



All-Party Parliamentary Group on Global Tuberculosis

**Chairs: Andrew George MP
Nick Herbert MP
Julie Morgan MP**

**What role can the APPG on Global TB play in addressing
the growing incidence of TB in the UK?**

**Minutes from the meeting held on
Wednesday 13 June 2007**

Participants:

Julie Morgan MP, Chair
Ann Cryer MP
Annette Brooke MP
Janet Dean MP
Michael Connarty MP
Doug Naysmith MP
Rebecca Smith, on behalf of David Burrows MP
Professor John Macfarlane, Chair of the British Thoracic Society
Dr John Moore-Gillon, British Thoracic Society
Sheila Edwards, British Thoracic Society
James Hollaway, Munro & Forster
Irene Gonzalvez, Health Protection Agency
Ibrahim Abubakar, Health Protection Agency
Alistair Story, Health Protection Agency
Malcolm Cocksedge, TB nurse representative
Gavin Bryce, TB Alert
Bénédicte Piton, RESULTS UK

Welcome

Julie Morgan MP welcomed all participants in the meeting and thanked them for attending what will be the first of a series of meetings to share analysis of current challenges and discuss how the APPG on Global TB can support efforts to eradicate TB in the UK.

She recalled that the meeting was held following the publication of the results of a survey carried out by the British Thoracic Society (BTS) on TB services in the UK earlier this year.

She invited everyone to introduce themselves before asking John Macfarlane, Chairman of the BTS, to proceed with his presentation.

Presentation by John Macfarlane, British Thoracic Society

John Macfarlane recalled the following key facts about TB in the UK:

- TB has been on the increase in the UK since the late 1980s and is becoming a major threat to public health;
- All regions of England, Wales and Northern Ireland have seen a rise in TB rates since 2000, with the sole exception of the North East of England, where TB is subsiding. London continues to account for the highest proportion of cases.
- London is at risk of undergoing a TB epidemic similar to the one reported in New York (NYC) in the 1980s and 1990s following the dismantling of NYC's TB services;
- Commonly known as a lung disease, TB is also increasingly presents in other parts of the body, hence a TB diagnosis may not be considered by health professionals. There is therefore a strong need to improve knowledge and awareness about the forms of TB.

John Macfarlane recalled that the publication of *Stopping Tuberculosis in England: An Action Plan from Chief Medical Officer (CMO)* in October 2004 was a significant step forward. Coupled with the publication of NICE guidelines in 2006 {and since the meeting the TB toolkit has been published} John Macfarlane made the point that the documentation and guidelines on how to tackle TB were now widely available. Yet, to date, little has been done to implement recommendations. Primary Care Trusts (PCTs) and Hospital Trusts need to start prioritising TB and ensure that the appropriate resources and infrastructure are in place across the country.

An online survey carried out by the BTS between 7 and 14 March 2007 shows that:

- 40% of TB leads believe that care will not have improved two years from now;
- 90% of TB leads believed that the number of cases is set to rise over the next five years;
- 85% of TB leads believed their PCT should give TB more priority (75% said the same of their Trusts)

According to the BTS survey, since the Action Plan was published,

- 78% of TB leads have seen no change in resources to implement the recommendations;
- 10% have witnessed a decline;
- 75% believe that there will be no change of resources in the future;
- 10% predict further decreases in resources;

Although Action 8 of the CMO plan states that physicians and nurses with expertise in TB must continue to be recruited, trained, retained and establish multidisciplinary teams, 46% of respondents reported that they still do not have a local multidisciplinary TB network in their area.

Almost half of TB leads (43%) do not have access to a designated microbiologist who deals with TB.

Although NICE guidelines state that TB specialist nurses are essential for the management of patients, almost a third (30%) of respondents to the survey claimed TB specialist nurse positions remain under threat or review.

Whilst the Action Plan recommends that all patients with suspected pulmonary TB be seen by the TB team within two weeks of their first presentation to health care services, nearly 25% of patients have to wait longer until they are referred to a TB team. According to John Macfarlane, this illustrates that TB regrettably is not taken as seriously as other diseases.

The BTS survey shows that nearly 70% of TB leads feel not enough is being done to raise awareness through the media and community groups and to develop initiatives to support local awareness-raising among high risk groups, although this is a priority set out in the Action Plan. Equally, half of TB leads feel that active case finding practices, including targeted screening among high-risk groups, have not improved significantly since the publication of the Action Plan.

John Macfarlane concluded his presentation by restating that PCTs, Hospital Trusts and the Government have to be held to account to provide good TB care for all patients and communities. To achieve this, he suggested taking the following steps:

- Performing an audit of PCTs and Hospital Trusts.
- Organising an evidence session with the Health Minister
- Publishing the results in time for the BTS Winter Meeting
- Conducting the survey on an annual basis

Finally, John Macfarlane invited the APPG to consider endorsing the audit, so as to increase its potential response rate and impact.

Action points

On behalf of the APPG, Julie Morgan MP confirmed that the APPG on Global TB was willing to endorse the audit of PCTs and Hospital Trusts.

It was agreed that the BTS would draft a list of simple specific questions related to the Action Plan. The questionnaire would be sent to PCTs and Hospital Trusts Chief Executives. The audit would be carried out in the whole UK, with specific questionnaires being sent out to Wales and Scotland to reflect the specific structures of their respective health systems.

The questionnaire will be sent by the APPG via its secretariat. It was also agreed that the APPG would then ask individual MPs to relay the questionnaire on to the PCTs and Hospital Trusts in their constituencies.

A period of 4 to 6 weeks will be allowed to receive replies to the questionnaire, with a presentation of the final results scheduled in time for the BTS Winter Meeting in December 2007. The final results will determine what subsequent political action is required.

Dr John Moore-Gillon confirmed that the BTS was willing to organise briefing meetings for interested MPs on any aspects of the issue.

Julie Morgan MP thanked Professor Macfarlane for giving a very comprehensive and instructive presentation. She also thanked all participants for their support and invited them to join in the next meetings on the issue of TB in the UK.