

**Field visit London 28 August – 2 September 2017 carried out in the project 709624 E-  
DETECT TB**

During the period 29.08.2017- 01.09.2017 we went with the field team which operates in UCLH's Find & Treat in various locations, from social canteens to shelters with different profile of beneficiaries, for the purpose of actively participating in the knowledge of the detection process of tuberculosis case and also to know the services offered to vulnerable groups (persons who live on the street, , homeless- person without home, but who usually sleep in a shelter, drug consumers, immigrants – with legal forms or not, among whom ex-convicts and any other person who is at risk of developing the disease) to whom the mobile caravan (clinic) is addressed.

Find & Treat are a specialized multidisciplinary team made of specialists in medical assistance, social assistance, outreach workers (who do specialized field work to inform or bring certain services in the community in which the person lives – e.g.: syringe exchange programmes or car for detection of TB), radiologists and other technicians.

On the first day (29.08.2017) we participated in the meeting with the team members who work in the fast detection of tuberculosis project, we exchanged general information regarding the social services we have in Romania dedicated to vulnerable groups, which also exist in London. At the end of the end we participated in the screening of homeless people in the Lincoln`s Inn Fields Park area. In the two hours we spent there, two cars came, which belonged to two foundations, different organizations which bring food to the persons who live on the street. Each customer (as referred to by those who offer the services was standing in line, in the order of coming and waited his/her turn to receive the food ration, dinner, after they finished eating, those who wanted went to the car (caravan/van) to have a pulmonary X-ray taken and who wanted pneumonia vaccin.

The area where the field team would go was established a while ago, taking into account the recommendations of collaborators from centres, canteens and shelters and the procedure says that the association has to announce at least one week in advance where they will go and how long they stay for the local authorities, so that they have the necessary time for the reservation of a parking lot. The reserved parking lot is marked by a warning sign (a yellow plate with black writing on a pillar). In the car two general nurses and a radiology nurse worked at the

same time plus a driver who recorded the patients in the car software. The frequency of parking the car in the same place is about 3-4 times a year given the training process needed before the actual screening and afterwards, to which we add the multitude of places where they have to go. In each canteen or centre there are small posters, A4format, coloured or not, which contain minimum information about what supposes the performance of an X-ray, duration and other simple information to be understood by all those who frequent the place, such as: it only takes two minutes, you do not have to take your clothes off, it is free etc. Usually, there are small benefits which Find & Treat offers to motivate the customer to take the X-ray. An example is a kit which contains products in travel size both for women and for men. Apart from that, they have various brochures with useful information about HIV infection, hepatitis, tuberculosis, pneumonia and other.

Wednesday, 30 August, I went to Whitechapel Mission, with the team for the screening of those who came here to eat. Whitechapel Mission is a canteen which has a space where the homeless can spend the night there. The access to canteen is free; you do not need supporting documents for the income earned or other access criteria as it happens in Romania. On the ground floor of the building there was the canteen with access to showers and the possibility to change the clothes and on the floor there was the room where you could stay overnight. The room where those who wanted could spend the night had sleeping bags and who came there took a bag and slept and during the day the room was used for trainings or other activities.

On the same day we visited Olallo House (TB Hostel) similar to a Residential Centre from Romania. Here they could stay up to two years, each customer has his/her own room, with own bathroom, a small kitchen if they wanted to cook by themselves, a common area for recreational activities. Here the house customers benefited from social reintegration services, free of charge, they could also be offered a longer period for accommodation. Those who followed a tuberculosis treatment had the treatment split by days by those from TB clinic, written in organizers with the days of the week. The treatment was kept in a separate room to which the accompanied patient had access to take his/her treatment, if he/she wanted, and this was written down by the staff in a register. The care pattern of the Hostel was pastoral.

The last visit was at Margarete Centre (Drug Treatment Centre) where we exchanged ideas and opinions with Dr. John Dunn, psychiatrist, regarding the access of drug consumer to methadone, the services offered and other conditions of access to care services for

consumers. In the Centre there was an individual counselling office, offices for methadone administration and blood tests collection. The staff was composed of psychiatrists and nurses who could prescribe methadone, even the nurses can prescribe methadone after specialization courses, social worker, psychologist, general practitioner and other staff such as project manager etc. Methadone can be administered both in the Centre and at pharmacy, the customer is distributed to a pharmacy where he goes every day, closes his medicines in front of pharmacist and then leaves, and after six negative tests the customer could obtain prescription for a longer period of time, which makes possible the administration of methadone at home.

Thursday, 31.08.2017 we started by a visit to a day-care centre where we talked to the Centre coordinator. We did not get much information because the coordinator had only a week in that position and did not know details, but the attitude of the people at the centre was encouraging and supportive for the screening of those who were in the Centre at that time.

