TB Action Plan for England, 2021 to 2026

Contents

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The aim of the TB (tuberculosis) Action Plan, 2021 to 2026 is to improve the prevention, detection and control of TB in England. The Action Plan will focus on the needs of those affected by TB and TB services whilst recognising the impact and learning of the coronavirus (COVID-19) pandemic.

The TB Action Plan will support a year-on-year reduction in TB incidence and in-UK TB transmission and enable the UK to meet its commitment to the World Health Organization (WHO) elimination targets by 2035.

Introduction

The priorities and actions outlined in this plan will provide the NHS, UKHSA, NHSEI, TB Control Boards (TBCBs), Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs), Primary Care, Local Authorities (LAs) and the third sector with the tools to reduce TB incidence in all our communities. Multi-stakeholder collaboration will be essential to the implementation of the action plan including support for staff and action on inequalities.

The TB Action Plan includes actions linked to the outcomes of the Collaborative TB Strategy for England, 2015 to 2020 particularly the challenges and recommendations outlined in the TB Strategy End of Programme report.

Oversight of the TB Action Plan will be provided by UKHSA and NHSEI through their governance structures. There will be a review of the implementation, delivery and outcomes of the TB Action Plan at the end of 2021 to 2022 with stakeholders and partners, to enable appropriate amendments to improve the impact of the priorities and actions. The review will include an update of functions and responsibilities, relevant to TB, to align with the reforms of the public health system in England taking place in 2021 to 2022.

The 5 key priorities of the TB Action Plan are:

Priority 1 – Recovery from COVID-19
Priority 2 – Prevent TB
Priority 3 – Detect TB
Priority 4 – Control TB disease
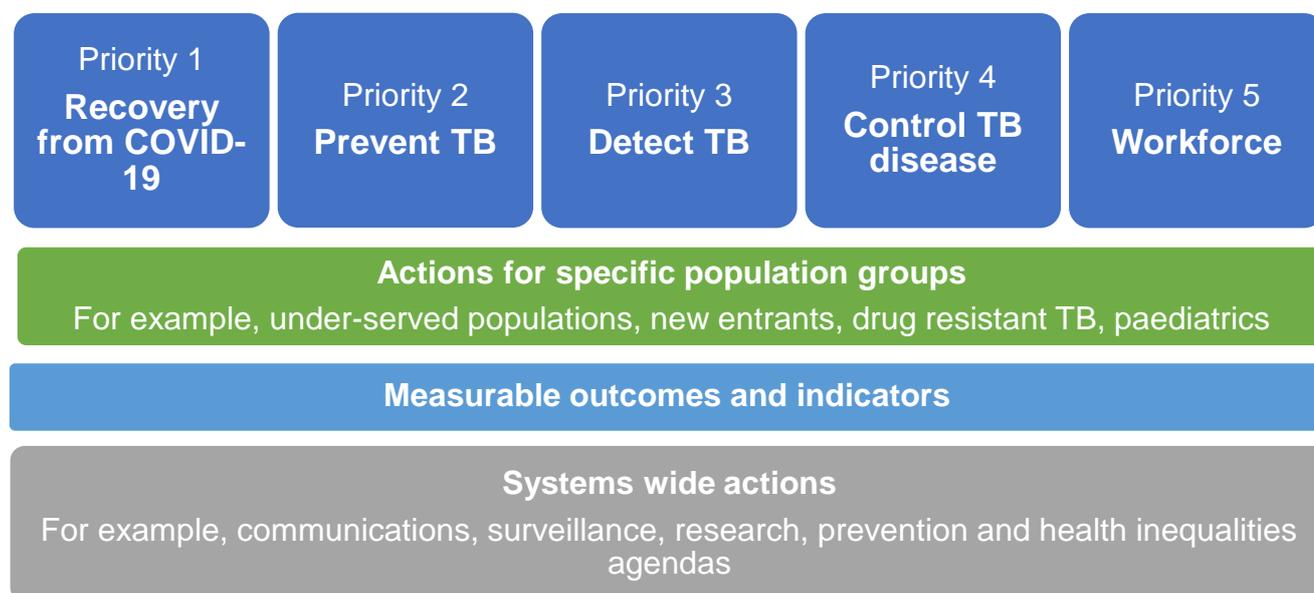Priority 5 – Workforce

These priorities are underpinned by:

- actions for specific population groups, that is, under-served populations, new entrants, people with drug resistant TB and children with TB

- measurable outcomes and indicators
- systems wide actions, that is, communications, surveillance, research and ensuring TB is included on prevention and health inequalities agendas

The recovery of services is priority one of the Action Plan due to the significant impact the COVID-19 pandemic has had on the detection, control and prevention of infectious diseases, including TB. For TB this includes missed diagnosis, delayed diagnosis, late presentation and delayed initiation of treatment. The probable effect will be to increase the pool of undetected and unreported cases of active disease and latent infection which is likely to contribute to increased morbidity and disease transmission.

