



Advice to Health Branches on Swine Flu (H1N1) Next Steps- Moving from containment to treatment

Introduction: -

This fact sheet is intended to up date you on swine flu (H1N1) and the government's decision to move from containment of the virus such as closing schools to treatment. It should be read in conjunction with Swine flu pandemic containment to treatment guide, published by the Department of Health (England) on the 2nd July 2009. Information is also available on each of the devolved government's web sites. In addition to this, NHS organisations at all levels should now have contingency plans in place to cope with the pandemic; you should also refer to your local protocol and procedures.

The Department of Health have established a national joint working group to oversee plans for the management of a pandemic, UNISON and the RCN are represented on this group. Its important to appreciate that everyone is working collaboratively at all levels, partnership is key in this situation as information will be changing and emerging at different paces depending on the numbers diagnosed in your area. Our responsibility is to ensure that the health and well being of our members is maintained at the same time as our patients are receiving high quality care. No one should panic about swine flu; everything that needs to be done at government levels is being undertaken.

The plans for swine flu (H1N1) pandemic will need to be long term as organisations move into the treatment phase. It's predicted that many more people will develop the virus and the governments anticipate peaks at other points in the year including the autumn and winter months.

This fact sheet has captured the key information which regions, branches and members need to be aware of. Web links to all of the information used are detailed at the back along with a range of other sources.

Background

On the 11th June 2009 the World Health Organisation (WHO) raised its alert level to 6, recognising that swine flu (H1N1) has spread to pandemic levels around the globe. The latest reports from WHO show that cases of the new virus have occurred in 120 countries including the UK, with more than 77,000 confirmed laboratory cases and 332 deaths globally.

In the majority of UK cases the virus has been generally mild, but has proven to be more severe in a small number of cases. More recently the UK has sadly seen the first deaths associated with H1N1 in those with underlying health conditions.

In the UK there have been 7447 laboratory confirmed cases and over the last two weeks a significant increase has occurred. So far 111 cases in the UK have been hospitalised over the course of the outbreak, including 83 in England, 25 in Scotland, 2 in Wales and 1 in Northern Ireland.

Previous Pandemics

Two pandemics have occurred in the 20th century. Compared to seasonal flu all have shown

- A shift in mortality to younger age groups
- Excess mortality from the pandemic virus for up to 5 years after its first emergence.

The pandemics of 1957–58 and 1968–70 both demonstrated that there will be more than one wave of infection. It's anticipated that the same will occur with H1N1, possibly in the autumn and then towards Christmas and the New Year.

Risks

There has been much speculation that the illnesses caused by the current influenza virus are mild and like seasonal flu. Whilst it is true that most infections so far have not been severe, there have been hospitalisations and deaths. These have generally been in younger people and not all have had significant underlying illness, which is not like a normal influenza. Groups most at risk have been identified as: -

Groups of people most at risk

- Chronic respiratory disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Immunosuppression (whether caused by disease or treatment)
- Diabetes mellitus
- Patients who have had drug treatment for asthma within the past 3 years
- Pregnant women
- People aged 65 and over
- Young children under 5

The Next steps in the move from containment to treatment

- People will now be diagnosed based on symptoms, swabbing will no longer take place, unless there is a specific reason to do so.
- Individuals within the high risk groups will be given priority for treatment.
- Individuals will no longer be offered prophylaxis (preventative) treatment, this means that if a member of your immediate family is diagnosed you will not need to receive treatment unless you are someone within the high risk group or are symptomatic.

What the service needs to do now to prepare

The Department of Health (England) has produced guidance for the NHS, which was published on 2nd July 2009 it outlines responsibilities for organisations and steps they now must take. The Departments of Health in the other three countries have also produced guidance. (see web links at the end)

- Each NHS board appoints with immediate effect a full time **director level lead** dedicated to flu preparedness and resilience with a support team to help.
- Each organisation should now have **pandemic plans** in place these should be tested to ensure that provision of services can be sustained, now and during a potential second & prolonged wave of up to five months.
- All organisations are required to take **progress reports** towards their state of readiness to the July and August board meetings.
- Organisations need to **test capacity** against constraints which might be caused during this period including increased demands on services and workforce sickness absence.
- All organisations will need to take part in the nationally devised resilience testing and exercise programmes to validate both their pandemic and winter **state of readiness plans**. Currently UNISON has no detailed information on this exercise but will communicate information as soon as we do.

