



### SERVICE SPECIFICATION

## DIRECTLY OBSERVED THERAPY FOR TUBERCULOSIS (TB)

Service	Directly Observed Therapy for Tuberculosis (TB)
Authority Lead	Torbay
Period	1 <sup>st</sup> October 2021 – 30 <sup>th</sup> September 2023
Date of Review	October 2022

### CONTENTS

1. BACKGROUND	2
2. AIMS OF THE CONTRACT	2
3. SERVICE OUTLINE	2
4. MONITORING AND EVALUATION	3
5. APPENDIX A – MONITORING FORM	4

## 1. BACKGROUND

### Background

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. They are isoniazid, rifampicin, pyrazinamide and ethambutol. A daily regime, using combination tablets is usually used; however some people need more support or monitoring. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and the person is observed taking them.

# 2. AIMS OF THE CONTRACT FOR DIRECTLY OBSERVED THERAPY FOR TUBERCULOSIS (TB)

The main aim of this specification is to support the treatment of patients for TB in an appropriate setting.

### **3. SERVICE OUTLINE**

The Provider (pharmacy) will:

- Nominate members of staff to receive training from the TB Nurse Specialist.
- Keep medication secure and inform TB Nurse Specialist 2 weeks before supplies run out.
- Medication should be taken in a suitable quiet area. Water should be provided in a disposable cup. The member of staff should watch that all tablets have been swallowed.
- The pharmacy must have a suitable area where DOT can be carried out in confidence, away from other members of the public or staff.
- The pharmacy must be fully compliant with all essential services i.e. there are no outstanding items from monitoring visits.
- The record sheet should be completed at each attendance and copied to the TB Nurse Specialist monthly.
- The TB Nurse Specialist should be informed within 24 hours if the patient fails to attend.
- All staff are obliged to keep information confidential within the pharmacy.

The Hospital TB Nurse Specialist will:

- Provide training and supervision by the TB Nurse Specialist.
- Ensure that the medication requirements are supplied to the pharmacy.
- Contact the patient in the event that they do not attend.
- Provide any other necessary support and advice about treatment

Contact details of hospital TB Nurse Specialist: Bianca Hulance, biancahulance@nhs.net, 07500107986

The Commissioner will:

• Remunerate the pharmacy for providing DOT on receipt of monthly activity submitted through PharmOutcomes.

# 4. MONITORING & EVALUATION

The record sheet (Appendix A) should be completed at the onset of treatment and treatment recorded at each attendance. A copy of the monitoring form should be sent to the TB Nurse Specialist monthly.

Treatment is usually for 6 months but may be extended.

These amounts will be paid on a monthly basis as per PharmOutcomes submission.

## 5. APPENDICES

Appendix A Monitoring Form

### Appendix A

## **Monitoring Form for TB-DOT**

Note: All patient data will be kept securely and in accordance with Data Protection guidelines. Information can only be passed to another healthcare professional if this contributes to the provision of effective care.

#### CONFIDENTIAL

	Adviser Details:			
	Adviser Details:			
Name	Base			
Contact Tel. No	Venue			
Type of setting: Specialist/ Pharmacy/ GP Practice/Dental/Hospital/Other				
(Please circle)				
	Client Details:			
Surname	Name Mr/Mrs/Mrs/Other			
Address				
Postcode				
Mobile	Email			
Date of Birth Age.	GP / Practice			

Week	Date	Mon	Wed	Fri	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

#### Record of DOT

r	1		
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Adviser signature:......Date:.....

*Client signature* (indicating consent to treatment and follow ups and pass on of outcome data to GP)

......Date:.....

#### Patient notes

Date	Notes	Initials

Please return this form on 1<sup>st</sup> Month to the TB Nurse Specialist.