

North Central London Joint Health Overview and Scrutiny Committee

16 January 2012

North Central London and Tuberculosis – current picture

Please note:

- 2011 data downloaded from the London TB Register, HPA London 3 January 2012. Data is provisional.
- 2011* - all information is based on provisional 2011 data unless otherwise stated.
- TB numbers and rates are based on calendar years rather than financial years.
- Rates are expressed as rate per 100,000 population.

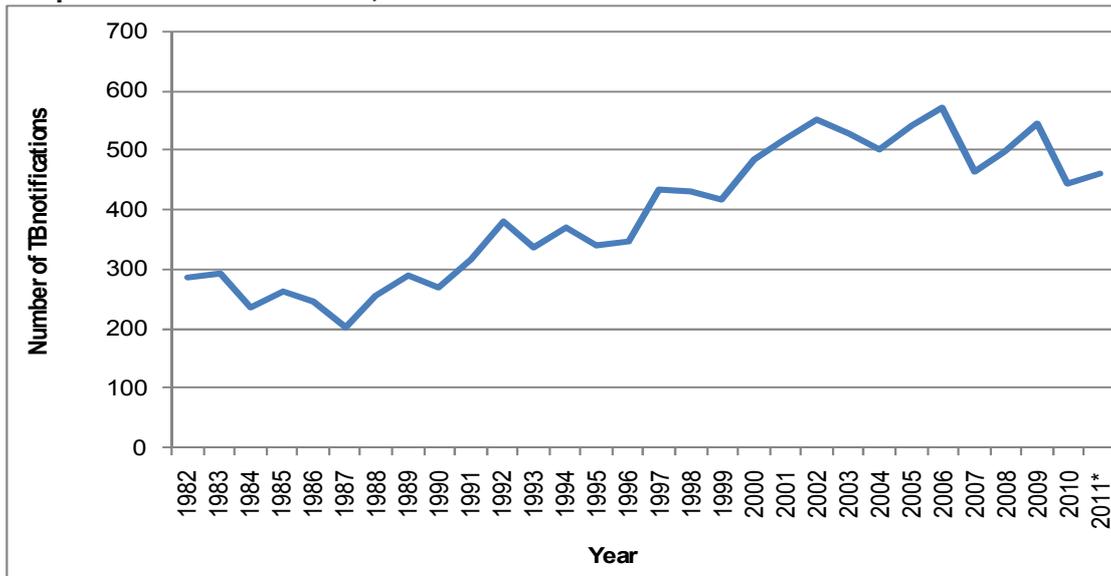
Tuberculosis (TB) is an infectious disease caused by the *Mycobacterium tuberculosis* transmitted through coughing and sneezing. TB is treatable and curable with treatment free of charge to all TB patients.

Key messages:

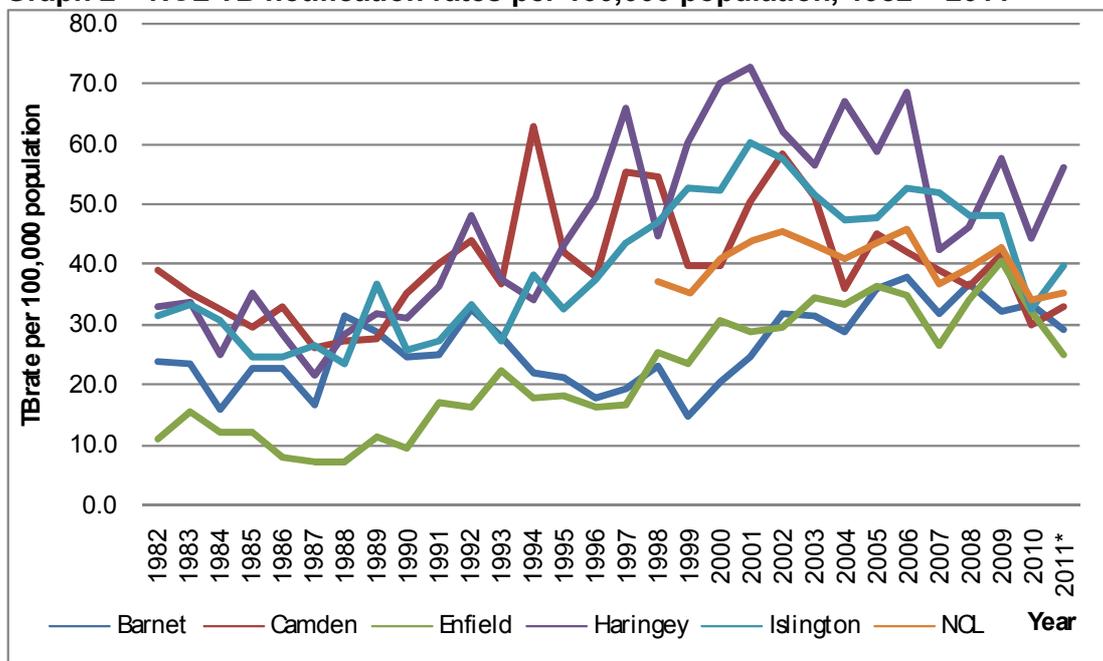
- Overall TB notification numbers and rates have been going down in North Central London (NCL) since about 2002 with 464 TB cases in 2011* (graphs 1 and 2), a reduction of approximately 20% from the 2003/2006 peaks whereas 3 of the other London clusters have been steadily increasing (graph 5)
- The overall incidence in NCL was 35.6/100,000 down from 45.6/100,000 in 2006
- Haringey had the highest rate in 2011 at 56.3/100,000 but a substantial decrease on 5 years ago and Barnet had the lowest rate at 29.1/100,000
- This number of TB notifications generates about 20,000 outpatient attendances – TB treatment is for a minimum of 6 months usually requiring monthly appointments
- 20.2% TB patients have one or more social risk factors – the highest in London (London average 12.3%)
- Highest percentage of patients on treatment for longer than six months due to drug resistance and social risk factors
- 41% of London's TB cases with a history of imprisonment were resident in NCL
- 56% TB patients in NCL have pulmonary TB (infectious TB) – the highest across London (London average 46%, range 68% - 29%)
- 78% TB patients were born abroad (London average 86%)
- Year of entry to the UK was recorded in 87.7% cases notified in 2011, of which only 4.9% had arrived in the UK during this same year
- 14% developed TB within 2 years of entry to the UK with 44% developing TB more than 10 years after entering the UK (graph 14)
- 60 countries of birth were recorded for NCL TB patients in 2011
- The largest numbers of cases were reported in patients born in the UK, Somalia and India in 2011
- 2011 saw increases in TB notifications in people from Pakistan, Romania, Philippines, Congo, Eritrea, Uganda, Nepal, Poland, Jamaica, Mauritius and Bulgaria with decreases in people from Somalia, Turkey, Afghanistan and Zimbabwe
- Paediatric patients (0 – 15 years) were 3.5% of the total which is a substantial decrease on previous years

