

Local Plan for new migrant LTBI testing and treatment services

We encourage you to seek advice as required from the national LTBI team as you complete this template. Please email queries jointly to england.reducingprematuremortality@nhs.net and to tbscreening@phe.gov.uk.

The completed form should be submitted to the local TB Control Board with a copy to the above email addresses.

1. TB Control Board area
2. CCG area(s) covered by this plan
3. Proposed start date for LTBI testing and treatment service
4. TB epidemiology of the (CCG) area(s) covered by the plan and evidence of need for LTBI testing and treatment services
5. Service description and proposed service / care pathway (please be succinct)
a) Target population for LTBI testing
b) Mode of identification for eligible screening recipients
c) Method of invitation to new migrants (by whom and how)
d) Setting and pathway for testing
e) Testing arrangements (including test, transport and laboratory processing)
f) Setting and pathway for LTBI treatment
g) Referral criteria for active and LTBI treatment
h) Treatment arrangements
i) Proposed additional activities (e.g. awareness raising)
j) Proposed additional tests (e.g. BBVs)
k) Other important information

6. Has agreement has been reached with local GPs/LMC on a local GP incentive scheme for LTBI testing? If so, please set out the arrangements agreed. If not, please set out the timescale for doing so, any key risk factors and how these are being addressed.
7. Has agreement been reached with the local TB secondary care providers for any additional capacity with respect to the treatment of LTBI positive patients? If so, please set out the arrangements agreed. If not, please set out the timescale for doing so, any key risk factors and how these are being addressed.
8. Are appropriate arrangements in place with respect to laboratory capacity for the LTBI tests, including interim arrangements whilst the conclusion of specific procurement arrangements is awaited? If so, please set out the details. If not, please set out the timescale for doing so, any key risk factors and how these are being addressed.
9. In what ways will existing services and other resources be used to support delivery of LTBI testing and treatment?
10. Expected local outcomes e.g. the expected number of patients to be tested and treated in 2015/16, wider community awareness of LTBI
11. Outline of the proposed evaluation and monitoring arrangements
a) Data collection and collation mechanism and interface to PHE LTBI surveillance system
b) Monitoring and reporting arrangements
12. Are all CCGs affected by the above proposals supportive of them?
13. Estimated funding requirements
a) Number and costs of expected tests
b) Cost of GP incentives
c) Number of patients expected to need LTBI treatment and agreed additional costs for local TB services
d) Number of patients expected to need full TB treatment and agreed additional costs for local TB services
e) Other (including set up costs)
f) Total amount required

Key stakeholders involved in the development and delivery of this plan

(Please adapt as relevant locally but should include as a minimum CCG, NHS England and provider representation)

Stakeholder	Name	Role	Email / telephone number
Local LTBI Plan development lead (i.e. lead who has coordinated development of this plan)			
CCG TB Lead			
Secondary care LTBI lead			
Lead TB nurse			
CCG GP representative for LTBI			
NHS England team representative			
PHE TB lead			

Date plan prepared:**Confirmation of lead CCG support for the plan by the CCG Chief Officer**

I confirm CCG support for the above plan and the financial implications and funding requirements therein.

Name _____

Signature _____

Date _____

Confirmation by the relevant TB Control Board director that the Control Board supports the above plan

I confirm that the TB Control Board gave its support to the above plan and funding requirements on (insert date)

Name _____

Signature _____

Date _____

When a Control Board has supported a plan, it should be sent to england.reducingprematuremortality@nhs.net and to tbscreening@phe.gov.uk.