Early Detection and Integrated Management of Tuberculosis in Europe

PJ-03-2015
Early diagnosis of tuberculosis

D2.6 Training and peer-learning events

WP 4 - Outreach for early diagnosis and strengthen care integration in vulnerable populations in Eastern Europe

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Mobile Health Unit
Mobile digital radiology
Peer Learning
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Case Management Model
Mental Health
Integrating care
Multidisciplinary care co-ordination
Partnership working

Definitions and acronyms

Acronyms	Definitions
MHU	Mobile Health Unit
F&T	Find & Treat Outreach Service
TB	Tuberculosis
MDR TB	Multidrug Resistant Tuberculosis
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
BBV	Blood Borne Virus
NGO	Non-Government Organisation
OST	Opiate substitution therapy
IDU	Injecting Drug User
DOT	Directly Observed Treatment
VOT	Video Observed Treatment

1. Introduction

This report for deliverable D2.6 'Training and peer-learning events' summarises activities in relation to an educational exchange visit between EDETECT TB Romanian partners and UCLH Find & Treat Service in London and includes active case finding, migrant screening and a package of training for dissemination.

1.1. General context

The training and peer-learning event was organised in London 29/08/2017 - 01/09/2017 to provide support to our Romanian partners through training on TB control in migrants and other vulnerable groups and to conduct field visits to screening sites across London.

Participants:

Romanian delegation:

1. Florentin Dulgheru (Radiographer – Marius Nasta)
2. Cristina Fierbinteanu (Psychologist - Outreach Specialist ARAS)
3. Dan Popescu (Hatm Reduction / Outreach Specialist ARAS)
4. Stefania Ticu (Nurse – Marius Nasta)
5. Larisa Soroaga (Social Worker – Marius Nasta)

London Find&Treat Team:

1. Yasmin Appleby (Nurse Specialist)
2. Shanah Begum (Data Manager)
3. Phil Foley (MHU Programme and Outreach Co-ordinator)
4. Joe Hall (Outreach / VOT Lead)
5. Brendan Scott (Operations Manager)
6. Dr Al Story (Clinical Lead)
7. Phil Windish (Outreach Worker)

Other Key People involved in the training exchange:

1. Dr John Dunn (Addictions Psychiatrist – Margaret Centre)
2. Cecelia Seres (Service Manager of the Upper Rooms Homeless Drop-in)
3. Sue Miller (Service Manager – Whitechapel Mission Homeless Day Centre)
4. Miguel Neves (TB Hostel – Olallo House)

Deliverable Objectives

It is a general objective of the Project to support countries with a package of training for dissemination and to provide mentoring, work shadowing and study visits.

This training exchange visit aimed provide colleagues working with E-DETECT in Romania with practical and applicable knowledge of the evidence based tailored interventions implemented by the Find&Treat team to promote early diagnosis of TB and BBV and support care and treatment completion among the target populations.

In addition, the training provided the participants with an opportunity to work on the Mobile Health Unit (MHU) in a wide variety of settings and directly learn from and share experiences with the Find&Treat team and partners from across London working in homeless and substance misuse services.

Objectives

Upon completion of this training, participants were able to:

1. Understand and describe the epidemiology of TB among vulnerable, hard to reach and migrant populations in London

2. Describe the essential components of the Find&Treat case management model relevant to vulnerable, hard to reach and migrant populations including:

    a. Active case finding using mobile digital radiology
    b. Targeted venues and locations for screening
    c. Promoting access to and uptake on the MHU
    d. Ensuring onward referral and diagnostic investigations
    e. Supporting treatment continuity (housing, DOT / VOT, addictions support, incentives and enablers)

3. Understand who is at higher risk for Multidrug Resistant TB (MDR TB) and the specific challenges of managing MDR TB among vulnerable, hard to reach and migrant populations

4. Understand the challenges of managing co-morbidities (HCV, HIV, Additions, Mental Health) and integrating care and the need for multidisciplinary care co-ordination and partnership working

5. Apply this practical knowledge to the context in Bucharest and discuss best options to implement and tailor evidence based interventions

2. Methodological approach

The training was conducted through a series of short presentations, group discussions and outreach activities. Emphasis was placed on identifying key elements within the Find&Treat model that could practically translate into the E-DETECT programme in Romania. The programme included multiple field visits in a wide variety of settings where the MHU provides screening including street projects (soup kitchens), hostels and day centres for homeless people, drug treatment services and drop-in services).

