

Communiqué

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INTERNATIONAL UNION ON LUNG HEALTH CONFERENCE

The Union is already preparing its 38th Conference on Lung Health, to be held in South Africa 8–12 November 2007. The theme will focus on confronting the challenges of HIV and multidrug-resistant tuberculosis (MDR-TB) in TB prevention and care. For details, visit: www.worldlunghealth.org/Conf2007

Further information

RCN TB Nurses Forum
Send contributions for the next issue by 2 November 2007:

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Letter from the Editor

Time flies when you're having fun!

CATHY BROWNE asks – 'Why not pen your own article?'

It seems like only yesterday that I was writing our winter newsletter! I hope you enjoy reading *Communiqué* as much as I enjoyed preparing it.

Remember, we are always open to suggestions. What would you like to see in future issues? Why not write an article for next time?

We thank all those who took the time to evaluate our last event, 'Managing TB against the odds', which was held at York Racecourse on 16 October 2006. We will certainly consider

the points made when planning our 2008 conference. In fact, the Steering Committee met in July 2007 to discuss and plan the conference, which should take place in the spring. When the date and the venue are decided on, it will be put on the TB Nurses Forum web page, at www.rcn.org.uk/pcph

Finally, Steering Committee members have returned from Harrogate and, as usual, Congress was a fantastic experience – see page two for the latest news on this.

TB Nurse Awards 2008

RCN members in the UK with an interest in TB are invited to apply for a travel and/or research award up to the sum of £10,000, kindly sponsored by the Department of Health.

Applicants will need to demonstrate how their proposal will:

- have a positive impact on clinical practice
- improve the patient experience
- contribute to personal and professional development
- enable the implementation of government strategies in the UK
- advance the art and science of nursing.

We expect applicants to identify areas of proven good practice in other countries, or in their own country, and demonstrate how this can be transferred to, or within, the UK. Successful applicants will be expected to speak at the RCN

TB Nurses Forum conference in 2008, provide a summary for the RCN website and the forum newsletter *Communiqué*, and seek to ensure that all learning is widely disseminated.

Depending upon the number and quality of applicants, interviews may be held. Application forms and full details of how to apply can be obtained by:

- downloading from www.rcn.org.uk in 'About us' under 'Scholarships and awards' and 'Funding for members', or;
- emailing scholarships@rcn.org.uk, or;
- sending an SAE to TB Nurse Awards 2008, c/o Moira Lambert, RCN, 20 Cavendish Square, London W1G 0RN
- you can call Moira Lambert on 020 7647 3731 to discuss your proposal.

The closing date for applications is 1 December 2007.

HEALTH IS A WORLDWIDE ISSUE

Two new Department of Health (DH) documents – *Global health partnerships and Health is global* – outline a new approach to global health challenges. *Global health partnerships*, written by Lord Crisp, makes a series of recommendations as to how the NHS can support health care in developing countries. *Health is global* is a DH consultation document that aims to look for ways to ensure a joined-up approach to global health issues across different government departments – it can be accessed at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072697

Taking charge of change

Once again, several forum committee members attended RCN Congress, held this April in the picturesque town of Harrogate. The theme - 'Change makers' – held true, as it really was an event marking changes in the future of nursing. From keynote speeches and debates to social events and fringe events – including the forum's own – forum members were there to represent the voice of TB nurses across the UK. **STACEY FARROW**, Respiratory Nurse Specialist, Tameside Hospital, Ashton under Lyne, reports.

A line in the sand

In his inaugural speech as the RCN's new General Secretary, Dr Peter Carter pledged to "fight for members and to never let them down". Dr Carter touched on many nursing issues, in particular NHS deficits, the plight of specialist nurses and the shameful pay award offered recently to nurses. He added: "We've been silent too long and turned the other cheek too often. So from today, we are drawing a line in the sand. We've reached our limit – this far and no further." His words achieved a standing applause.

A crucial decision

Forum members participated, and voted, in many of the stimulating, and thought-provoking debates, not least when members voted overwhelmingly in favour of an emergency resolution to reject the staged pay award, and then took another emergency resolution to call for RCN Council to investigate what form of industrial action would be appropriate in relation to the pay offer. This, too, was passed, and RCN Council pledged its commitment (*see Letter from the Adviser, page three*).

TB patients – lock them all up?!

Our own fringe event – a debate entitled 'Getting tough on TB – lock them all up?!' did as exactly as was intended, and provoked a stimulating and lively debate around the increase in TB numbers and what can be done about it.

‘We’ve been silent too long ...’

Forum member Gary Porter Jones proposed to lock up all TB-infectious TB patients, stating the problem needed "to be grabbed by the scruff of the neck", because current methods of control were failing the population. According to Gary Porter Jones, TB patients should be incarcerated until they have completed a full course of treatment. Another forum member, Kelvin Karim, was against incarceration, and pointed out that imprisoning large numbers of TB patients would contravene human rights, as well as cost huge amounts of money that would be better spent on properly staffed programmes to ensure patients' compliance.

