

READING BOROUGH COUNCIL

REPORT BY: Director of Adults Social Care and Health Services

TO:	Health and Wellbeing Board		
DATE:	13 th July 2018	AGENDA ITEM:	13
TITLE:	RBC & CCG Response to Healthwatch Report on Analysis of Tuberculosis (TB) Campaign & Action Plan		
LEAD COUNCILLOR:	Councillor Hoskin	PORTFOLIO:	Health, Wellbeing & Sport
SERVICE:	Wellbeing	WARDS:	BOROUGH WIDE
LEAD OFFICER:	Jo Jefferies	TEL:	01344 352745
JOB TITLE:	Consultant in Public Health Protection	E-MAIL:	Jo.Jefferies@bracknell-forest.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an information update to Reading Health and Wellbeing Board on activities to understand and improve upon the knowledge and understanding of the local community in regards to active and latent tuberculosis (TB) and of local services that are available to identify and treat latent TB.
- 1.2 A strong TB pathway with good treatment completion will contribute to prevention and control of TB, helping to reduce the number of people affected by TB in Reading and to reduce the stigma that sometimes exists around the disease and which can prevent people from accessing TB services.
- 1.3 Since South Reading Clinical Commissioning Group (CCG) (now Berkshire West CCG) first received funding as part of the National Latent TB programme in 2016, they have worked with Reading Borough Council (RBC), local GP practices and the New Entrant Screening Service at Royal Berkshire Hospital (RBH) to successfully implement and embed a referral pathway for new registrants who have entered the UK in the previous 5 years from countries with a high incidence of TB. The success of this pathway is dependent on patients taking up the offer of latent TB screening.
- 1.4 It is known that TB is considered to be stigmatising in some communities and that a lack of knowledge about latent TB and the availability of free screening and treatment for latent and active TB regardless of immigration status may prevent people from accessing services.

- 1.5 In order to better understand knowledge, attitudes and behaviours of local people in regards to TB and TB services and to inform future engagement work, Healthwatch Reading were commissioned to undertake a survey; this was successfully delivered to over 300 people living in Reading and particularly reached out to people and communities at increased risk of latent TB.
- 1.6 The Healthwatch TB survey result, that was reported to the March Health and Wellbeing Board, have provided us with a better understanding of how local people think about TB during the first phase of a communication and engagement campaign focussing on latent TB.
It has identified that while referrals are starting to be made effectively, a substantial proportion of people invited choose not to attend their screening appointment, therefore there is still work to do to tailor this campaign so that people are better informed about the reason they are being asked to attend the appointment. The survey also tells us that stigma around TB is still an issue for some communities and as a system we recognise that further work with affected communities is needed.
- 1.2 Appendix 1- Healthwatch Reading TB Survey Report
Appendix 2- Berkshire TB Action Plan May 2018

2. RECOMMENDED ACTION

- 2.1 *HWB to support plans for further community engagement activities aimed to identify, develop and support local community TB champions*

3. POLICY CONTEXT

- 3.1 The Collaborative TB Strategy for England sets out ten key aims to achieve a year-on-year decrease in incidence, a reduction in health inequalities and, ultimately, the elimination of TB as a public health problem in England. Reading's Health & Wellbeing Strategy aims to promote and protect the health of all communities, particularly those disadvantaged and TB is seen as a cause of health inequality in Reading. Antimicrobial resistance is one of the biggest challenges facing the world as evidenced by the high level meeting of the United Nations in September 2016, only the fourth time a health issue has been taken up by the UN General Assembly.
- 3.2 Reducing the number of people living with TB is identified as 'Priority 8' in the Reading Health and Wellbeing Strategy 2017-2020. By actively promoting latent TB testing to eligible new entrants to the UK and tackling TB in underserved communities, the local authority, in partnership with other stakeholders can help reduce health inequalities in Reading.

4. THE PROPOSAL

- 4.1 Current Position: Recent data from Public Health England shows, in 2016, 27 cases of TB were reported in Reading, with an incidence rate of 17 per 100,000 populations. The TB rate in Reading has sharply decreased since 2014 but remains above South East and England rates.
The age group with the highest number of cases was 40-49 years old, followed by 60-69. The most common countries of birth for those notified in 2016 were India and Pakistan.

- 4.2 Actions as a result of the survey:
The results of the Healthwatch Reading survey were discussed at a Berkshire wide TB workshop on 5 December 2017 with the aim of reflecting on our progress so far and setting our priorities and activities for 2018/19. The outputs from the workshop informed the action plan which is being managed and implemented by Berkshire TB Operational Group which is a Berkshire-wide group that ensures the delivery of Latent TB Infection (LTBI) objectives through collaborative working across providers, CCG, primary care & local authority public health. The latent TB programme is part of the wider Berkshire TB strategy.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

- 5.1 The activities contribute to the following Council's strategic aims:
- To promote equality, social inclusion and a safe and healthy environment for all
 - Ensures that all vulnerable residents are protected and cared for
 - Contributes to the narrowing of health gaps in Reading
- 5.2 The activities contribute to Reading's health and wellbeing strategic aim Priority 8: Reducing the number of people with tuberculosis.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 As described in section 4 above, a range of community engagement and information promotion activities have been undertaken on TB including:

Workshops were held for health professionals and for RBC staff during March 2017. Sessions have also been delivered to other groups by the New Entrant Screening Nurse/TB nurse team from RBH.

A workshop for the local teams delivering latent TB screening programme across Berkshire was held in December 2017. The aim was to: share and celebrate the journey so far from each team on the ground; agree future learning and best practice models; and develop action plans for the end of 2017-18 and 2018-19. This was attended by National leads from NHS England and Public Health England as well as the South East TB Control Board. The local work on latent TB screening in South Reading and Slough CCGs was recognised as excellent by the national team, particularly the effectiveness of our partnership working. Key learnings from the workshop identified that during 2018-19 local partners should:

- Maintain and build on the work that has been done to ensure a flow of referrals to the new entrant screening programme from GP practices.
- Continue to focus on reducing the number of people who do not attend their appointments.
- Improve the way that data is reported and shared between local partners and reported to Public Health England.
- Use findings from the Healthwatch survey to maintain and increase awareness of TB and the new entrant screening programme and to break down stigma that prevents access to services.
- Continue to reach out to underserved groups to raise awareness of the signs and symptoms of active TB and how to access services.

Local authority Public Health team took part in this year's theme 'Light up the World for TB 'on 24 March 2018. Christchurch Pedestrian Bridge was lit up in red to highlight the issue of TB in Reading and raise awareness in the fight against TB. Cllr Graeme Hoskin, Reading's lead councillor for health, wellbeing & sport, Wellbeing Team, representatives from CCG and TB teams from Royal Berkshire Hospital supported this event.

Presentation by Royal Berkshire Hospital nurses on the secondary care model for LTBI screening at the national TB nurse conference in June 2017. Sharing the challenges faced, the achievements and excellent collaborative working between primary and secondary interface in Berkshire.

Royal Berkshire Hospital nurses presented the local LTBI screening service at the GP Respiratory update as well as regular updates to Health Care Professionals and voluntary groups.

Community engagement events were organised at the following venues: Southcote Fair and Women's World Café Day, targeting staff at Royal Berkshire Hospital, Compass Recovery College Prospectus Launch event, New Directions event, Older People's Day and Carer's week 2018. The University of Reading Fresher's Fayre was attended in September to reach students who may be eligible for screening.

TB information stands were organised at Central and Battle library where members of public were given TB related information and information on new entrant screening services.

World TB Day 2018 promotion via local authority and CCG web pages.

TB awareness sessions organised for the Nepalese and Pakistani community.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Although no formal EIA has been undertaken by the local authority, the Healthwatch survey materials and methodology was developed to take account of the ethnicity of the target groups. All local latent TB resources are available in four different languages using language and images that the target populations could relate to.

8. LEGAL IMPLICATIONS

- 8.1 No legal implications of the survey or any proposed actions as a result of it's findings.

9. FINANCIAL IMPLICATIONS

- 9.1 Reading, as with Slough CCG, is one of only a few places in England to have new entrant screening services in secondary care. TB and Latent TB screening for residents in Berkshire West is offered at the Respiratory Medicine Department at the Royal Berkshire Hospital, although predominately utilised by South Reading residents, funded by Berkshire West CCG. This is a high quality service, offering LTBI screening to new entrants aged from countries with TB incidence of >40/100,000 of all ages.

NHS England reimburses the CCG for the element of the contract where South Reading patients aged 16-35 from countries with a TB incidence of more than

150/100,000 for screening and treatment. The CCG has also received funding for a project manager and community engagement. There are no financial implications for Reading Borough Council.

10. BACKGROUND PAPERS

- Reading TB Profile 2016
- Tackling TB Local Government's Public Health Role, LGA & PHE, 2014
- Tackling TB in Underserved Population: A Resource for TB Control Boards and their partners, PHE, 2017
- Tuberculosis Guideline NG33, NICE, January 2016
- Collaborative TB Strategy for England: 2015 to 2020, NHE & PHE, 2015
- Healthwatch TB Survey Report 2017
- Thames valley TB Strategy 2018-2020
- Berkshire TB Strategy 2017-2019

What do Reading people know about TB?



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Contact Healthwatch Reading at:
3rd floor, Reading Central Library
Abbey Square, Reading
RG1 3BQ
Telephone 0118 937 2295
Email info@healthwatchreading.co.uk

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What do Reading people know about TB?

A community survey led by Healthwatch Reading

Survey aim: Reading Borough Council Public Health Team asked Healthwatch Reading to undertake a survey to provide a baseline of public awareness against which to evaluate the success of current and future TB campaigns.

About the survey respondents:

Total: 326 people, 48% of whom were aged 16-34, the main target group

Ethnicity: Most (55%) described as White British, then 8% Pakistani, 6% Indian, 6% other White, 5% Black African, 3% Mixed, and 10% other (mostly Nepalese)

Birth country: Most (62%) were born in the UK, then 8% from Nepal, 5% Pakistan, 4% India and the rest from a variety of countries.

Time in the UK: 31 people had been living here for five years or less, 74 had been here for between 6 and 60-plus years; the majority had always lived here

Residence: Most respondents (56%) said they lived in the Reading RG1 and RG2 postcodes. A small number lived outside of Reading borough, including Slough, Bracknell and Maidenhead.

Survey duration: The project ran from 1 August 2017 and 31 October 2017.

Survey method: Healthwatch Reading visited 12 community groups or events to ask and/or assist people in completing the anonymous survey. The survey questions and format were decided by Public Health.

Community impact: Reading Borough Council's Public Health team and South Reading Clinical Commissioning Group have welcomed the report, saying it will help influence a forthcoming TB action plan. They have also acknowledged the need to work with communities on reducing the stigma of TB.

Main survey findings:

- 91% had heard of TB before this survey
- 80% or more people knew that persistent coughing, or coughing up blood are symptoms of TB; the least known symptom was swollen feet
- 60% correctly identified some TB risk factors e.g. living in overcrowded homes
- 51% believed (wrongly) that a person with 'sleeping TB' can pass it on
- 32% believed (wrongly) that the BCG vaccine protects you from TB for life
- 25% do not know that you can carry TB germs even if an X-ray shows you have a clear chest
- 30% believed (wrongly) that having a TB test/treatment can affect your UK immigration status if you come from another country
- 36% would be embarrassed to tell family or friends if they had TB
- 41% do not feel that TB is relevant to them or their family
- Most people learned about TB from friends/family (36%), TV or school
- 83% believe NHS staff would treat TB-infected people with respect
- 65% of people do not feel that Reading residents know enough about TB

Introduction

About Healthwatch Reading

Healthwatch Reading was launched in April 2013 as part of a new national network of organisations in every local authority area, to give the public a greater say and influence over NHS and social care services.

Healthwatch Reading has a strong track record of reaching out and listening to diverse communities including people with mental health needs, the Nepalese and Polish communities, and the wide variety of people who visit local GP surgeries and A&E. Healthwatch Reading also speaks up for people via its place on the Reading Health and Wellbeing Board (HWBB), which oversees progress on local priorities to improve health and wellbeing of the Reading population.

Background: TB in Reading¹

Latest data shows there were 25 notified cases of TB in Reading people, in 2015, a higher than average rate compared with England and the South East of England. These cases mostly affected people who were aged on average, 41 years, and living in the Reading Borough Council wards of Park, Abbey and Whitley, according to a paper presented to the Reading HWBB in July 2017.

