

SERVICE SPECIFICATION

DIRECTLY OBSERVED THERAPY FOR TUBERCULOSIS (TB)

Service	Directly Observed Therapy for Tuberculosis (TB)
Authority Lead	Torbay
Period	1 October 2025 – 30 September 2027
Date of Review	October 2026

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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 Tuberculosis 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. Medication can be dispensed on a Tuesday or patient can be directed to hospital virtual ward for dispensing on the Monday. Liaison with TB nurse will be required in advance for arrangements to be made.

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 Tuberculosis in an appropriate setting by commissioning a service where patients are observed consuming their medication to ensure compliance with the treatment regime.

3. SERVICE OUTLINE

The Provider (pharmacy) will:

- Nominate members of staff to receive training from the Tuberculosis Nurse Specialist or the respiratory Pharmacist at Torbay Hospital. The Tuberculosis Nurse Specialist will be the contact point for organising any training can be contacted either via email biancahulance@nhs.net, or telephone **07500 107459**. If the Tuberculosis Nurse Specialist is not available, contact the Respiratory Ward via sdhct.respiratorymedicine@nhs.net.
- Keep medication secure and inform Tuberculosis 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 the observation that the patient has appropriately consumed the medicine 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 sent to the Tuberculosis Nurse Specialist monthly via email: biancahulance@nhs.net. If the Tuberculosis Nurse

Specialist is not available the record forms should be sent to sdhct.respiratorymedicine@nhs.net.

- The Tuberculosis Nurse Specialist should be informed via email or telephone within 24 hours if the patient fails to attend. Alternatively the respiratory Ward can be notified via sdhct.respiratorymedicine@nhs.net.
- All staff are obliged to keep information confidential within the pharmacy.

The Hospital Tuberculosis Nurse Specialist will:

- Provide training and coordinate supervision by the Tuberculosis Nurse Specialist or the respiratory Pharmacist at Torbay Hospital.
- Ensure that the medication requirements are supplied to the pharmacy.
- Contact the patient in the event that they do not attend at the pharmacy.
- Provide any other necessary support and advice to the Pharmacy regarding Tuberculosis treatment.

Contact details of hospital Tuberculosis Nurse Specialist: Bianca Hulance, biancahulance@nhs.net, 07500107459.

If the Tuberculosis Nurse Specialist is not available, contact can be made with the Respiratory Consultant's office on **01803 656954** or email via sdhct.respiratorymedicine@nhs.net.

The Commissioner will:

- Remunerate the pharmacy for providing this service 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 Tuberculosis Nurse Specialist monthly via email. If the Tuberculosis Nurse Specialist is not available, the respiratory Ward can be notified via sdhct.respiratorymedicine@nhs.net.

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:		
Name	Base	
Contact Tel. No	Venue	
Type of setting: <i>Specialist/ Pharmacy/ GP Practice/Dental/Hospital/Other</i>		
(Please circle)		

Client Details:		
Surname	Name	Mr/Mrs/Ms/Other
Address		
.....		
Postcode	Tel. No.	
Mobile	Email	
Date of Birth	Age	GP / Practice

Record of DOT

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

15					
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**Medication can be dispensed on a Tuesday or patient can be directed to hospital virtual ward for dispensing on the Monday.*

Liaison with TB nurse will be required in advance for arrangements to be made.

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

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Please return this form on 1st Month to the Tuberculosis Nurse Specialist.