- 75% of paediatric TB patients were Black African of which the majority had been born in the UK
- Drug susceptibility testing was carried out in 47% total TB cases and resistance to any first line drugs was recorded in 14.7% of those cases. Multi-drug resistant TB (MDRTB - resistant to at least Rifampicin and Isoniazid) was recorded in 2.3% of these cases and Isoniazid resistant TB was recorded in 12.4%. MDRTB is 1.1% of total TB cases and Isoniazid resistant TB is 5.8%.
- **NCL TB services are different – single team for sector from 2007**

Graph 1 – TB notifications, 1982 – 2011*



Graph 2 – NCL TB notification rates per 100,000 population, 1982 – 2011*

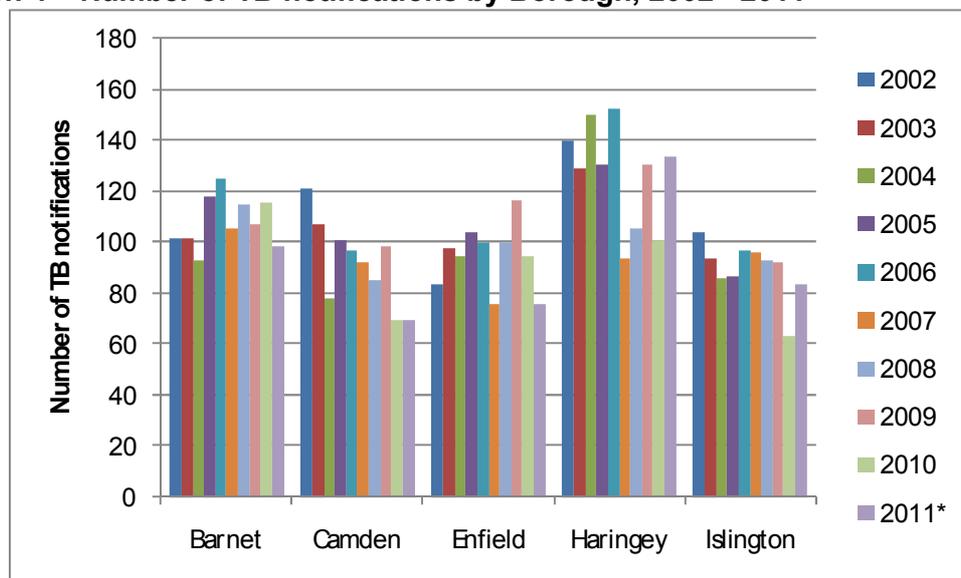


4 of 5 of NCL Boroughs TB rates are now regularly below 40 per 100,000 population. This is the level described by the World Health Organisation as high incidence requiring focussed action to decrease TB.

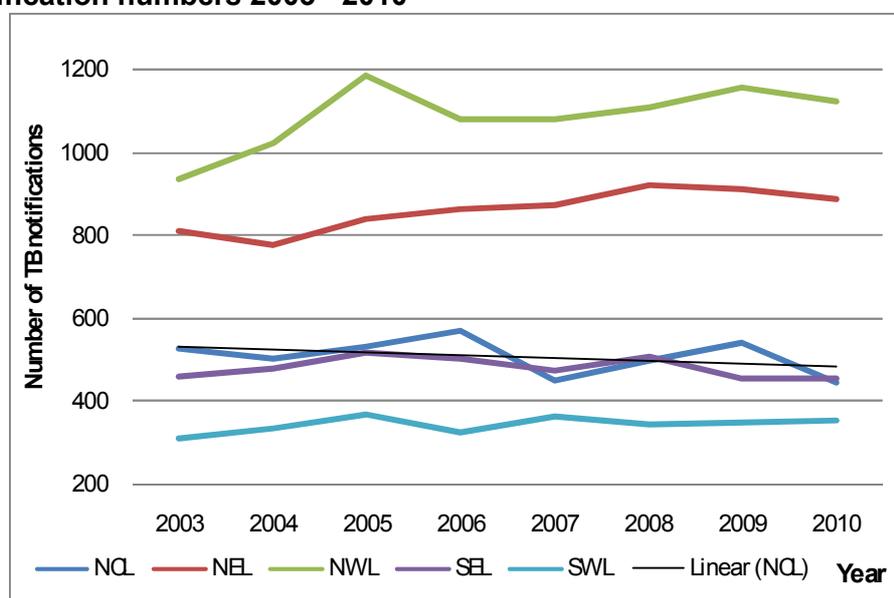
Table 1 – NCL number of TB notifications, 2002 to 2011*