These high rates spurred the HWBB to set a priority to reduce TB incidence, in the Reading Health and Wellbeing Strategy 2017-2020. Other actions have included:

- The launch of a local plan in 2015, to increase primary care referrals to the hospital-based new entrant screening service to offer free testing for latent TB countries into the UK in the previous

five years. Since early 2016 it has tested 85% out of 271 invited for screening and found 20% carried TB (and could be offered treatment);

- An awareness event was held in January 2016 for Reading healthcare workers, to encourage them to refer eligible people to the new service;
- A public awareness event was held on 24 March 2017 (World TB Day), Broad St Mall, Reading, covering symptoms, risk factors, testing and treatment.

Aims of the survey

Reading Borough Council Public Health Team, with funding from South Reading CCG, commissioned Healthwatch Reading to undertake a knowledge, attitude and belief survey about TB. Healthwatch Reading was selected for its expertise in public engagement.

The project aims were to:

- provide a baseline against which to evaluate the success of current and future TB campaigns;
- provide insight into the knowledge, attitudes and behaviours of local populations around TB, with a focus on surveying population groups living in the areas of South Reading where TB is more common; and
- signpost people to further information, resources or local screening services.

¹ Report to 14 July 2017 meeting of Reading Health and Wellbeing Board <http://www.reading.gov.uk/media/7436/Item12/pdf/Item12.pdf>

Introduction

How the survey was carried out

Healthwatch Reading staff aimed to survey at least 150 people, particularly 18-34 year-olds who might have been born in, or had lived during the previous five years, in one of 58 countries outside of the UK where TB rates are high. (See Appendix 1 for full demographics)

We approached 12 different community events, community groups or service providers which we believed offered an opportunity to reach a diverse group of people. All 12 agreed to let us visit to promote and carry out our survey.

The survey locations included:

- a ‘fresher’s fair’ at Reading College
- a ‘fresher’s fair’ at the University of Reading

- the Indian Community Centre
- the Pakistani Community Centre
- a South Reading GP surgery waiting room
- a local homeless hostel
- a mental health event at a South Reading community centre
- a Baptist church community group
- the Reading Older People’s Working Group.

(See Appendix 2 for a full list of survey events and dates)

During the project duration we also promoted the survey on the Healthwatch Reading website, through an electronic and postal monthly newsletter, at local Patient Voice meetings and through Facebook and Twitter channels.



Local Freshers Fairs were a great venue to capture responses from a high number of young people.

Introduction

Our promotional material included artwork - particularly flags of countries where TB rates are high, and text translated into other languages - which are provided freely to local areas by the national charity TB Alert.

We exceeded our target for respondents, by surveying 326 people in total, due to high responses from students at the fresher fairs.

The ethnicity of respondents was in line with Reading's official population figures set out in the Joint Strategic Needs Assessment (JSNA), including:

- White British (55% of survey respondents) - compared with 66.9% JSNA figure;
- Pakistani (8%) - compared with 4.5% JSNA;
- Indian (6%) - compared with 4.2% JSNA. (See Appendix 1 for full ethnicity breakdown).



Colourful promotional material - and a freebie! - were used to engage potential survey respondents.

Apart from seven surveys completed online, the majority of people filled in a paper copy. Healthwatch Reading knew from previous projects that survey responses can be higher if people are personally approached by a person who can:

- explain the reason why their views are important and the potential impact for local people



Our project work also involves liaising with other experts in community engagement - such as Cecily Mwaniki, from Berkshire Healthcare NHS Foundation Trust.

Introduction



Visiting community groups in person was an important way of promoting inclusion, explaining survey questions, and showing people their views were valued.

- assure people that their views are anonymous
- assist in explaining or simplifying questions that people might not understand because they do not understand English or have lower than average literacy levels
- provide information about accessing local services related to the survey topic.

The survey was designed by Public Health, based on a validated World Health Organisation survey. This type of survey is 'quantitative', which aims to generate data from answers to set questions, from enough people to be representative of the group you are interested in. This is different from 'qualitative' research, where people are given an opportunity to share their experiences and views in more depth, such as through a semi-structured interview or conversation.



We brought our portable info & advice stand to a variety of community events to promote the survey.



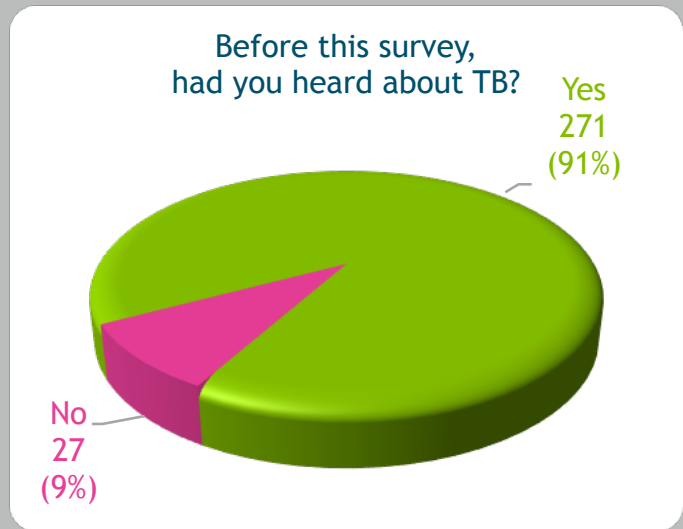
We also worked in partnership with NHS staff during the project to gather intelligence on TB, treatment, and target groups, including TB nurses Kay Perry, TB Nurse from the Royal Berkshire Hospital and Chrissy Long, Latent TB Manager from the NHS South Reading CCG.

Survey Findings

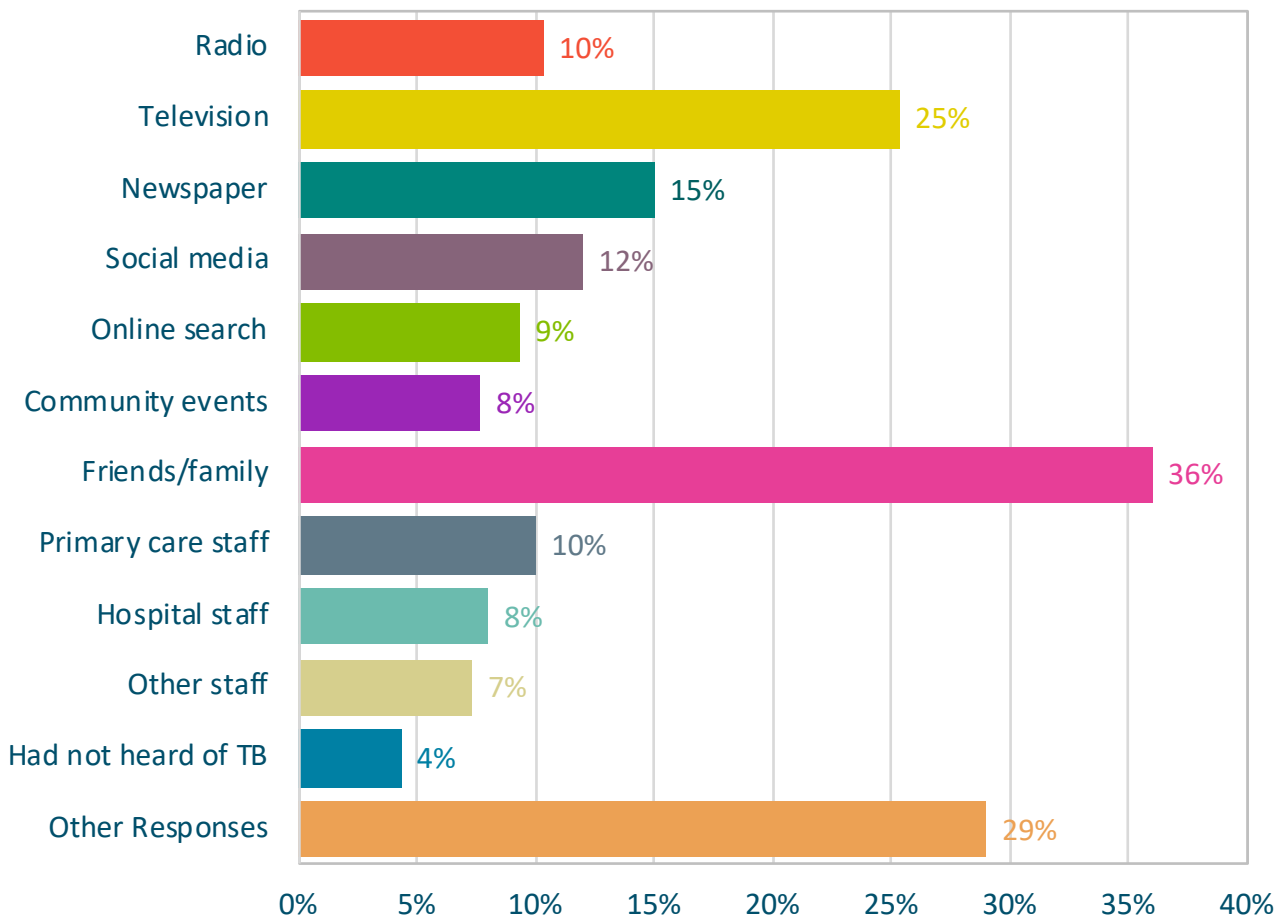
General knowledge and awareness about TB

91% of people had heard about TB.

Most people learned about TB from family and friends. 'School' was the most common source of knowledge in the 'other' category.



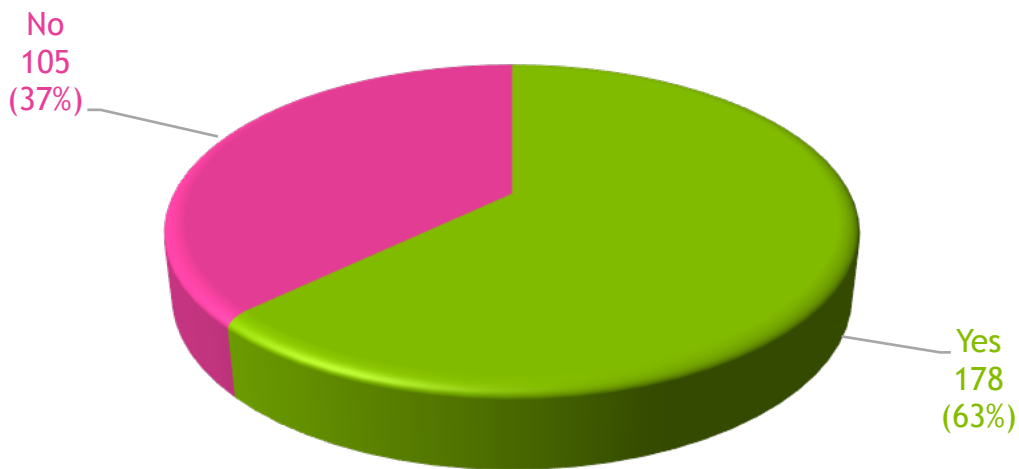
Where did you learn about TB?



Survey Findings

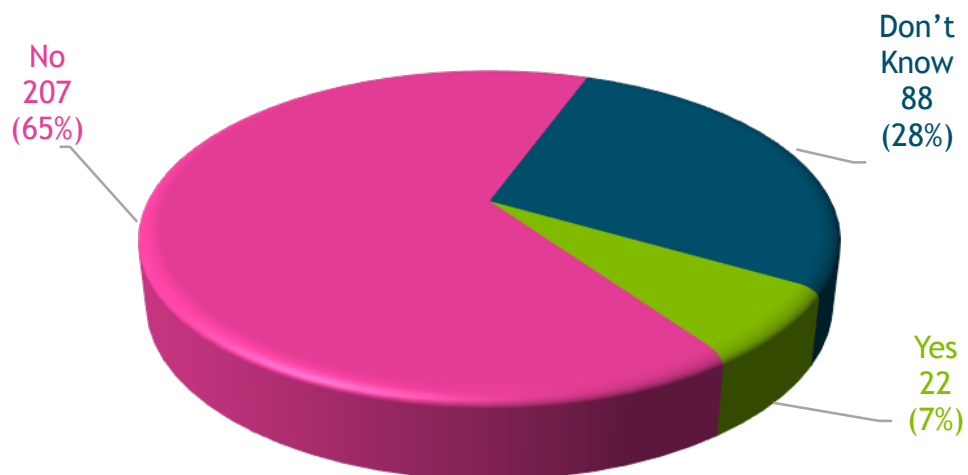
Nearly two-thirds of people (63%) had received a BCG vaccination to help protect against TB

Have you ever received a BCG vaccination to protect yourself against TB?