Figure 1: Priorities for the TB Action Plan for England, 2021 to 2026 – summary

Priority 1 **Recovery from COVID-19**	Priority 2 **Prevent TB**	Priority 3 **Detect TB**	Priority 4 **Control TB disease**	Priority 5 **Workforce**

Actions for specific population groups
For example, under-served populations, new entrants, drug resistant TB, paediatrics

Measurable outcomes and indicators

Systems wide actions
For example, communications, surveillance, research, prevention and health inequalities agendas

It will be important, using a people-centred approach, to strengthen the patient pathway from the onset of symptoms or detection of infection, to prevent transmission, to utilise the latest technology, treatment and diagnostics, for example, Whole Genome Sequencing (WGS). A key tool to support the Action Plan is the national TB surveillance system which supports the monitoring of the prevention and control efforts in England and informs service improvement. UKHSA's TB Unit has been restructured to include new partnership posts working across UKHSA and the NHS and will work collaboratively with the established regional TB Control Boards to deliver the Action Plan.

The incidence of TB has fallen significantly since 2011 with most new cases resulting from infection acquired outside the UK and approximately 25% of cases from transmission in England. However, in 2019 the rate of decline reversed, increasing by 2.4% and then, in 2020, recorded incidence fell. The significant impact of the COVID-19 pandemic will require continued monitoring of TB notifications and the outcomes of those affected by TB.

Figure 2: Number of TB notifications and rates, England, 1971 to 2020 (provisional data)
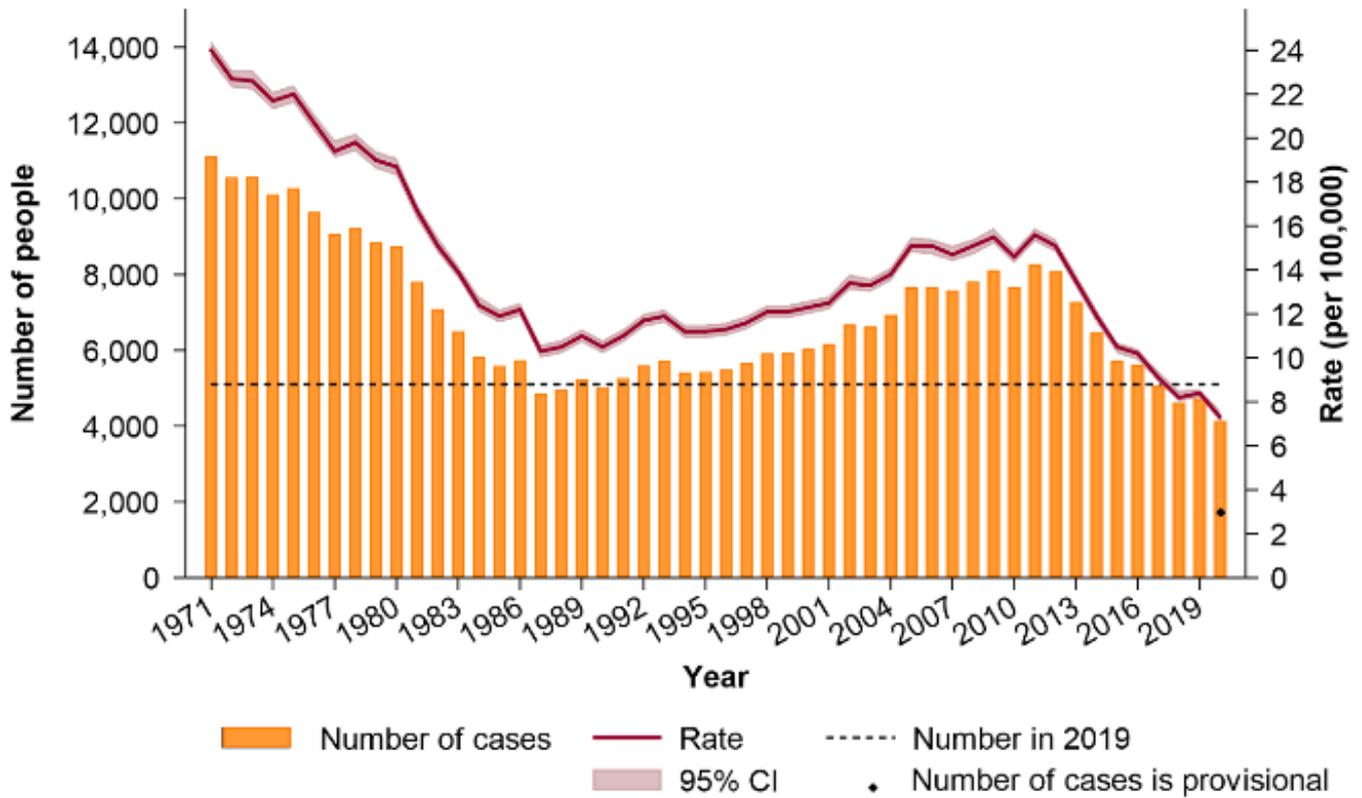
The graph in Figure 2 shows the trend in TB incidence in England since 1971, with the most recent peak in notifications seen in 2011, at 8,250, declining to just over 4,000 cases in 2020.

