University Hospitals of Leicester NHS Trust

Prevention for healthier lives: making it mainstream

UHL Prevention Annual Report 2023/24

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Chief Executive's Foreword

At UHL, our vision is simple: **to be leading in healthcare and trusted in communities.** We could not achieve this without investing in the future of our patients and workforce, and we recognise prevention is key to reducing the long-term demand on our services. By prioritising proactive care, we can help reduce the burden of preventable conditions, improve patient outcomes, and ensure our acute services remain available for those who need them most.

We serve one of the most diverse patient populations in the country. There is currently a 12-year life expectancy gap between the most and least deprived wards in our area. Reducing this inequality is an issue that needs urgent attention.

This report highlights the significant strides we have made over the last year in our approach to healthcare prevention. We are proud of the collaborative efforts UHL has made with local partners to deliver prevention at every level of care. This includes working closely with our community organisations to ensure patients are not only treated for existing conditions, but empowered to take control of their health and wellbeing.

Our teams have:

- Provided smoking cessation to 3,605 patients in the past 12 months.
- Provided access to the alcohol care team 7 days a week.
- Successfully piloted new prevention initiatives such as the Tier 3 Weight Management service and the opt-out BBV testing in ED.
- Continued to provide wellbeing initiatives meeting the needs of our workforce.
- Cured 1,660 patients with Hepatitis C.

Despite the challenges we have faced in recent times, the dedication of our teams has ensured progress continues. I am proud to share the successes we have achieved together in this report, and I hope it inspires colleagues and partners to keep up the great work. I am confident our ongoing work will help to reduce inequalities in health, improve access to services, and ensure everyone in our care is given the opportunity to take control of their own health and wellbeing.

Richard Mitchell, Chief Executive

University Hospitals of Leicester NHS Trust and
University Hospitals of Northamptonshire NHS Group

UHL prevention priorities

Leading in healthcare, trusted in communities.

Following the 2022/2023 University Hospitals of Leicester (UHL) Prevention Report, we have continued to promote prevention through the UHL Health Inequalities (HI) board and with the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) to help tackle the identified key focal points that were highlighted in the NHS Long Term Plan.

The UHL prevention priorities for this report are:

- **Making Every Contact Count**
- **Tobacco**
- **Alcohol**
- **Obesity**
- **TB and blood borne viruses**
- **Workforce wellbeing**

Who are we?

UHL has a Prevention Board which is chaired and attended by senior clinicians and leaders in UHL and across LLR. The team meets with colleagues quarterly to discuss the Trust's prevention programmes and initiatives.

We work with several charities and organisations across LLR to ensure prevention within the Trust continues in the community and we are grateful for all the hard work of our partners in helping us achieve our mission.

Below are just a few of the organisations the Trust is currently working with:

Leicester, Leicestershire and Rutland Integrated Care System

TURNING POINT inspired by possibility CELEBRATING 60 YEARS

Healthy Conversation Skills Making Every Contact Count+

UNIVERSITY OF LEICESTER

WeAreLPT compassion respect integrity trust

AMICA

THE CURE PROJECT

TIER 3 Leicester, Leicestershire and Rutland Weight Management Service

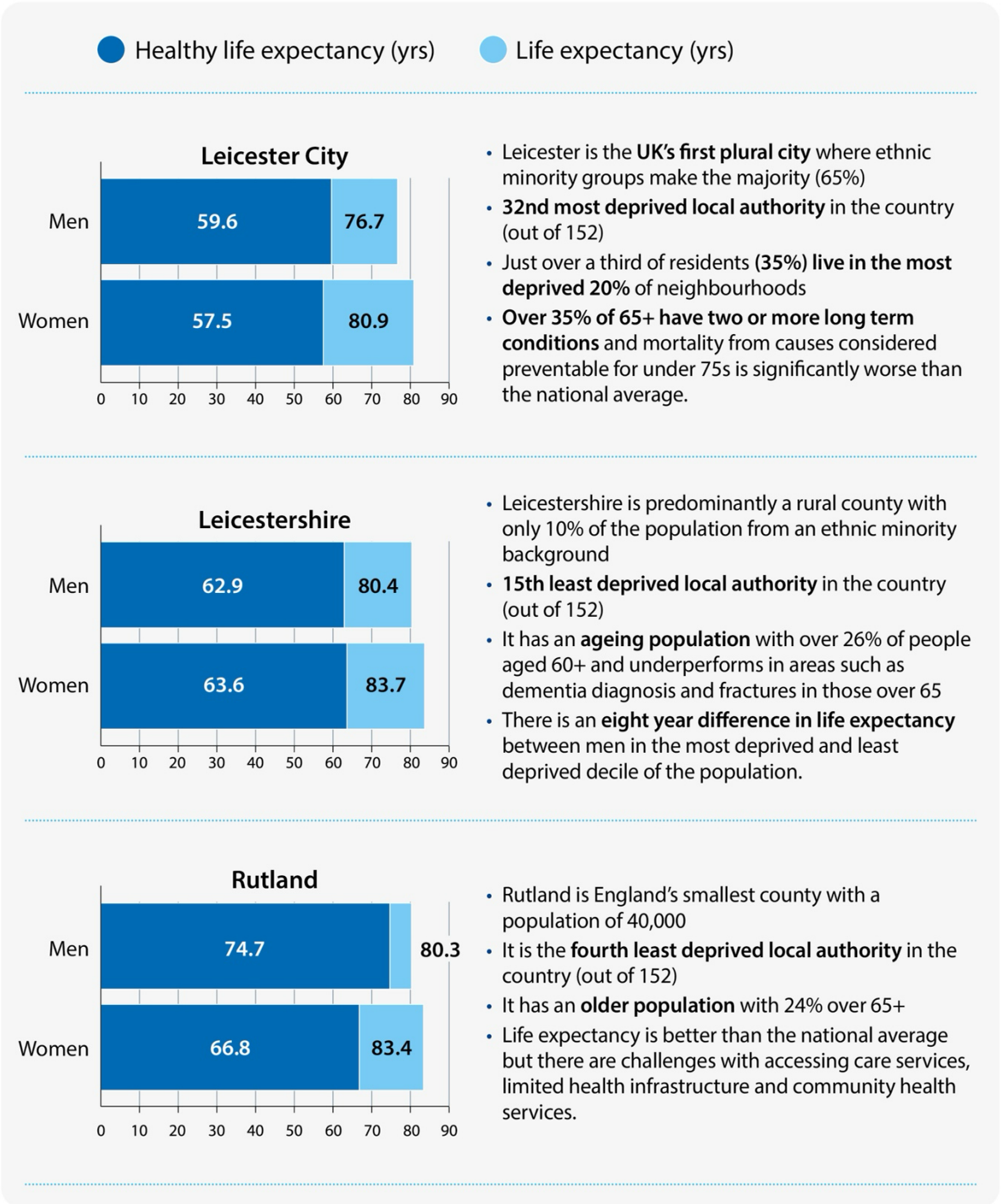
Leicester City Council

THE HEPATITIS C TRUST

Our population

Leicester, Leicestershire and Rutland

University Hospitals of Leicester NHS Trust (UHL) serves approximately 1.1million people across Leicester, Leicestershire and Rutland (LLR). The health needs and life expectancy across each district varies widely making health inequalities one of the biggest challenges for the ICB (DHSC, 2018-20).



- Leicester is the **UK's first plural city** where ethnic minority groups make the majority (65%)
- **32nd most deprived local authority** in the country (out of 152)
- Just over a third of residents **(35%) live in the most deprived 20%** of neighbourhoods
- **Over 35% of 65+ have two or more long term conditions** and mortality from causes considered preventable for under 75s is significantly worse than the national average.

- Leicestershire is predominantly a rural county with only 10% of the population from an ethnic minority background
- **15th least deprived local authority** in the country (out of 152)
- It has an **ageing population** with over 26% of people aged 60+ and underperforms in areas such as dementia diagnosis and fractures in those over 65
- There is an **eight year difference in life expectancy** between men in the most deprived and least deprived decile of the population.

- Rutland is England's smallest county with a population of 40,000
- It is the **fourth least deprived local authority** in the country (out of 152)
- It has an **older population** with 24% over 65+
- Life expectancy is better than the national average but there are challenges with accessing care services, limited health infrastructure and community health services.

Source: Overview of Health & Wellbeing in LLR, LLRHWP

Hospital admissions

The following data was provided by the UHL Business Intelligence and Information Service. The data was sourced from the UHL Data Warehouse. This section summarises the demographic profile of patients accessing UHL services.

Inpatient admissions data includes both elective and non-elective admissions (inpatient being elective inpatients, emergency being non-elective inpatients and day cases being elective day cases).

