest developments in Port Health – screening new entrants for TB**
- **TB surveillance**
- **Update from South Africa project**

Future developments in TB:

- **Use of azole drugs in the treatment of TB**
- **Prospects for an improved TB vaccine**
- **Diagnostic and therapeutic treatments for TB in the future**

Further information:

Guillia Ward, Conference and Events Organiser
Tel 020 7647 3591 Fax 020 7647 3411
Email: tbnurses@rcn.org.uk



Royal College
of Nursing

www.rcn.org.uk/events

UK is odd one out on TB

Several research papers published in recent years have forwarded the commonly held view that industrialised countries have been experiencing a re-emergence of TB over the past decade, particularly in cities and in immigrant populations, quoting increased travel and migration from high TB incidence countries as the primary reason for the increase of TB. From 2005, some of the anecdotal and epidemiological data examined by TB Alert appeared to contradict this theory. The charity decided to research the issue further in the context of the European Union, looking at 15 EU member countries, covering the period 1995–2006.

Data collected from EuroTB and its participant members showed that the general trend of TB rates from 1995-2006 in the EU countries analysed was actually downwards: 11 of the 15 member states followed this pattern and only one had experienced a sustained increase throughout the entire period – the UK. BCG vaccination policies vary widely across the countries, removing the vaccine as a possible influence on the figures. Although comparison data on former ‘Western’ and ‘Eastern’ Europe countries was limited, it would also appear that

there is no pattern ascribable to this geography.

The only capital city experiencing a sustained increase in TB was London – the most populous city in the EU. Its diverse, multicultural population speaks over 300 different languages and it is the largest aviation hub in the world, and it would be easy to conclude from this that migration is the reason for the increase in the city. However, research carried out on London TB data for the period 2003-04, examining demographic, disease-related

and social characteristics, found that: “In London, homeless people, prisoners and problem drug users collectively comprise 17 per cent of TB cases, 44 per cent of smear positive drug resistant cases, 38 per cent of poorly compliant cases and 44 per cent of cases lost to follow-up. Of these patients, 15 per cent start treatment on directly observed therapy (DOT) but 46 per cent end up on DOT [...] South Asians, females, recent migrants and foreign-born individuals were most likely to adhere to treatment. Patients least likely to adhere to treatment were homeless people, problem drug users and prisoners, [...] high levels of infectious and drug-resistant disease, poor adherence and loss to follow-up indicate that TB is not effectively controlled among (these groups) in London.”

There is no denying that there is some effect on the burden of TB in London due to travel and migration; however, foreign-born patients are less likely to be infectious. Research suggests that the increase in London may not be attributable to increased travel and migration alone, and that the marginalisation of social subgroups has played a key part in transmission of infection within the capital.

The UK population has by no means the highest percentage of migrants in the EU – were immigration the key issue, the pattern of increase should be reflected in other countries with higher percentages of migrant populations, or at least in their capital cities. Further research needs to be carried on this matter.

* For further information, including graphs and references, please contact TB Alert.

TABLE SERVICE WITH A DIFFERENCE

Raise awareness and money for World Stop TB Day by asking restaurants if they would be happy to add a discretionary £1 to every bill, which is then donated to TB Alert.

We provide the restaurant with colourful cards to put on every table, which explain to diners how it works. It costs the restaurant nothing to take part, and is a great way for them to do their bit for charity, while actually doing very little! TB Alert also provides information about how to explain it to staff and customers. It really is very simple. For further information, telephone: 0845 223 5293. If you do want to carry out an awareness event on World TB Day, email Tina at awareness@tbalert.org as soon as possible, so she can provide enough materials.



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