TB Action Plan – priorities, actions, outcomes and indicators, key stakeholders, partners and milestones

Priority 1: Recovery from COVID-19		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
1.1 Plan and optimise the recovery of TB case detection and control, affected by the COVID-19 response, in the next 2 years to reduce the risk of active and latent TB disease by:		NHSEI
1.1.1 Monitoring TB notifications, rates and trends, monthly and annually, locally, regionally and nationally	1.1.1 – Monthly and annual reports on TB incidence and trends in TB data	UKHSA
1.1.2 Increasing the number of people tested for LTBI as part of the national new entrant LTBI testing and treatment programme, to minimise the backlog of people eligible for LTBI testing	1.1.2 – Report LTBI programme outcomes quarterly and annually	CCGs ICSs Providers
1.2 Build on the innovation developed during the pandemic in the restoration and recovery of services impacted by the COVID-19 pandemic to ensure all TB services have access:		CCGs ICSs Providers NHSEI
1.2.1 To laptops, mobile phones, Attend Anywhere or virtual clinics, MS Teams	1.2.1 – Report annually for 2 years (2022 to 2023, 2023 to 2024) on access to laptops, mobile phones, Attend Anywhere or virtual clinics, MS Teams against a baseline established in 2021 to 2022	Providers TBCBs
1.2.2 To adequate outpatient clinic space for face to face patient interactions as necessary	1.2.2 – Report annually for 2 years (2022 to 2023, 2023 to 2024) on access to outpatient clinic space	
1.2.3 To training for phlebotomy and nurse prescribing for all nurses with a caseload	1.2.3 – Survey and report in 2021 to 2022 on TB service staff levels of phlebotomy and nurse prescribing	

Priority 1: Recovery from COVID-19		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
1.3 Ensure access to TB services and related services for people affected by TB by:		
1.3.1 Clear messaging for patients and staff on how to access TB services, face to face and virtual	1.3.1a – Review information on TB service providers websites on access to TB services by October 2021	Providers
	1.3.1b – Recommend NHS and non-NHS websites provide information on TB service provision and access by March 2022	NHSEI Providers Third sector UKHSA
1.3.2 Use of learning re drivers of behaviours that influence staff and patients' access to health care	1.3.2 – Review behaviour toolkits, developed for COVID-19 work, to support 1.3.1 during 2021 to 2022	Providers
1.3.3 Facilitating appropriate use of technology for appointments and directly observed therapy (VOT, DOT)	1.3.3 – Review and report in 2021 to 2022 TB patients' technological access to TB services and other health care providers	Providers
1.4 Share, maintain and extend the learning from the impact of COVID-19 through continuation of the regional TB nurse peer support meetings	1.4 – Publish annual summaries of meetings	UKHSA TBCBs
1.5 National team to provide advice to support HPTs under pressure from ongoing COVID-19 response duties	1.5.1 – Audit and publish a report on HPTs TB capacity and workload in 2021 to 2022	UKHSA
	1.5.2 – Act on the findings of the report by drafting appropriate action in 2022 to 2023 to ensure HPTs have the capacity to manage the TB workload	UKHSA
	1.5.3 – Re audit in 2023 to 2024	UKHSA
1.6 Maintain the multi-agency TB Control Boards including new links to ICSs to provide oversight of the implementation and outcomes of the TB Action Plan at regional and local level	1.6.1 – Publish annual report on the work of the regional TBCBs	UKHSA TBCBs
	1.6.2 – Monitor and report annually TB incidence at TBCB, regional and commissioning levels	CCGs ICSs UKHSA TBCBs