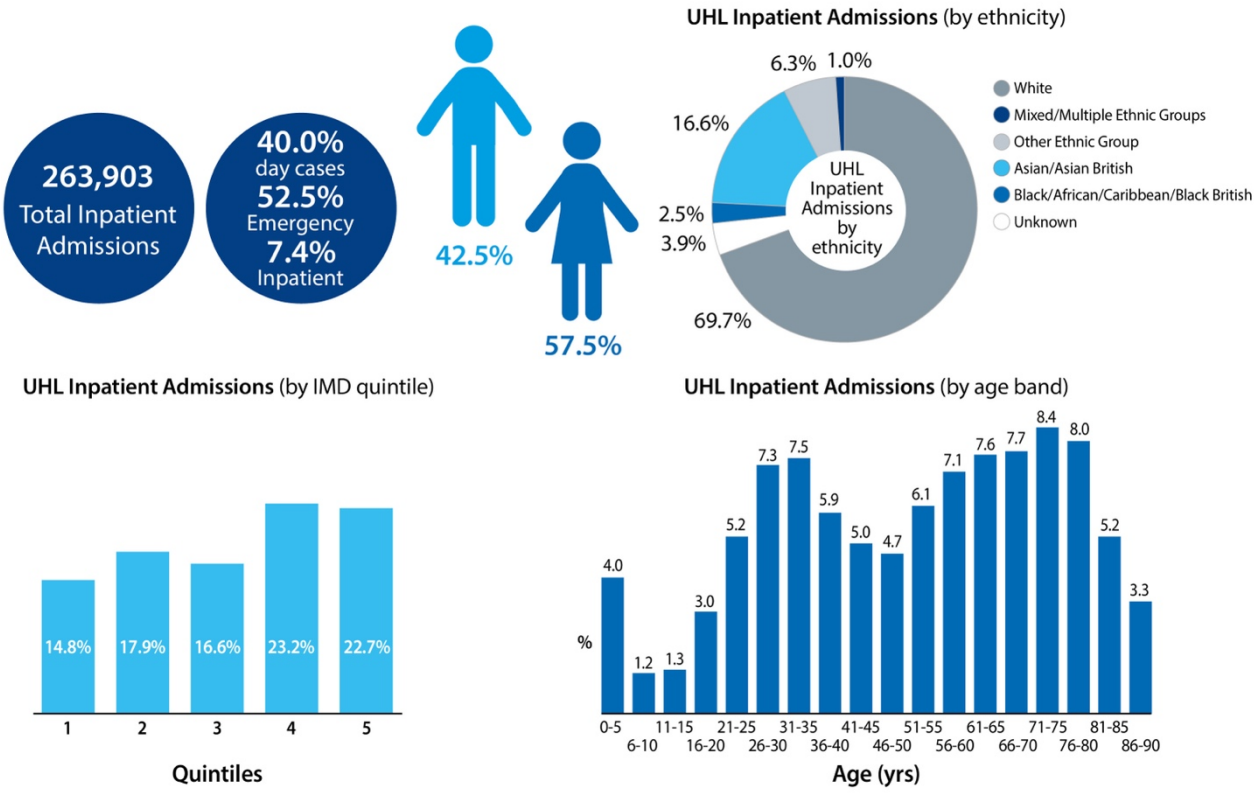
The Index of Multiple Deprivation (IMD) is a measure of deprivation across various areas, including income, employment, health, and the living environment. These geographical areas in the UK are referred to as Lower layer Super Output Areas (LSOAs) and have been divided into five quintiles, quintile 1 being the most deprived and quintile 5 being the least deprived. This framework enables us to identify inequalities. The data presented below is based on the patient's residential postcode; therefore, the IMD quintile could only be allocated to records that had a valid postcode.

Summary of inpatient admissions and Emergency Department attendances

In 2023/24, there were a total of 263,903 admissions (elective and emergency) to UHL. This is a 12.28% increase compared to 2022/23 (235,037). For Emergency Department attendances into UHL, the total for 2023/24 were 268,653. This is a 3.98% increase from 2022/23 (258,366).

1.1 Inpatient admissions

Figure 1: Summary of UHL Inpatient Admissions (2023/24)

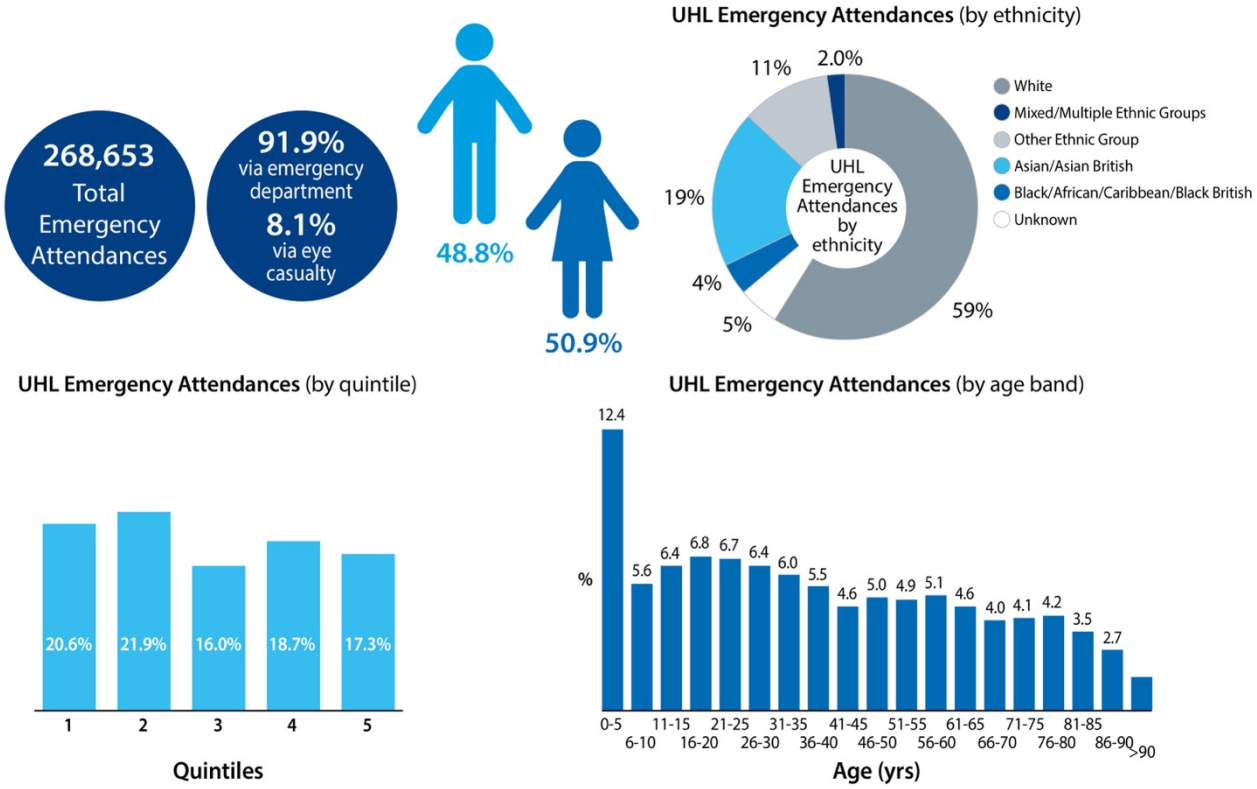


Source: UHL Intelligence and Business Service

- Out of the total admissions, over half (52.5%) were emergency inpatients, 40% accounted for elective day cases, and the remainder were elective inpatients (7.4%).
- Out of the total admissions to UHL in 2023/24, 42.5% were males and 57.5% were females.
- In 2023/24, admissions for children aged 5 years and under made up 4% of all admissions. The highest percentage of admissions were witnessed in the 71 to 75 years age group.
- Just over 69% of total admissions was comprised of patients of White ethnicity, followed by 16.6% belonging to the Asian/Asian British ethnic group.
- For all admissions at UHL, the lowest percentage of admissions were from patients living in quintile 1 (most deprived) at 14.8% and the highest percentage from quintile 4 at 23.2%. It is noteworthy that this data is based on all patients attending UHL, therefore will include data for residents outside of LLR.

1.2 Emergency Department attendances

Figure 2: Summary of UHL Emergency Attendances (2023/24)



Source: UHL Intelligence and Business Service

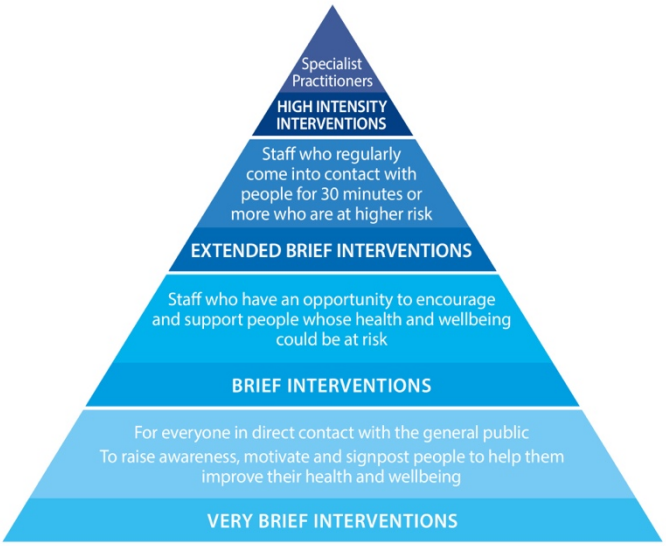
- Out of total emergency attendances, a majority (91.9%) of them were via the Emergency Department, followed by 8.1% via the eye emergency department.
- Out of total emergency attendances to UHL in 2023/24, 48.8% were males and 50.9% were females.
- In 2023/24, emergency attendances for children aged five years and under made up 12.4% of all attendances.
- Just over 59% of emergency attendances were by patients of White ethnicity, followed by 19.6% belonging to the Asian/Asian British ethnic group.
- For emergency attendances at UHL, the lowest percentage of attendances were from patients living in quintile 3 at 16.0% and the highest percentage from quintile 2, at 21.9%. Note, this data is based on all patients attending UHL, therefore will include data for residents outside of LLR.