Almost two-thirds of people (63%) felt people in Reading did not know enough about TB

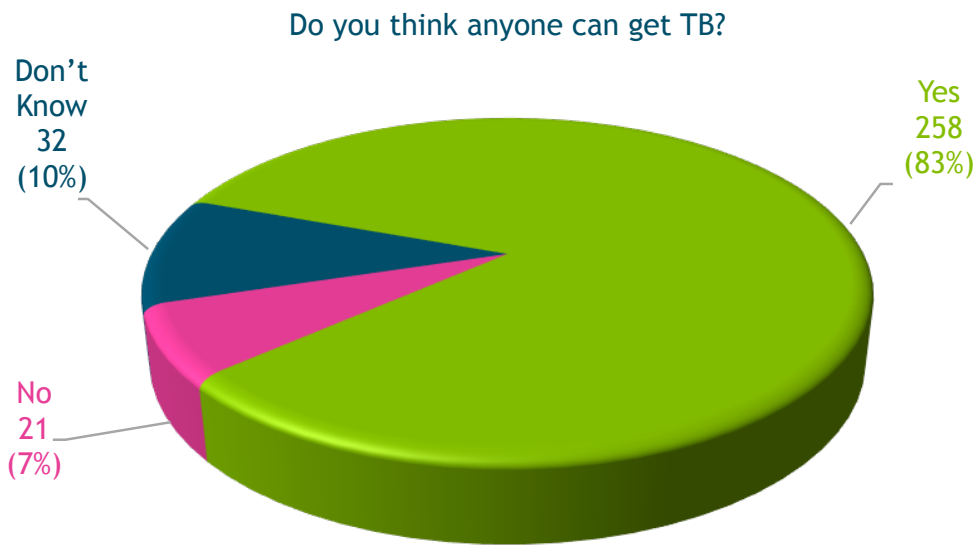
Do you feel people in Reading know enough about TB?



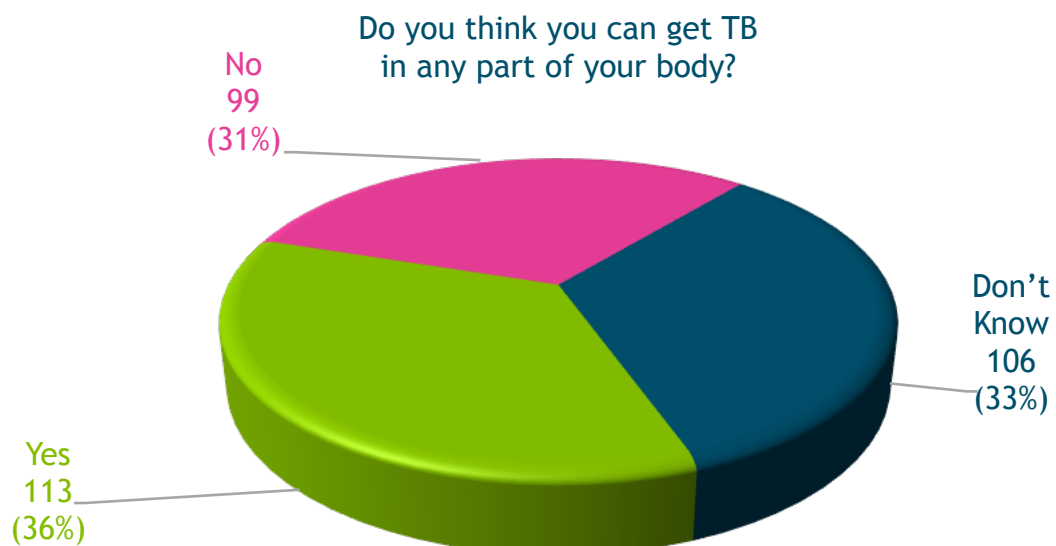
Survey Findings

Knowledge about risk-factors, symptoms, prevention and treatment

Most people (83%) knew that anyone can get TB

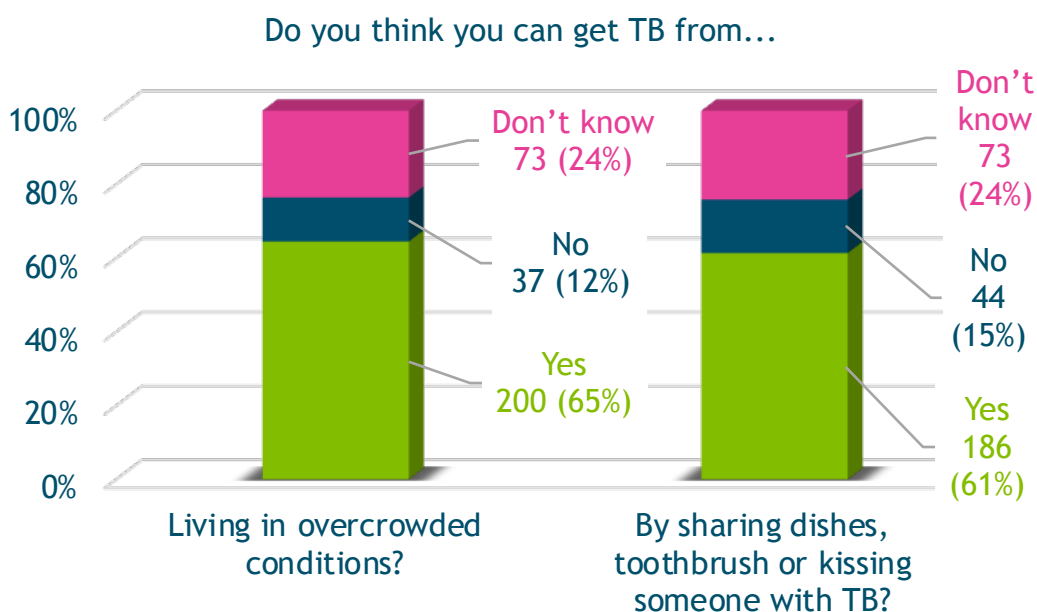


Only 35% knew that TB can affect any part of your body

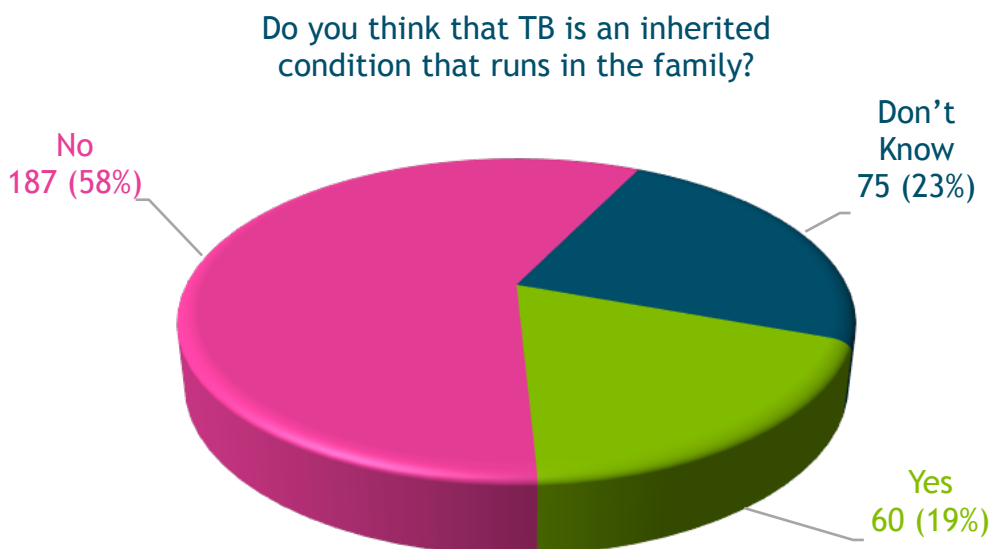


Survey Findings

More than 60% knew rightly that living in crowded conditions is a risk factor for contracting TB. However 60% wrongly thought you could get TB by sharing toothbrushes with infected people, and nearly one-quarter were unsure.



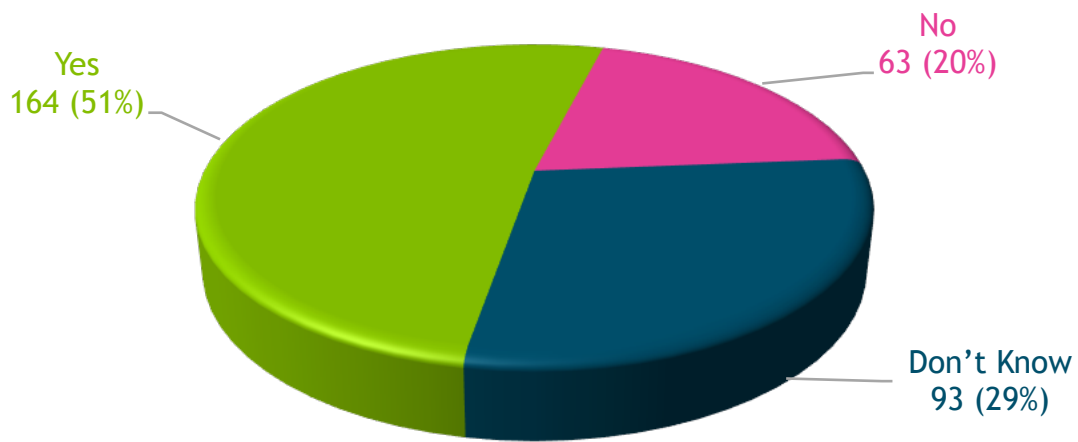
Nearly 60% knew that TB is not genetic, while 23% were unsure.



Survey Findings

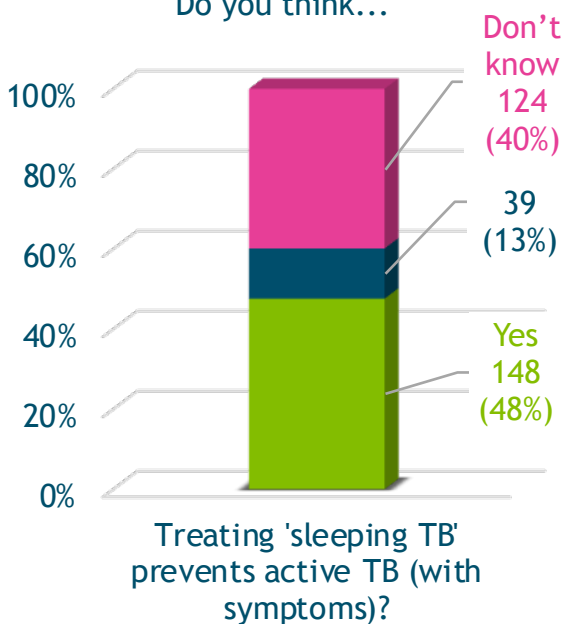
More than half (51%) mistakenly believed that people with latent (sleeping) TB could spread TB to others; 29% were unsure.

Do you think that if a person has dormant (sleeping/no symptoms) of TB they can spread it to others?



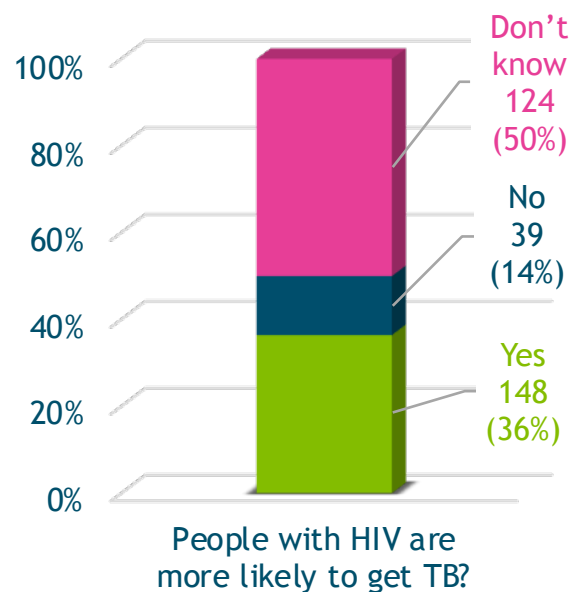
Less than half (48%) knew that treating latent TB can prevent active TB.

