Oxleas NHS Forensic and Offender Healthcare Services

Pathway for the Management of Tuberculosis in the Secure Setting

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Review Date: 06/07/2025

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Service Lead: Abi Bartlett, Head of Clinical Services

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Document & Version Control

APPLICABILITY	
Specific staff groups, partner providers and other stakeholders to whom this pathway **directly** applies	Oxleas NHS Forensic and Offender Healthcare Services Sirona Health and Care Tuberculosis Service Respiratory Nursing Team (Salisbury District Hospital) Southwest Health Protection Team
Other staff groups, partner providers and other stakeholders who may need to be familiar with the pathway	North Bristol Trust and Salisbury Hospital

RATIFICATION & PUBLICATION	
Pathway Version No:	v1.5
Author Name:	Rebecca Marks
Author's Job Title:	Patient Pathway Manager
Current Service Lead / Reviewer:	Abi Bartlett (Head of Clinical Services)
Names, Job Titles and Organisations of other key contributors:	Yvette Carrol (Clinical Services Manager) – Oxleas, Abi Bartlett (Head of Clinical Services) – Oxleas, Elizabeth Jones (Tuberculosis Lead) – Sirona Health and Care Tuberculosis Service & Rachel Campbell (Southwest Public Health Protection Team Lead) – Public Health England
Site(s) specific to:	HMP Ashfield HMP Bristol HMP Erlestoke HMP Leyhill
Ratified:	18/08/2022
Publication Date:	06/09/2022
Expiry Date:	06/09/2025
Next Review Date:	06/07/2025
Disseminated to / via:	BSGW Quality Assurance & Governance Meeting & Glasscubes

PATHWAY AUTHOR TO COMPLETE		
This pathway is:	☒ a new pathway ☐ based on a previous version of the same pathway ☐ based on or developed from another document, for example an external pathway (please provide details):	
Pathway valid for:	3 years	
Who has been consulted?	Oxleas NHS Forensic and Offender Healthcare Services, Sirona Health and Care Tuberculosis Service, Respiratory Nurses (Salisbury District Hospital), Southwest Public Health Protection Team & North Bristol Trust.	
Please list any linked or other associated documents	• MANAGEMENT OF TUBERCULOSIS IN PRISONS: Guidance for prison healthcare teams (PHE, 2013) • TB Prevention and Control Care in Prisons (WHO, 2022) • Tuberculosis (NICE, 2019) • Tuberculosis in Prisons or Immigration Removal Centres (NICE, 2021) • Prevention of infection and communicable disease control in prisons and places of detention (DOH, 2011). • Tuberculosis: frequently asked questions, Information for prison staff (PHE, 2013) • Public Health in Prisons and Secure Settings (Gov, 2021) • Identifying and managing tuberculosis (TB) among hard-to-reach groups- The prison setting with a high incidence of TB (NICE, 2022)	
What are the training implications?	None	
What are the financial implications?	None	
What is the implementation, dissemination and communication plan for:	**Employees:**	BSGW Quality Assurance & Governance Meeting, Glasscubes
	Patients:	Patient information leaflets on signs and symptoms of TB (provided by Sirona Health & Care TB Service)
	Other:	N/A
Will implementation be monitored?	☐ No ☒ Yes (explain): the prevalence of TB across the 4 sites will be audited after 6 months. The outcome of the audit will determine frequency of future monitoring of the pathway.	
Keywords:	Tuberculosis, TB and Pathway	

DOCUMENT HISTORY				
Version	**Date**	**Reviewer**	**Consultation**	**Comments**
1.0	25/05/22	Rebecca Marks, Patient Pathway Manager	Clinical Cabinet Sirona Health and Care Tuberculosis Service Southwest Health Protection Team	Draft new Pathway
1.0	13/06/22	Rebecca Marks, Patient Pathway Manager	Clinical Cabinet	Shared as final draft via email
1.0	21/07/22	Rebecca Marks, Patient Pathway Manager	Clinical Cabinet	Tabled for final approval
1.0	18/08/22	Rebecca Marks, Patient Pathway Manager	Clinical Cabinet	Final comments – agreed to publish when last changes made
1.0	06/09/22	Viki Lamb, Managing Director		Published as final
1.5	29/12/22	Rebecca Marks, Patient Pathway Manager		Updated to Oxleas Branding

