



Public Health England

Protecting and improving the nation's health

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Mr Malcolm Alexander
Chair
Healthwatch and Public Involvement Association

By Email: HAPIA2013@aol.com

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Dear Malcom,

Thank you for your email to Duncan Selbie of 24 August regarding Tuberculosis (TB) in the United Kingdom. Although the recommendations you have made in the report are not specific to London I have been asked to respond and update you following our meeting with Dr Andy Mitchell on 26 October 2015. As you will be aware, we are in the second year of implementing The Collaborative TB Strategy which 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.

My response to each of your recommendations is set out below.

1. CCGs and NHS England should ensure that all GPs are adequately trained to diagnose TB in the community.

The RCGPs has a TB e-learning package with CPD accreditation. This has been updated by PHE as part of the work on implementing the national TB strategy and was relaunched in July 2016. It is available, not only to GPs, but also to other health care professionals who want to update their knowledge of TB.

2. 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.

NICE published new, updated guidance in January 2016 with a further update published in May 2016. As it is 'guidance' it is not possible for the Secretary of State for Health to make it legally binding. The application of 200+ pages in the NICE guidance is not mandatory as this enables health care professionals to make decisions appropriate to individual patients in consultation with the patient.

3. 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).

Access to TB treatment and care including access to TB medication is free to all individuals irrespective of an individual's status in the UK. Care, including social support, is provided on a case by case basis reflecting local provision and arrangements.

- 4. NHSE through their IRC contracts, should ensure that doctors working for healthcare providers in IRCs, follow NICE Guidance in relation to the duration of TB treatment, and the advice they give to the Home Office on deportation/removal of detainees with TB.**

NHS England's contract requires the primary care health service to follow NICE guidelines in the management of TB. The healthcare team works with PHE health protection teams and the local TB team in Hillingdon. Where a detainee is undergoing treatment, the primary care healthcare service would advise the Home Office to stop the removal on medical grounds. However, it is ultimately the decision of the Home Office to make the decision to discontinue with the removal.

- 5. 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.**

TB Alert and NHS Choices websites provide good information on access to TB treatment.

- 6. PHE and local authorities should collaborate to produce an information pack for people detained on 2A Orders, and commission a national advocacy service to provide advice and empowerment to detained people with TB.**

Information for people under part 2A orders is provided on a case by case basis.

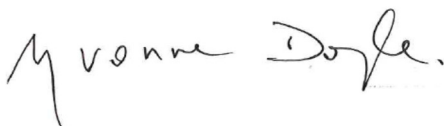
- 7. The General Medical Council should provide public assurances that doctors breaching the confidentiality of patients who are 'irregular migrants' will be subject to disciplinary procedures.**

This recommendation falls out with the purview of PHE and would be for the GMC to comment on.

The PHE TB Annual Report will be published on 27 September 2016 and will be available on our website (<https://www.gov.uk/government/organisations/public-health-england>). I would encourage you to read this important document which will provide further updates on the work which is being undertaken to address TB in the UK.

I hope you find the above response helpful.

Yours sincerely



Yvonne Doyle CB MD

Director for London

c.c Mr. Duncan Selbie, Public Health England
Dr. Andy Mitchell, NHS England (London)