Do you think...



Only 36% knew that having HIV put you more at risk of TB.

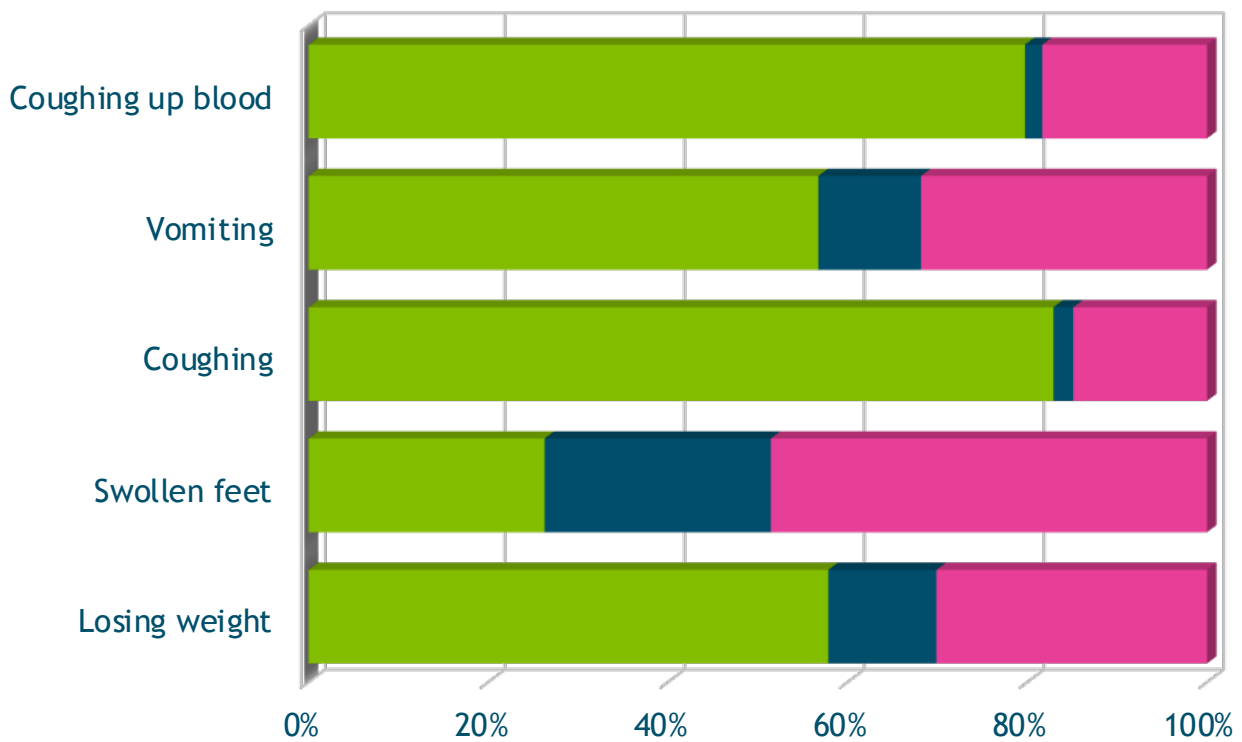
Do you think...



Survey Findings

The most well-known symptoms of TB were coughing (83%), or coughing up blood (80%); the least known was swollen feet (26%)

How many of the following do you think are symptoms of TB?
Please tick as many as you think.

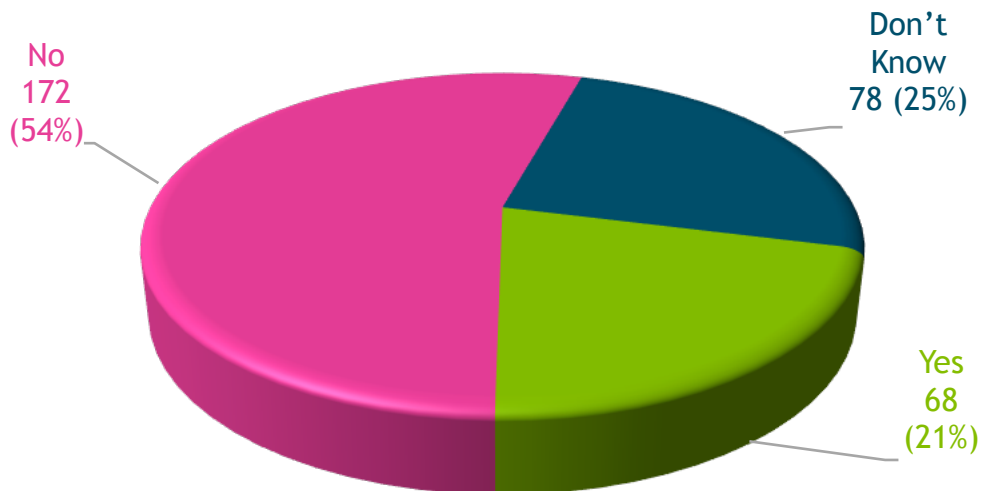


	Losing weight	Swollen feet	Coughing	Vomiting	Coughing up blood
■ Yes	173	72	262	164	248
■ No	36	69	7	33	6
■ Don't know	90	133	47	92	57

Survey Findings

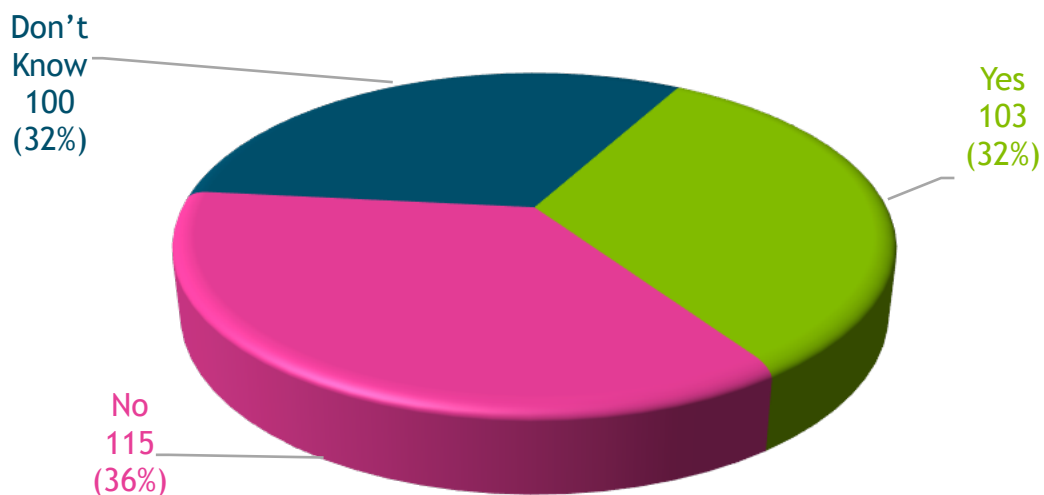
Only 54% knew that a clear chest X-ray does not mean you don't have TB germs in your body; 25% were unsure

Do you think a clear chest x-ray means that you do not have TB germs in your body?



Only 36% knew that a BCG vaccine's protection may not last for life

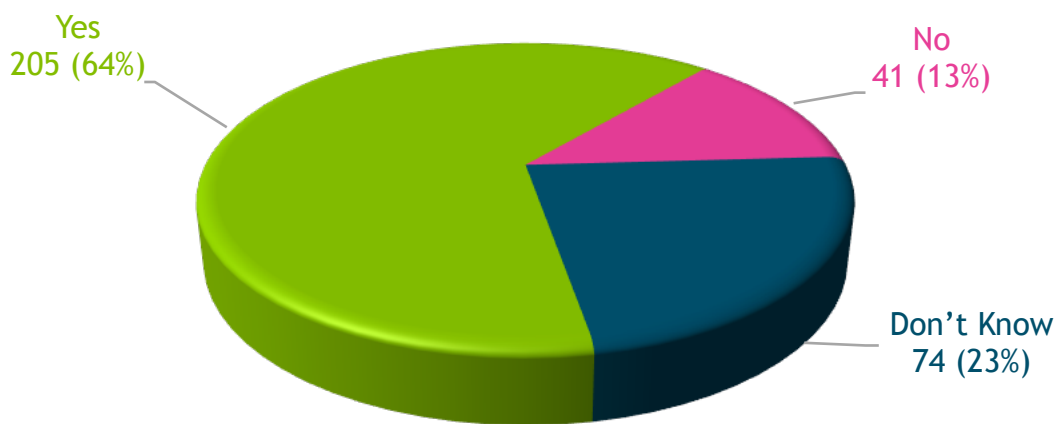
Do you think the BCG vaccine will protect you from getting TB for your whole life?



Survey Findings

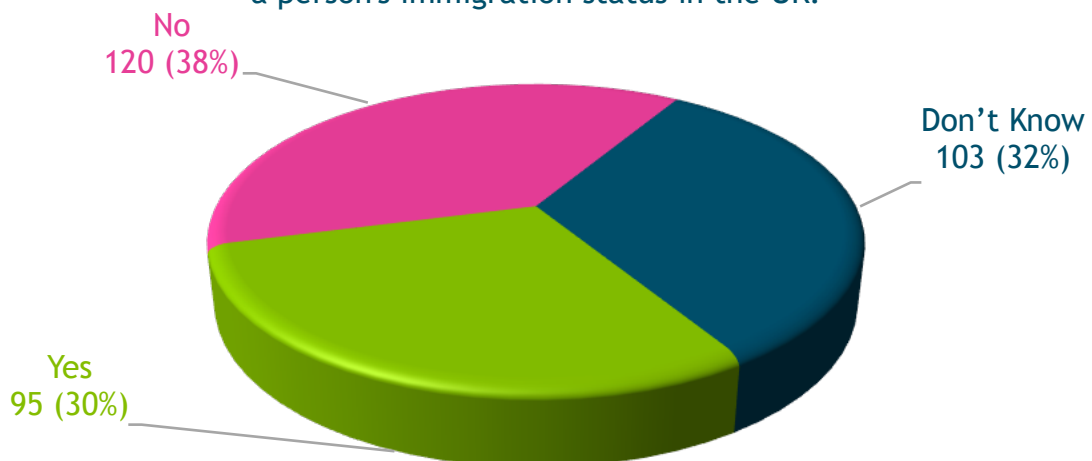
Nearly two-thirds of people knew that people should seek treatment for TB if they have had a cough for more than three weeks

Do you think that people should seek treatment for TB if they have a cough for more than three weeks?



Only 37% knew that being tested or treated for TB does not affect a person's immigration status in the UK, 32% were unsure

Do you think that having a TB test or being treated for TB affects a person's immigration status in the UK?