Contents

1. Introduction

The Organisation strives for continuity and equivalence of healthcare for patients across the secure estate. The challenges and barriers to equitable healthcare have the potential of putting people within secure establishments at greater exposure and risk to health inequalities. These individuals often have complex medical needs and co-morbidities (multiple, complex health conditions), putting them into high-risk categories. They have often come into the secure establishments from a situation of being vulnerable, marginalised and with little healthcare input. *The Organisation* is passionate about providing services to patients with the same quality, respect, dignity and compassion that they should expect to receive in any healthcare setting.

The Organisation is committed to delivering high quality, safe and effective clinical services to its patients. It aims to achieve this through the implementation and monitoring of robust policy, procedure and pathways, ensuring that employees are suitably trained to undertake their roles, and continually exploring opportunities to learn, develop and improve.

Equality, Diversity and Inclusion Statement

The Organisation recognises that it is illegal and unfair for an individual or group to experience disadvantage on the basis of a protected characteristic; all employees of *the Organisation* are entitled to expect that they will be treated fairly and free from inequality and/or discrimination. In accordance with the provisions of the Equality Act (2010), *the Organisation* is committed to combating injustices and ensuring and demonstrating that its processes are fair and that they do not discriminate against or disadvantage any individual because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

2. Background

Tuberculosis (TB) is a curable infectious disease caused by a type of mycobacterium. It is spread by droplets containing the bacteria being coughed out by someone with infectious TB, and then being inhaled by another person.

The initial infection clears in over 80% of people but in a few cases a defensive barrier is built round the infection and the TB bacteria lie dormant. This is called latent TB and the person is not ill and is not infectious. If the immune system fails to build the defensive barrier, or the barrier fails later, latent TB can spread in the lung (pulmonary TB) or develop in the other parts of the body it has spread to (extrapulmonary TB). Only a small proportion of people with latent TB will develop symptoms, 'active TB'.

Many cases of TB can be prevented by public health measures and, when clinical disease does occur, most people can be cured if treated properly. Taking medication in the wrong dose or combination, irregularly or for too short a time can lead to drug resistance.

TB incidence in the UK increased in the early 1990s, it remained relatively stable from 2005 and since 2011 there has been a year-on-year decline. Despite this, it remains high compared with many other western European countries. Cases tend to cluster in urban areas where populations of at-risk groups are high. Prisons are recognised as housing many within the at-risk groups these include people born in countries with a high incidence of TB, homeless people or people living in poor housing and drug and alcohol addiction.

TB is a notifiable disease, meaning that clinicians have a statutory duty to notify local authorities or a local Public Health England centre of suspected cases, and efforts have been made to strengthen services and ensure clear lines of accountability and responsibility.

Agencies at all levels, including national and local government, clinical commissioning groups and third sector partners, are committed to working in partnership to decrease the incidence of TB, fight the spread of drug resistant forms of the disease, reduce current health inequality, and ultimately eliminate TB as a public health problem in England.

3. Purpose

Difficulties in detecting active TB and latent TB infection make screening for TB an important matter. This pathway has been developed to help staff reduce the risk of transmission of TB amongst prisoners, through providing an efficient system that supports early detection, treatment management and continuity of care for prisoners moving around or outside the prison estate. It can be used alongside the TB Screening process located on SystmOne or if you suspect a prisoner has active or latent TB.

This pathway has been created in collaboration with:

Name, Job Title	Organisation	Involvement / Contribution
TB Lead	Sirona Health & Care TB Service	Reviewed pathway and provided feedback.
SW-PHPT Lead	Southwest Public Health Protection Team	Reviewed pathway and provided feedback.
Respiratory Nurses	Salisbury District Hospital	Reviewed pathway and provided feedback.

4. Methodology

On the 24th of December 2021, a TB Patient Pathway Questionnaire was sent out to the Clinical Nurse Managers of HMP Ashfield, HMP Bristol, HMP Erlestoke and HMP Leyhill.

