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### Further information

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issue by 3 November 2008:

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### Letter from the Editor

## Happy anniversary NHS – here's to 60 more!

To the delight of many, I am assured, the time for another newsletter is nigh. With each successive instalment of *Communiqué*, we are faced with the task of delivering issues that will draw the attention of our esteemed forum members. So let's hear from you! In particular, we are eager to hear from members who can share innovative practice developments, from which we can all learn.

In addition, we must congratulate our NHS, which celebrates its 60th anniversary on 5 July 2008, an achievement of which we should all be proud. Here's to another demanding, stressful, problematic, yet rewarding 60 years!

#### Our forum conference day

Some 160 staff from all over the UK, from as far a field as Cornwall, Wales, Ireland and Scotland, attended the RCN TB Nurses

Forum Conference day at London's RCN headquarters in February. This provided, once again, the opportunity for TB nurses to spend a pleasant, yet edifying day, listening to speakers who brought pertinent, well-founded arguments to attention. The evaluation was positive and the forum committee will take into account all the suggestions made concerning the next conference.

If you were unable to attend, you missed a highly enjoyable day. But not to worry, there is always next year! With the committee already implementing actions for next year's conference, it looks set to be an equally great day, to be held 11 March 2009 – hope to see you there.

**Cathy Browne**

## TB Nurses Travel and Research Award 2008

RCN members currently working in the field of TB are again invited to apply for this award, sponsored by the Department of Health and worth up to £10,000.

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 the national TB plan
- advance the art and science of nursing.

We expect applicants to identify areas of proven good practice in other countries and demonstrate how this could be transferred to the UK. Successful applicants will be expected to speak at a national conference, publish

widely and seek to ensure that all learning is widely disseminated. Application forms and full details of how to apply will be available from: [scholarships@rcn.org.uk](mailto:scholarships@rcn.org.uk)



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  
Royal College of Nursing Headquarters  
20 Cavendish Square, London

For further information  
contact: Laura Benfield  
+44 (0)20 7647 3591  
[tb.nurses@rcn.org.uk](mailto:tb.nurses@rcn.org.uk)  
[www.rcn.org.uk/events](http://www.rcn.org.uk/events)

conference  
fees from  
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**Letter from the Adviser: Lynn Young**

**No doubt, TB nurse specialists in England are wondering what Lord Ara Darzi is up to with his NHS review – and nurses working in Wales, Northern Ireland and Scotland might be thinking that they wish to remain apart from England with its addiction to continuous change ...**

More change does lie at the heart of English health services and with it a recent announcement made by Prime Minister Brown to the effect that there will shortly be a major consultation on the future funding arrangements for social care. We, who work in health care and who therefore focus on health

care, also need to keep an eye on what is happening to our local social services department. If you think that the NHS has problems with funding, it looks as if social services departments are about to implode with excessive demands and lack of funds. The following may have little to do with the incidence and management of TB, but it is important for nurses to have a sense of the bigger picture.

And the NHS is certainly moving at a pace in England. Nurses working in TB may be interested to learn that policy is designed to, once again, take all the attention away from hospitals and focus it well and truly in the community, the place where – if we get it right – we could do so much more to prevent disease.

London is rapidly becoming the European capital of TB – not something to be proud of – but plans are in place to prevent and manage TB better. As you probably well know, tracing those who have been in contact with TB and who, because of health and social factors are at considerable risk, is extremely difficult.

However, wearing my pathologically optimistic hat, there are reasons to be hopeful. With huge effort and political will we have the opportunity to significantly improve community health services. The Darzi Review is already recommending that the NHS has to focus as much on the prevention of disease as on the best possible care and treatment of it. Change is about to happen and may be quicker than is comfortable for most of us. Better health for all lies in the hands of primary care and it is in this setting where we need to get the right resources in place, with the right people and the right skills. If this happens, we have a good chance of becoming much more successful at preventing the spread of TB.

Enjoy the summer.

## Education for Health TB short course

The first TB short course took place 31 March 2008 at Education for Health in Warwick. The aim was to help health professionals gain a basic understanding of TB and to see the practicalities of effectively identifying, supporting and managing patient with or at risk of TB. The day consisted of informal lectures, interactive sessions and case studies covering diagnosis, treatment, BCG recommendations, contact tracing and screening and identifying 'at-risk groups'.

There was a good mixture of experience amongst those attending, with nurses working in areas including prisons, occupational health, primary and secondary care and within TB services. The day evaluated very well and there are still a few places available for the next short course on 2 July 2008.