Priority 2: Prevent TB		
Prevent and protect susceptible people in our population from acquiring TB infection and developing active disease		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
2.1 Reduce active TB disease in people entering the UK after having negative TB tests overseas for a UK visa application	2.1 – Decrease annually, by 5% the proportion of people who develop active TB within 5 years of post UK entry using the 3-year average, 2017 to 2019, as a baseline	UKHSA TB Unit Home Office UKHSA Port Health
2.2 Improve the detection and treatment of latent TB Infection (LTBI) in new migrants	2.2.1 – Increase the uptake of the LTBI test by a national average of 15% per year using 2019 to 2020 as a baseline	CCGs ICSs Providers
	2.2.2 – Increase LTBI treatment completion rates by an average of 20% per year using 2019 to 2021 as a baseline	Providers
	2.2.3 – Review and report on local TB epidemiology in 2021 to 2022 to inform future local LTBI programmes	UKHSA ICSs
	2.2.4 – Monitor and report quarterly and annually on the delivery and outcomes of local LTBI programme plans	UKHSA
	2.2.5 – Report annually on the national LTBI programme monitoring indicators	UKHSA
2.3 Update the published LTBI guidance and advice	2.3 – Update the published LTBI guidance and advice by end 2021 to 2022	NHSEI UKHSA
2.4 Strengthen prevention, detection and treatment of active TB and/or LTBI in higher risk groups including: a. targeted screening in asylum seekers, including unaccompanied asylum-seeking children b. healthcare workers through Occupational Health c. the immunocompromised d. the homeless e. those in contact with the criminal justice system f. people newly starting biological therapies	2.4.1 – Establish baselines and trajectories in 2021 to 2022 for screening for active TB and/or LTBI in groups a to f to improve proportions of people screened in groups a to f	Providers LAs HWBs CCGs ICSs
	2.4.2 – Report on an annual basis the progress in increasing the proportion of people screened for active TB and/or latent TB in groups a to f	Providers LAs HWBs CCGs ICSs

Priority 2: Prevent TB Prevent and protect susceptible people in our population from acquiring TB infection and developing active disease		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
and demonstrate active engagement with Local Authorities, their Public Health teams and the third sector.		
2.5 Optimise contact tracing to rapidly identify and treat contacts of cases in whom infection is present by:		UKHSA
2.5.1 Monitoring contact tracing outcomes	2.5.1a – Report annually on the target of a minimum of 5 close contacts (household and non-household) of pulmonary or infectious TB to be identified and screened	UKHSA Providers
	2.5.1b – Establish a baseline and trajectory in 2021 to 2022 and report annually on the improvement in the proportion of people who are contacts with a positive LTBI test completing LTBI treatment	UKHSA Providers
	2.5.1c – Establish a baseline and trajectory to monitor and report annually the proportion of close contacts of pulmonary or infectious TB who progress to active TB disease	UKHSA Providers
2.5.2 Enhancing contact tracing through appropriate use of technology, for example, WGS	2.5.2 – Agree audit standards in 2022 to 2023 and report annually on the use of WGS by TB services to identify wider transmission networks for contact tracing	UKHSA Providers
2.6 Develop and implement national contact tracing evidence-based guidance and/or toolkits for HPTs, TB services, Occupational Health services including:	2.6 – Demonstrate and report biannually on the use of guidance and/or toolkits by local teams through local assurance mechanisms	UKHSA Providers
2.6.1 Standard contact tracing, contact tracing in congregate settings and OH contacts	2.6.1a – Publish a standard contact tracing toolkit in 2022 to 2023 2.6.1b – Publish national evidence-based guidance on Occupational Health screening for TB in 2023 to 2024	UKHSA