The aim of the questionnaire was to:

1) Identify current practice for the management of TB
2) See if there were any differences in practice across the 4 sites
3) Identify whether current practice corresponds with national guidance and local policy

The data from the questionnaires were collated and inputted into an Excel Spreadsheet to compare. Inconsistencies were found in the timing of screening, what investigations were carried out and the handover arrangements for prisoners being transferred or released from prison; emphasising the need to create a TB pathway that would provide clear guidance to staff on how to manage and reduce the risk of transmission of TB amongst prisoners.

The 'Algorithm for the Management of TB in Prisons' (PHE, 2013) (Section 10) was used for the initial formatting of the Tuberculosis Pathways and then adapted to meet Oxleas' service provision. A meeting with the Clinical Director and Clinical Services Manager was held on the 24th of February 2022, where the pathway was reviewed, and appropriate amendments were made. Following this, the pathway was sent to the TB Lead for Sirona Health and Care TB Service on the 25th of February 2022. Again, feedback was provided and the necessary changes were made; including the recommendation of presenting the pathway

to the Public Health England South West Health Protection Team (SW-HPT). The pathway was emailed to the SW-HPT on the 7th of April 2022, where they approved the pathway. It was chaired at Clinical Cabinet on the 19th of May 2022 for ratification. One of the actions was to send the pathway to the Respiratory Nurses at Salisbury District Hospital, as HMP Erlestoke falls under their locality. It was also agreed that HMP Erlestoke would need a separate TB Pathway (Section 7). Contact was made with the Respiratory Nurses, who reviewed the pathway and provided the correct contact details for the flow diagram. The pathway was ratified for the 2nd time on 21st July 2022, where it was tabled for final approval. The pathway was signed off on 27/07/2022.

5. Scope

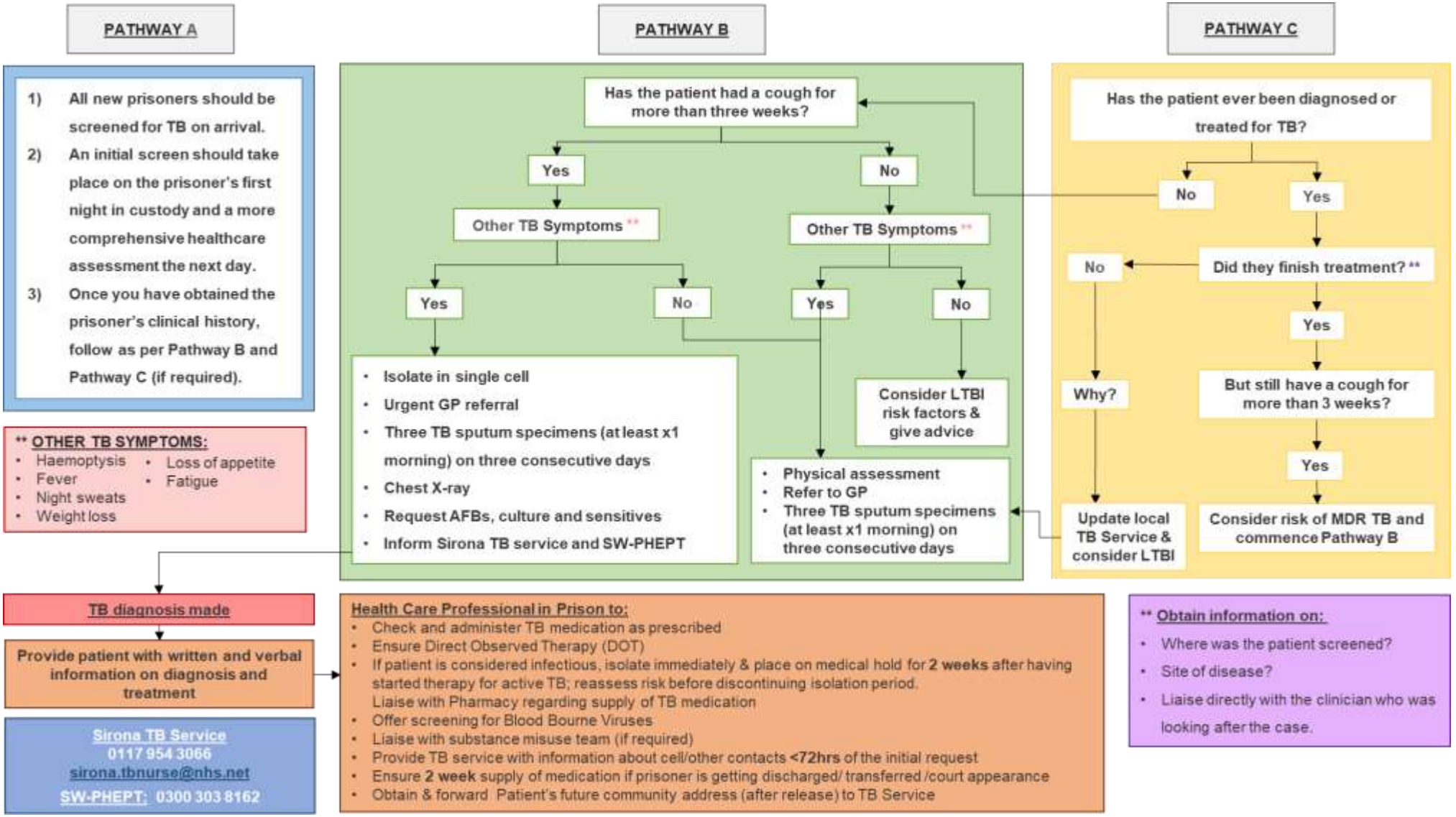
Please note, this document contains two Tuberculosis flow diagrams. 'Tuberculosis Flow Diagram (1a)' applies to all internal and external clinical staff working at; HMP Ashfield, HMP Bristol and HMP Leyhill. 'Tuberculosis Flow Diagram (1b)' applies to all internal and external clinical staff working at HMP Erlestoke.