Borough	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*
Barnet	102	102	93	118	125	106	115	107	116	99
Camden	121	107	78	101	97	92	85	99	70	70
Enfield	84	98	95	104	100	76	100	117	95	76
Haringey	140	129	150	131	153	94	106	131	101	134
Islington	104	94	86	87	97	96	93	92	63	84
NCL	551	530	502	541	572	464	499	546	445	463

Graph 4 – Number of TB notifications by Borough, 2002 - 2011



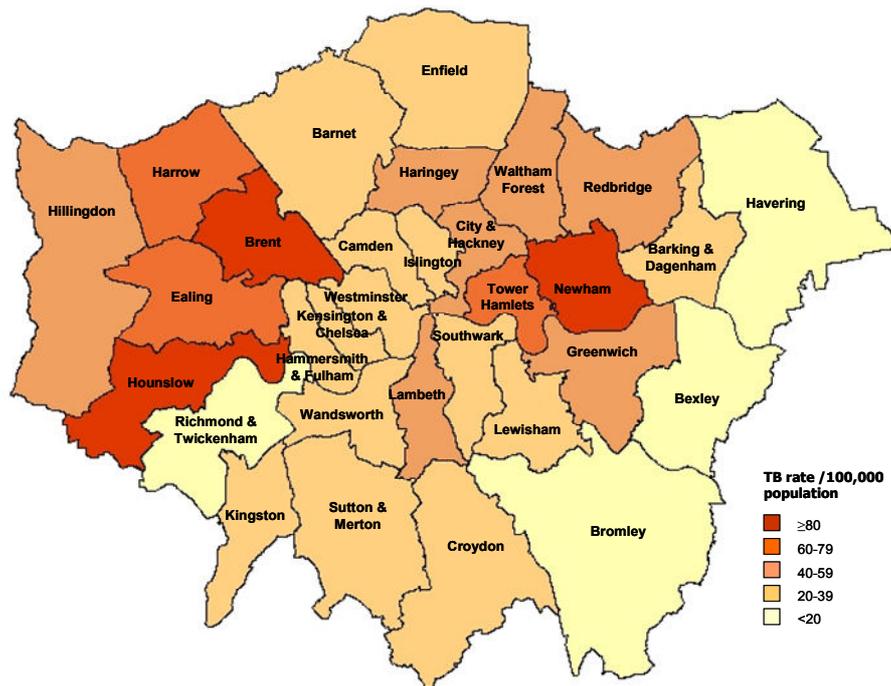
Graph 5 - How does NCL compare to other parts of London? TB notification numbers 2003 - 2010



The decreasing trend in TB numbers and rates in NCL is markedly different to the other TB sectors in London which generally show increasing trends.

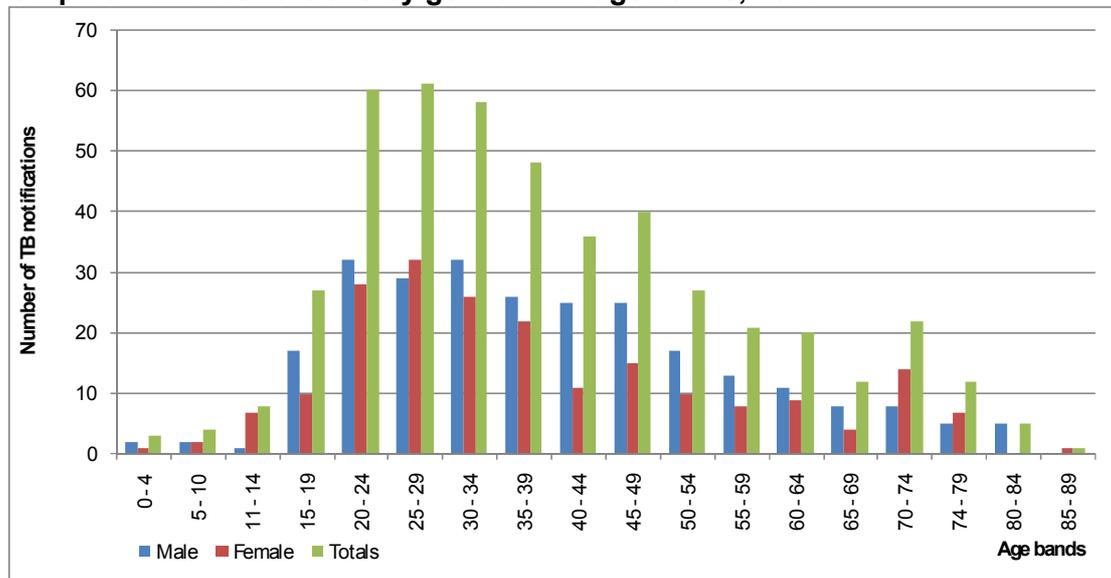
NCL TB services are managed differently to other London TB services. There is a single non inpatient TB team for NCL which includes nurses, social care support workers and admin staff working with the TB doctors and other services at each of the sites to provide a TB service.