3. Summary of activities

Workshop Itinerary Day 1:

- Briefing and orientation delivered by the Find & Treat Service
- Active TB case finding –London Find &Treat Service
- Targeting / Scheduling / maximising uptake
- Case Management for complex clients
- Screening at Lincolns Inn Fields

Workshop Itinerary Day 2:

- Screening at Whitechapel Mission, London
- Screening at Olallo House TB Hostel – Lunch at Olallo (YA AS))
- Visit and presentation on Methadone services in London by Dr John Dunn (YA) at the Margarete Centre Drug Treatment Centre

Workshop Itinerary Day 3:

- Screening in Lambeth, London
- UCLH Lunch with Find & Treat (F&T)Service
- Video Observed Treatment (VOT)
- Discussion on Adherence with F&T outreach Team
- Meet Cecelia at St. Saviours Church, London W12 9LN
- Social evening

Workshop Itinerary Day 4:

- Screening at Manna Day Centre, London
- UCLH - Complex Care / Pathway Team
- Wrap-up / feedback
- Future Plans

4. Conclusions, key challenges and future steps

The final debrief was used to identify key challenges and future steps

Key challenges identified in Bucharest / Romania:

1. Lack of accurate data about the size and distribution of the target population (official figures on the number of drug users and homeless people are likely to underestimate the actual number of potential beneficiaries)

2. The MHU in London targets a large number of well-established services for the target populations – in Bucharest there is a limited number of NGO's providing support to the target populations and no service mapping exercise has yet been undertaken to identify all the relevant venues. In some areas of Bucharest where ARAS are well established it was agreed that the best approach would be to screen alongside the mobile needle exchange and harm reduction services.

3. There is limited access to methadone replacement therapy (opiate substitution therapy (OST)) both in the community and in secondary care settings. A major challenge will be to better establish access to OST for patients with suspected and active TB admitted to hospital and for patients in the community who require directly observed treatment (DOT).

4. There are very high rates of HIV (est. 60% among IDUs) and HCV (est 80% among IDUs) co-infection among the target population and there is an urgent need to integrate both screening and treatment services for this population.

5. There is very limited access to supported accommodation for homeless TB patients – we had extensive discussions about the importance of Olallo House TB Hostel in London in supporting homeless and destitute TB patients to complete treatment. This again highlighted the need for integrated health and social care models.

6. There is limited access to incentives and enablers including support with food and transport. TB patients in the community would need support to attend centres providing DOT.

7. Patients are currently admitted for prolonged periods in the main hospitals in Bucharest and in the Sanatorium. There was a high rate of reported self-discharge and discontinuation of TB treatment – especially among TB patients with substance addiction who were not able to access OST and addiction support.

8. While TB treatment is free in Romania the system requires people to be registered and in possession of a valid health card. Many high risk patients have no health card and the process of obtaining a new card can be difficult even with the advocacy and support of NGOs.

9. It was not clear who would be actually staffing the MHU in Romania and how arrangements for supporting onward referral and treatment would be organised. The group discussed options for referral pathways from the MHU and highlighted the need to create clear referral pathways into secondary care, especially for patients with MDRTB and/or substance misuse. It was felt that the best option would be to channel all MHU referrals into a limited number of sites where arrangements for supporting socially complex cases could be strengthened. The main referral centres for the MHU would be:

    a. Marius Nasta (MDRTB)
    b. National Institute of Infectious Diseases
    c. Victor Babes

10. The NGOs have very limited resources and in many cases funding for the outreach teams is grant dependent and time limited. The current and future capacity for the

NGOs to take on case-management and DOT responsibilities in the community needs to be fully assessed.

Key Future Steps:

1. Support a mapping exercise for MHU screening sites, referral hospitals, key NGO partners and prisons (See Google map https://www.google.com/maps/d/edit?mid=1KPlZqV7174ToLOVjKsWlWgUzOpA&ll=44.42526019473004%2C26.098922499999958&z=13) **STATUS: In progress**

2. Contact Dr Abagiu and provide support to establish OST accredited training to expand access to replacement therapy for hospital inpatients and people in the community. **STATUS: To be arranged**

3. Request St John of God Hospitalier Services (Olallo House) to contact Caritas Romania and explore the possibility of establishing a residential TB unit in Bucharest for homeless and vulnerable groups **STATUS: Caritas contacted and willing to explore the possibility of establishing a centre**

4. Find&Treat will provide ongoing support to the MHU and outreach team in Bucharest. An optimal structure for the MHU team was proposed as:

    a. Driver/ Technician 2 x 0.5WTE
    b. Nurse 2 x 0.5WTE
    c. Radiographer 2 x 0.5WTE
    d. Social Worker 2 x 0.5WTE
    e. Outreach worker / Community DOT 2 x 1.0WTE

5. Publications resulting from the work described (*if applicable*)

n/a

6. Bibliographical references (*if applicable*)

Training Report from Romanian Partners

Participant 1

Field visit to 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 recive 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 hte

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, A4fomat, 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 2

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!