Making Every Contact Count (MECC)

"MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing."

UHL has a responsibility to protect and improve the overall health and wellbeing of our patients and colleagues. We are focusing on the **benefits of quitting smoking and reducing alcohol intake** by supporting colleagues to make every contact with their patient count. Leicestershire County Council is working with UHL using a **'train the trainer'** approach to train colleagues to deliver healthy conversation skills training throughout the organisation.

Source: Behaviour change interventions diagram by Health Education England – Wessex Team



Making Every Contact Count as a Behaviour Change Intervention

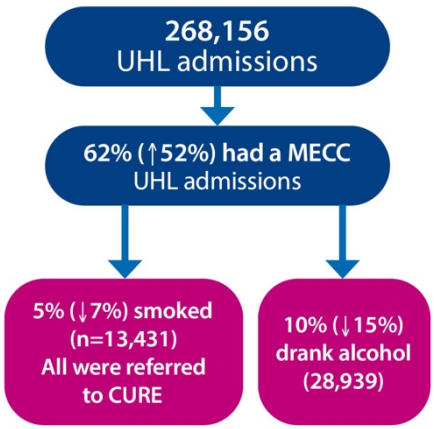
MECC implementation in UHL

In total, there were **268,156** admissions to UHL between the period of April 2023 to April 2024. Of these admissions, **around 167,278 (62%)** had a MECC assessment completed, an increase from 52% the previous year.

Of these admissions:

- **13,431 (5%)** answered 'yes' to the question, "do you smoke?"
- **28,939 (10%)** answered 'yes' to the question, "do you drink alcohol?"

Fig 1. Flowchart of no. of MECC assessment and outcomes from 2023/24 (numbers in italic refer to 2022/23 figures)



This is an improvement on the previous year, with a greater proportion of admissions having a MECC assessment and fewer people smoking and drinking alcohol.

Source: Business Intelligence and Information Service.

The MECC process at UHL has been reviewed and there are plans to develop infrastructure first, such as automatic referrals, Nervecentre MECC assessments, and role-specific training. Alongside this, plans to pilot MECC within the occupational health department are underway.

MECC training for frontline staff

Face-to-face training on MECC can also be booked for colleagues via HELM and is provided in-house via trainers within UHL. The training is designed to equip frontline colleagues with the skills to have empowering, non-confrontational conversations to support patients to make changes to their behaviour to improve their general health and wellbeing.

In addition, the **MECC/Healthy Conversation Skills 'Train the Trainer' training** further supports colleagues to deliver the training to others in their teams and departments to make the training scalable and sustainable.

Delivery of MECC training started in UHL from February 2024. Since then, **297** colleagues have been trained in MECC via **14** face-to-face sessions and we currently have **nine** trainers within the Trust. Participant surveys were completed pre- (30%) and post-training (22%) and have shown:

- Confidence levels in having a healthy conversation increased from 7 to 10 out of 10
- Usefulness of healthy conversations increased from 8 to 10 out 10.
- The training was rated 5 out of 5.

Colleagues included **domestics, porters, security teams, health care support workers and catering colleagues.**

HELM e-learning is another free resource available for all UHL colleagues.
The highest uptake is amongst nursing and midwifery in the Women's and Children's Clinical Management Group.

Source: Public Health, Leicester County Council

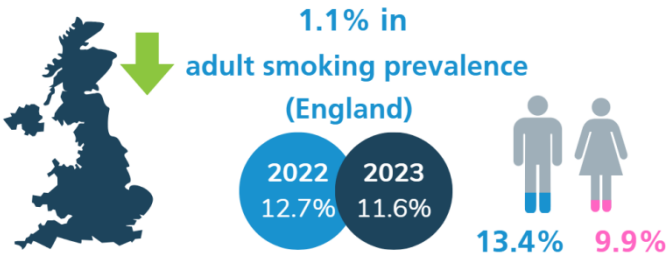
Recommendations

1. *Aim to develop a public health/health improvement role within UHL.*
2. *The new public health/health improvement role will support the wider role out of MECC across the Trust.*

Tobacco

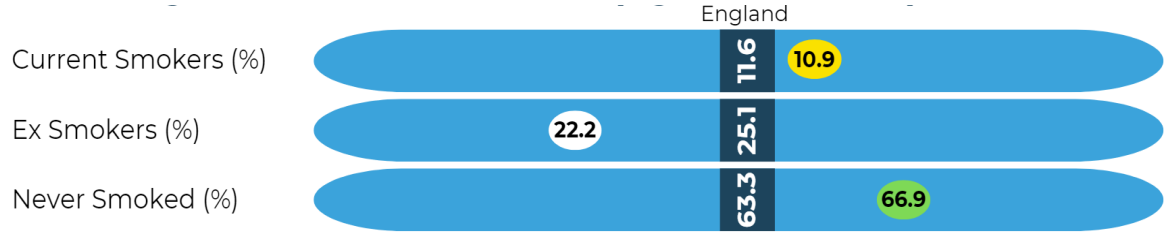
There are approximately 56,000 adult smokers in Leicester and approximately 1 in 2 people who smoke will die from smoking-related illness.

Tobacco continues to be one of the leading preventable causes of death and illness, contributing to a wide range of health conditions. The harmful effects of smoking are not only negatively impacting the individual, they are causing significant impact on our healthcare providers and communities.



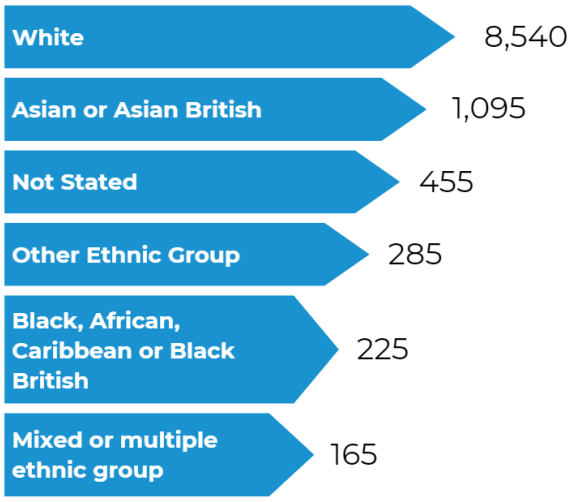
Historically, Leicester has shown higher smoking rates, particularly among specific populations, including ethnic minorities, low-income communities, and routine and manual workers.

Smoking prevalence in adults (aged 18 and over) in LLR



Count of people identified as people who smoke in LLR

12 month rolling total from 1 August 2023 to 31 July 2024.



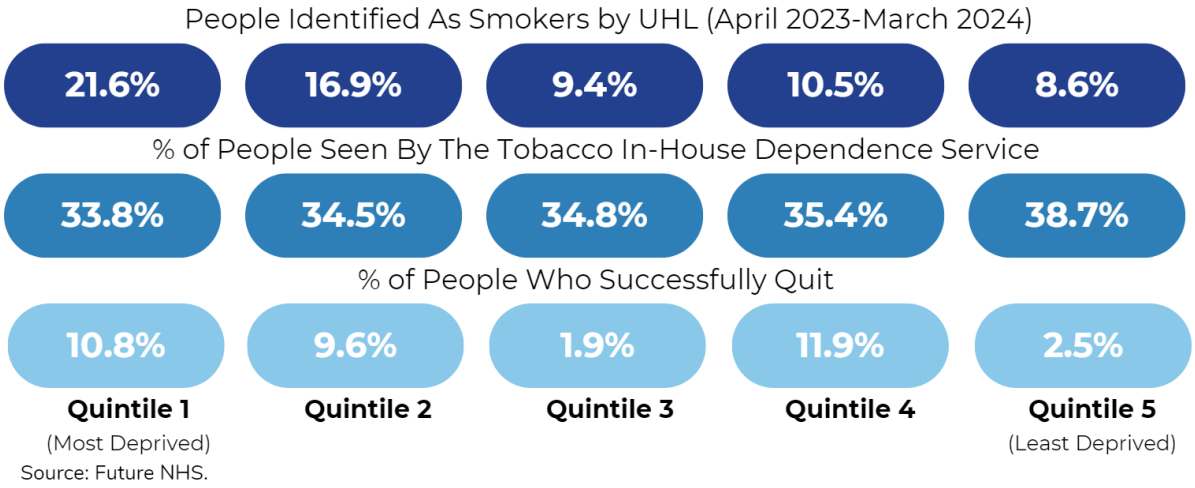
Source: Future NHS.