Map 1 - TB rates by borough of residence, 2010



Demographics of TB in NCL

Graph 6 – TB notifications by gender and age bands, 2011

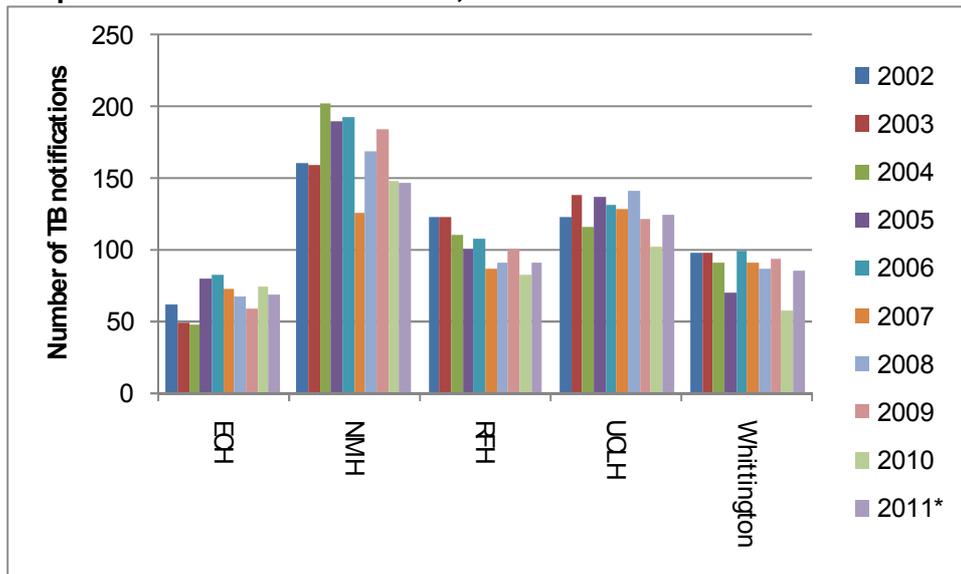


Nearly 50% TB notifications are aged between 20 – 39 years. Children 15 years and under were only 3.5% of the total. This is important as TB in young children is seen as a marker of recent transmission.

Of the total TB notifications 55% were male. This increases to 64% in the 40 – 59 year age group.