UNISON has identified actions that regions, branches and members should take, these are not an exhaustive list but you may wish to consider some of them in your local plans and discussions with employers.

Actions for Devolved Countries and Regions

- Each SHA or board in the devolved nations will have a person responsible for overseeing the response to the pandemic. Each UNISON Region should liaise with the SHA or Board contact to identify who the lead is and to be kept up dated on relevant information and developments within the area.
- UNISON regions should consider identifying an officer to act as the main contact point on swine flu

- Ensure that this is on the agenda of your regional health committees and regional Social Partnership Forums. Organisations will be reporting to their boards on their state of readiness in July & August – SHA's will receive overall reports. These should be shared with you.
- SHA's in England will be acting as co-ordinator; it will be their responsibility to ensure that
 - ✓ Organisations have effective plans and responses in place.
 - ✓ PCT have set up local collection points for anti-viral medication,
 - ✓ that organisations have vaccine protocols and timetables in place for staff once a vaccine becomes available,
 - ✓ Effective communication systems are in place for the service, patients & staff.
- Northern Ireland, Scotland and Wales are putting their own plans in place. Regional guidance will be issued.
- Regions may wish to establish back up plans for cover as some of our staff may at some point develop the virus.
- Co-ordinate and Monitor health branches & NHS Organisations in your regions to assess they are acting on this.

Actions for Branches

- Branches should to seek an immediate meeting with their Chief Executive and Director of Human Resources to receive an initial brief on steps already taken and what stage your organisations is in their state of readiness (where this hasn't already happened). This may be done in conjunction with other staff side unions.
- All NHS organisations in England are required to identify with immediate effect a board level director, to lead on their organisations response to swine flu. It is strongly advisable for local staff sides to agree a co-ordinator to act on matters along with the staff side chair outside of meetings. This will enable regular and direct contact, as waves of swine flu hit the population in the autumn events will change rapidly. If this co-ordinator is not from UNISON it's vital that UNISON branches are kept informed of developments.
- Ensure that swine flu is placed on the agenda of joint staff forums, branch & steward meetings and updates are given and discussed.
- Organisations should by now have fully activated their pandemic policy; branches are asked to pay particular attention to the sections relating to human resources, information was provided in UNISON health circular HC/34/09¹ the web link for this document is detailed later on.

¹ NHS Employers & Department of Health Pandemic Flu Human Resources guide for the NHS – August 2008 <http://www.dh.gov.uk/en/publichealth/flu/pandemicflu/index/htm>

- It is anticipated that a swine flu (H1N1) vaccine will be available in the autumn and it's anticipated that health workers along with others will be a priority in receiving the vaccine.
- Discussions should take place with the pandemic director and occupational health services to agree a process for vaccination. Vaccinating all staff will need considerable planning, including potentially identifying others within the service that can perform the vaccination procedure under the direction of occupational health services.
- NHS staff cannot be forced to be vaccinated, they must be in a position to make an informed decision; UNISON would **encourage all staff to take up the vaccination opportunity**. This will be **in addition to the normal winter flu vaccine** which staff should also have.
- Branches should consider contingency arrangements in the event that representatives develop symptoms to ensure that branches can continue to manage during this phase.
- It is important that UNISON keeps our members up dated on developments and information regarding swine flu. Please ensure that you use all local communication opportunities, including news sheets that you are producing, branch emails and web sites. UNISON will be issuing a fact sheet and advice to members in the near future.

Action for Employers (Not an exhaustive list)

- All NHS organisations in England are required to identify with immediate effect a board level director, to lead on their organisations response to swine flu.
- The Human Resources guidance requires NHS organisations to fully consult with staff side regarding their plans and any proposed changes.
- Organisations should by now have fully activated their pandemic policy
- As part of the HR response to the pandemic NHS organisations can put normal processes on hold if they feel it necessary. By establishing contact with the director leading on the pandemic in your organisation and with HR you will be able to discuss this and agree what if anything is put on hold.
- It is anticipated that an H1N1 vaccine will be available in the autumn; health workers along with others will be a priority to receive it.
- (Above are extracted from the DH Human Resources Guidance – see web link below)

Primary care branches

- In addition to the information above, primary care trusts will have additional responsibilities they include communications with local communities and patients. They also have to set up local antiviral collection points (ACP) for patients in strategic points. Branches will want to be actively engaged in this process, in particular the collection points, how they will be staffed and secured.

