NHS North Central London

Tuberculosis: developing services for the future for North Central London

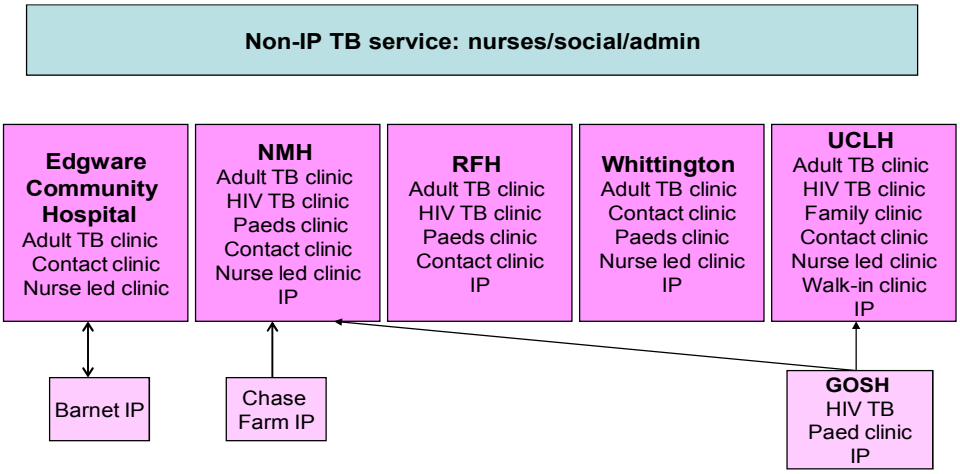
Introduction

This report is to update the Joint Health and Overview Scrutiny Committee (JHOSC) on the review and development of services for tuberculosis (TB) across North Central London cluster. The paper describes the approach to meeting the public health needs.

1 Background

North Central London non inpatient TB services are currently hosted at the Royal Free Hospital. The team provides TB nursing, social care and administrative staff working out of five acute hospital Trusts.

Current Model of TB Care in NCL



The current arrangements are fragmented and need to be arranged to better focus on current and future needs of TB patients.

2 Work to date

Engagement with TB services

A TB project steering group was set up:

- To develop a collaborative, dynamic, progressive and innovative service model providing high quality treatment and care for people with known or suspected TB

- To be accountable for the direction, outputs and outcomes of the North Central London TB services project
- To provide an overview on capacity, service planning, future problems working towards the optimal service model
- To reach a consensus on the best location for services in the south of the cluster
- To develop an implementation plan for the development of the future service, structure, standards and outputs of TB services.

Subsequently, a series of planning group meetings also contributed to the process by focusing on quality measures and developing the model of care. Extensive work has been carried out focusing on developing the model of care for North Central London. This collaborative approach has included lead TB consultants and their teams, hospital management, UCL Partners and the nursing, social care and administrative staff from all five sites. An Equalities Impact Assessment was carried out with the support of the NCL Equalities Lead (appendix 1).