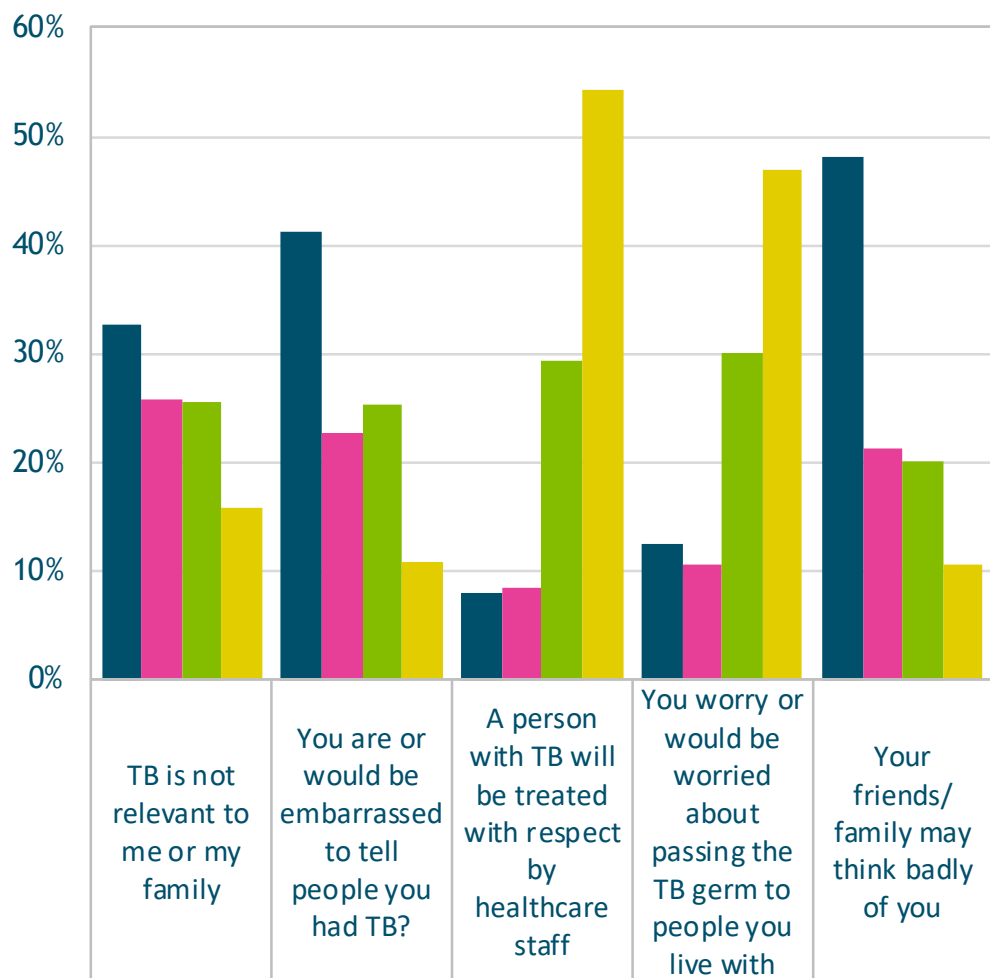
Survey Findings

Personal attitudes about TB

- 77% would be worried about passing on TB germs if they had TB;
- 36% would be embarrassed to tell people if they had TB; and
- 30% felt friends or family would think badly of them if they had TB
- 41% believed TB was not relevant to them or their family

Respondents revealed the stigma surrounding TB but also showed confidence in NHS staff to treat them well.

Your feelings about TB. Please tick one box in the scale



■ You strongly disagree	33%	41%	8%	13%	48%
■ You disagree somewhat	26%	23%	8%	11%	21%
■ You agree somewhat	26%	25%	29%	30%	20%
■ You strongly agree	16%	11%	54%	47%	11%

Discussion

The survey findings suggest that most people in Reading have, at the very least, heard about TB. This could be because nearly two-thirds of respondents had previously received a BCG vaccine, which is given to offer protection from TB.

People were most knowledgeable about the facts that anyone can get TB, that symptoms can include coughing or coughing up blood.

However, people were less knowledgeable about other facts, such as symptoms also including weight loss, vomiting, or swollen feet; that having HIV can put you at greater risk of TB; or that the BCG vaccine is not a lifelong guarantee against TB.

The most worrying lack of knowledge surrounded latent, or 'sleeping' TB, with less than half of people not realising that treating latent TB can prevent people developing active TB with symptoms. More than half of people wrongly thought that people with latent TB can pass on TB germs to others, which may affect whether people agree to be tested for latent TB, due to fear or stigma. Three in 10 people felt family or friends would think badly of them if they had TB, and a greater number - 36% - would be embarrassed to tell people if they had TB. If people who have TB are afraid to be open with those closest to them, then this may affect their ability to take preventative measures to spread the infection.

The survey also revealed confusion about whether TB affects a person's immigration status, and this could be another barrier to people recently arrived in the UK from seeking testing or treatment. However, people expressed strong confidence in the NHS, with 83% believing healthcare staff would treat them with respect if they did have TB.

The survey suggests that people gain

knowledge and awareness of TB mostly through family and friends, television, or education at school or university. Only 8% said they learned about TB from community events, and 18% from health professionals. In answering this question, people might have been recalling the first time ever they were made aware of TB, as the question did not specifically ask people if they recalled any locally run public awareness events in Reading.

Overall, there appears to be an appetite for further public awareness initiatives about TB, with nearly two-thirds believing that people in Reading do not know enough about TB.

The findings show that families and schools are the most common sources of current knowledge about TB, which may suggest that future awareness campaigns should involve individuals who are willing to spread correct information to their own families, and educational institutions that can build TB information into lessons, or host targeted sessions from experts.

To reach the most at-risk groups, materials or information should include translated, simple to understand text and/or photos or images. Verbal information sessions should also be supported by professional translators, as we found that some people could not take part in the survey due to language barriers.

The survey findings should inform the work of a dedicated Latent TB Programme Manager for South Reading, who has been in place since September 2017. Their role will be to work closely with TB nurses, Reading Public Health Team and community groups to reach out to less well-served communities to improve uptake of testing and encourage early presentation and timely onward referral with TB symptoms.

Discussion

Healthwatch Reading highlights a selection of other initiatives from across England that Reading services might consider trialling:

Find & Treat outreach service, University College London Hospitals NHS Foundation Trust

Find & Treat is a specialist outreach team working with more than 200 NHS and third sector, frontline services to tackle TB among homeless people, drug or alcohol users, vulnerable migrants, and people who have been in prison. The team includes former TB patients who work as peer advocates, TB nurse specialists, social and outreach workers, radiographers and expert technicians.

The service brings a mobile X-ray unit into all London boroughs to screen people for active TB. The outreach team also finds people who have stopped treatment before completing the full course, supports them to resume treatment, and provides practical assistance such as residential TB treatment for homeless people.

<https://www.uclh.nhs.uk/OurServices/ServiceA-Z/HTD/Pages/MXU.aspx>

Newham, east London, Latent TB screening and treatment closer to home

New patients joining GP surgeries at risk of latent TB, are offered free screening. If they test positive, they can choose to have treatment designed to prevent them from getting active TB, from one of 26 Newham pharmacies, closest to where they live. This convenience may increase the likelihood that people complete the full course of treatment. NHS officials are also working with the local housing department to ensure

they take action against private landlords who allow overcrowded homes (where TB could be more likely to spread).

<https://www.gov.uk/government/case-studies/pioneering-a-latent-tuberculosis-tb-programme-in-newham>

Doncaster health bus reaching out to asylum seekers and refugees

Rotherham, Doncaster and South Humber NHS community trust launched a scheme in 2015 to send its brightly coloured health bus to visit the Doncaster Conversation Club every two months. The club is a regular group for asylum seekers and refugees who practise English and the visits allowed people to get on-the-spot testing for latent TB, and then treatment if they tested positive. Those who had been treated could then provide peer support and the regular bus visits allowed follow up care during treatment.

<https://www.gov.uk/government/case-studies/identifying-and-treating-tuberculosis-tb-in-under-served-groups>

Response

Response from South Reading Clinical Commissioning Group (CCG) and Reading Borough Council

South Reading CCG and Reading Borough Council thanks Healthwatch Reading for this comprehensive analysis of the knowledge, attitudes and behaviours of the local population relating to TB. As a locality we have higher rates of TB than neighbouring CCGs and the England average, so this is an important issue for the people of Reading and 'Reducing the Number of People with Tuberculosis' has been adopted as a priority of the Reading Health and Wellbeing Board. This survey enables us as a system to gain a better understanding of how local people think about TB during the first phase of a communication and engagement campaign focussing on sleeping (latent) TB. Together we have worked hard to widely promote the signs and symptoms to TB and latent TB at events and public engagement opportunities. We have created a set of locally tailored public information to raise the profile of TB and latent TB with the eligible community. We have worked with local GP practices to flow referrals through to secondary care for latent TB testing and this process is embedded and is starting to work well.

We acknowledge, however, that while referrals are starting to be made effectively, a substantial proportion of people invited choose not to attend their screening appointment. The results of the survey show that there is still work to tailor this campaign so that people are better informed about the reason they are being asked to attend the appointment. The survey also tells us that stigma around TB is still an issue for some communities and as a system we recognise that further work with affected communities is needed.

The results of this survey were discussed at a Berkshire wide TB workshop on 5 December 2017 with the aim of reflecting on our progress so far and setting our priorities and activities for 2018/19. The outputs from the workshop will form an action plan which will be managed and implemented by the Latent TB project manager who is part of the Berkshire TB Operational Group who will monitor the overall action plan. The latent TB programme is part of the wider Berkshire TB strategy and is overseen by the Berkshire TB Strategy Group.

Conclusion

This project exceeded its aim of surveying at least 150 people, with a total response of 326 people.

The findings show which facts about TB the public are most aware of, and where there are gaps or mistakes in knowledge. The survey also highlights personal fears or beliefs about TB that might affect uptake of screening or treatment.

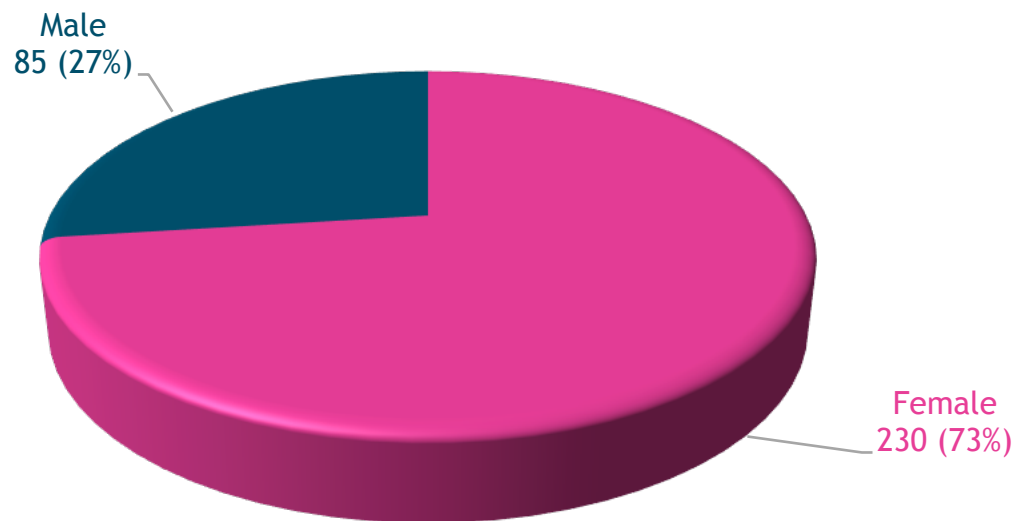
We are pleased that the findings will influence a forthcoming TB action plan and that the CCG and RBC have acknowledged the need to further work with affected communities on addressing the stigma surrounding TB.

We thank all the people in Reading who shared their views in survey responses, and the community groups and organisations that facilitated our efforts in reaching a wide range of people.

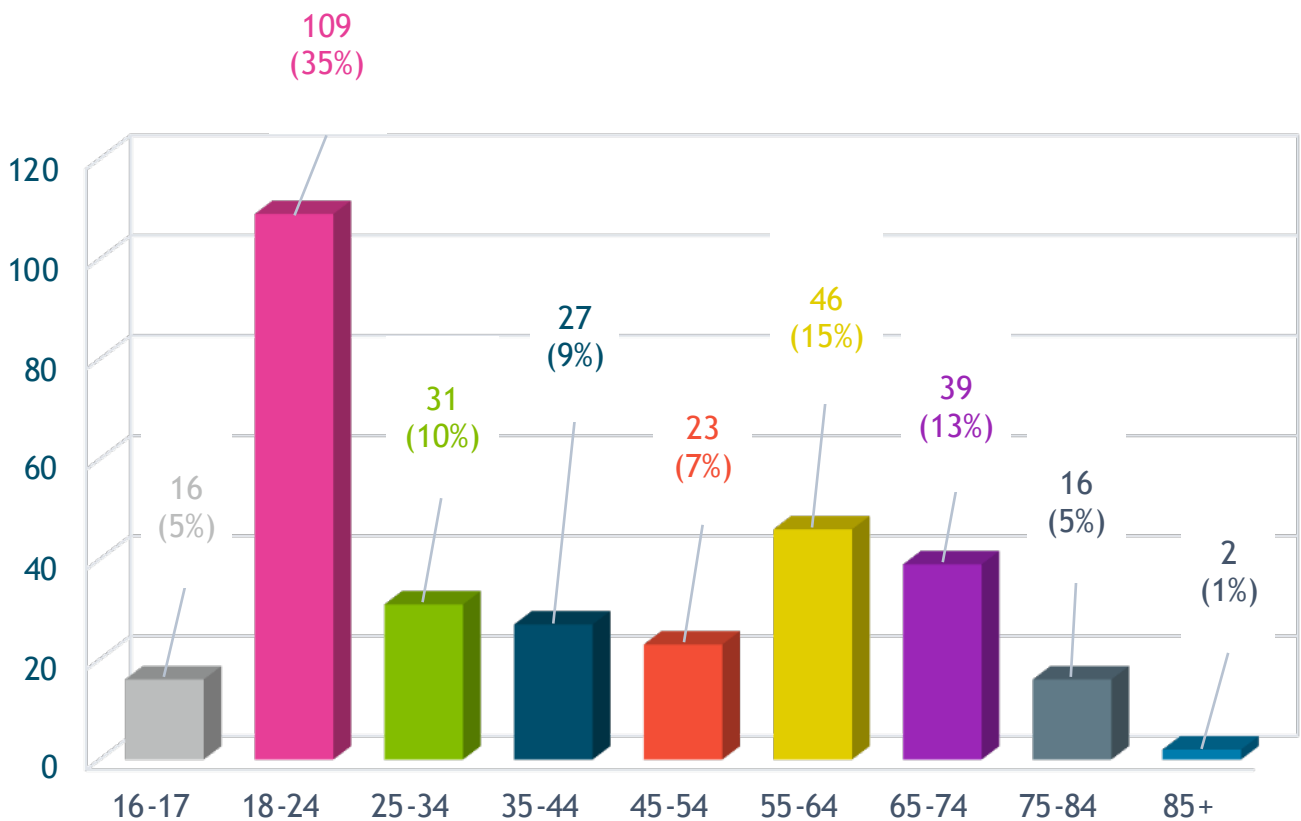
Appendix 1:

About the people who answered the survey

What is your gender?

