

Royal College of Physicians of Edinburgh

**Response to the All Party Parliamentary Group on Global Tuberculosis (APPG)
Inquiry into Collaborative TB Strategy for England**

1. The Royal College of Physicians of Edinburgh (“the College”) is pleased to respond to the Group’s call for views on the Collaborative TB Strategy for England. The College is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.
2. In order to inform our response, the College sought the views of our Fellows working in respiratory medicine. Fellows have commented that they have noted a change in the overall approach to TB management in the last 2-3 years and feel that the strategy has been well received. The overall impression is that the strategy has clear aims with measurable outcomes, and seems to be more focussed and purposeful than it was in the past.
3. This has led to increased accountability, and this appears to be having a positive impact. Peer review of all cases of TB has resulted in more uniform practice between hospitals, and better achievement of treatment goals including, for example, earlier treatment and better completion of treatment. The management of patients with multi-drug-resistant TB in some parts of England has improved greatly. This is partly down to resources but probably also partly due to peer review, with comparisons between different parts of the country.
4. There is agreement that the 10 evidence based aims are appropriate, and that the strategy should continue to be adopted across the whole country and not just in areas of high TB prevalence. The strategy has provided increased opportunity for the sharing of evidence-based improvements in practice, and novel ways of tackling problems, between different regional teams. The additional resources are enabling these different practices to be implemented and assessed in other regions.
5. This sharing of both new and established practices, with extra resources to implement them, is essential. Some parts of the strategy require much more progress. For example, it is generally acknowledged that the finding and treatment of latent TB infection remains inadequate. To solve this, several different approaches are likely to be needed. Regional boards need to be able to assess new practices and only continue the practices which are effective in their geographical areas. There also needs to be enough resource to test a range of methods, as it is unlikely that a single method will be effective.

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