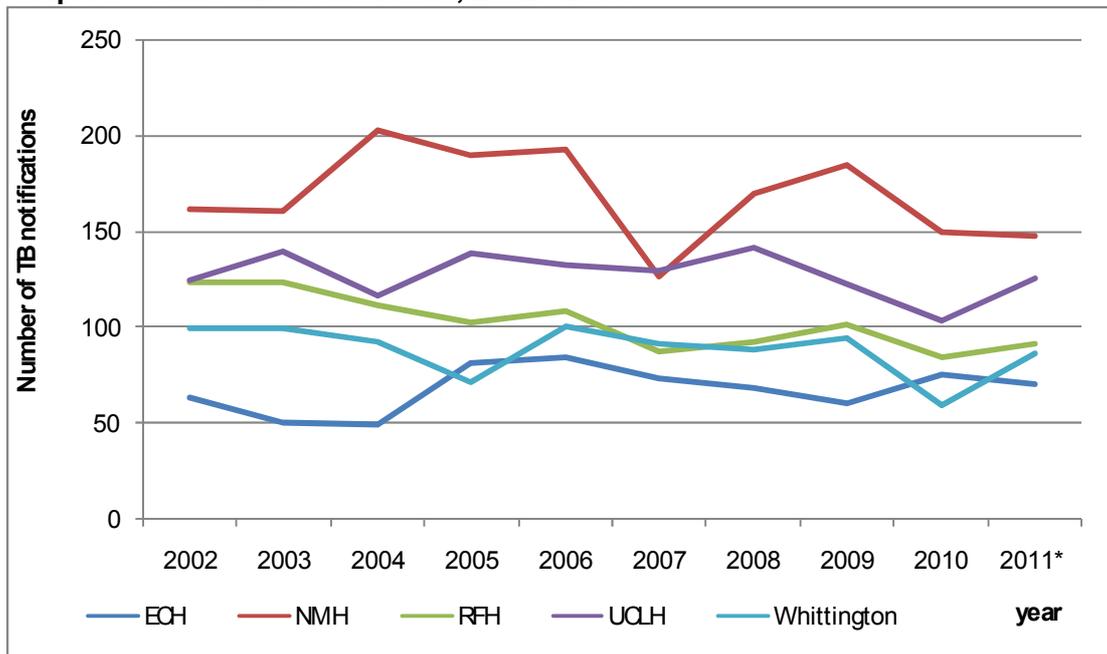
TB clinic activity

Graph 7 – clinic TB notifications, 2002 - 2011

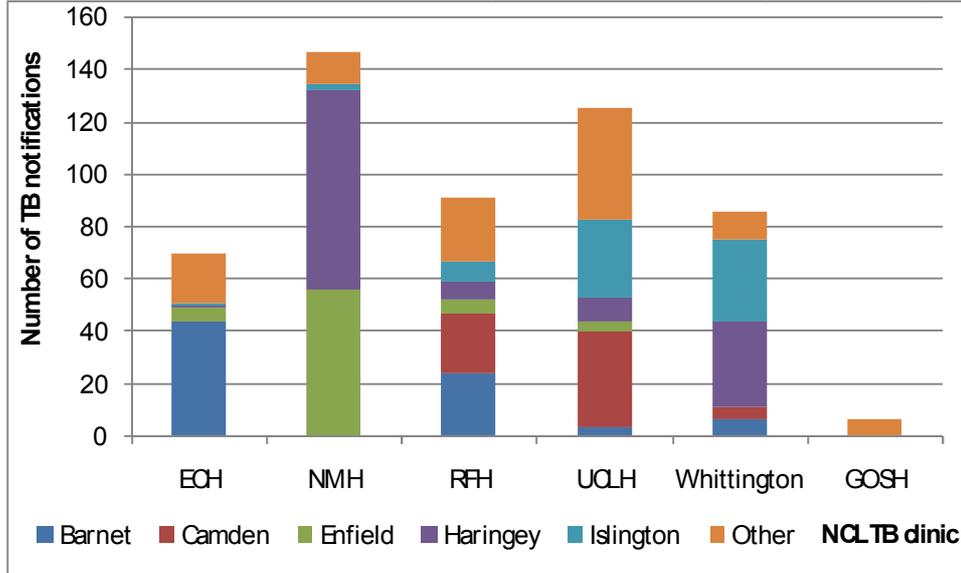


Most marked decreases in TB notifications is at the Royal Free Hospital and the Whittington Hospital.

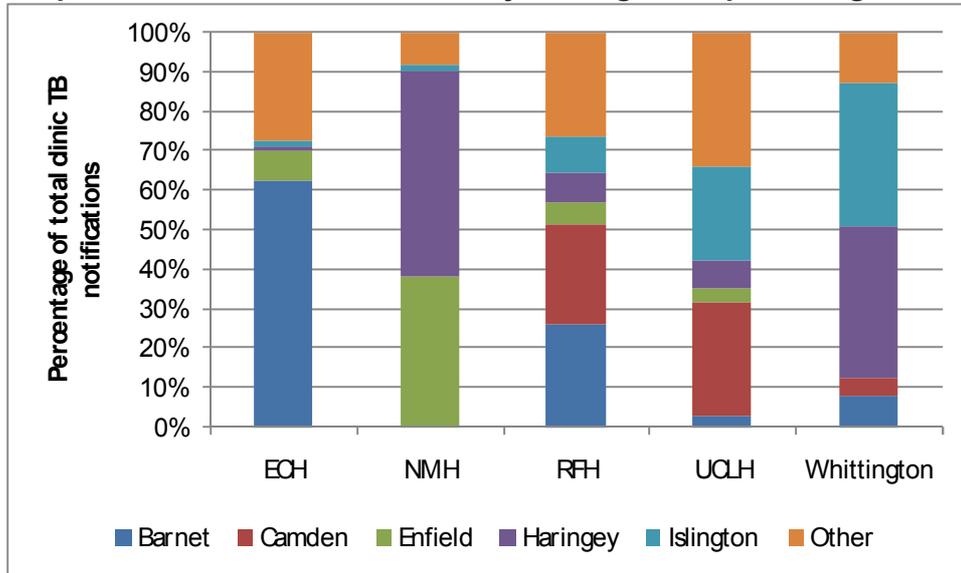
Graph 8 – clinic TB notifications, 2002 - 2011



Graph 9 – Clinic TB notifications by Borough including non NCL (other)



Graph 10 – Clinic TB notifications by Borough as a percentage of clinic totals

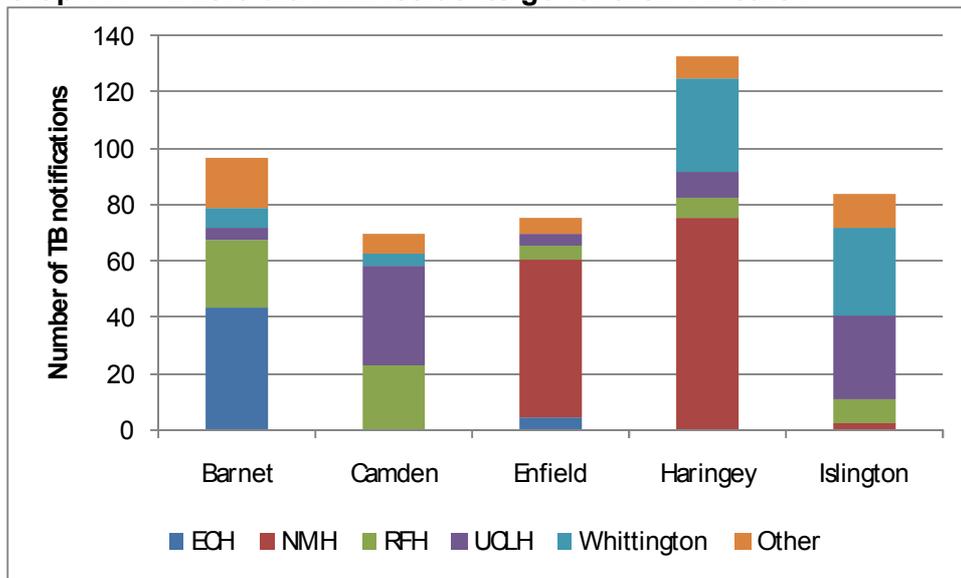


21.7% of TB clinic notifications are non NCL residents but only 11% NCL residents with TB go to non NCL TB clinics.