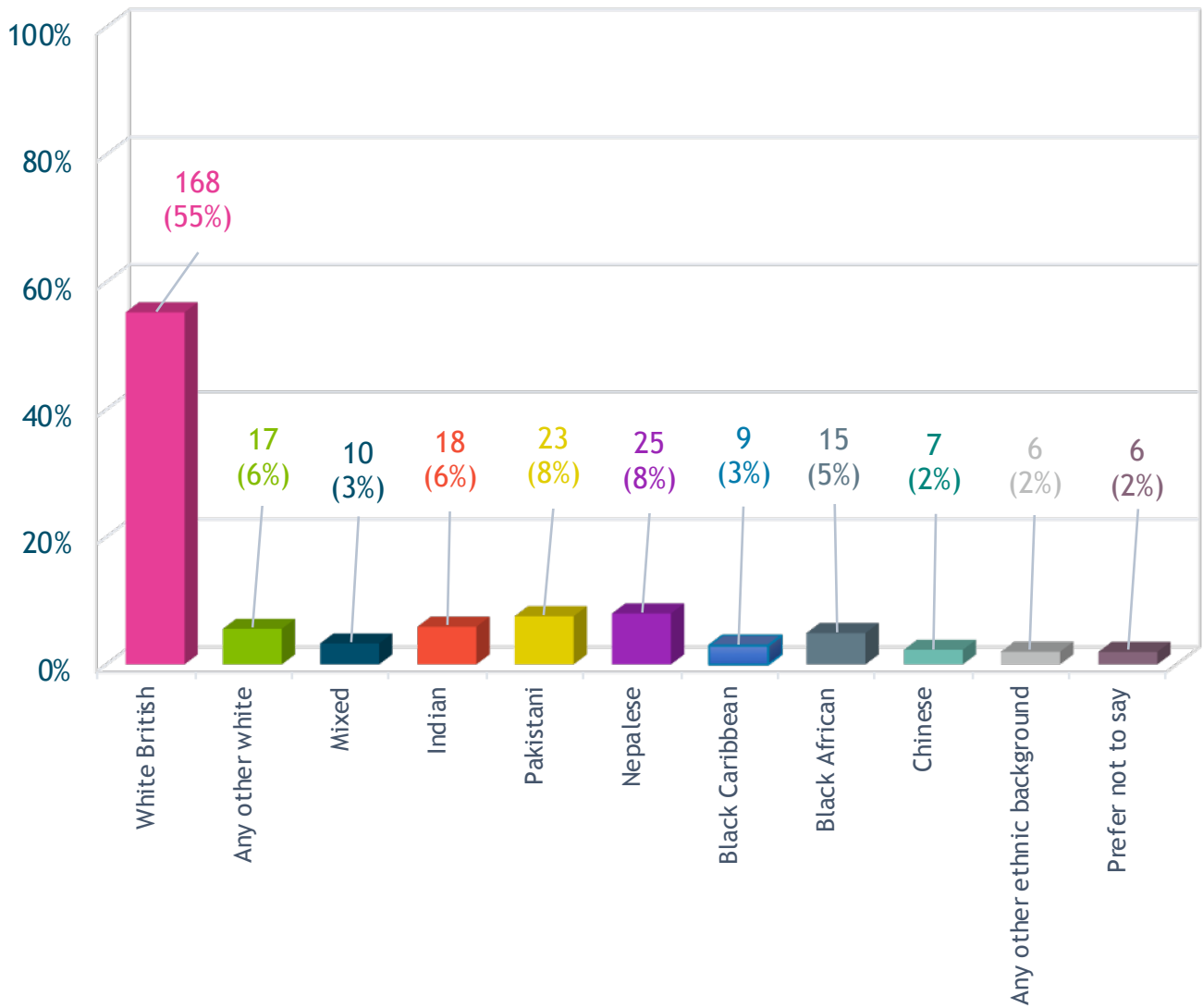


How old are you?



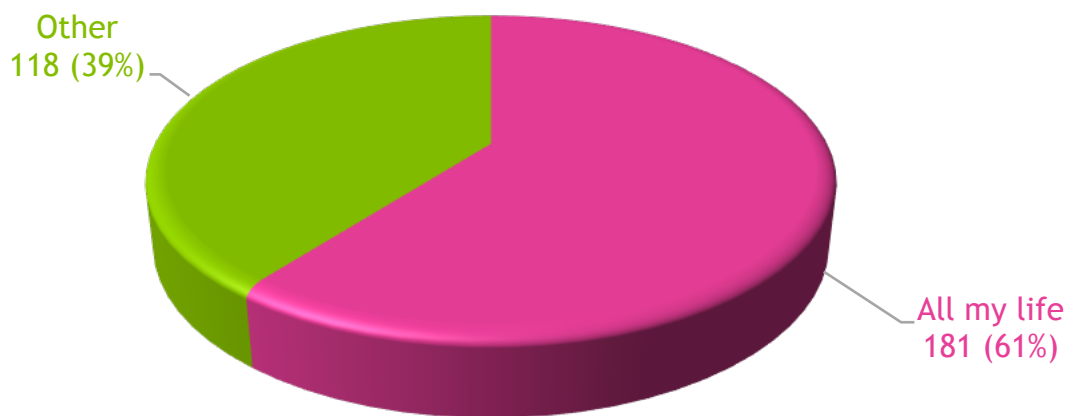
Appendix 1

What is your ethnicity?



Appendix 1

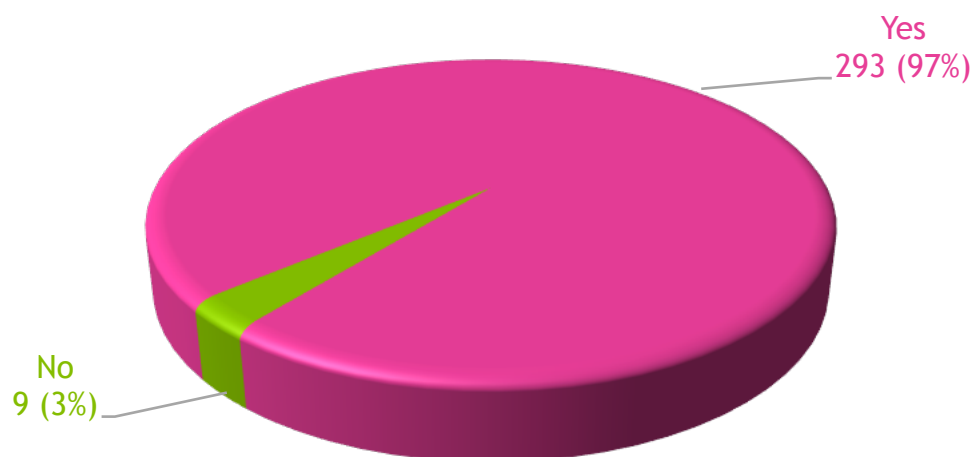
How many years have you been in the UK?



Other answers:

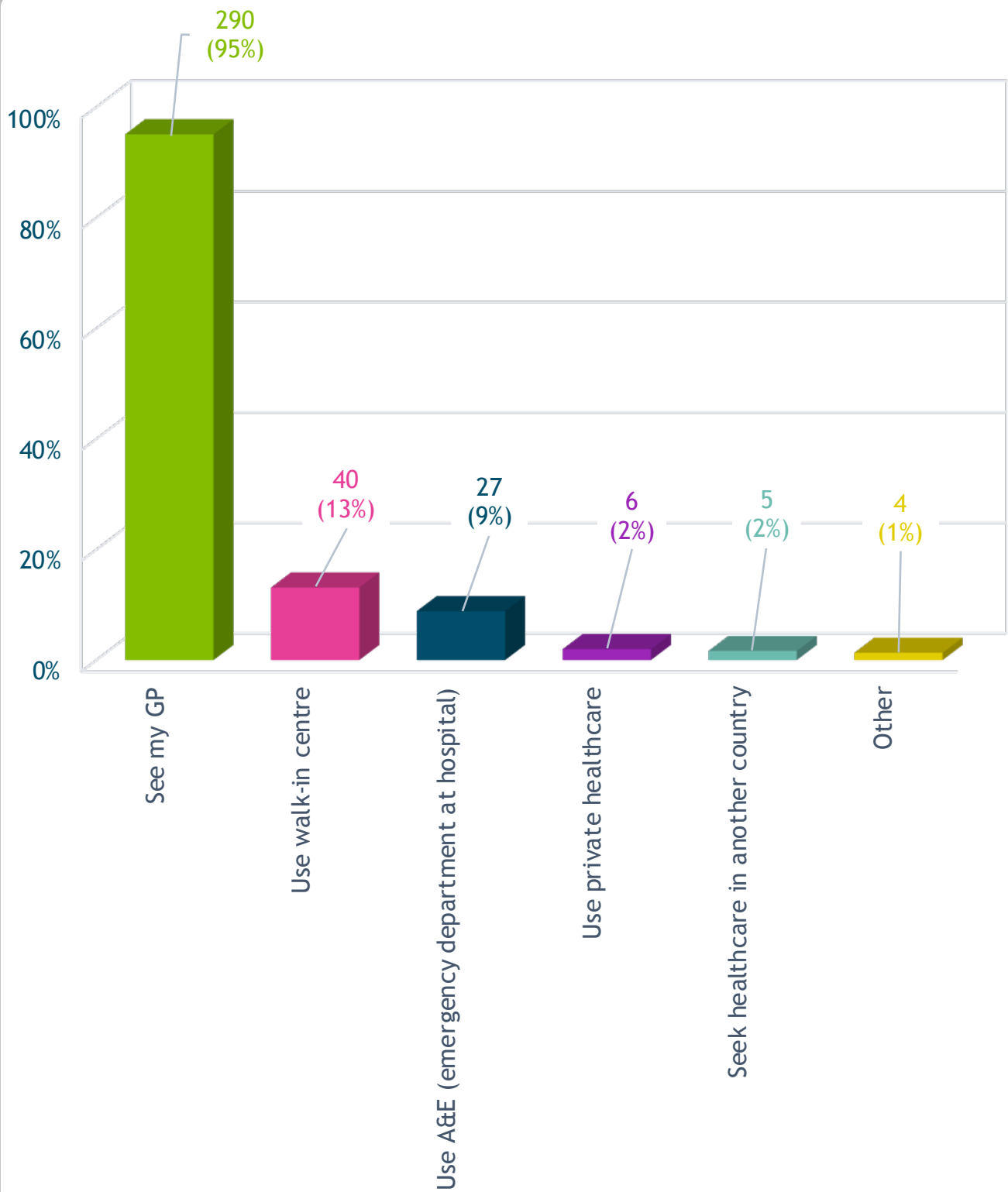
Up to 5 years	31 people	21-29 years	3 people
6-10 years	17 people	30-39 years	9 people
11-19 years	18 people	40-49 years	11 people
20-29 years	5 people	50-59 years	10 people
		60 and over	1 person

Are you registered with a GP surgery?



