From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG33) 13/16

Subject: NICE (Clinical) Guideline NG33 – Tuberculosis

Circular Reference: HSC (SQSD) (NICE NG33) 13/16

Date of Issue: 14 March 2016

Related documents:
HSC (SQSD) 3/13

Superseded documents
CG117 - Clinical Diagnosis and Management of Tuberculosis and Measures for Prevention and Control

Summary of Contents:
This guideline updates and replaces CG117; it covers preventing, identifying and managing latent and active tuberculosis (TB) in children, young people and adults. It aims to improve ways of finding people who have TB in the community and recommends that everyone under 65 with latent TB should be treated. It describes how TB services should be organised, including the role of the TB control board.

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:

For action by:
Chief Executive of HSC Board – for distribution to:
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – for cascade to:
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:
Director of Public Health and Medical Director – for cascade to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – for distribution to:
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
Standards & Guidelines Quality Unit
DHSSPS
Room D1.4
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk
Dear Colleagues

NICE Clinical Guideline NG33 – Tuberculosis.

http://www.nice.org.uk/guidance/ng33

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13 the following actions should be taken:

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and coordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies.
in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department’s website.

Dr Paddy Woods
Deputy Chief Medical Officer
**Appendix 1**

**Endorsed NICE guidance - Details from Departmental review**

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline – NG33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td><strong>Summary of guidance</strong></td>
<td>This guideline updates and replaces NICE guideline CG117. It covers preventing, identifying and managing latent and active tuberculosis (TB) in children, young people and adults. It aims to improve ways of finding people who have TB in the community and recommends that everyone under 65 with latent TB should be treated. It describes how TB services should be organised, including the role of the TB control board.</td>
</tr>
<tr>
<td><strong>Related strategically relevant DHSSPS / HSC policies</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Inter-Departmental interest</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Legislative / policy caveats</strong></td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</td>
</tr>
</tbody>
</table>
With regard to BCG immunisation there are subtle differences between the Green Book and NICE guidance. However as previously advised, the Green Book provides the definitive policy on vaccination and immunisation in the UK, therefore the advice contained in it should be followed as stated. The NICE guideline includes some good practice points which suggest the need to consider BCG immunisation in a wider group of patients and over a different time frame. As with any guideline, this is part of the clinical risk assessment which should be carried out by the clinician providing the service, or public health doctor providing the advice, depending on the circumstances of each individual case.

Some pieces of NICE Public Health guidance are referenced in NG33 which pre-date the introduction of the process for endorsing Public Health guidelines. All Public Health guidance endorsed by DHSSPS can be found here: [https://www.dhsspsni.gov.uk/articles/nice-public-health-guidance](https://www.dhsspsni.gov.uk/articles/nice-public-health-guidance)