In the lunch meeting with the social worker and the programme manager we talked about how to approach the TB patient in Romania for increasing the adherence to treatment and about VOT (Video Observed Treatment). VOT is the treatment programme video observed, by a telephone, on which an application is installed (I can say similar snap chat) by which the patient shoots a film while he takes the medicine and at the end of the day or the next day he sends the file to the social worker who monitors the following of treatment (virtual). The films are not transmitted and stored on-line, as you would send an attachment to email, so the data provided by the patient is confidential and safe. The data is stored on a foundation server to which only the interns have access. The usefulness of treatment supervision I believe is useful both from cost perspective and for the privacy the patient has, to which we can add the freedom to do various activities, he/she is not forced to come every day to the TB health centre for treatment administration, does not pay the transport to get to the health centre and can take medicines anywhere, at any time and how slow he wants.

After the meeting with the social worker and the clinical lead we went to Upper Room St. Savior's Church, where we met the Project Manager Cecilia, a Romanian woman who handles the implementation and development of several projects for vulnerable groups from the charity (foundation). This centre called Upper Room works in the space donated by the Church, was an unused space and thus they transformed it and now they can offer food (volunteers are ex-convicts), they go to collect the food which will be taken off the market shelf and bring it to the

centre, where the cook, who is a volunteer, tot prepares the table for those who want to come and eat. The access to the meal is without restrictions, there is only a register by days where those who come are asked to write down some information such as name (but they are not forced to write a real name) and other useful data for the foundation in order to write new projects. Cecilia talked about access to financing, mentioning that the data collected from the centre customers is very useful to motivate the financing need.

On the last day, 01.09.2017 we talked about what and how this period we spent in London was for us, after we saw how the services and the caravan (van) worked for vulnerable groups.

As for the new knowledge acquired, I can say that I noticed another approach of patient, customer or beneficiary of services, I understood better that the team work can bring more results and long-term benefits than the individual approach of work and the customer/patient-oriented approach was not realistically related to his needs and can offer us positive results in the long run.

Participant 1

The first working day, Tuesday, 29 August 2017 started by getting to know the coordinating team from London. At time 11:00 a.m., we went to 250 Euston Street, in an imposing building, but with wonderful people, the team who presented us a history of homeless people in London. The homeless are those who sleep on the street, in tents, in parks, in the bus and subway stations, in improvised shelters of cardboard boxes. In London 8% of homeless are Romanians, 10% Poles and 3% Lithuanians. The team talked to us about their work and the hardships encountered and we, in turn, talked about work and what we do in Bucharest. The coffee breaks allowed us to socialize and amuse ourselves with their hobbies and interests. In the evening, after time 18:00 we went to the Mobile Unit to see how the activity is carried out. In the Mobile Unit ("caravan") there was a computer which was used by a nurse to record the patients' data, the history and anamnesis of subjects, a radiology device (in an isolated space) used by a radiologist and another small room for the medical staff.

Wednesday, 30 August 2017 at time 8:30 a.m. we gathered for talks and a plan of activities. At time 12:00 we visited the Olallo House, a day-care centre for the patients who took drugs or are still taking drugs and for those who receive treatment with Methadone. The subjects have individual rooms with all the comfort and privacy they need. Then, between 14:00-17:00 we went to Margaret Centre, centre for patients who receive anti-drug medicinal treatment.

Thursday, 31 August 2017, at time 9:00 a.m. we went to the street where the mobile unit was and we participated in the performance of X-rays for the subjects who wanted to see if they had or not pulmonary tuberculosis.

In London there are many social canteens for the homeless (we visited a few of them) where the "Caravan" – mobile unit – halts to check more possible patients– TB. Everything is carried out in a close connection with the London Mayor's Office. Then, between 13:00-15:00, we went to see VOT (Video Observed Treatment) how the subjects are monitored and how their treatment is administered. After 16:00 we went to meet Mrs. Cecilia, a Romanian woman who settled in London for many years and who coordinates and helps the homeless people. Here, there was an annex of church where homeless people received temporary accommodation, warm food, counselling and support. They collected money (from donations) for the people in difficulty, they collected clothes etc.

Friday, 31 August 2017 at time 9:00 a.m. we went to a day-care centre where we visited and were explained what could be done for homeless people, complete care from food to the possibility of finding a job. At time 14:00 we gathered with the team for the conclusions and the final opinions. We split after 16:00 with promises that they would come to Bucharest to Pneumophysiology Institute Marius Nasta and a few social centres (canteens) from our country.

As a conclusion, the resistance to anti-tuberculosis medicines is increasing both in Great Britain and at international level and for the persons who also have HIV infection, the lethal evolution is faster. In Romania the mobile unit for detection of persons with pulmonary TB is necessary and very useful, by travelling to underprivileged poor areas, to population who does not have access to investigations because of long distances to the first medical unit and because of lack of sanitary education.

It was a wonderful and very useful experience for me.

Thank you!

Participant 2