Swine flu Information sources

Department of health England

<http://www.dh.gov.uk/en/index.htm>

Information on swine flu

<http://www.dh.gov.uk/en/publichealth/flu/swineflu/index.htm>

Department of Health, Social Services & Public Health Northern Ireland

<http://www.dhsspsni.gov.uk/>

Information on swine flu

http://www.dhsspsni.gov.uk/index/phealth/php/infectious_diseases/pandemicflu/emergency_planning-communication.htm

Scottish Government

<http://www.scotland.gov.uk/Topics/Health>

Information on swine flu

http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/mexican_swiuneflu

Department of Health Wales

<http://www.wales.nhs.uk/>

information on swine flu

<http://www.wales.nhs.uk/newsitem.cfm?contentid=12483>

Health protection agency

<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1240732817665?p=1240732817665>

Information on swine flu

<http://www.hpa.org.uk/servlet/Satellite?c=Page&childpagename=HPAweb%2FPage%2FHPAwebAutoListName&cid=1240812234677&p=1240812234677&pagename=HPAwebWrapper>

British medical association

http://www.bma.org.uk/health_promotion_ethics/influenza/index.jsp

NHS Employers

<http://www.nhsemployers.org/Pages/home.aspx>

Information on swine flu & the human resource guide to pandemic influenza

<http://www.nhsemployers.org/PlanningYourWorkforce/Pandemic-influenza/Pages/Preparation.aspx>

Nursing & Midwifery Council

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3689>

World Health Organisation

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

NHS Direct England

<http://www.nhsdirect.nhs.uk/>

Information on swine flu

<http://www.nhs.uk/AlertsEmergencies/Pages/Pandemicflualert.aspx>

Northern Ireland

www.nidirect.gov.uk

Scotland

www.nhs24.com

Wales

www.nhsdirect.wales.nhs.uk

Summary of recommendations from DH & NHS Employers Human Resource Guidance

Check list for Branches

What needs to be done	✓ / ✗
Employers should assess the likely impact of pandemic influenza on their workforce.	
Employers should carry out a skills audit of their workforce and identify any gaps that could be filled.	
Employers should ask employees for a range of data, which would assist in contacting staff during a pandemic and identify those most at risk of being unable to attend work.	
Employers should assess how staff could be redeployed if normal working were suspended.	
Employers should work with local staff-side organisations on workforce issues that will arise during a pandemic and there will need to be discussion with individuals on issues such as changes in hours of work, changes in shifts worked or changes in location.	
Employers should set up a reserve pool of staff that could be drawn on in the event of a pandemic.	
Employers should ask all staff who retire from now on whether they would be available to assist during a pandemic.	
Employers should work with local staff-side organisations to develop protocols on treatment of staff that are absent during a pandemic. In particular, employers will need local, agreed policies developed in line with national guidance on the treatment of staff who are absent due to childcare or other caring responsibilities and for those who are off sick due to influenza.	
Employers should seek to increase the number of staff with key skills needed during the pandemic, especially prescribing and respiratory medicine.	
Employers should work with local partners to make arrangements to assist during a pandemic and, in particular, arrange for staff to be deployed to assist in at-risk areas such as nursing and care homes to help prevent hospital admissions.	

<p>PCTs should work with GPs and community pharmacy services to ensure that primary care services can be sustained, in particular to support single-handed GP practices, and ensure that arrangements are in place for deploying locums. Although NHS Direct will be responsible for setting up and managing the National Flu Line service, PCTs have a role to play in supporting the Flu Line solution.</p>	
<p>Employers will need arrangements to ask staff to work more flexibly during this period and to train staff to take on new tasks. If agreed, there will need to be protocols for the use of healthcare students and volunteers. Supervisory arrangements in particular need to be in place and protocols for seeking advice understood.</p>	
<p>Managers will need advice on how to handle disciplinary and grievance issues in the event of a pandemic.</p>	
<p>Agreed communication arrangements and mechanisms for meeting with staff need to be in place.</p>	
<p>Mental health employers will need to have plans to concentrate their staffing on sustaining essential services and providing support for vulnerable groups</p>	
<p>Employers will need arrangements for providing support to staff during this difficult period.</p>	
<p>Employers will need to identify those staff who will need to be asked to sign waivers under the WTRs and have in place arrangements to monitor their working hours and maintain health and safety.</p>	