The Congress has, once again, provided an inspiring and invigorating week. Visit the RCN website and view keynote speeches and debates at your leisure, at: www.rcn.org.uk

TB services stru

TB Alert has discovered that almost half of TB nursing services in high-incidence areas do not meet the NICE and British Thoracic Society (BTS) recommended nurse-to-patient ratio. In a survey carried out earlier this year, five out of the eleven areas in England with the most TB cases did not meet the ratio of one nurse to fifty patients. Two areas had nursing levels at half the recommended level of service provision.

TB TOOLKIT LAUNCH

The Department of Health has published a toolkit that hopes to enable primary care trust (PCT) commissioners to plan and commission high-quality TB services for their local area. This will also aim to assist the NHS with implementing the TB action plan, Stopping Tuberculosis in England. Entitled *Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England*, the document, which consists of a policy and guidance plan, can be downloaded from:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075621



RCN WING – Providing advice, support and information to RCN members affected by ill health, injury or disability – whether work related or not. Contact 0845 408 4392/020 7647 3465 (weekdays 10am–12 noon) or email wing@rcn.org.uk

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. For help and information call 0845 300 5845 (8am–6pm, Mon–Fri)

Struggling in high-incidence areas

Losing the battle?

Even in areas where the ratio is under that recommended, nurses are struggling to manage their workload as cases are becoming more complex. Chemoprophylaxis, new entrant screening, BCG vaccine for neo-nates and occupational health have also increased heavily. New procedures since the NICE guidance was issued have further added to the burden and many are struggling with extra work from QuantiFERON tests and additional Mantoux clinics. Some services are unable to carry out missed BCGs, audits and community awareness work, with a small number stating that they cannot even keep up with regular paperwork or routine follow-up visits.

TB Alert believes that all high-incidence areas should be on a level with London, where the ratio is recommended to be

one nurse per 40 patients. TB Alert Chair Paul Sommerfeld said: "TB numbers are still rising despite optimistic predictions in the 2004 TB Action Plan of a drop within three years. It is deeply troubling that, at the same time, resources for TB services are drying up. It should be clear that the London guideline of one specialist TB nurse per 40 TB cases must apply to all high-incidence TB areas. It is unacceptable that barely a third of such areas meet this standard."

The tools to cope?

Some help is due to be at hand to help services when asking their primary care trusts (PCTs) for more resources – a commissioning toolkit has been developed by the three expert working groups of the Department of Health (DH) that were set up following the publication in October 2004 of the Chief Medical

Officer's (CMO's) Action Plan for Stopping Tuberculosis in England. The toolkit aims to provide commissioners of tuberculosis services with a flexible commissioning framework and models of good practice for service delivery (as well as laboratory services and surveillance).

The DH has now published this toolkit (*see box on page two*), with a small run of hard copies, and is aiming to run seminars to introduce the toolkit to commissioners. Whilst TB Alert welcomes the recommendations in the toolkit, there is concern that, with no targets attached, TB services will still come too far down the list of priorities at local level.

If you have a comment or questions, please contact Tina Harrison at email: awareness@tbalert.org or telephone: 0845 456 0995.

Letter from the Adviser

RCN Primary Care Adviser LYNN YOUNG looks to the future, and to better times.

Industrial action update

It has been a number of years – over a decade – since there has been talk of nurses taking industrial action. By nature, the nursing profession is not a militant one. Nurses have the habit of soldiering on when the going gets tough and it is certainly very tough being a nurse working in an NHS fraught with financial deficits. RCN Council is in the middle of deciding what action needs to be taken by the membership in the light of the staged pay award. Scotland has, in this instance, decided to behave differently and give its nurses the full 2.5 per cent increase. All further details and information will be included in future copies of *Nursing Standard* and *Bulletin*.

TB screening important

On another and more promising note, *Nursing Standard* (16 May 2007) reported that nurse-led TB screening programmes have increased detection rates by 13 per cent for active TB. A screening trial in Hackney, East London, which involved practice nurses at 50 practices – half of whom carried out screening while the other half did

not – demonstrated that screening has a clinically important effect. Nurses verbally screened patients, to establish the risk of TB, which included seeking information about BCG status, symptoms, migration history and any contact with other people with TB. Nurses carried out skin testing, chest radiography and, when appropriate, radiography. The report was published in *The Lancet*.

