



HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

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**TAKE
ACTION**

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PRESS RELEASE

The shocking news about TB in the UK, is that whilst deaths and the incidence of TB infection are reducing in some local authority areas, in others the numbers are rising significantly.

THE UK HAS THE HIGHEST INCIDENCE OF TB IN EUROPE

15 years after World Health Organisation (WHO) called for a major campaign against TB across the world, there remains a TB crisis in the UK. In many areas the incidence of TB is rising and the government's response is to cut public health budgets.

Homelessness, poverty, living under the radar because of fears of removal by the Home Office, and in some areas inadequate primary care services, are key contributory factors in the TB epidemic. As Dr Onkar Sahota AM, Chair of the Health Committee, said when the GLA report was published on October 28th 2015: "It is astounding that TB is such a prevalent disease in London and that misconceptions about the disease are so common". TB disproportionately affects

prisoners, homeless people and people with substance abuse issues. High quality TB care is not universally available to all. Getting information about the epidemic for this report has not been easy. Some questions put to the NHS Executive were never answered, and despite commissioning healthcare in Immigration Removal Centres, NHSE were unable to provide information regarding the incidence of serious illnesses suffered by people in IRCs, e.g. TB, HIV, malaria. NICE produces excellent guidelines on the treatment of TB, which should be followed in all cases, but they are not legally binding.

Malcolm Alexander, Chair of HAPIA said:

“We call on Minister to urgently implement our recommendations below. Whilst there have been significant reductions in the number of cases in most European countries progress in the UK has been much too slow. There are some fantastic teams across the UK providing both outstanding inpatient and outreach care to people with TB. In some cases people with TB are provided with housing and the high level care they need to recover, become non-infectious and remain well. In other parts of the country services are poor and this may be the cause of growing epidemics in those areas. The rise of TB infection amongst the poorest people in the UK is a public health disaster.”

WE CALL ON HEALTH MINISTERS TO TAKE URGENT ACTION:

- 1) CCGs and NHS England should ensure that all GPs are adequately trained to diagnose TB in the community and be proactive in case finding.
- 2) NHSE and PHE should create a pan London TB treatment/outreach team, instead of 32 teams currently providing services for people with TB in London.
- 3) The Secretary of State for Health should publish Directions making the NICE TB Guidance legally binding on NHSE, PHE and CCGs, in order that treatment is provided to all patients until their infection is fully treated.

4) Health Protection Regulations should require that those with TB who are most at risk have full access to antibiotics and social support throughout the entire period of their treatment – including those who are at risk of deportation/removal (see appendix for proposed draft regulations).

5) NHSE through their IRC contracts, should ensure doctors providing healthcare in IRCs, follow NICE Guidance in relation to the duration of TB treatment, and advice they give to the Home Office on deportation of detainees with TB.

6) PHE should establish a rapid response public information service, to provide fast, accurate information for people with TB about access to treatment and ‘deprivation of liberty’ in relation to infectious diseases.

7) The GMC should provide assurances that doctors breaching the confidentiality of patients who are ‘irregular migrants’ will be subject to disciplinary procedures.

8) PHE and local authorities should collaborate to produce an information pack for people with TB detained on detention Orders, and commission a national advocacy service to provide advice and empowerment to detained people with TB.

HAPIA: Is a national body of local Healthwatch and individuals who are active in campaigning to create effective public involvement and the best possible health and social care services.

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