Priority 2: Prevent TB Prevent and protect susceptible people in our population from acquiring TB infection and developing active disease		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
2.6.2 Managing TB incidents and outbreaks in healthcare, schools, prisons and the community	2.6.2 – Publish national guidance on managing incidents and outbreaks in 2023 to 2024	UKHSA
2.7 Review and improve the effectiveness and delivery of communications used to increase awareness of TB in at-risk populations and healthcare workers, particularly those in primary care and Emergency Departments by:	2.7 – Review (2021 to 2022) and update material (2022 to 2023) to support targeted local community awareness programmes and awareness raising sessions including World TB Day	UKHSA TBCBs Providers LAs CCGs ICSs Third sector
2.7.1 Reviewing exemplars of communications in TB and other health care areas to inform the development and delivery of communications to those affected by TB	2.7.1a – Report and make recommendations from review of exemplars of communications in 2022 to 2023	UKHSA NHSEI
	2.7.1b – Draft delivery plan in 2022 to 2023 to implement recommendations of review	UKHSA TBCBs Providers LAs CCGs ICSs Third sector
2.7.2 Reviewing induction training for staff in primary care and Emergency Departments to ensure includes TB awareness information	2.7.2 – Report on review of induction training and update awareness raising session materials for health and non-health care services in 2022 to 2023	Providers
2.7.3 Providing education and training for hospital doctors, nurses and GPs including the use of the RCGP e-learning module and the Professional Awareness and Education resource available on the TB Alert website	2.7.3 – Monitor and report annually on the usage of the resources	RCGP NHSEI
2.7.4 Encouraging use of new tools such as digital and social media to raise awareness of TB in at-risk populations and healthcare workers	2.7.4 – Report annually on new tools and use to raise awareness in at-risk populations and healthcare workers	Providers Third sector

2.8 Optimise BCG vaccine provision through commissioning and specification to:	2.8 – Commencing September 2021 monitor and report annually on BCG uptake in those eligible by the following indicators: • offer BCG to 100% of those eligible • 80% uptake of the vaccination at 4 weeks for those eligible	Providers NHSEI
2.8.1 Support BCG programme change to vaccinate at 4 weeks	2.8.1 – Report annually on uptake of the vaccination at 4 weeks for those eligible	Providers NHSEI
2.8.2 Review commissioning, evidence and provision of BCG to age groups not included in current provision	2.8.2 – Review the outcomes of TB disease in age groups not included in current provision to inform the review of commissioning and provision of BCG to those groups in 2022 to 2023	NHSEI UKHSA

Priority 3: Detect TB		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
3.1 Improve early detection of TB by identifying, investigating and acting on the evidence and components that contribute to patient (people affected by TB) delay by:	Reduce the average delay in diagnosis in people with infectious or pulmonary TB year by 5% per year from 75 days in 2019 to 56 days in 2025 to 2026. The trajectory may require amendment to account for the impact of COVID-19	UKHSA Providers
3.1.1 Developing a national survey to identify the components that contribute to patient delays in diagnosis	3.1.1 – Report the outcomes of the national survey for people affected by TB in 2021 to 2022	UKHSA NHSEI Providers
3.1.2 Discussing with modellers how to use the identified components that contribute to delay in diagnosis	3.1.2a – Identify the components of delays in diagnosis on a regional and national basis through TB service provider MDT workshops to collate the components in 2020 to 2021	NHSEI Regions Providers ICSs
	3.1.2b – Each TB service and/or TBCB to develop and publish an action plan in 2021 to 2022 to address local components of delays in diagnosis	Providers
3.1.3 Publishing actions based on the identified components that contribute to delay in diagnosis	3.1.3 – Publish and report annually, commencing 2022 to 2023, on the identified components that contribute to delay in diagnosis	UKHSA NHSEI
3.1.4 Developing metrics to monitor patient and health care diagnostic delay	3.1.4 – Develop metrics in 2022 to 2023 to monitor annually the key components of patient and health care diagnostic delay	UKHSA NHSEI
3.2 Reduce health care system delay by reviewing and improving access and delivery to diagnostics and treatment by:	3.2 – Reduce health care diagnostic delay in people with infectious or pulmonary TB annually by 5% per year using 2020 to 2021 as the baseline	UKHSA Providers
3.2.1 Reviewing and identifying the components of diagnostic delay on a regional and national basis	3.2.1 – In 2021 to 2022 review, identify and publish the components of health care diagnostic delay on a regional and national basis	UKHSA Providers
3.2.2 Publishing and planning action based on 3.2.1	3.2.2 – Report annually cohort review monitoring of diagnostic delay	UKHSA