Advice for the new PM

With Gordon Brown now in place as the new Prime Minister, and with Alan Johnson in post as the brand new Secretary of State for Health, we have two new politicians to get to know better and 'do business with'. The RCN already has some advice for them: focus on the best use of precious resources and stop needless waste, right now; treat NHS staff as valuable assets rather than as expensive and expendable overheads (for how many years has the RCN been singing this song?); develop a long-term financial stability plan, instead of short-term service cuts in order to balance the books; announce a fair pay rise to the

nursing profession and other health care staff; and make better use of the NHS capacity rather than seeking a number of alternative service providers. And, last but not least, we want to see the new health secretary invest in training and education, ensuring that newly qualified nurses are able to provide the care that they have learnt and wholeheartedly wish to showcase.

Huge improvements in health care have been achieved since New Labour became the elected Government in 1997. Achieving a decimation of waiting times for many health interventions is no mean feat. However, a large number of us also look around and see tragedy, in respect of falling nursing numbers and cuts in services. Yes, far more cash has been spent in the NHS, but there has been incompetence and ludicrous and expensive reconfigurations, too. Competence, intelligence, common sense and wisdom need to lie ahead, instead of targets, league tables and number crunching. We all look forward to working in a better time.

Tuberculosis management and control course

A two-and-a-half day advanced course, 'The principles and practice of tuberculosis management and control in the UK', for specialist registrars, other doctors and TB nurses, will be held at the Birmingham Chest Clinic, 3–5 October 2007.

Topics to include: microbiology, pathology, immunology, epidemiology and genetics of mycobacterial infection; natural history of tuberculous infection; diagnostic methods and problems; managing patients with tuberculosis; MDR- and XDR-TB; tuberculosis and HIV infection; disease caused by non-tuberculous mycobacterial infection; BCG immunisation and chemoprophylaxis; organising a tuberculosis aftercare service; dealing with outbreaks and threatened outbreaks; and control of infection within hospitals.

Speakers to include Dr John Innes, Dr Prith Venkatesan, Dr Grace Smith and Dr Philip Monk. The fee for the course is £250. For further details and application form, please contact: Mrs Mary Mannion, Department of Infection and Tropical Medicine, Heart of England NHS Foundation Trust, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham, B9 5SS, telephone: 0121 424 2357, fax: 0121 424 1309, email: mary.mannion@heartofengland.nhs.uk

Using the Internet for TB surveillance

Nurses best placed for this role?

Complete and accurate notification of TB is essential to monitor epidemiological trends, programme performance and to inform service development. Nurses have always played a key role in TB surveillance. With the advent of extended clinical management roles and responsibilities as named case managers, nurses are now best placed to ensure that essential information on new cases and treatment outcomes is routinely collected and can be used by health providers and service commissioners, both locally and nationally.

The development of the new national TB Surveillance System got underway in September 2007, following a consultation conducted by the Health Protection Agency's (HPA's) Tuberculosis Information Surveillance Systems (TBISS) group on the user requirement document. The consultation was undertaken through HPA Local and Regional Surveillance TB Regional Leads Group, the HPA TB Programme Board and the Enhanced Coordinators Group.

System to be piloted

The first phase of this revised enhanced TB surveillance (ETS) system is now complete and is awaiting piloting. It delivers a web-based TB surveillance system for the collection and reporting of clinical and outcome data and real time matching

with laboratory isolate data from the UK Mycobacterial Surveillance Network (MycobNet), along with strain typing data.

As part of the consultation process, the group conducted reviews of existing TB surveillance systems, including the London TB Register (LTBR) and the Birmingham-based system. By working in close collaboration with these groups, the TBISS group ensured that it complemented its knowledge of national surveillance with the years of experience gained by these other groups from their differing areas of TB care.

The ability to query laboratory isolate and strain typing data along with the clinical case data across the Internet in real time will be an exciting step forward for national TB surveillance. Furthermore, with the second phase of the development scheduled to begin soon, the system will be further enhanced with the development of a contact tracing/after-care tool and a risk analysis tool.

Can you help?

The TBISS group, based at Colindale's Centre for Infection, is looking for interested parties to take part in the pilot scheme of the national system. Piloting will be conducted across the Internet and will help shape the future of national TB Surveillance. Contact the TBISS Project Manager Nick Richardson on email: nick.richardson@hpa.org.uk for more information.

CHRISTMAS IS COMING!

TB Alert's fantastic new range of Christmas cards will be available very soon, through the mid-September TB Alert newsletter, by contacting Melanie on telephone: **0845 223 5293** or email: info@tbalert.org, or via the sales website – www.christmas-cards.org.uk/tbalert – from late August. There are six cards to choose from and every penny you pay will go straight to TB Alert's work, as the cost of all the cards has been covered by Genus Pharmaceuticals.

And here's another great way to raise money for TB Alert – make www.everyclick.com/uk/tbalert your home page and use it whenever you search the Internet. It does not cost us, or you, and funds raised will support TB Alert.



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