Smoking in pregnancy

Smoking is the most significant modifiable risk factor during pregnancy, linked to a range of adverse outcomes, including miscarriage, preterm birth, neonatal complications, low birth weight and sudden infant death syndrome (SIDS).

Initiatives such as the 'Saving Babies' Lives Care Bundle' and voucher programmes for pregnant women who participate in these schemes have been introduced to address this issue. The ICB and UHL continue to educate pregnant women on the serious risks of smoking during pregnancy.

Smoking prevention at UHL



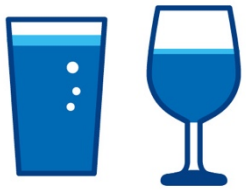
Throughout 2023 and 2024, hospitals, communities and councils within Leicester, Leicestershire and Rutland have worked closely together to address smoking prevalence and tackle health inequalities.

- **Smoking cessation has continued and expanded** throughout 2023 and 2024, and is now offering support to both patients and colleagues.
- UHL has participated in a pilot to prescribe cytisine tablet pharmacotherapy to patients who were identified as tobacco users.
- Colleague training has developed within the last year and individuals within UHL are now being identified as **'STOP Smoking Champions'** to help educate colleagues and patients.
- **Smoke-free policies** have been introduced across UHL's three sites to support individuals in their efforts to quit smoking and to promote a healthier environment.
- In 2024 a new data and case management system – 'Quit Manager' - was introduced to UHL to support seamless management and data reporting, as well as integrating the treatment pathway for patients with community providers.

Recommendations

- *Increase the number of inpatients and colleagues receiving treatment for tobacco dependency.*
- *Introduce and increase the number of patients receiving tablet pharmacotherapy (cystine and varenicline).*
- *Increase training for colleagues to become confident to talk to patients about smoking, prescribe Nicotine Replacement Therapy (NRT) on admission, and undertake MECC assessments for smoking status.*
- *Expand the current inpatient pathway to include some high-risk outpatient pathways such as lung cancer.*
- *Improve the quality of data reporting.*
- *Undertake an accreditation assessment as part of a national programme for the CURE service at UHL.*
- *Build in Quality Improvement and apply it to the treatment pathway.*

Alcohol



Alcohol use is responsible for 10% of the UK burden of disease and death, making it the third biggest lifestyle risk factor after smoking and obesity.

Alcohol admissions to UHL

Office for Health Improvement and Disparities (OHID) data represents a measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. The latest OHID data for this indicator is financial year 2022/23, which shows the Leicester alcohol-related admission rate per 100,000 population is similar to the national average for England, whereas Leicestershire and Rutland alcohol-related admission rates are significantly lower.

	Admission episodes for alcohol-related conditions (Broad*) Per 100,000 each Financial Year						
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Leicester	1863	1809	1940	2196	1810	1725	1723
Leicestershire	1315	1354	1466	1610	1312	1428	1474
Rutland	1027	1141	1252	1297	1032	1068	994
England	1625	1659	1768	1818	1504	1734	1705

	Total Count of Alcohol-Related Admissions (Broad*)	Rate per 100,000 population	LCL (95%)	UCL (95%)
Leicester	4,923	1,723	1,674	1,773
Leicestershire	11,036	1,474	1,447	1,502
Rutland	488	994	906	1,088
England	942,260	1,705	1,701	1,708

Significantly Worse than National Average
Similar to National Average
Significantly Better than National Average

Source: UHL Data Analysts

Alcohol Care Team (ACT) and Turning Point

What Does Turning Point / ACT do?

The UHL Drug and Alcohol Liaison Team is a collaboration between Turning Point and UHL, incorporating four alcohol care team nurses, two advanced recovery practitioners, a recovery worker, a senior data analyst, a team leader, and a peer mentor.

The team accepts referrals for any inpatient who has any kind of illicit drug or alcohol issue from anywhere within UHL. The team reviews and undertakes a brief intervention at the patient's bedside and then delivers the relevant education around the associated risks, explores symptoms of dependence, and advises on a safe, structured reduction. If the patient is willing, the team undertakes a referral and assessment into Turning Point in the community. For those already open to Turning Point in the community, the team works with the patients to ensure a seamless treatment journey.

What do they offer patients?

The Alcohol Care Team (ACT) nurses offer treatment around the medical management of alcohol dependence (a “detox”) and the correct prescribing of supporting medications such as thiamine. Thiamine deficiency is common in people who drink alcohol to excessive levels over a long period of time.

Non-clinical treatment consists of psychological counselling using cognitive behavioural therapy (CBT). The team has experienced addiction counsellors who are skilled at helping patients understand the thought process around their substance of choice, build motivation to change, and develop practical strategies of how to overcome cravings and trigger situations. Through Harm Reduction counselling, the team offers overdose prevention sessions, take-home Naloxone kits (the opioid overdose antidote), and can signpost to Turning Point’s needle exchange.

What next?

Patients who live in LLR are offered ongoing support from Turning Point in the community. This is a commissioned, free service, with offices in Leicester City, Loughborough, Coalville, and Hinckley, with satellite offices in Melton, Oakham, Market Harborough, and Lutterworth. Sessions are face-to-face, over the phone, or online (MS Teams).

By engaging with Turning Point in the community, patients can access CBT, specialist clinical support around substance use, prescribing services (e.g. opioid substitution treatment), detox and residential rehab, peer support, needle exchange, holistic activities, specialist team referral (e.g. LGBBTQI+, family and friends, pregnant women, rough sleepers, BAME), and opportunities to volunteer. Turning Point can also signpost to other services such as housing or debt management.

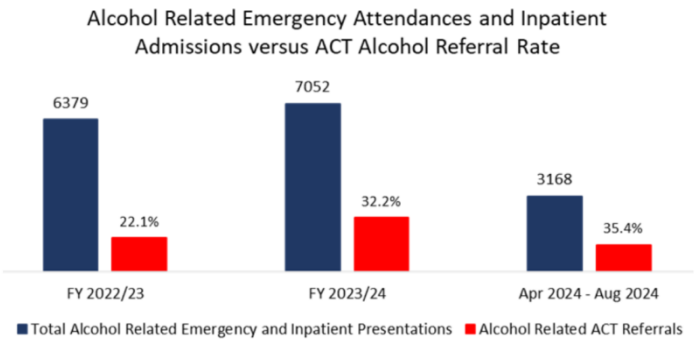
What are the benefits?

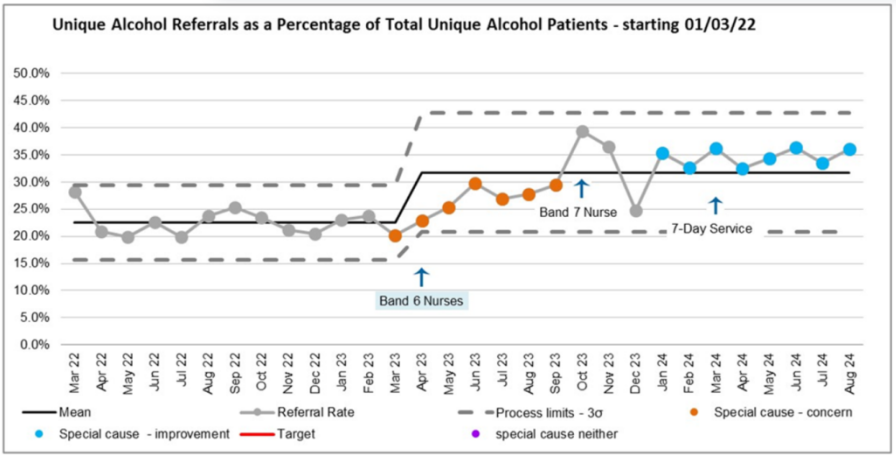
Drug and alcohol addiction can be a cycle of deteriorating physical and mental health, relapses, recrimination, and repeated hospital admissions. The drug and alcohol liaison team exists to facilitate patients’ exit from this cycle by building their motivation to change, belief they can do it, and the practical skills to cope and thrive without their substance of choice. Patients in the grip on untreated addiction will come through hospital doors again and again until their health finally fails them. By breaking this cycle we save lives, release hospital beds and give people hope.

Alcohol Care Team Data

Of the 7,502 alcohol-related emergency and inpatient presentations in 2023/24, 2,854 (around 40%) were emergency attendances and 4,198 (around 60%) were inpatient admissions (note that patients could potentially be counted twice if their emergency attendance results in an inpatient admission).