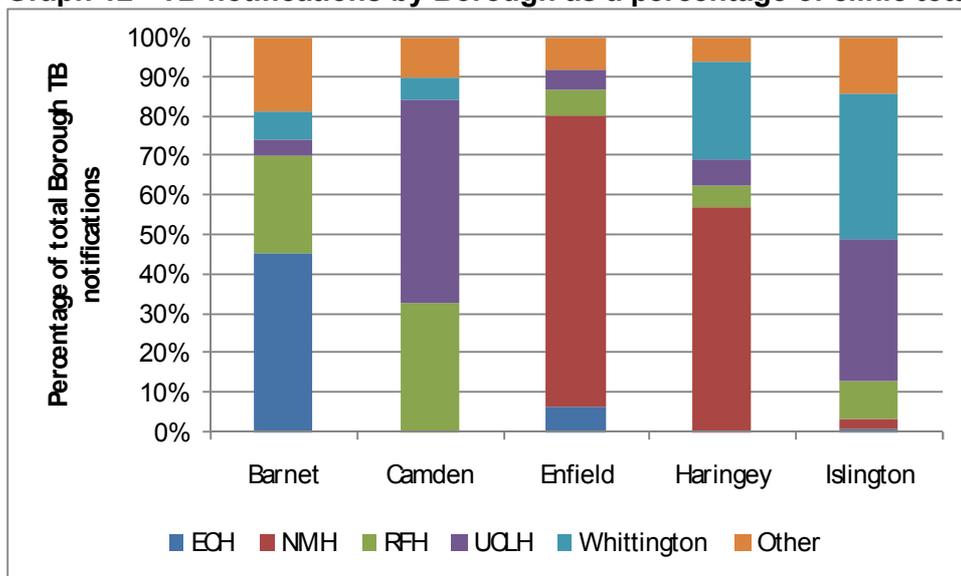
The majority of this activity comes from:

- Edgware Community Hospital (ECH) – Brent, Harrow and Hertfordshire
- North Middlesex University Hospital (NMH) – Waltham Forest and City & Hackney
- Royal Free Hospital (RFH) – Brent and Hertfordshire
- University College London Hospital (UCLH) – Brent, Southwark, Westminster
- Whittington – City & Hackney

Graph 11 – where did NCL residents go for their TB care?