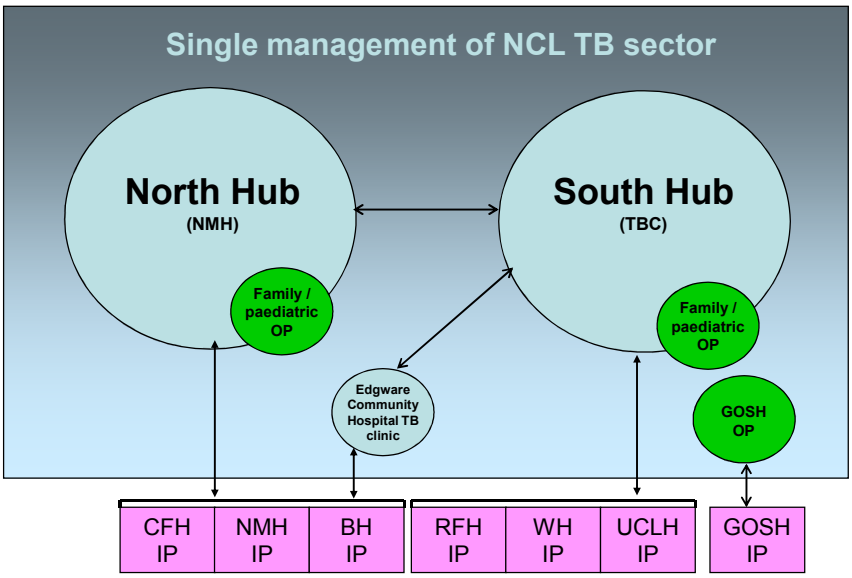
Engagement with service users

Patient questionnaires were distributed in each of the clinics across the cluster and further patient engagement included interviews and patient focus groups. This work has shown that location, good transport links and being seen quickly are the most important issues for TB patients and TB patient contacts.

Crucially, patients felt incorporating the best practice from each of the services on phlebotomy and pharmacy was essential. Patients felt that any future service changes needed to demonstrate patient accessibility. Patients have also contributed to the development of the factors and weighting for the site appraisal process.

3 Model of care

Proposed Model of TB Care in NCL



The proposed model sets out a service in which the nursing, administrative and social care team continue to be employed by one provider. It is proposed that the majority of TB treatment and care should take a community focused approach. The prospective service provider will need to have strong links with the community and will need to maintain strong links with the acute trusts to ensure seamless care between the acute and community services including meeting the needs of socially and medically complex patients.
The proposed model of care is based on two hubs where the nursing, administrative and social care team will be based with optional outreach spoke to acute and other sites.

The north hub will continue to be based at the North Middlesex Hospital and provide a comprehensive TB service providing more flexible working practices to meet patient need.

The south hub will provide consultant led clinics, nurse led clinics, rapid access, out of hours clinics, social care, outreach to the local prisons (HMPs Pentonville and Holloway) and full administrative support. It is proposed that the south hub will continue to support a weekly outpatient clinic at Edgware Community Hospital.

The proposed model includes a reactive team, which will manage contact tracing, screening when incidents and outbreaks occur and community Directly Observed Therapy (DOT) across the sector. This proposed service model will strengthen the provision of core services with the opportunity to expand, innovate and develop services further within a more cost effective, efficient and patient focused model.

4 Site Appraisal Criteria and Weighting

As part of the work stream on securing an appropriate location for the south hub factors, detailed in the table below, were weighted and agreed as the criteria to score for each of the proposed sites.

Location, mode of travel and travel times relate to patient accessibility and it was strongly felt that this was a key factor in the decision making process and amounting to 40% of the weighting. Clinic facilities and environment need to be fit for the development of an innovative and progressive service seeking to implement a series of initiatives to continue to reduce and ultimately eliminate TB. It was essential that the potential location could meet these service aspirations and be sustainable for the next 10 years. Access to support services is important for staff seeking to get rapid diagnosis and results for patients and is also essential to patients who often need further diagnostics or appointments. Close proximity to the recommended service location of X-ray facilities, pharmacy and transport is important. Information Technology and the ability to network and link to the systems across North Central London to ensure the service works efficiently and effectively.

The TB project group which included all the providers developed and agreed the criteria and weighting and were consulted on the content and style of the site descriptions. The scoring of the sites was undertaken by an independent panel providing expertise in finance, procurement, public health, nursing, health protection, medical and service development. The patient panel included patients from each of the proposed locations and an independent patient.