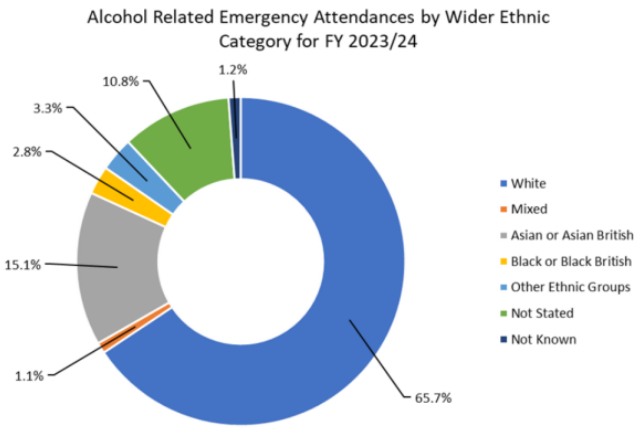
Currently, for April 2024 to August 2024, the estimated rate of alcohol-related emergency/inpatient presentations to ACT is 35% (1123).





The chart above shows improvement of estimated referral rate over time as a result of the ACT nurses joining, with mean estimated referral rate rising from roughly 23% before the band 6 nurses joined to approximately 32% after. A period of deterioration in estimated referral rate following the band 7 nurses joining was potentially due to new staff training and shadowing reducing the team's capacity to accept referrals.

- In March 2024, ACT expanded its services from a five-day to a **seven-day operation across all three hospital sites**, enhancing support for patients in need. In April 2023, funding was allocated to Turning Point to employ specialised alcohol nurses that cover UHL.
- By September 2024, the MECC (Making Every Contact Count) system was updated to enable **automatic referrals to Turning Point based on completion of an alcohol screening questionnaire,** with ongoing improvements planned. This has facilitated increased referrals to the team, especially from the wards.
- Uniquely in the country, alcohol services are fully integrated between UHL and ongoing care in the community. This has real benefits in continuity of care.
- Additionally, a **Fibro Scanner Service is being introduced at UHL**, aimed at early identification of liver disease. Initial training has been completed, with further experience needed before community rollout. This initiative is designed to encourage lifestyle changes that may reduce the need for future alcohol-related treatment.



Ethnic category breakdown shows majority of patients with alcohol related emergency presentations identify as white, with 65.7% (1,874) of emergency attendances. Asian / Asian British makes up the second largest population of alcohol-related emergency presentations, with 15.1% (432) of emergency attendances.

- UHL's Alcohol Care Team is actively involved in the ACTION (Alcohol Care Team Innovation and Optimisation Network), focusing on quality improvement and peer reviews. **The team has received positive feedback in recent assessments and performs well against national standards.**

- Furthermore, **ACT members are being trained as substance use nurses**, equipping them to offer clinical guidance and support to service users. This comprehensive approach aims to enhance patient care and promote healthier lifestyles.
- **The ICB has recently approved recurrent full funding for a seven-day ACT service in LLR.**

Recommendations

1. *A health economic evaluation of the cost to UHL and the community is undertaken to assess the benefits of the ACT service.*
2. *Continue to produce high quality data of ACT service provision to support future business planning cycles.*

Obesity

Across Leicester, Leicestershire and Rutland (LLR) nearly two in three adults are overweight or obese.

Obesity is a one of the most important public health concerns facing our generation and is associated with a range of health conditions including diabetes, cardiovascular disease and cancers. Obesity rates have tripled nationally since 1975 and excess weight alone is estimated to cost the NHS £6million annually and expected to rise.

In 2022 to 2023:

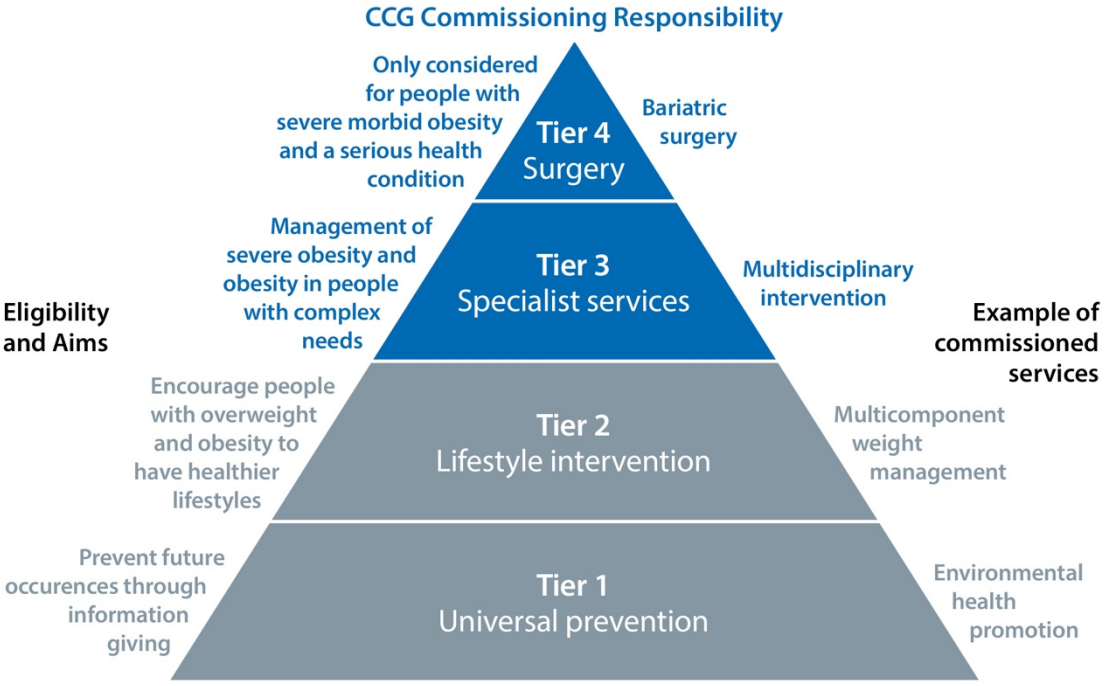
63-66% of adults in LLR are overweight or obese

32-38% of year 6 children in LLR are overweight or obese

19% of reception children in LLR are overweight or obese

- **27.8%** of adults are physically inactive (compared to 22.6% nationally)
- Only **21.4%** of adults meet the '5-a-day' (compared to 31% nationally)

Source 'Office for Health Improvement & Disparities. Public Health Profiles.



According to clinical guidelines for obesity management, systems should be in place to allow people to be supported, as required, from four different tiers of a weight management pathway.

These tiers support people with different levels of need and represent an increasing intensity of intervention, from universal at Tier 1 to surgery at Tier 4.

Tiers 1 and 2 are the responsibility of the local authority and Tiers 3 and 4 are the responsibility of UHL.

Tier 3 Weight Management service at UHL

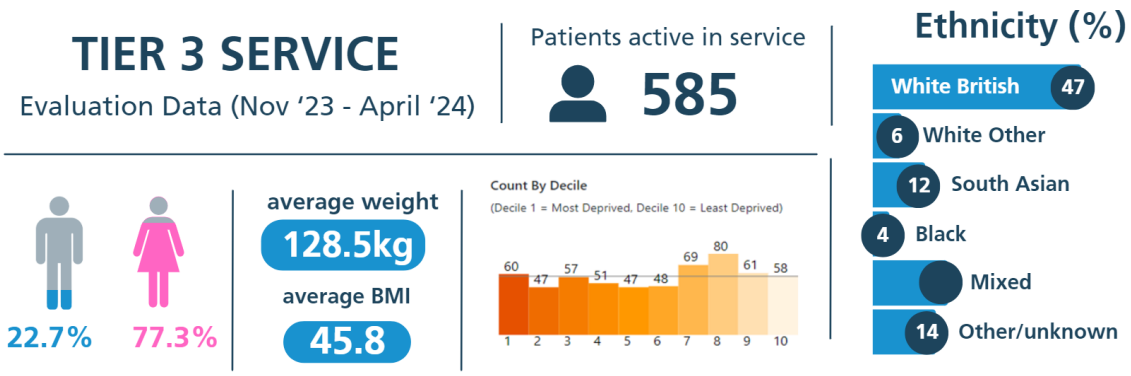
The Tier 3 Specialist Weight Management service was piloted in 2023 to 2024. The service was open to GP referrals from November 2023 but closed just four months later after exceeding capacity.

The service included:

- A physical activity online application (Steps4health)
- Low energy diet online application (LENA)
- Medical management and pharmacotherapy
- Psychology
- Diet and behavioural change

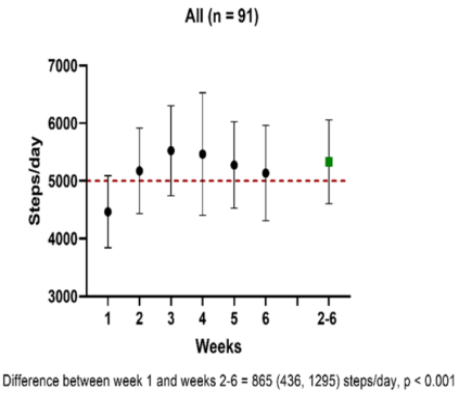
Tier 3 Eligibility Criteria

- **BMI of 40kg/m2 or 35kg/m2** with specific co-morbidities.
- **BMI of 37.5kg/m2 or 32.5kg/2** with specific co-morbidities for certain ethnic minority groups.
- **Has attended lifestyle +/- weight management service** within the last 12months.