Priority 3: Detect TB		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
3.3 Improve and optimise diagnostics in high and low incidence areas for: • Adults affected by TB • Children affected by TB To include:	3.3 – Increase culture confirmation rates by 5% per year with trajectory based on 2020 to 2021 baseline	UKHSA Providers
3.3.1 Improving standards of laboratory practice	3.3.1a – Monitor and report annually on the target of 100% compliance in PCR use in accordance with NICE guidance in all pathology networks or TB services (Paediatrics and Adults) for all pulmonary or infectious TB cases	TBCBs Providers
	3.3.1b – Annual reports on laboratories reporting reference lab results within a week maximum of receipt of report in accordance with ISO 15189:2012 requirements and within 24 hours for DR-TB.	Providers
3.3.2 Increasing the proportion of culture confirmed cases, nationally and regionally	3.3.2a – Increase the proportion of cultured confirmed cases to the European standard of 80% for pulmonary TB by 2024 to 2025	Providers
	3.3.2b – Reduce regional variation in culture confirmation of pulmonary TB (2019, 57.5% to 73.4%) with all areas progressing to achieve 80% by 2024 to 2025	Providers
3.3.3 Annual routine monitoring of diagnostics including microbiology and radiology	3.3.3 – Monitor and report annually on diagnostic delay due to delayed referral based on abnormal X-rays using ad hoc sampling	Providers
3.3.4 3-year audit of TB provision in microbiology laboratories	3.3.4 – Plan and implement a 3-year audit of TB provision in microbiology laboratories commencing 2022 to 2023	Providers
3.4 Through the use of surveillance data and WGS diagnostic capabilities: 3.4.1 Monitor and reduce transmission of TB	3.4.1 – Automate process to provide cluster and transmission data routinely to TB services in 2022 to 2023	UKHSA

Priority 3: Detect TB		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
3.4.2 Recognise and manage active TB, drug resistant TB, TB clusters, outbreaks and incidents, particularly in under-served populations with a focus on public health interventions	3.4.2a – 100% culture positive TB cases have WGS relatedness data reviewed as part of decisions around contact tracing or public health intervention annually	UKHSA
	3.4.2b – Analyse and report on transmission pathways and networks 2022 to 2023 using metrics developed in 2022 to 2023 to monitor outcomes from public health actions	UKHSA Providers
3.5 Focus on improving the detection and management of TB in people with Social Risk Factors or USPs with the support of the 'Tackling TB in USPs' Resource'	3.5.1 – Increase by 5% a year the number of people notified with TB and a SRF who complete treatment using 2020 to 2021 as a baseline	Providers CCGs ICSs
	3.5.2 – Report annually reports using NTBS and Cohort Review data on the detection and management of TB in USPs	UKHSA
3.6 Support the new National TB Surveillance System (NTBS) development and roll out	3.6.1 – Complete NTBS roll out R2 – 4 (go live to users) in 2021	UKHSA
	3.6.2 – Complete NTBS roll out – R5 and 6 (pending approval) in 2022	
3.7 Support the development of direct WGS from TB specimens in the NHS and maintain the TB reference service to support diminishing NHS capacity for culture, identification and phenotypic DST	3.7.1 – Implement use of WGS direct from clinical specimens commencing 2023 to 2024	UKHSA-NMRS Providers
	3.7.2 – Phenotypic susceptibility testing capacity for new and re-purposed TB drugs commencing 2022 to 2023	UKHSA-NMRS

Priority 4: Control TB disease

Prepare and respond to emerging threats from TB transmission clusters, outbreaks and incidents and drug resistant TB

Actions	Outcomes and indicators	Key stakeholders and partners
4.1 Improve and optimise diagnosis, treatment and patient-centred care in high and low incidence areas for: • adult patients • paediatric patients by ensuring: 4.1.1 All partners in TB diagnosis, treatment and patient-centred care in high and low incidence areas work to the national TB service specification including: • TB services and commissioners achieve and maintain 85% treatment completion rates and work to achieve 90% treatment completion rates by 2026 • provision of both doctor and nurse led clinics • a consistent approach to enhanced case management (ECM) • an integrated approach to multi-disease prevention for under-served populations and others with TB, BBVs and other conditions	4.1a – Decrease TB incidence at TBCB level by an average of 11.5% per year to meet the WHO target for TB elimination	All
	4.1b – Promote the use of 'GIRFT' across health care systems including TB services and other clinical services	Providers
	4.1.1a – Report annually on TB completion rates	UKHSA
	4.1.1b – Achieve 90% treatment completion rates by 2026	Providers
	4.1.1c – Report biannually, commencing 2021 to 2022, on patient-centred care in high and low incidence areas work to the national TB service specification using the examples detailed	UKHSA
	4.1.1d – Report on biannual patient satisfaction surveys, commencing 2022 to 2023, to support reviews on the quality of TB service care	Providers CCGs ICSs
4.1.2 The partnering of low incidence TB services and commissioners with high incidence areas	4.1.2 – Report annually, at TBCB level, the partnering of low incidence TB services and commissioners with high incidence areas	TBCBs CCGs ICSs
4.1.3 TB pathways are in place for adults and children which include access to TB advice and support from a specialist TB Service via a 'hub and spoke', 'virtual clinic' or shared care model	4.1.3 – Audit TB pathways through commissioning arrangements biannually commencing 2022 to 2023	CCGs ICSs Providers
4.1.4 The strengthening of TB clinical networks (adult and paediatric) with a clear reporting role	4.1.4 – TBCBs to annually report on TB clinical networks membership as part of their annual reports	TBCBs Providers