Factors	Weight of factor
Location • Where the centre is? • What floor? • Disabled Access? • Lighting?	**15**
Mode of Travel • Importance of bus access due to low income of most patients • How close to tube & train stations • Bicycle bays • Parking for cars	**10**
Travel Times This will be informed by Transport for London system and will grade the travelling times for patients to each of the services.	**15**
Clinic Facilities and Environment What can be provided from the centre? How many: • Clinical treatment rooms • Waiting area/s • Paediatrics facilities • Office areas for staff • Toilets for patients and staff Is there a: • Negative pressure room	**28**

Factors	Weight of factor
• Bloods (Phlebotomy) • Kitchen and staff facilities • Parking spaces • Infection control requirements • Health and safety issues including airflow • Security	
Access to Support Services Diagnostics, including: • X-ray facilities • Microbiology - testing for TB • Pharmacy • Transport • links to other key services in the hospital	**20**
IT • The extent of networking in place? • What further work required? • Link between different systems?	**12**

5 Next steps

The Joint Health Overview and Scrutiny Committee is asked:

- To note the process of service development adopted to date
- To comment on the proposed North Central London TB model of care

Appendix 1

EQIA screening

Proposed North Central London TB model of care

Author /editor/assessors	*At least one of the people carrying out an EQIA must be the person responsible for the policy/function/service*	Terence Joe
Partners/decision-makers/ implementers	*Identify who else will need to be involved. This can be decision-makers, frontline staff implementing the policy, partner/parent organisations, etc.*	All five affected Trusts, UCL Partners, NCL
Start date	*The EQIA should be started prior to policy/service development or at the design stages of the review and continue throughout the policy development/review. For an existing policy/service, any changes identified have to be implemented.*	9th August 2011
End date	*The EQIA will need to inform decision-making so the date should take this into account.*	1st June 2012
Due regard, proportionality and relevance in relation to the following characteristics • Gender including gender reassignment • Race/ethnicity • Disability • Age	*Has due regard been given to equality (i.e. promote equality of opportunity between communities, eliminate discrimination that is unlawful, promote positive attitudes towards communities) for this proposal/policy/function?* *Due regard has two linked elements: **proportionality and relevance**. The weight given to equality should therefore be proportionate to its relevance to a particular function. The greater the relevance of a function/policy/proposal to equality, the greater Please see template regard that should be paid. Where it is concluded that the policy is not relevant for an EQIA, this should be recorded here with the reasons and*	Due regard given to process in relation to characteristics. Extensive engagement with patients and groups disproportionately affected. Contribution from services and stakeholders Please see template

• Religion or belief • Pregnancy and maternity • Sexual orientation • Deprivation	*evidence.*	
Proposal/ policy/function/service aims	*Consider:* • *Why is the proposal/policy/function/service needed?* • *What does NCL hope to achieve by it?* • *How will NCL ensure that it works as intended?* • *Who benefits?* • *Who doesn't benefit and why not?* • *Who should be expected to benefit and why don't they?*	This proposed service model will strengthen the provision of core services with the opportunity to expand, innovate and develop services further within a more cost effective, efficient and patient focused model
Evidence gaps	*Identify what evidence is available and set it out here. This includes evidence from involvement and consultation. Identify where there are gaps in the evidence and set out how these will be filled.*	Important that complex patients are not disproportionately affected by service change and further work on service model is reducing this risk
Involvement & consultation	*What involvement and consultation has been done in relation to this (or a similar) policy or function, and what are the results?* *What involvement and consultation will be needed and how will it be undertaken? Report any results.*	Patient questionnaires were distributed in each of the clinics across the cluster and further patient engagement included interviews and patient focus groups. This work has shown that location, good transport links and being seen quickly are the most important issues for TB patients and TB patient contacts.
Addressing the impact	***Outcome 1: No major change****: the EQIA demonstrates the policy /change is robust and there is no potential for discrimination or adverse*	Outcome 1

	impact. All opportunities to promote equality have been taken. ***Outcome 2: Adjust the policy****: the EQIA identifies potential problems or missed opportunities. Adjust the policy to remove barriers or better promote equality.* ***Outcome 3: Continue the policy****: the EQIA identifies the potential for adverse impact or missed opportunities to promote equality. Clearly set out the justifications for continuing with it. The justification should be included in the EQIA and must be in line with the duty to have due regard. For the most important relevant policies, compelling reasons will be needed.* ***Outcome 4: Stop and remove the policy****: the policy shows actual or potential unlawful discrimination.*	