Between November 2023 and April 2024, the service received **743 referrals** and accepted **585 patients into the service**.

- The majority of the patient cohort was **female (77.3%)** between the ages of 41 and 70.
- The majority of referrals came from Leicestershire (47.5% of total referrals adjusted for population size).
- The average weight was **128.5kg** and the average BMI was 45.8.
- The majority of the patient locations (55%) are in the **top half of areas in England for IMD**
- Nearly half of those in the service were **White British (47%)**



Difference between week 1 and weeks 2-6 = 865 (436, 1295) steps/day, p < 0.001

Over half of total accepted referrals have now been reviewed by the MDT and initiated on a treatment pathway and the **MDT currently averages 18 patients per week.**

- 'Did Not Attend' (DNAs) remains extremely low at **only 3.9%**

Of the first 100 patients, 72 were referred for dietetic support and saw an **average weight loss of 6.4%.**

Steps4Health was associated with a **clinically meaningful increase in physical activity** during the first 6 months, with the greatest increase seen in those with the highest risk of inactivity.

Source: LLR Weight Management Service. T3 Pilot Quarterly Evaluation

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Pharmacotherapy

Since NICE approval, the demand for pharmacotherapy has increased exponentially. Within the Tier 3 service, there are currently **66 patients on pharmacotherapy for Wegovy** (Semaglutide), and a further 28 patients who were diabetic and therefore able to be started on **Mounjaro** (Tirzepatide). Due to limited funding within the pilot scheme, pharmacotherapy is being prioritised by patient need.

Data was collected for the first 35 patients in Tier 3 who were started on pharmacotherapy. At 6 months, this cohort of patients has seen 10.15% reduction from their baseline weight.

In December 2024, NICE approved the use of **Tirzepatide** for those with a BMI of more than 35 and at least one weight-related illness. This means approximately 3.4million in England will be eligible and therefore the rollout is likely to happen over a decade. Those with the highest clinical need will be offered the drug first, with the aim of 250,000 people being offered Tirzepatide in the first 3 years alone.

Source: LLR Weight Management Service. T3 Pilot Quarterly Evaluation; Metabolic Medicine UHL

Tier 4 weight management at UHL

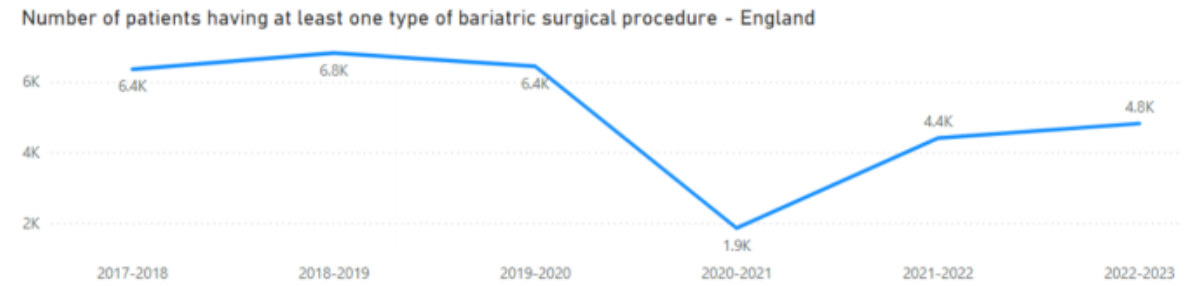
Leicester Royal Infirmary is one of two designated centres in the East Midlands providing Bariatric or Weight Loss surgery. Patients referred for bariatric surgery must have completed at least 6 to 12 months in a Specialist Weight Management or Tier 3 clinic.

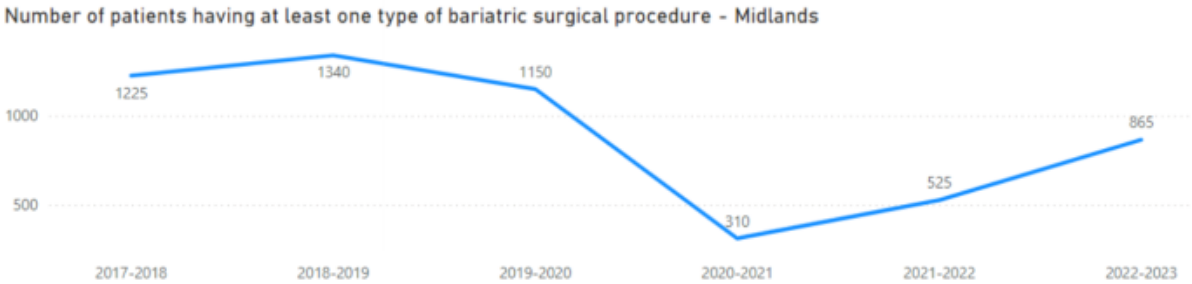
Tier 4 Eligibility Criteria

- **BMI ≥ 40kg/m2** (35-40kg/m2 with specific co-morbidities e.g. T2DM or HTN).
- All appropriate non-surgical measures have been tried and unsuccessfully completed at **least 6-12months in Tier 3 service.**
- Fit for surgery and committed to long-term follow-up.

In 2023, **103 patients had bariatric surgery,** with **63% having their surgery outside of the Trust** in Scunthorpe or Walsall.

All patients receive dietetic support pre- and post-operation with telephone reviews up to 24 months post-op.





The National Obesity Audit shows trends in bariatric procedures. Whilst numbers have not reached pre-covid levels, there has been a consistent increase in numbers of bariatric surgery since 2020.

Source: NHS Digital. National Obesity Audit

Recommendations

Given the success of the Tier 3 pilot and the new roll-out of Tirzepatide by NICE, we suggest:

1. *Over the next 12 months, to set up an LLR working group to consider how best to roll out Tirzepatide across the county in an equitable way alongside behavioural support.*
2. *To secure long-term funding for the Tier 3 service on larger scale that can meet demand.*

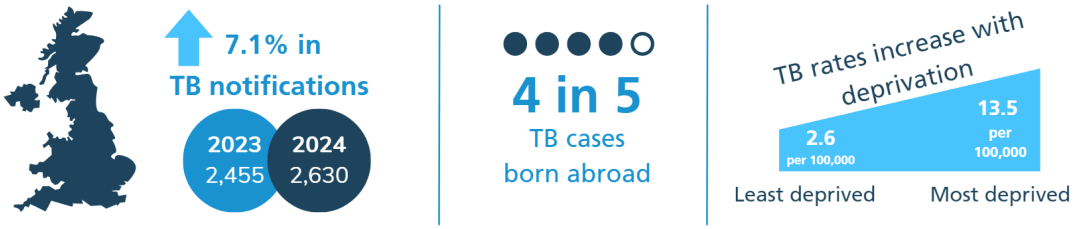
Tuberculosis

Leicester currently has the highest rate of Tuberculosis in the country and cases are rising.

There has been a steady rise in tuberculosis (TB) cases across the UK as communities have emerged from the pandemic. In 2023, the **rate of TB in Leicester was 40.9 per 100,000,** making it the highest TB rate in the country (up from 39.0 per 100,000 in 2022). In the first three quarters of this year, we have seen a 13.7% increase in TB compared to the previous three quarters in 2023 across the UK.

Despite ambitious prevention programmes, we have seen an **18% increase in active TB case numbers in LLR in 2023 over the previous 3-year average.**

A critical factor contributing to the rise in cases is **increasing migration from high TB-prevalent countries.** Leicester City is considered one of the most diverse cities in the UK with around 41.3% of the population born outside of the UK. **Almost 80% of active TB cases in 2022 were in foreign-born individuals** and with migrant numbers increasing, robust screening and treatment programmes are crucial in preventing further spread.



Source: TB Rates in Leicester, UHL

LTBI across LLR

Latent Tuberculosis Infection (LTBI) occurs when infection is present in the body, but symptoms are not present. A **national LTBI testing and treatment programme,** funded by NHS England, has been running since 2015 in local authorities where incidence is high. It aims to test new entrants to the UK* but was heavily impacted by the COVID-19 pandemic. It is available for all new entrants who:

- Have entered the UK in the past five years.
- Have lived in sub-Saharan Africa or a country with a TB rate greater than or equal to 150 per 100,000 for at least six months.
- Are between 16 and 35 years of age.

An audit of our LTBI programme showed a decline in screening after 2019, with large variation across the city.

Source: Leicester City Health and Wellbeing Board Update on Tuberculosis (TB) June 2024

In 2023/2024, the total tests conducted by GPs in LLR was **885 tests, 156 (17.6%)** of which were positive.

- Compared to 2022/2023, data, testing has increased by 9% and positive tests by 5.3%

Local estimates suggest we may only be **screening 30 to 50% of the at-risk population** within primary care.

Those identified through the LTBI migrant screening are then referred to a **migrant clinic** that runs weekly, where individuals can be seen with any condition.