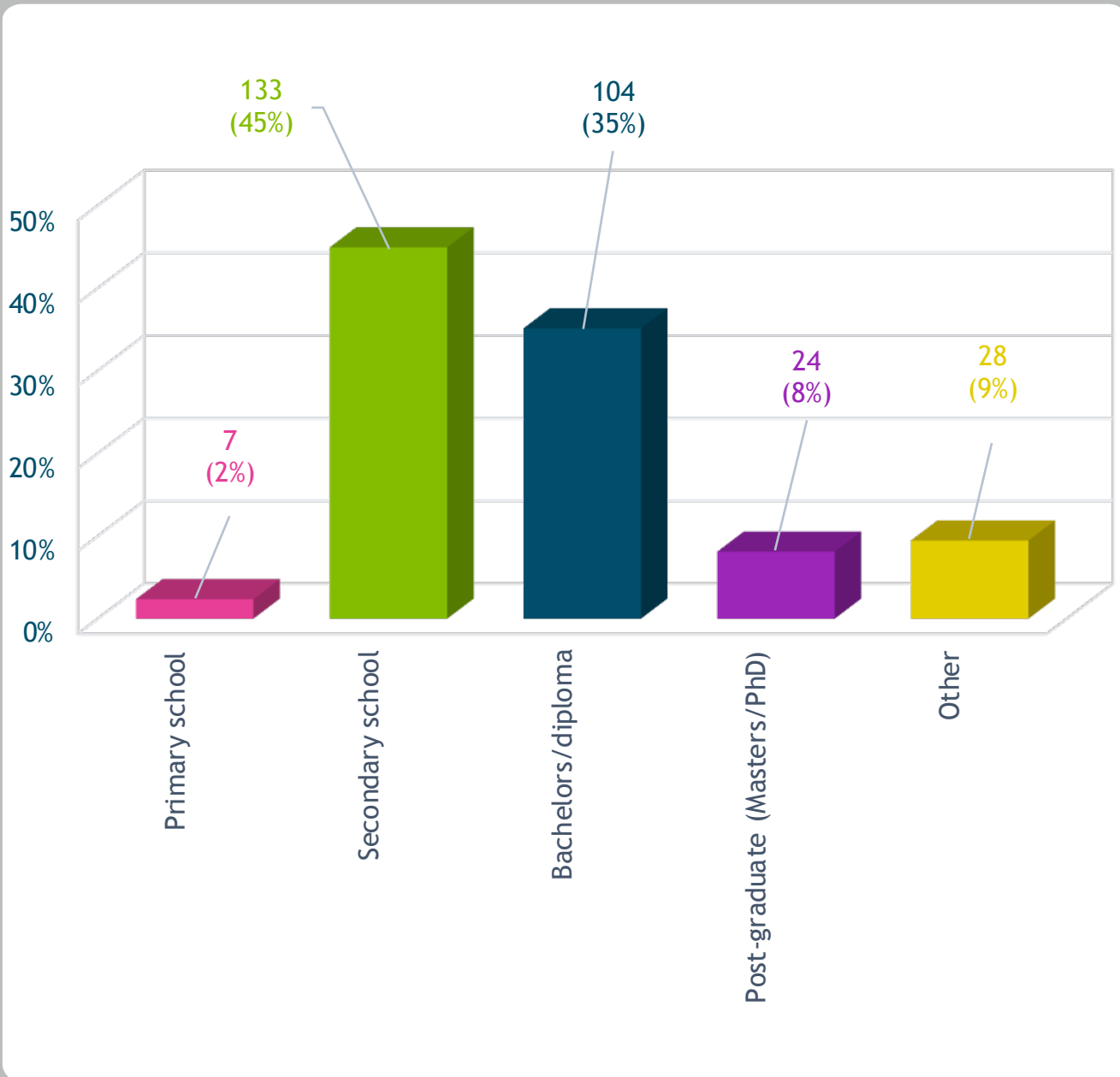
Appendix 1

How do you normally access health care services?



Appendix 1

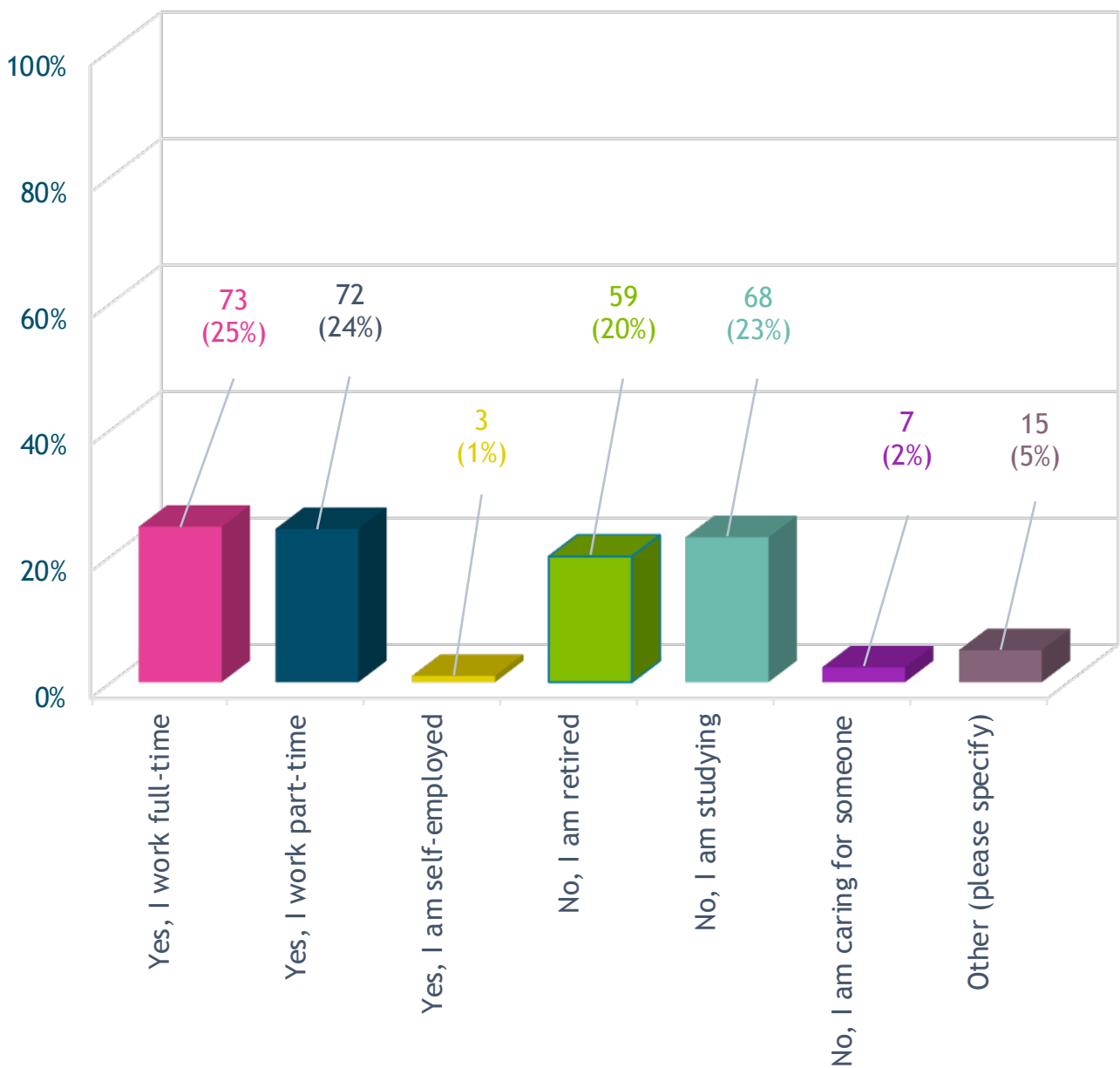
What is your highest level of education?



Other responses: mostly 'College'

Appendix 1

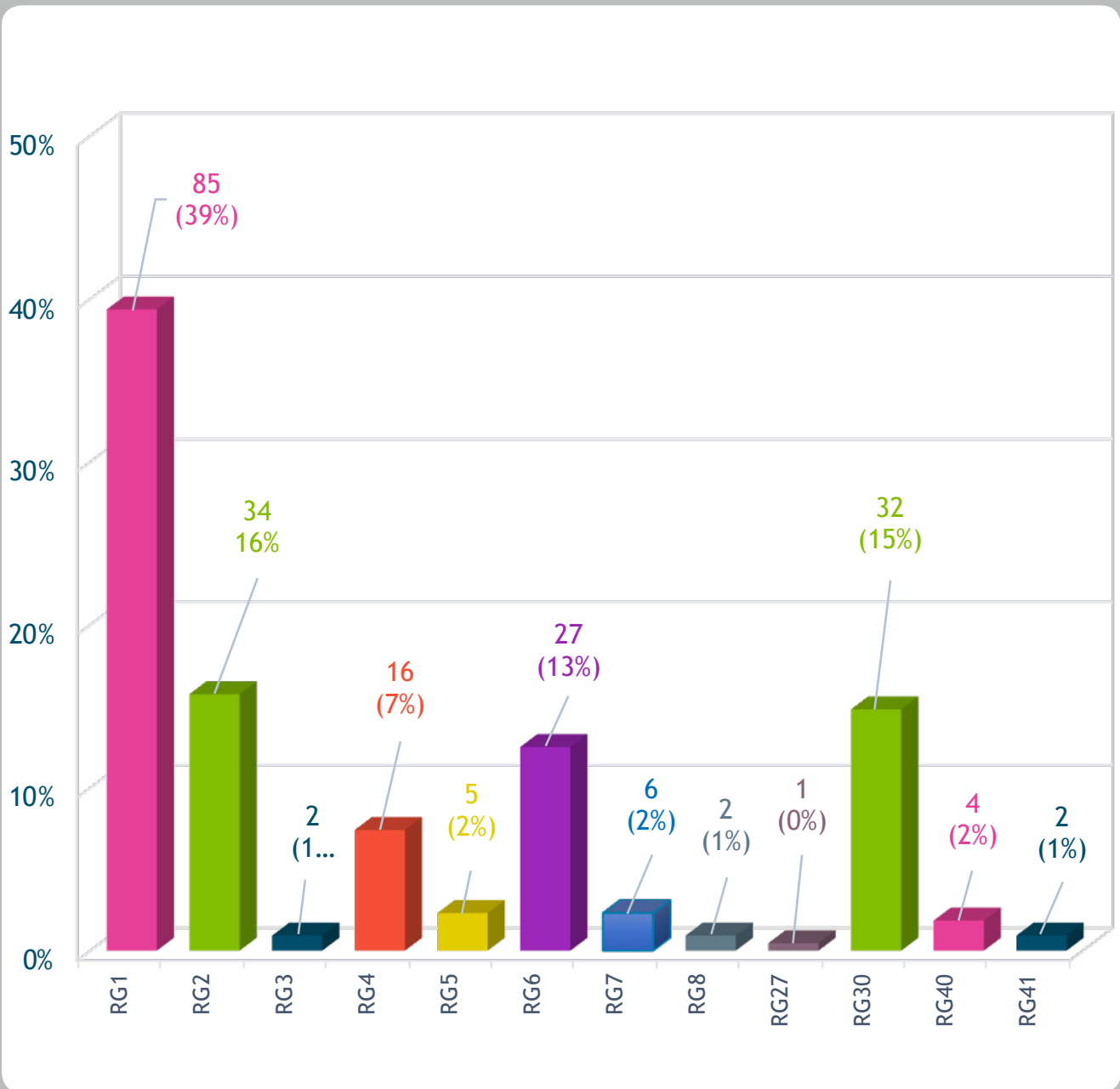
Are you employed?



Other responses: mostly full-time mum/housewife

Appendix 1

What is the first half of your postcode?