It should be read in conjunction with:

- Tuberculosis Management within Inspire Better Health (IBH, 2019)
- Outbreaks of Communicable Infection Policy (HSH, 2020)

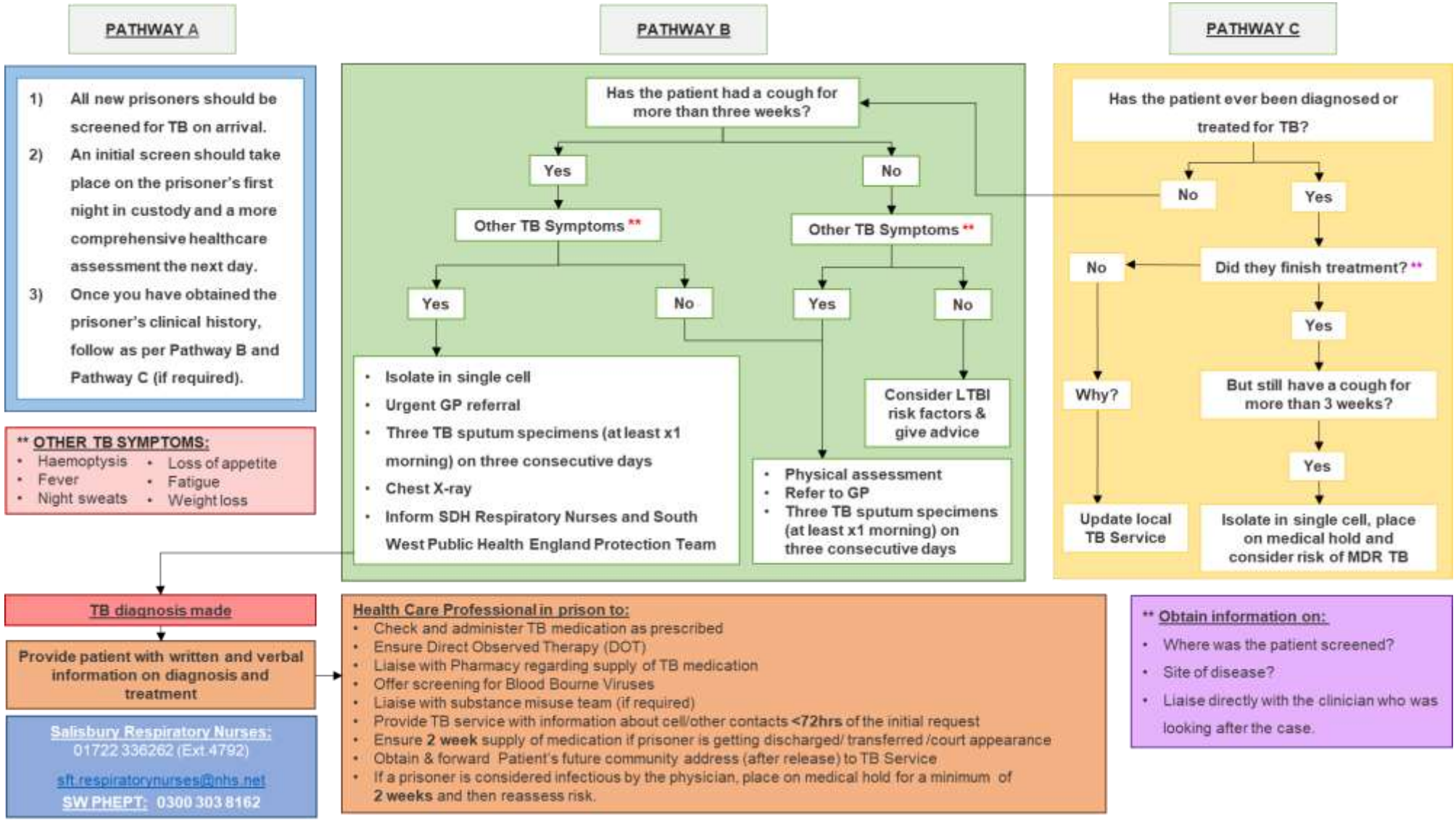
6. Tuberculosis Flow Diagram (1a)