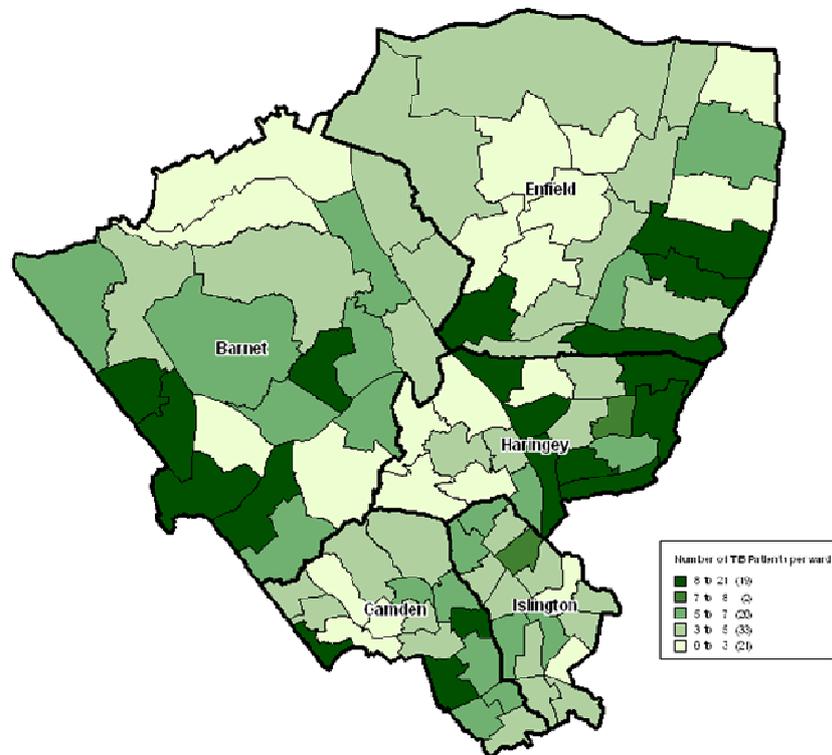


Graph 12 - TB notifications by Borough as a percentage of clinic totals



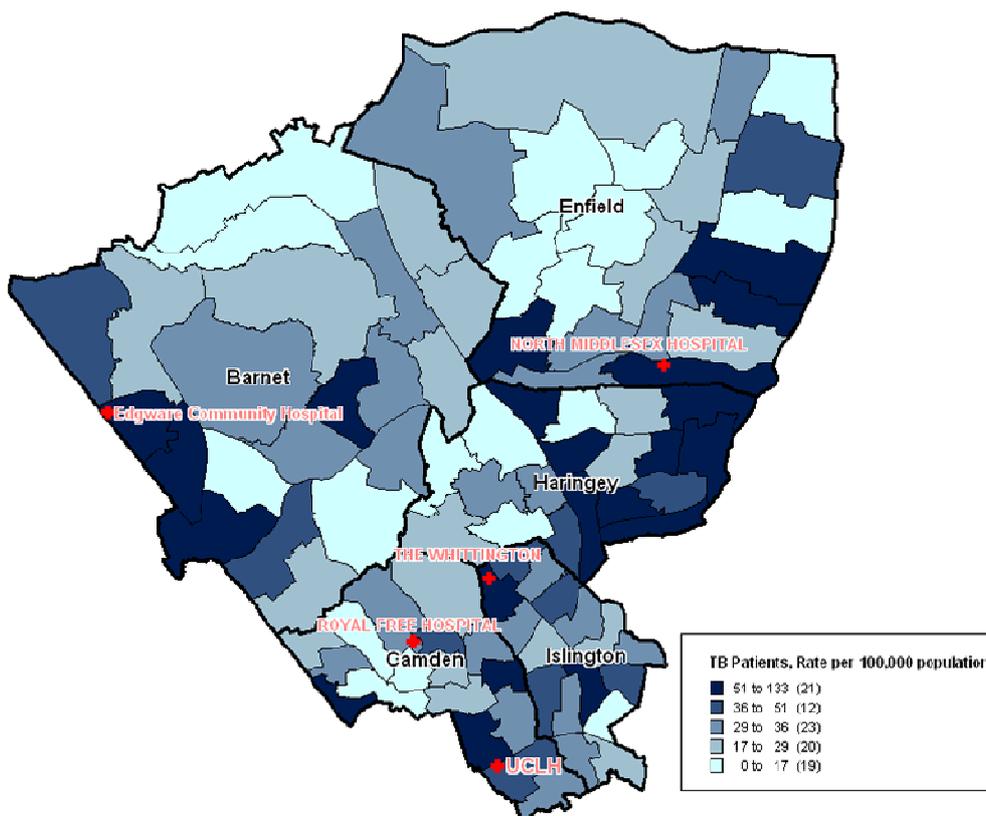
Maps 2 and 3 – where do people with TB live, 2010?

Number of TB Patients in North Central London (n=481)



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**TB Service Locations and Rates of TB Patients per 100,000 Population
(Mid 2010 ONS Ward Population)**

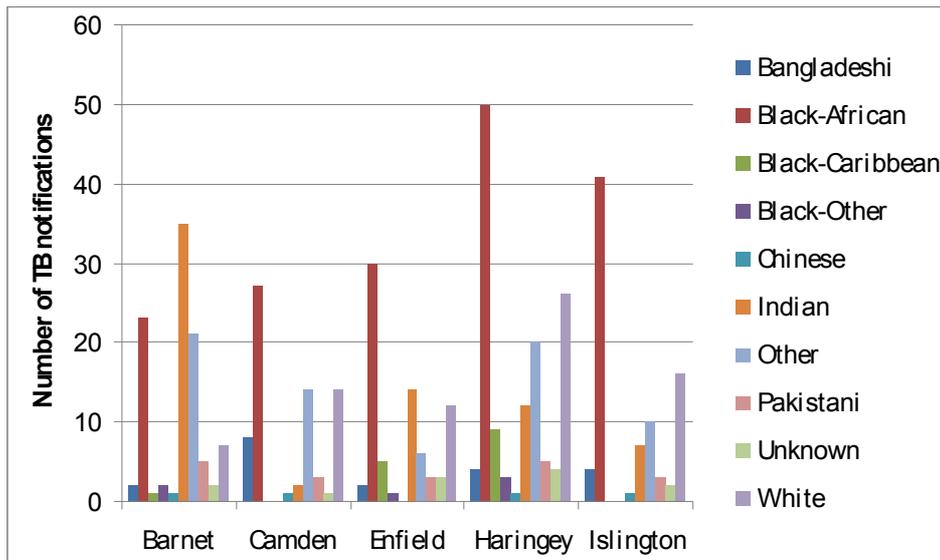


Maps 2 and 3

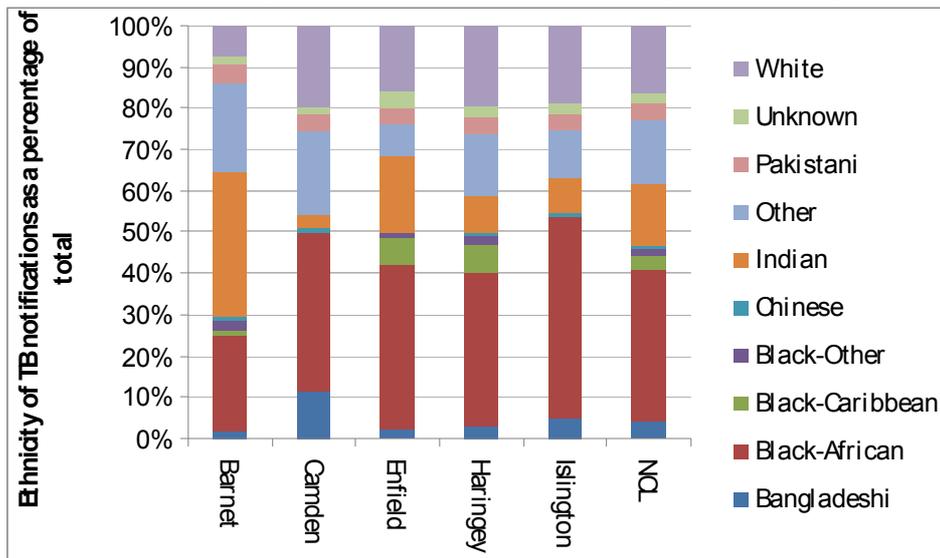
These maps highlight where focussed work with local communities and primary care is required. Part of this work includes developing primary care based active case finding using a blood test which can identify people with latent TB before they develop active TB disease. If they are aged 35 years or under a short course of anti-TB treatment can be offered to treat the latent TB.