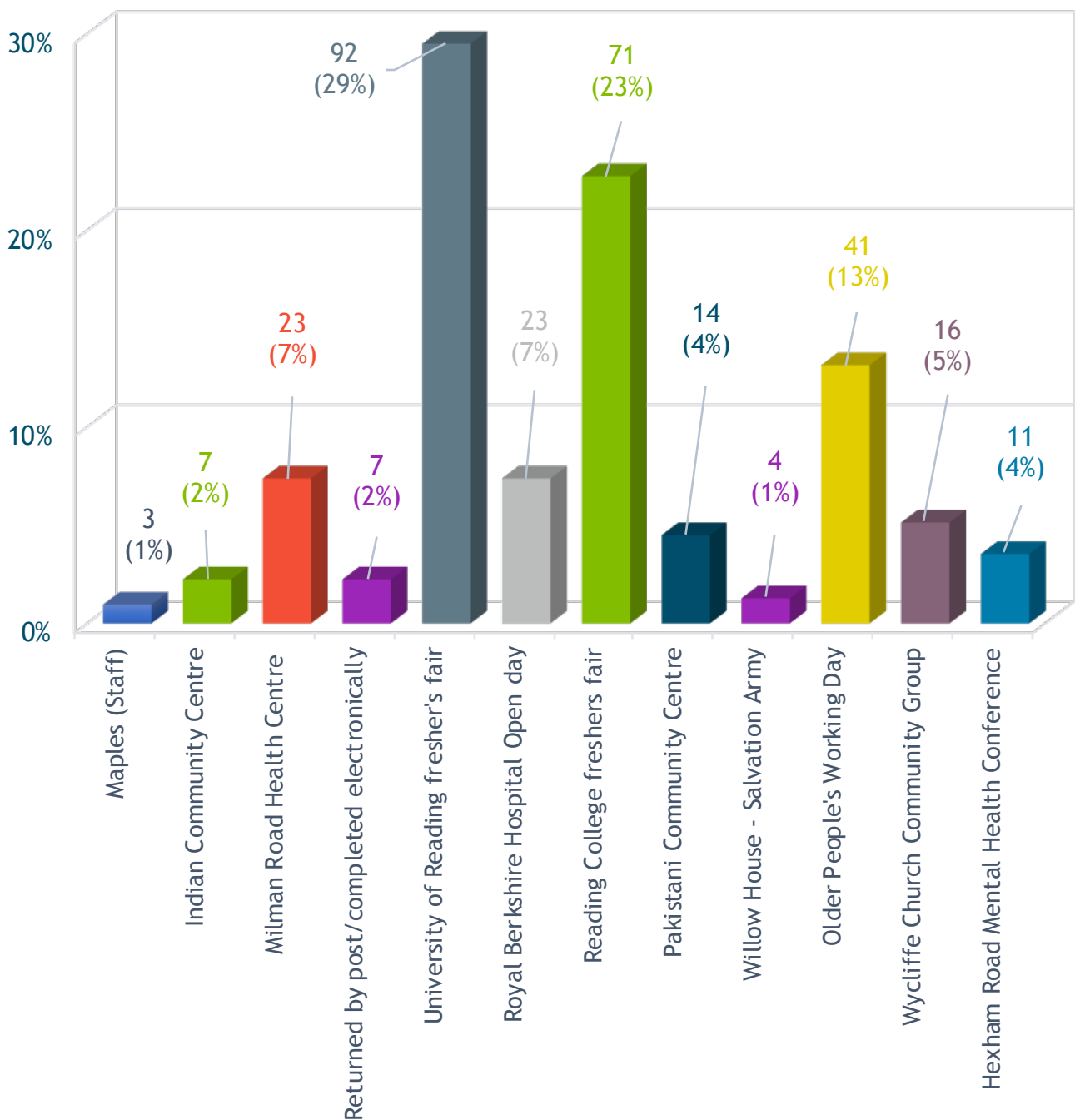
Other responses:

- Tilehurst or Calcot Postcode 9 people
- Slough postcode..... 6 people
- Bracknell postcode 5 people
- Maidenhead postcode 4 people

Appendix 2:

Where and when the survey was conducted

Which Healthwatch Reading interview session?



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Contact Healthwatch Reading at:
3rd floor, Reading Central Library
Abbey Square, Reading
RG1 3BQ
Telephone 0118 937 2295
Email info@healthwatchreading.co.uk

Key area	Priorities for Action	Proposed actions	Proposed organisation responsible	Key contact	Due date	RAG	Comments - following Berks TB Strategy Grp Feb 2018
1. Improve access to services and ensure early diagnosis	Increase awareness about TB amongst local health and social care professionals as well as third sector organisations	Develop and deliver impactful, public-facing communication and social marketing campaign to increase awareness of active and latent TB and local services among target communities and those working with them	Berks TB Comms Working Group / LTBI Ops group	Jo Jefferies	Feb-17	GREEN	in progress, on target
		Assess knowledge attitudes and behaviours relating to TB in local populations at increased risk and use output to inform communication and marketing campaigns	Berks TB Comms Working Group / LTBI Ops group	Jo Jefferies	Jun-17	GREEN	Survey in Reading completed. Survey results was presented at a Berkshire wide TB workshop on 5 Dec and was reported to March HWBB
		Produce a calendar of local health and wellbeing events at which to include TB health promotion	Berks TB Comms Working Group / LTBI Ops group	Jacqueline Riddles / Chrissy Long/Rojina Mandahar/Rukayat Akanji-Suleman	ongoing	AMBER	JR and KS met and put together a Comms plan summary for the remainder of the year. There are 8 key points and an action log. World TB Day events delivered
		Promote NESS at community health and wellbeing events and programmes included in calendar	Berks TB Comms Working Group / LTBI Ops group	Jo Jefferies	ongoing	GREEN	Latent TB community engagement events were delivered by RBC Wellbeing team during at Care's Day 2018 Slough BC team working with S4H to promote NESS and raise awareness of TB
2. Provide universal access to high quality diagnostics	Ensure that any issues resulting from the transfer of pathology services from Royal Berkshire to Frimley Park are fed back to the trust and to the appropriate commissioner to ensure a 24 hour turnaround on microscopy and a responsive and high quality diagnostic service	Keep and review log of issues	West Berkshire TB team EAST TB Teams	Sarah Menzies / Tracey Langham	ongoing	GREEN	Service has improved in both sites. 5 working day turn around in Slough
	Ensure appropriate provision of LTBI testing in line with national LTBI programme	Monitor update and LTBI and active TB rates / numbers of the two new entrant screening programmes in line with PHE requirements and through KPIs in local quarterly reports	CCG	Karen Grannum, Jo Greengrass	quarterly	GREEN	Quarterly reporting to CCGs and continuing submission of data to PHE for eligible new entrants
	Attempt to address barriers to access	Explore options for accessible service provision in Slough	CCG commissioners and FHFT Service lead	Jo Greengrass / Sarah Menzies	Dec-17	GREEN	Weekly NESS clinic now running at Upton Hospital Slough.

4. Ensure comprehensive contact tracing	Continue to work closely with health protection colleagues to ensure robust and effective contact tracing takes place as standard participation in TV Cohort Review	Continue participation in TV Cohort Review	NHS Providers and PHE		ongoing	GREEN	Ongoing
5. Improve BCG vaccination uptake	Agree and implement an evidence-based Berkshire BCG immunisation policy	Consider local incidence data, NICE guidance, BCG policy in Green Book and national service specification and discuss implications with all stakeholders including TB teams and midwifery colleagues	NHS England	Nisha J	Oct-18	GREEN	Risk-based strategy adopted by East and West Berkshire services. ACTION - Nisha to circulate final policy to maternity and TB Team COMPLETE
	Monitor provision and uptake of BCG vaccination as new policies are implemented	Develop / maintain robust systems for providers to record and report uptake via Annual BCG Audit	NHS England	Annual BCG Audit	Jul-18	AMBER	Clinical audit 3 -6 months after implementation of agreed policy. ACTION - Nisha to confirm dates NJ/JJ/SM to repeat audit carried out in RBH in FHFT - Nisha to link with Wexham Midwifery lead
	Ensure processes are in place to identify eligible babies, even in low-incidence areas	Ensure a processes for identification and follow up of eligible babies is included in BCG policy Monitor success of process for identification and follow up of babies in both high and low incidence areas	NHSE with Midwifery and TB teams in FHFT and RBH	Nisha J	ongoing	GREEN	Nisha to share process with Group
6. Reduce drug-resistant TB	Mitigate the clinical and social risk factors associated with development of drug resistance in under-served populations by maintaining high treatment completion rates and ensuring thorough contact tracing around MDR cases	Continue to provide DOTS to vulnerable patients where appropriate	NHS providers (RBH and FHFT)	Sarah Menzies / Tracey Langham	ongoing	GREEN	
		Develop and maintain links with services providing support to under-served groups in all LA local authority areas	TB Teams with support from LA Public Health and CCG	Sarah Menzies / Tracey Langham	ongoing	GREEN	Berks EastTB Team liaising with Homeless Support Group in Slough
	Work to develop the provision of in-reach services to under-served and high-risk populations	Maintain and continue to develop new links with community groups to identify opportunities for community-based LTBI testing and awareness of TB symptoms	LTBI programme manager / project manager NESS nurses	Jaqueline Riddles / Chrissy Long	Dec-17	GREEN	LTBI clinics now running in Upton Hosptioal Slough and Farnham Rd Practice. RM delivered TB 4 awareness sessions to Nepali, Pakistani & African groups as part of wider health & wellbeing engagement
	Align local service provision to these groups as	develop and promote referral pathways into NESS from non-NHS providers	LTBI programme manager / project manager NESS nurses	Jaqueline Riddles / Chrissy Long	Dec-17	AMBER	Update required from Ops Group

7. Tackle TB in under-served populations	per NICE recommendations	Reduce barriers for GP registration of underserved population with transient accommodation by ensuring practices are aware that they can register patients without proof of address	CCG	Jo Greengrass / Karen Grannum	Dec-17	GREEN	
	Increase awareness about TB, latent TB and NES services among high risk and under-served groups	Continue to deliver impactful, public-facing communication and social marketing campaigns to increase awareness of active and latent TB and local services among under-served groups	Berks TB Comms Working Group / LTBI Ops group	Jaqueline Riddles / Chrissy Long	ongoing	GREEN	JR and KS met and put together a Comms plan summary for the remainder of the year. There are 8 key points and an action log.
	Develop robust pathways to enable timely discharge of patients into appropriate accommodation	Work to develop a clear pathway for housing homeless cases of TB both with and without recourse to public funds	LA public health / NESS nurses	Clare Humphreys/Jo Jefferies	Dec-17	AMBER	TV Guidance Document Produced by PHEC and used to guide action in two cases. Draft MOU developed for Slough BC and Berkshire East CCG - with SBC for final sign off June 2018. Work is in progress to develop an MOU between the CCGs and local authorities across Berkshire West to ensure provision of accommodation to homeless TB patients with no recourse to public funds
8. Systematically implement new entrant screening	Ensure that new entrants are referred routinely to local services for screening by strengthening local pathways	review NESS KPIs to identify blocks in pathway and identify solutions	CCG commissioners with support from LA PH and PHE	Jaqueline Riddles / Chrissy Long	Dec-17	AMBER	see below
		Work to review and reduce 'Do Not Attend' appointments in NESS clinics	CCG commissioners and NESS teams	Jaqueline Riddles / Chrissy Long	Dec-17	AMBER	DNA's have reduced to 28% in Slough service in Q2 2018. In Reading, practices are visited regularly to encourage effective referrals by using
		Set up Operational Group to develop and share best practice and coordinate approaches	CCG commissioners with support from LA PH and PHE	Jaqueline Riddles / Chrissy Long	Jun-17	GREEN	Group set up and is reporting to TB Strategy Group.
		Review entry to NESS pathway from non-GP sources including GUM, DAAT, Social Care and community / self referral	CCG commissioners with support from LA PH and PHE	Jaqueline Riddles / Chrissy Long	Dec-17	AMBER	update from LTBI Ops Group required for this work
9. Strengthen surveillance	Use available data sources to monitor and drive improvement in performance	Utilise TB dashboard, feed ETS and new LTBI surveillance data into Thames Valley TB cohort review	PHE / LA Public Health	Clare Humphreys	ongoing	GREEN	

and monitoring	Gather service-user views on local services to identify and address potential issues and barriers to care	Repeat patient survey annually	TB teams	Sarah Menzies / Tracey Langham	Baseline survey before March 2017	GREEN	Findings presented at TB Strategy Group Feb 2018
10. Ensure an appropriate workforce to deliver TB control	Work with commissioners to ensure robust plans are in place for maintaining recommended levels of staffing for current and near-term future capacity	Workforce ratios referred to in new service specifications - case load and staff capacity and skill mix to be reviewed after 6 months	TB teams	Jo Greengrass / Karen Grannum	Sep-17	GREEN	Monitored through commissioner / provider meetings