Source: TB Service, UHL

LTBI within UHL

The TB services are managed jointly with Respiratory and Infectious Diseases. In 2023/2024, the TB rapid access clinic at the Glenfield Hospital has supported **204** people with active TB (up 18% since 2022) and **312** people with LTBI (up 24% since 2022).

In 2022, the TB service had 248 positive LTBI cases. Of those cases:

- The majority were screened through **Occupational Health (29.4%), New Entrant (21.8%) or Contact Tracing (21%).**
- Nearly half (48.8%) were between 16 and 35yrs and 11.7% were under 16.
- **93.5% completed treatment,** with the majority (83.5%) of treatment lasting 12 weeks or less.
- **28%** of this patient cohort required **enhanced caseload management (ECM)** ECM is provided for all clinically and socially complex cases to reduce risk of disengagement with services e.g. complex co-morbidities, language or cultural barriers to engagement, or involvement of other services.

In October 2024, the TB service was successful in securing funding to increase their workforce to meet rising demand.

Source: TB Service, UHL

Recommendations

- *Expand community LTBI testing in key high-risk groups to minimise loss to follow-up with timely prevention appointments.*
- *Implement the approved workforce funding to expand TB/LTBI rapid access clinics and case management.*
- *Enhance TB HELM Trust-wide education and awareness raising to prevent front door UHL outbreaks.*
- *Establish a regular programme of TB education and awareness for colleagues working in primary care, other relevant community services and the public.*
- *Promote engagement of patients with clinical research activity delivered by the Leicester Biomedical Research Centre (BRC).*
- *Enhance and integrate data systems between primary care and UHL, through the ICB, for effective surveillance and monitoring of TB and service activity.*
- *Enhance monitoring of TB medication stocks across UHL.*
- *Address lack of negative pressure high risk respiratory isolation facilities at the Glenfield Hospital.*

Blood borne viruses

The World Health Organisation has set out strategies to end AIDS and viral hepatitis epidemics by 2030.

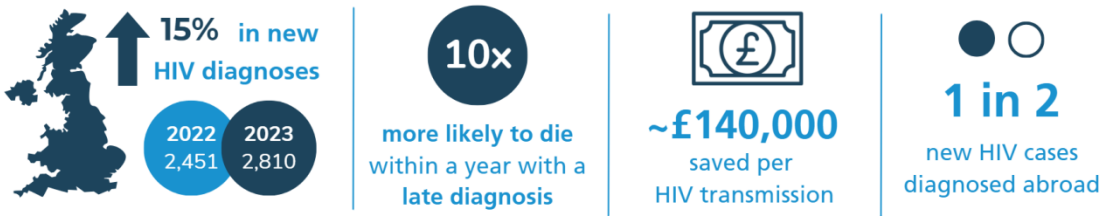
The HIV Action Plan for England aims to **reduce HIV transmission by 80% by 2025.** However, the number of new HIV diagnoses **continue to rise nationally.** There is also further evidence of widening inequalities, with ethnic minority groups being disproportionately affected.

- For example, **late diagnoses increased by 3%** compared to 2022 and this is largely among people of **Black ethnicity (40% increase).**
  - Those who were first diagnosed at a late stage were **10 times more likely to die within a year** of their diagnosis compared to people who were diagnosed promptly.

It is also the first time that **over half of all HIV diagnoses were from those previously diagnosed abroad.**

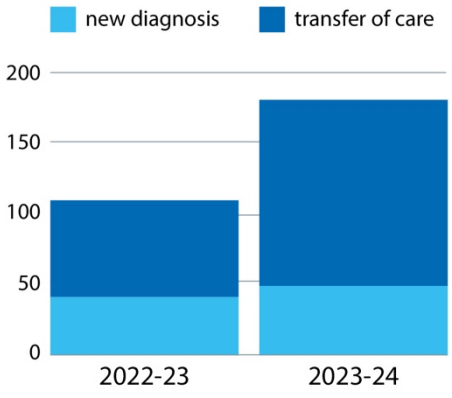
Compared to 2019, testing has increased in gay, bisexual and other men who have sex with men but **decreased by up to 22% in heterosexual men and women** (including bisexual women).

Source: HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report. UKHSA



HIV services at UHL

The HIV service at UHL consists of one full time consultant and three specialist nurses and is the largest single centre in the area. Together they currently care for **1,791 active HIV patients** (an increase of roughly 400 patients in the last 3 years).



In 2023 to 2024, there were **181 new patients (up 110)**

- **48** new diagnoses
- **133** transfers of care from abroad or other UK sites

The service tends to see **more complex patients** (more with TB, age-related cancers, and HBV co-infection) than other services nationally. Clinical outcomes remain excellent with **97 to 98% of the caseload being virologically suppressed.**

Source: Business Intelligence, UHL

Hepatitis B

In 2022, it was estimated that around **270,000 people were living with hepatitis B** (0.6% of the population) but it is thought that **less than half of people have been diagnosed.** It is expected that the ED opt-out testing will put a spotlight on the scale of undiagnosed hepatitis B infections and the need to expand access to testing.

Sixty percent of new hepatitis B cases between 2018 and 2022, were in people living in the **most deprived IMD quintiles (1 and 2),** highlighting the disproportionate burden of disease for our most disadvantaged communities. It is also estimated that 95% of new chronic hepatitis B diagnoses are in migrants.

Unfortunately, there is currently **no database to monitor Hepatitis B cases,** including treatment uptake and cure rates within UHL and across LLR, and we therefore have no data on the prevalence of Hepatitis B for our patient population.

Source: Hepatitis B in England 2024. UKHSA

Hepatitis C

The number of people living with chronic hepatitis C (HCV) infection in England has **fallen by 51.6%** since 2015 due to improved testing and the advent of new Direct Acting Antivirals (DAAs). HCV-related mortality is 0.44 per 100,000 population, the **lowest rate in 10 years.**

According to Public Health England, East Midlands Hepatitis C detection rate was 21.9 per 100,000 in 2021, which was **significantly lower than the national average** at 27.8.

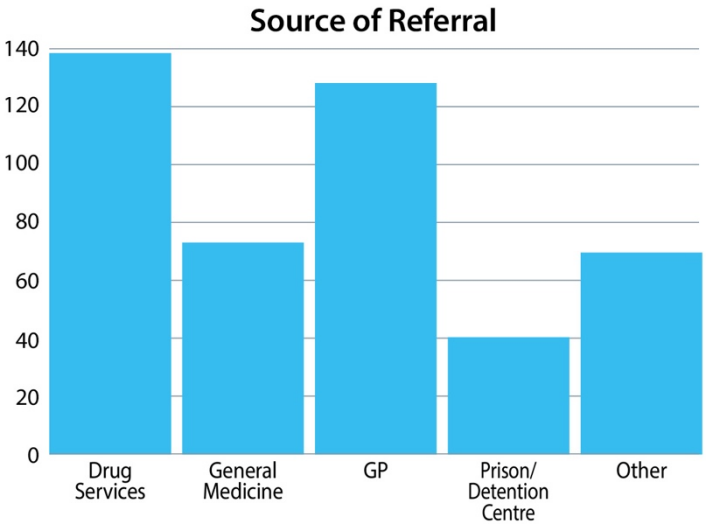
UHL Hepatitis C service has cured **1,660 patients** since 2015 and from April 2022 to October 2024 there have been 449 patients in the service. Of these patients:

- The majority were men (71%) and White British (62%)
- Average age was 47 years (17 to 89 years)
- 19% felt that alcohol was a contributor to their condition

Source: Hepatitis C Service, UHL

Two thirds of the cohort had at some point in their life injected drugs

- 32% were currently or recently injecting drugs (within the last 3 years) and 31% had previously injected drugs.



Opt-out BBV testing in the Emergency Department

The national HIV Action Plan aims to achieve zero HIV transmissions in England by 2030. An interim target of reducing HIV transmissions by 80% between 2019 and 2025 was set. To do this, HIV testing needed to be scaled up and NHS England funded an opt-out blood borne virus testing scheme in emergency departments, which has been piloted in very high HIV prevalence areas since 2022. Alongside **HIV**, the test will include **Hepatitis B (HBV) and Hepatitis C (HCV).**

The 12-month interim evaluation did a deep dive on 5 sites and found test positivity (including people with known infections) was:

Initial data shows that the **highest number and proportion of new diagnoses was for HBV**, reflecting the higher prevalence of people living with undiagnosed HBV compared to HIV and HCV.

If we were to use these figures to predict test positivity for our Emergency Department, we can expect to see 1,182 HIV cases, 262 Hep C and 1,400 Hep B patients. However, our pick-up rates for HIV are expected to be lower than the figure predicted, as our overall prevalence is not as high.

UHL rolled out the ED opt-out BBV screening programme at the end of November 2024 and new positive cases have already been identified.