TB Alert is being supported by the Department of Health to work with local services and local community organisations and third sector organisations to raise awareness of TB and encourage those organisations to be proactive within their communities in recognising TB and destigmatising it.

Graph 15 – Ethnicity of TB patients by Borough



Graph 16 – Ethnicity of TB patients as percentage of Borough total



Graphs 15 and 16 show the ethnicity of TB across NCL and the differences between Boroughs. Islington has the largest percentage of Black African residents with TB whereas Barnet has the largest percentage of Indian residents with TB.

What are we doing in NCL to improve TB service provision?

Directly Observed Therapy (DOT)

NCL currently uses clinic and community DOT for 16% TB patients. This is the highest rate in London. However, to meet the needs of the NCL TB patients, the team is looking at its workforce to increase that percentage through different ways of working. DOT is used for TB patients who have been assessed as likely to default on their treatment and require additional support.

Cohort Review

Cohort review is the quarterly review of TB patients. It is a multi-disciplinary forum which evaluates and reviews the management of each TB case including accountability. The aims of cohort review are to:

- Ensure implementation of appropriate case management for all TB patients
- Improve promptness of interventions
- Maintain reliability of data
- Analysis of treatment outcomes
- Compare local efforts against London and national TB control targets
- Follow up on case management issues
- Ongoing training and education
- Forum for open discussion

The cohort review process enables staff to review how they cared for patients and what improvements they can make to service provision. The first cohort review was held in June 2010, and have been held quarterly since then. This is an innovation by NCL with observers coming from other London teams and outside of London prior to setting up cohort review in their areas. North West London and North East London commenced cohort review in 2011 with South East London and South West London commencing in 2012.

NCL TB social care team

The NCL social care team arm of the TB service is now fully staffed supporting TB staff and TB patients in ensuring appropriate care is given. This team is part of the NCL multi-disciplinary TB team providing care to vulnerable people with complex health and social care needs, such as homelessness, drug and alcohol dependence, mental health or people who are refugees or asylum seekers

For the homeless this support can include ensuring access to stable housing during treatment leading to longer term sustained housing and re-engagement with other services. For hostel dwellers the social care support team ensures TB patients are accessing the full range of available services.

In addition the NCL TB Network Manager has supported the team in moving TB patients with 'no recourse to public funds' out of hospital into hostel or bed and Breakfast accommodation for the duration of their TB treatment and care. This model has been successfully used elsewhere across London and has been incorporated into the proposed London TB model of care as a risk sharing pan-London accommodation fund.

Commissioning of TB services

NCL

TB services are commissioned and performance managed by NHS North Central London (NHS NCL). Currently commissioners are working with TB services to develop a NCL collaborative model of care that includes reconfiguring the TB services currently at RFH, UCLH and Whittington to one site - site to be agreed - so that patients can be offered a flexible and improved service. The TB services at NMH and ECH would remain as currently located and NCL model of care improvements would be implemented at those sites. The services have to change and work differently to provide a patient focussed service to ensure continued decrease in TB numbers and to be more cost effective.

NCL TB services and commissioners are innovators for a number of proposals that have been incorporated into the London TB model of care.

London:

A London TB model of care has been developed and the proposal includes:

- Improving detection and diagnosis
 - Latent and active TB case finding through GP new registrations health checks questionnaire (new registrations who come from countries with TB rates of $\geq 150/100,000$)
 - Raise awareness in health and social care workers
- Improving commissioning
 - Pan London commissioning - collaborative commissioning across CCGs / commissioning support organisations - to improve commissioning and remove service provision variability (NCL has commissioned TB services on a sector wide basis since 2004)
 - Funding temporary accommodation for 'no recourse to public funds' TB patients. Currently a business case has to be drafted for each patient that is NRPF where it would be more cost effective for the NHS and patient if the TB patient was placed in appropriate B&B or hostel accommodation for the duration of TB treatment rather than kept in an acute bed - NCL has pioneered this approach.
- Addressing variability of service provision
 - Sector lead provider based delivery boards to ensure TB services are delivered to pan London standards
 - Delivery boards would be responsible for ensuring TB patients are risk assessed for likelihood of treatment completion, use of DOT and that cohort review is implemented (NCL was the first one in the UK to do cohort review and is the model for other parts of London and the UK)
 - Review workforce variability linking recommendations to local need.
- BCG
 - Commissioners to proactively performance manage current uptake of neonatal BCG Review uptake in boroughs with TB rates below 40/100,000.

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