Further details can be accessed via [www.educationforhealth.org.uk/pages/education\\_training/short\\_course/tuberculosis.asp](http://www.educationforhealth.org.uk/pages/education_training/short_course/tuberculosis.asp) or by telephone: 01926 493313. For details regarding commissioning this short course in your local area for 10 people or more, please contact Nina Rawstone on telephone: 01926 836836 or email: [n.rawstone@educationforhealth.org.uk](mailto:n.rawstone@educationforhealth.org.uk)

## UK TB awareness campaign 2008

**Following the publication of the Department of Health's (DH) toolkit for commissioning TB services (see page four), the DH has provided funding to TB Alert for a project to raise awareness among vulnerable groups at local level.**

Research has been commissioned by the DH to provide an evidence base that TB Alert will use to develop and provide a single point-of-access national template of awareness resources. The development of targeted materials will spread the cost of production across a number of primary care trusts (PCTs), making these materials more affordable.

The new project also means that TB Alert's UK staffing will increase from one to two full-time roles, as well as two part-time support roles. One of these new posts – held by PCT Services Manager Linda Connor – will involve developing campaign strategies with PCTs, encouraging them to commission and develop TB awareness campaigns in line with the toolkit.

The new project will change TB Alert's way of working in the UK and will mean that TB services can buy into a package tailored to their local vulnerable communities. The first phase of the project – the translation of TB Alert's leaflet series into 20 languages – is already underway and electronic versions should be available soon.

TB Alert wants to make this an opportunity for TB nurse specialists to input their ideas for materials they would like to see developed. If you've been frustrated by the lack of a particular awareness-raising resource that you believe would help in your local communities, or want to find out more about the new project, get in touch with Tina Harrison at email: [awareness@tbalert.org](mailto:awareness@tbalert.org)

# Boston – an eye-opening experience

Forum committee member SUE DART writes.

As part of the RCN TB Nurses Travel and Research Award, I travelled to Boston, USA in April 2008, to observe TB management in Massachusetts. Below are a few immediate impressions that I came away with:

- Numbers of TB cases were small: in 2007, of the 224 cases of TB (3.53 per cent per 100,000) in Massachusetts, 49 of those cases (8.3 per cent per 100,000) were within the inner city of Boston. A large part of the work is now centred on providing prophylaxis, which they offer to anyone with a positive mantoux, regardless of age.
- TB cases in Massachusetts have a similar profile to those in the UK: the majority of patients are not born in the USA; and in Boston itself, at least 18 per cent of those diagnosed with TB were classified as homeless.
- There was provision of a flexible service to the homeless: providing both treatment and prophylaxis. One 200-bedded shelter I visited also had a health clinic on site, open seven days a week. All new users of the centre were given a skin test and symptom check and any positive results were referred to the TB clinic that was held two

evenings a month on site. Compliance rates with prophylaxis were reported as good, and staff attributed this to a good working relationship with the TB doctor and nurse and with having the clinic on site; this kept TB management at the forefront for staff and clients alike.

- Visiting the Lemuel Shattuck Hospital and its dedicated TB unit that provides support for TB patients either with complex medical disease or for those with adherence issues was a positive experience. The unit is rarely used to detain patients forcibly, but the staff who I spoke to said that having such a unit was a benefit and it was often used as a stepping stone for patients with complex social needs.
- The benefit of centralised management was clear: In Boston, TB management is the responsibility of the Department of Public Health and the Division of Tuberculosis Prevention and Control. Whilst no system is completely without difficulties, it did seem that having one controlling body created a system in which there were clear lines of responsibility and accountability.

## The new BCG regime

Lead TB Nurse Specialist DEBBIE CRISP writes.

Provision of the BCG vaccination varies across the country and in some primary care trusts (PCTs) it is the TB nurses who are involved in, or who manage vaccination programmes, relevant training and updates. In our trust, the TB nurses have led the implementation from a universal to a targeted programme and in doing so have encountered many enquiries from both staff and the public. The Department of Health left the local PCTs to inform and advise the public of this change, leaving individuals confused and concerned, as they are constantly reminded by the media of increasing cases of TB.

Health professionals need to understand the epidemiology of TB and the science behind the vaccine before they are able to reassure parents or appropriately refer children for vaccination. As the person in our trust who was identified to explain, reassure and inform, I wrote an article that has been published in Practice Nursing (2007, Vol. 18, No. 9), which can be found in the British Nursing Index database. This article has been very useful when talking to practice nurses and health visitors in generating discussion and a broader understanding of this vaccine.