Priority 4: Control TB disease Prepare and respond to emerging threats from TB transmission clusters, outbreaks and incidents and drug resistant TB		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
to the local TB Control Board and commissioners and all health services involved in caring for people with TB are members of the local TB clinical network		
4.1.5 Access to appropriate anti-TB medications, preparations and newer drugs for adults and children	4.1.5 – Monitor and report annually on anti-TB medication issues	Providers
4.1.6 Use of current national TB guidelines such as NICE and RCN and collaborate with NICE to update the TB guidance	4.1.6 – Confirm the national TB service specification in 2021 to 2022 is consistent with NICE TB guidance and initiate work in 2022 to 2023 to update the NICE TB guidance	NHSEI Providers UKHSA
4.2 Ensure timely and complete reporting or notification by NHS teams	4.2a – A minimum percentage and annual improvement for data submissions, standards and completeness to be agreed in 2021 to 2022	UKHSA
	4.2b – Report annually, by region and TB service on data quality standards and completeness in NTBS, UKHSA	UKHSA Providers
4.3 Ensure analysis and dissemination of national TB surveillance data with the provision of timely analysis to NHS teams at a scale that supports local and national services	4.3a – Report on analysis and dissemination of national, regional and local data in 2022 to 23	UKHSA
	4.3b – Report annually on user ratings and feedback reports	UKHSA

4.4 Improve operation of the WGS system: 4.4.1 Agree and implement governance framework, for the sharing of TB genomic data by the NHS and UKHSA for TB diagnosis and transmission, as an extension of statutory duties	4.4.1 – UKHSA to report in 2021 to 2022 governance framework in place	UKHSA-NIS UKHSA – Data and Analytical Sciences
4.4.2 NHS and other sequencing providers to ensure mechanisms are in place for appropriate sequence sharing	4.4.2 – Annual update on data sharing agreements or equivalent in place with all users	UKHSA Providers
4.4.3 Ensure and maintain capacity for WGS computational analysis and storage in UKHSA including data shared from other sequencing providers	4.4.3 – UKHSA to ensure the WGS system is included in its IT strategic planning, 2021 to 2022	UKHSA
4.5 Contribute to global sharing of non-identifiable genomic data to enable recognition of global transmission and engage in international efforts to standardise genomic prediction of drug resistance, phenotypic drug susceptibility testing and shorten treatment for drug resistant TB	4.5 – Demonstrate compliance with WHO requirements and active contribution to international collaborations annually as reported in WHO updates	UKHSA
4.6 Ensure effective management of cases of multi drug resistant (MDR-TB) in association with the British Thoracic Society MDR-TB Clinical Advice Service (CAS)	4.6a – Increase the proportion of MDR-TB cases routinely submitted to the BTS MDR-TB CAS for review – currently 80% and increase by 5% per year to 100% in 2024 to 2025	BTS MDR-TB Clinical Advice Service
	4.6b – Review sustainability of funding support to the BTS MDR-TB CAS for 2021 to 2022 and future	NHSEI
4.7 Through research, evaluation, translation and innovation develop, drive and evaluate new approaches to share evidence to improve the detection to; and response to TB disease	4.7 – Set up an annual reporting mechanism to report and disseminate information on TB research projects, progress and outcomes	UKHSA Providers Academia

Priority 5: Workforce

Actions	Outcomes and indicators	Key stakeholders and partners
5.1 Develop and maintain the healthcare workforce to ensure workforce capacity to detect, case manage and control TB by:		
5.1.1 Reviewing TB services against the national TB service specification	5.1.1 – Commencing 2021 to 2022 biannually review TB services and compliance against the national TB service specification	UKHSA NHSEI
5.1.2 Ensuring every trust has a designated lead TB clinician and/or TB nurse lead	5.1.2 – Report in 2022 to 2023 on number of trusts able to report designated lead TB clinician and TB nurse lead	Providers
5.1.3 Surveying and reporting on the workload of the nurses and medical workforce particularly: • patient case load • baseline staff levels • skill sets	5.1.3 – Report on TB service workforce survey in 2021 to 2022	UKHSA NHSEI
5.1.4 Determining the minimum number of people affected by TB required to provide a 'safe' TB service and maintain staff expertise	5.1.4a – Organise a workshop in 2021 to 2022 in collaboration with BTS, RCN, BAPT, Royal Colleges etc to identify the minimum number of people affected by TB to provide a 'safe' TB service and maintain staff expertise	UKHSA NHSEI RCN Royal Colleges BAPT
	5.1.4b – Draft and publish guidance and recommendations in 2022 to 2023 re a 'safe' TB service and TB workforce provision	NHSEI UKHSA HEE
5.1.5 Publishing guidance and recommendations on the levels of staff and skill mix based on evidence (that is, RCN TB nurse competency framework), competence based practice and exemplars of best practice to inform TB workforce provision including: • nurse prescribers • phlebotomy competency • qualified as advanced nurse practitioners • employed as nurse consultants	5.1.5 – Biannually monitor and report skill mix of staff to inform TB service provision	UKHSA NHSEI