This flow diagram applies to all internal and external clinical staff working at; *HMP Ashfield, HMP Bristol & HMP Leyhill*



7. Tuberculosis Flow Diagram (1b)

This pathway applies to all internal and external clinical staff working at HMP Erlestoke.



8. Training, Implementation & Monitoring

8.1 Training

There are no training requirements for this pathway. Should staff identify a training need they can contact Sirona Health and Care TB Service who provide both face-to-face and virtual training sessions.

Email: Sirona.tbnurse@nhs.net **Telephone:** 0117 954 3066

8.2 Implementation of Pathway

The Pathway was ratified on the 19th of May 2022 and 13th of June 2022. Appropriate amendments were made, and it was tabled for final review on the 21st of July 2022, where it was approved. The Clinical Nurse Managers across the 4 sites were in attendance of this meeting and tasked with the responsibility of forwarding this pathway to all clinical staff at the prisons. The pathway was also uploaded to the Patient Pathways folder on Glasscubes so staff can access it when required.

8.3 Monitoring Compliance with Pathway

An audit will be carried out 6 months after the TB Pathway has been implemented to see if the number of cases of active and latent TB has been reduced across the 4 sites. The outcome of the audit will determine the frequency of future audits. Feedback from the Clinical Nurse Managers will also be obtained after 6 months, to see if the implementation of the pathway has improved staffs awareness on how to detect, treat and monitor the continuity of care of prisoners with active and latent TB.

9. References and Resources

- **MANAGEMENT OF TUBERCULOSIS IN PRISONS: Guidance for prison healthcare teams**
  - *Public Health England [Online]*
  - Management of TB in Prisons - Guidance for prison healthcare teams (publishing.service.gov.uk)

- **TB Prevention and Control Care in Prisons**
  - *World Health Organisation [Online]*
  - Prisons and Health, 8 TB prevention and control care in prisons (who.int)

- **Tuberculosis**
  - *National Institute for Health and Care Excellence [Online]*
  - Overview | Tuberculosis | Guidance | NICE

- **Tuberculosis in Prisons or Immigration Removal Centres**
  - *National Institute for Health and Care Excellence [Online]*
  - Tuberculosis in prisons or immigration removal centres - NICE Pathways

- **Tuberculosis Management within Inspire Better Health**
  - *Inspire Better Health [Online]*
  - File and folder sharing (glasscubes.com)

10. Appendices

10.1 Appendix 1 – Algorithm for the Management of Tuberculosis in Prison