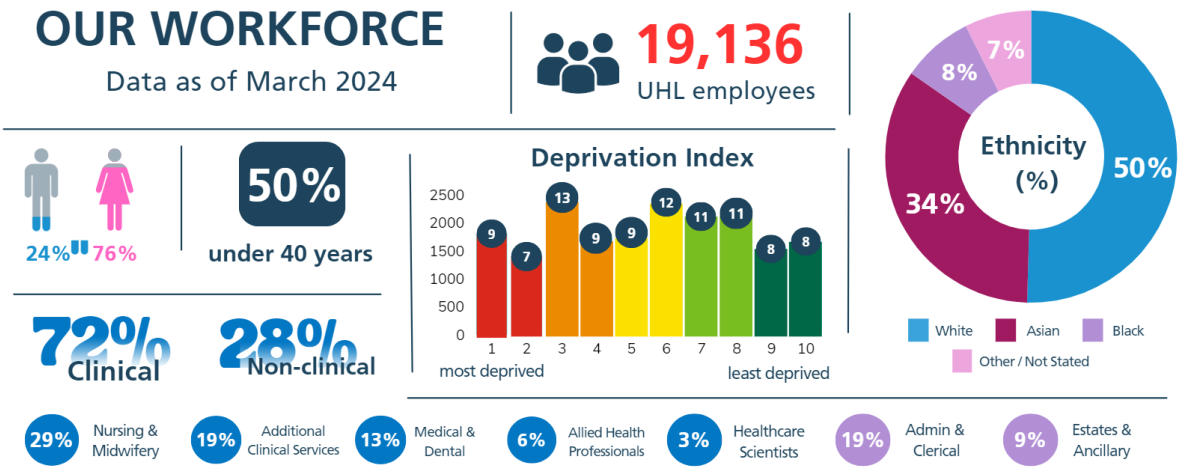
Source: Emergency Department blood borne virus opt-out testing: 12-month interim report 2023. UKHSA

Recommendations

1. *Evaluate the ED opt-out BBV data as the programme progresses, to include numbers of new HIV, Hep B and Hep C diagnoses locally. To inform a decision about whether to continue screening once the national funding ceases after 12 months of testing.*
2. *Close monitoring of numbers of HIV and Hepatitis B patients as part of wider considerations of case numbers and staffing levels, noting that an HIV business case submitted to ICB for greater staffing levels was rejected in 2024.*

Workforce wellbeing

UHL is one of the largest employees in LLR with over 19,000 employees.



Source: Business Intelligence UHL

Sickness reasons

The sickness absence rate for UHL between March 2023 to February 2024 was **4.6%,** which was lower than the national average of 5% for the same timeframe.

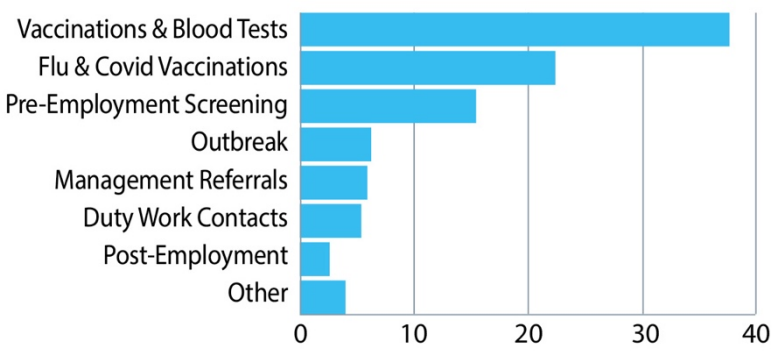
There were **373,565 calendar days lost due to sickness.** In terms of the number of episodes of sickness, 'cold, coughs and flu' was by far the most common (8,442) followed by gastrointestinal problems (5,303), but these only accounted 16% of total calendar days lost.

Mental health reasons accounted for 18.5% of total calendar days lost (69,033 days) and the average number of sickness days per episode was 45 days.

Source: NHS Digital. NHS Sickness Absence Rates

Occupational Health (OH) at UHL

Among the nearly 52,000 contact points received by the UHL OH department in the 2023-24 financial year, staff vaccinations and tests formed the majority at 38%, followed by Flu and COVID vaccinations at 22%.



UHL Occupational Health Contacts 2023-24

Enhancing workforce wellbeing through integrated mental health support

UHL is committed to fostering a culture of wellbeing and psychological safety for its diverse workforce of over 19,000 employees. Central to this mission is **Amica**, UHL's dedicated staff counselling and psychological support service, which complements and enhances the initiatives led by the Health and Wellbeing (HWB) team.

Amica offers round-the-clock care, providing 24/7, 365-day support to all UHL colleagues, including psychological interventions such as Critical Incident Stress Management (CISM) and mental health support.

- Recovery Support: **85%** of colleagues accessing Amica report improvements that enabled their return to work.
- Engagement and Resilience: **96%** of users state that Amica enhanced their ability to engage effectively with their roles.
- Satisfaction: Amica consistently achieves user satisfaction scores of **4.9 out of 5**, reflecting its effectiveness and trustworthiness.

Health and wellbeing support

Workforce wellbeing support is delivered collectively by Occupational Health, Amica and the Health and Wellbeing team. Together they provide:

Reducing obesity / healthy weight management and cardiovascular health

- Provision of weekly exercise classes: Pilates, high intensity interval training, yoga, cardio sessions
- Sports: 5-a-side football, badminton, cricket, UHL Fun Runners - Couch to 5K programme
- Half price Slimming World vouchers
- Promotion of the "Step into Health Programme" run by Loughborough College to help develop a greater understanding about key lifestyle areas e.g. physical activity, nutrition.

Prevention of alcohol, substance misuse and gambling adverse consequences

- Signposting to Turning Point, professional bodies, and Practitioner Health and NHS Gambling Addiction Hubs

Mental Health prevention through social prescribing and community resource activation

- Trauma Risk Incident Management (TRiM) support, REACT mental health training, suicide awareness training, emotional resilience training, Schwartz Rounds, and mindfulness.

Recommendations

1. *To continue enhancing workforce wellbeing and strengthening Amica's role in supporting UHL colleagues by optimising support pathways, broadening preventative outreach and increasing targeted interventions.*
2. *Retain level of service user feedback in Occupational Health and Amica.*
3. *Retain SEQOHS accreditation.*
4. *Develop UHL Health and Wellbeing Strategy with a focus on health prevention and promotion.*

Summary of recommendations

Based on the findings of this report, the following recommendations are proposed:

Summary

1. ***To establish a role for a public health consultant to coordinate prevention within UHL and alongside local government and partnerships.***
2. ***To develop a prevention strategy over the next 12 months in line with the national health mission to move from treatment to prevention.***

MECC:

1. Aim to develop a public health/health improvement role within UHL.
2. The new public health/health improvement role will support the wider role out of MECC across the Trust.

Tobacco:

1. Aim to increase the number of inpatients and colleagues receiving treatment for tobacco dependency.
2. Introduce and increase the number of patients receiving tablet pharmacotherapy.
3. Increase training for colleagues.
4. Expand inpatient pathway.
5. Improve the quality of data reporting.
6. Undertake an 'Accreditation' assessment as part of a national programme for the CURE service at UHL.
7. Build in Quality Improvement and apply it to the treatment pathway.

Alcohol:

1. A financial assessment of the cost to UHL and the community is undertaken to assess the benefits of the ACT service.
2. Continue to produce high quality data of ACT service provision to support future business planning cycles.

Obesity:

1. Over the next 12 months, set up an LLR working group to consider how best to roll-out Tirzepatide across the county in an equitable way, alongside behavioural support.

2. To secure long-term funding for the Tier 3 service on a larger scale that can meet demand.

Tuberculosis:

1. Expand community LTBI testing in key high-risk groups to minimise loss to follow-up with timely prevention appointments.
2. Implement the approved workforce funding to expand TB/LTBI rapid access clinics and case management.
3. Enhance TB HELM Trust-wide education and awareness raising to prevent front door UHL outbreaks.
4. Establish a regular programme of TB education and awareness for colleagues working in primary care, other relevant community services and the public.
5. Promote engagement of patients with clinical research activity delivered by the Leicester BRC.
6. Enhance and integrate data systems between primary care and UHL, through the ICB, for effective surveillance and monitoring of TB and service activity.
7. Enhance monitoring of TB medication stocks across UHL.
8. Address lack of negative pressure high risk respiratory isolation facilities at the Glenfield Hospital.

Blood borne viruses (BBV):

1. Evaluate the ED opt-out BBV data as the programme progresses, to include numbers of new HIV, Hep B and Hep C diagnoses locally. To inform a decision about whether to continue screening once the national funding ceases after 12 months of testing.
2. Close monitoring of numbers of HIV and Hepatitis B patients as part of wider considerations of case numbers and staffing levels, noting that an HIV business case submitted to ICB for greater staffing levels was rejected in 2024.

Workforce wellbeing:

1. To continue enhancing workforce wellbeing and strengthening Amica's role in supporting UHL staff by optimising support pathways, broadening preventative outreach and increasing targeted interventions.

Acknowledgements

Many thanks to all the teams from across UHL and the wider integrated care system for all the help they provided towards the Prevention Report.

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All information is accurate at time of publishing (February 2025).