Priority 5: Workforce		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
• admin support • social care or outreach staff support		
5.1.6 Ensuring the majority of TB nurses with a caseload, are competent or qualified to carry out phlebotomy and nurse prescribing using learning from the COVID-19 pandemic	5.1.6 – Biannually report on TB nurse competency and qualification in phlebotomy and nurse prescribing	Providers
5.2 Improve education, training and peer support for the TB workforce through clinical and nursing networks, TB networks, educational programmes, and multidisciplinary team working by:		
5.2.1 Ensuring 100% provision of induction training for the TB workforce at a local and regional level	5.2.1 – Commencing in 2022 to 2023 biannually report on the provision of induction training for the TB workforce	Providers
5.2.2 Ensuring access to adequate and appropriate CPD events at local, regional and national level that meet national and professional guidance	5.2.2 – Report, in summary format, annually, provision of CPD events	Providers
5.2.3 Reviewing and ensuring TB components for medical and pre-registration nurse training inform TB education modules	5.2.3 – Report on review in 2022 to 2023 of medical and preregistration nurse training for TB components and action appropriately in 2023 to 2024	HEE RCN Royal Colleges
5.2.4 Reviewing TB services facilitating student nurse placements	5.2.4 – Survey and report on student nurse placements in TB services in 2021 to 2022	HEE
5.2.5. Monitoring the provision and access to educational resources, that is, RCGP e-learning, formal university courses	5.2.5 – Biannually, commencing 2022 to 2023, review provision and access to TB educational resources and courses	NHSEI HEE
5.2.6 Monitoring and ensure post graduate specialist experience and training includes TB	5.2.6 – Report biannually on post graduate specialist TB training and experience	HEE Royal Colleges Providers

Priority 5: Workforce		
Actions	**Outcomes and indicators**	**Key stakeholders and partners**
5.2.7 Monitoring the provision of access to practical skills training, for example, prescribing, phlebotomy, education or training in signposting patients to benefits and housing support	5.2.7 – Report biannually through regional surveys	TBCBs
5.3 Future proof TB services by ensuring:		NHSEI UKHSA CCGs ICSs TBCBs
5.3.1 Medical, nursing, social care, admin and wider workforce reflects the requirements of local people with TB and the community underpinned by the NHSEI LTP workforce section	5.3.1a – In 2021 to 2022 review and report on how the TB workforce aligns with the workforce section of the NHSEI Long Term Plan	NHSEI Providers
	5.3.1b – TBCBs and/or CCGs and/or ICSs and/or TB service providers to review provision of TB services and report on future provision to meet changing local population and workforce needs from 2022 to 2023 onwards	TBCBs CCGs ICSs
5.3.2 Training needs of the TB service workforce (medical, nursing and non-clinical) are focused on future ways of working	5.3.2 – align to 5.2	Providers
5.3.3 Appropriate service transformation to provide a people centred TB service that can sustain the management of people with active TB disease, the LTBI programme, meet the needs of incidents, outbreaks and surge capacity	5.3.3 – Commission and report on formal ICS, CCG, STP, TBCB area agreements for TB services transformation and/or support other TB services when required in 2022 to 2023 and annually thereafter	CCGs ICSs Providers

Glossary

CCGs	Clinical Commissioning Groups
DOT	Directly Observed Therapy
HPTs	Health Protection teams
ICSs	Integrated Care Systems
LAs	Local Authorities
LTBI	Latent Tuberculosis Infection
NHS	National Health Service
NHSEI	NHS England and NHS Improvement
STPs	Sustainability and Transformation Partnerships
TB	Tuberculosis
TBCBs	TB Control Boards
UKHSA	UK Health Security Agency
VOT	Video-observed Therapy
WGS	Whole Genome Sequencing

Glossary

About the UK Health Security Agency

The UK Health Security Agency is an executive agency, sponsored by the Department of Health and Social Care.

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