

London Health Programmes London Tuberculosis (TB) Plan

This is the Harrow Local Involvement Network, (LINK), response to the London TB Plan consultation that ran between **18th May to 13th July 2011**.

Further details of the London TB Plan can be located on the Tuberculosis section of the London Health Programmes website at <http://www.londonhp.nhs.uk/services/tuberculosis/>

The Harrow LINK consultation response:

Proposed changes, aims and objectives of the London TB Plan

Question 1: Are the overall aims and objectives clear?

LINK's Response

Yes. The aims are clearly stated in the overview of the London TB Plan Executive Summary document and in the executive summary of the Case for Change. Therefore, the reader should be clear of the aims before reading the Model of Care.

Question 2: Do you believe the proposed changes will achieve the overall aims and objectives (that is, improve the early detection of TB, improve the effectiveness of treatment and reduce the risk of transmission)?

LINK's Response

The Model of Care is comprehensive in its proposals for change. The proposed will be achieved if all such changes are implemented. However, the extent to which such proposals can be implemented and therefore the success of the aims depends on several factors, including resources (personnel and financial).

Proposals for reducing the TB rate in London

Question 3: Do you agree with this approach for latent TB?

LINK's Response

The decision to base this approach on NICE Guidelines on TB should provide a solid foundation.

The approach does seem to be rooted in logic. The proposed testing of HIV patients for latent TB makes sense given that HIV sufferers have a higher risk of developing active TB.

Furthermore, targeted testing and treatment of latent TB in newly registered persons from high-risk countries is vital for any strategy designed to reduce latent TB.

Robust contact tracing will enable identification of the infection source and who may be at risk, as well as to facilitate effective monitoring and recording of TB cases.

The Model of Care also provides two GP TB Assessment Pilot case studies that will assist in implementation.

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Organisation of TB services

Question 4: Do you agree that TB services should be organised in this way?

LINK's Response

Yes. Creation of three levels of TB services enables clear identifiable remits and targets for each level and will also promote inter – level cooperation and sharing – all of which will help to achieve the aims and reduce TB.

Question 5: Should patients who have TB that is resistant to the drug most commonly used to treat TB (Isoniazid) be managed by level two or three services?

LINK's Response

All patients that are resistant to drugs should be managed by level 3, as it will be designed for treatment of drug resistant patients with special interest in and ability to rapidly diagnose potential drug resistance.

Proposed changes to the vaccination programme for TB

Question 6: Do you agree that the BCG vaccination should be offered to babies in all London Boroughs?

LINK's Response

Probably Not. Offering this vaccine will reduce the number of children at risk and its use is therefore worth investigating further. However, would it be better exclusively targeting babies more at risk? This would by extension help to protect other babies and would also generate savings which could be used elsewhere.

Approach to raise awareness of TB

Question 7: Do you agree that this is the best way to raise awareness of TB across London? Is this the best way to reach local communities?

LINK's Response

It is clear that this plan maintains centralized coordination, but yet has enough flexibility built in to allow mistakes to be quickly rectified with minimal disruption and also for adoption of effective adaptive responses to meet localized changes on the ground.

The clear distinctions between Pan London and local area levels across a range of work areas enable clear work strategies to be developed and aids collaboration across levels.

There is an acknowledgement that working with local groups, organizations and individuals is key in reaching local communities and as such, essential, effective engagement strategies derive from this.

Harrow LINK considers this programme to be a very useful way of raising awareness of TB across London and is a good way to reach local communities.

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Approach to educating health professionals

Question 8: What do you think would be the best approach to improve awareness of TB among GPs and other health professionals?

LINK's Response

Create regular innovative and exciting conferences, meetings, training and away days.

Improved training and knowledge on TB for persons studying to be GP's or health professionals.

Stress the importance of TB as a local health concern to local GP's and health professionals.

Encourage Patient and Public Groups (attached to GP surgeries) to champion local TB causes and then feedback to GP's.

Any other comments:

Question 9: Do you have any other comments on the draft TB Model of Care? Is there anything you disagree with, or anything we have missed?

LINK's Response

Overall, the TB Model of Care is a very comprehensive strategy, which if implemented properly, should achieve the stated aims.