

(Gateway Ref: 03653)

To: CCG Clinical leaders

Monday 6th July

Dear colleagues

Re: Collaborative TB Strategy Commissioning Guidance: Identification of lead CCGs

As set out in the above <u>guidance</u>, it is recommended that CCGs consider working with their TB Control Board and with NHS England to agree lead CCGs for implementation of the Strategy. The rationale for preferring to have lead CCGs is to act as a single co-ordinating point for the purposes of distributing national resources to support delivery of the TB Strategy.

NHS England has made £10m available to support delivery in 2015/16. Further details are within the commissioning guidance, as are details of the geographies covered by TB Control Boards and the incidence of latent TB within each CCG.

Public Health England is setting up the TB Control Boards. The Collaborative TB Strategy for England: 2015 to 2020 sets out that TB Control Boards are jointly accountable to NHS England and Public Health England. As set out below, lead CCGs will be members of Control Boards. However, CCGs' own accountabilities in relation to the TB Strategy will be via the assurance process on the same basis as their other responsibilities. The commissioning guidance sets out that the latent TB implementation plan to be developed by lead CCGs to access the additional funding should include details of the arrangements between CCGs, their Control Board and NHS England on the respective roles of the assurance process and of Control Boards in the implementation of the TB Strategy and how this will be managed on an ongoing basis.

The responsibilities of lead CCGs will include:

- Entering into an appropriate agreement with NHS England regarding use of the additional resources made available for the TB Strategy
- Developing appropriate arrangements with other local CCGs to reflect how mutual responsibilities will operate and resources distributed, within the framework of the lead role
- Representing local CCGs on the TB Control Board
- Working with the Control Board and with other local CCGs and partners to agree the commissioning actions that are required to support implementation of the strategy, the local TB control plan and its associated latent TB implementation (LTBI) plan (details within the commissioning guidance)
- Working with relevant partners to develop and submit the local LTBI plan

- Ensuring that there is clarity on the commissioning responsibilities of the lead CCG and other CCGs in relation to TB services
- Working with other CCGs and local GPs to put arrangements in place for primary care based LTBI identification, testing and treatment. (Further details within the commissioning guidance). Where NHS England holds primary care commissioning responsibilities within a CCG area the CCG should also work with it to agree such arrangements
- Working with NHS England to agree appropriate arrangements for the commissioning of additional capacity for the laboratory analysis and reporting of the LTBI test
- Working with relevant providers to ensure clear pathways and sufficient capacity for latent and active TB treatment services
- Working with local partners on actions agreed with the relevant Control Board in support of the wider implementation of the TB Strategy

In order that the additional resources can be fully and effectively used within 2015/16 it is desirable to have lead CCGs confirmed as soon as possible. I would therefore be grateful if you could have discussions with other CCGs within your Control Board area, and with the relevant TB lead (listed in annex A) in order to seek to agree who the lead CCG should be. In doing this you will also wish to be aware of which CCGs have the greatest rates and/or incidence of TB. Details of this can be found in annex A of the commissioning guidance.

Can you please confirm the position in relation to lead CCGs within your Control Board area by **7 August 2015**. Confirmation should be sent to england.reducingprematuremortality@nhs.net . This email address can also be used for any queries in relation to the lead CCG role.

Thank you for your support in this matter.

Yours sincerely

Wykan Clah

Celia Ingham-Clark MBE
Director for Reducing Premature Mortality

cc: TB Control Board directors
CCG Accountable officers

Annex A - PHE Centre Directors and TB leads

PHE Centre	Centre Director	Contact details	TB Lead	Contact details
East Midlands	Dr Fu-Meng Khaw	meng.khaw@phe.gov.uk	Dr Sophia Makki	sophia.makki@phe.gov.uk 0344 225 4524, option 1, 1
East of England	Prof Aliko Ahmed	aliko.ahmed@phe.gov.uk	Dr Deepti Kumar	deepti.kumar@phe.gov.uk 0300 303 8537
London	Prof Yvonne Doyle	barbara.czekaj@phe.gov.uk	Dr Sarah Anderson	sarah.anderson@phe.gov.uk 020 8327 7181
North East	Dr Roberta Marshall	roberta.marshall@phe.gov.uk	Peter Acheson	Peter.acheson@phe.gov.uk 0300 303 8596 option 1
North West	Dr Melanie Sirotkin	melanie.sirotkin@phe.gov.uk	Andrea Hare	Andrea.Hare@phe.gov.uk 0344 225 1295 Option 1, 2
South East	Dr Diana Grice	diana.grice@phe.gov.uk	Dr Girija Dabke	girija.dabke@phe.gov.uk 0345 055 2022
South West	Dr Debra Lapthorne	Debra.lapthorne@phe.gov.uk	Dr Sarah Harrison	sarah.harrison@phe.gov.uk 01392 354829
West Midlands	Dr Sue Ibbotson	sue.ibbotson@phe.gov.uk	Dr Nic Coetzee	nic.coetzee@phe.gov.uk 0344 225 3560 option 1, 2
Yorkshire and Humber	Prof Martyn Regan	martyn.regan@phe.gov.uk	Dr Renu Bindra	renu.bindra@phe.gov.uk 01904 687100

Please note – NOT all the Centre Director telephone numbers are personal so some telephone numbers can also be used to contact the local TB lead