### New TB course

A two-and-a-half-day advanced course, *The principles and practise of tuberculosis management and control in the UK*, will be held at Birmingham Chest Clinic in October 2008 and February 2009.

For further details and application, contact: Mary Mannion, Department of Infection and Tropical medicine, Heartland's Hospital, Bordesely Green East, Birmingham, B9 5ST, telephone: 0121 424 2357, fax: 0121 424 1309 or email: mary.mannion@heartofengland.nhs.uk

### Royal Society of Medicine study day

'Tuberculosis 2008' will be held Thursday, 20 November 2008 at the Manchester Royal Infirmary. To register (fee £30, including lunch) or for further information, contact: Silke Trier c/o Postgraduate Centre, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, telephone: 0161 276 8712 or email silke.trier@cmmc.nhs.uk

### Did you know you can read this newsletter online?

**This and other forum newsletters are available on the RCN website even before they are mailed out to members.**

So if you would like to be one of the first to read the next issue log on to **MyRCN** at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn), or call RCN Direct on **0845 772 6100**, to register your email address and opt in to our email services. You'll then be sent an email with a link through to the newsletter each time it is published.

**Help us reduce our carbon footprint and save some trees!**

# Toolkit takes to the road

In June 2007, the Department of Health (DH) published *Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England* (available online at: [www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH\\_080391](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_080391)).

The toolkit was developed by three independent expert working groups, which included TB nurses, and which developed advice and best practice on commissioning, service delivery and laboratory standards and surveillance.

## What's in it?

The commissioning section of the toolkit has been designed as a practical guide for PCTs – even a commissioner

with scant knowledge of TB can use it to ensure that an appropriate range of services is being commissioned for their population, and that those services are provided within a rational framework.

Key issues such as applying the choice policy to TB and the impact of Payment by Results are also discussed. A list of key components of an effective TB service is followed by an explanation of the tiered model of commissioning and a series of templates to stimulate a review of what services are currently in place, and advice on how to do this. Examples are also given of hypothetical PCT scenarios.

The toolkit discusses a number of best-practice issues, such as the use of specialist centres providing a multi-disciplinary team approach as

well as a discussion about the type of service most appropriate to areas of high and low incidence. Additional information includes a sample service level agreement, some typical patient pathways and an evaluation of interferon-gamma tests for the diagnosis of TB.

## Workshops available

The DH is supporting a series of interactive workshops in each strategic health authority (SHA) in England, where commissioners, TB service providers and other stakeholders (e.g. local CCDC, public health) use the toolkit to review and reconsider their local response, not just to current TB issues but to potential future ones – a key element of the toolkit's philosophy is that with rapidly changing population patterns, primary care trusts (PCTs) should ensure that they and their service providers have a strategy for coping with a surge in TB cases.

# Congress 2008 report

**This year, all TB Nurses Forum committee members attended RCN Congress at Bournemouth and participated in numerous resolutions and matters for discussion. Committee member STACEY FARROW writes.**

The resolutions are the core business of Congress, and influence the RCN's work for the year ahead. One of the more heated debates was around the 'end of rule 12?', the 'no strike rule'. This provoked many opinions – in the end, 95.25 per cent of Congress voted that the process should start to amend the current rule.

## Dignity takes central stage

A highlight of Congress was the keynote address from RCN Chief Executive &

General Secretary Dr Peter Carter. The main content of his speech focused on dignity for patients and nurse alike. He urged all members to be "champions of patient dignity" but also said nurses should be treated with dignity in the workplace, in terms of both pay, and in protection from violent and abusive behaviour from patients. Dr Carter also stated that nurses were "drowning in a sea" of paperwork and called for nurses to have access to administrative support. He received a standing ovation as he

stepped down from the podium.

The TB Nurses Forum, once again, held a fringe event and were lucky to have Alistor Storey, Project Lead, to talk about the Department of Health's Find and Treat project. This two-year pan-London health and social care project works alongside the mobile x-ray unit and frontline services to improve the care of hard-to-reach groups. The presentation lead to some interesting questions and statements from the audience around the difficulties faced by many TB nurses, across the country, in regards to hard-to-reach patients.

Congress is also an excellent opportunity to mix with nurses and health care professionals from all disciplines. If any of you are interested in attending Congress in May 2009 at Harrogate, it is highly recommended. We hope to see you there!



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