

T-SPOT[®] TB

*New entrant latent tuberculosis infection (LTBI)
screening in the UK*

Case study – Birmingham South Central CCG and Birmingham CrossCity CCG

Setting up a local improvement scheme to implement LTBI screening through GP surgeries

In 2015, higher-than-average rates of TB in Birmingham led to the setup of a **local improvement scheme (LIS)** to combat LTBI by improving screening rates. This LTBI screening programme offered financial incentives to GP surgeries for identifying, contacting and screening patients that meet NHS England's eligibility criteria.

Within Birmingham South Central CCG and Birmingham CrossCity CCG, Carol Watson, Senior Integration Manager, and Philomena Gales, LTBI Project Manager, have been working closely with GP surgeries and Oxford Immunotec to reach their screening targets and reduce the incidence of TB in the city.

Primary care was the best avenue to take

Local Improvement Scheme

A key aspect of the LIS was to decide the best way to target eligible people and encourage them to take up screening. Carol explains: "The message from NHS England was that primary care was the best avenue to take this through rather than the secondary care clinical team, because GP surgeries are often the first port of call for patients."

When signing up for the LIS, GP surgeries are required to identify eligible patients prospectively (new patients) and retrospectively (existing patients). To be eligible for screening, patients have to be 16–35 years, have entered the UK within the last 5 years and have spent more than 6 months in a country with a high incidence of TB. Patients that are likely to meet this set of criteria are then invited by text, phone call or letter to attend the GP practice for a blood test; the invitation also explains this set of criteria, so that patients can check their eligibility.

Year 1 incentivised GP practices to participate in the LIS by initially pump priming them to review current registers to identify retrospective patients who may be eligible for the test. Patients who met the national screening eligibility criteria were contacted and offered a test. GP practices were given £500 pump priming money (paid in two payments) for the lengthy administrative process and completing the clinical templates. They were then given payment for carrying out the blood test (£10 plus consumables) and coding the outcome on the clinical template (£10) and referring to the TB team where there was a positive result. Year 2 ceased the pump priming money and offered a payment of 50p per patient contacted as well as the LIS payments (total £20 per patient tested, coded and referred).

A dedicated team

To ensure a successful LIS, Philomena and Carol agree that having a dedicated team that develops the scheme and supports the GP surgeries is essential. This team should include a clinical lead, a managerial lead and a project manager – as well as IT and lab support.

Philomena says: "We've done a lot of workshops, practice visits and network meetings as well as educational events to get the programme set up. We're in year 4 now, but we continue to support practices to raise awareness and deal with issues surrounding LTBI screening."



**Dedicated team
supporting GP
surgeries**

When it comes to raising awareness, it is important to make sure that everybody at a GP surgery is aware of the procedures around LTBI screening. Often, GPs sign a surgery up to an LIS, but practice managers and healthcare assistants deliver the LIS in practice. This means that any material or training for LTBI referrals should be aimed at all these members of staff in order to maximise referrals.

To screen patients for LTBI, Birmingham South Central CCG and Birmingham CrossCity CCG work closely with Oxford Immunotec who carry out the blood tests, but who also liaise directly with GP surgeries to educate and facilitate the process. Philomena says: "Oxford Immunotec has been instrumental in supporting the surgeries." Carol adds: "They went to every surgery and educated them on which bottles to use, how to send them off, where they could be collected. Their knowledge and expertise enabled them to go through this with any member of the practice. The practices felt confident to contact the Oxford team directly rather than come to us for advice. This has built up a good working relationship and reduced confusion or any concerns the practices would have had."

We conducted a survey of GP surgeries to get feedback about the lab provider and all the surgeries that responded were very positive about Oxford Immunotec.

Successful screening



Using the T-SPOT.TB test, the Birmingham TB teams tested **1688 patients** in the first year and identified **249 cases** of LTBI. In 2017–18, the team carried out screening on **1327 patients**; **187 patients** tested positive and were referred to secondary care for treatment.

Included in these screening numbers were tests performed outside of GP surgeries. In an effort to increase the screening totals, Birmingham South Central CCG and Birmingham CrossCity CCG also targeted colleges – in particular those that teach English for speakers of other languages (ESOL). This group of students often has a high percentage of people eligible for LTBI screening, but many people in this group do not register with, or visit, a GP. In 2017–18, targeted awareness-raising in this group contributed more than 10% to the total screening number for the city.

The high screening numbers and the excellent organisation of the LIS led to Birmingham South Central CCG being shortlisted for '**Primary Care Team of the Year**' at the 2017 BMJ awards. The LIS was also cited in a toolkit commissioned by TB Alert aimed at organisations that undertake LTBI screening.

Awareness and education

The advice from Birmingham South Central CCG and Birmingham CrossCity CCG with respect to LTBI screening is to spend as much time as possible on raising awareness for LTBI and to educate all stakeholders on the screening process.

Philomena concludes: "If patients are referred via primary care, make sure the GP practice has all the resources available. This includes the clinical template and clear search criteria for retrospective screening."

Make the process as simple as possible, provide as much support as possible and the outcome will show rewards.

3015
Individuals
tested

14%
Individuals
tested positive

436
Cases of
LTBI
identified

T-SPOT[®] TB



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