



briefing

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Pandemic flu: ensuring the NHS is ready

Key points

- The number of confirmed cases of H1N1 (swine) flu virus continues to rise in England and the rest of the UK and the time has come to move from containment into a treatment phase.
- 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, and more recently the UK has seen the first deaths associated with swine flu in those with underlying health conditions.
- Every NHS organisation needs to review and thoroughly test their pandemic flu plan now, with the understanding that maximum resilience is needed by September, to respond to the possibility of a second wave of the virus in the autumn or winter.
- A multi-agency collaborative approach will be critical.
- Every NHS board needs to ensure that the organisational focus and resources devoted to managing a pandemic are sufficient. Preparing for every eventuality is a key governance issue.

The first case of the new swine flu strain H1N1 was detected in Mexico in April 2009 with the first UK case reported in Scotland later that month. A level 6 global pandemic alert was declared by the World Health Organization (WHO) on 11 June. Sustained community transmission is occurring in various parts of the UK and further cases can be expected across the UK over the coming weeks. A second wave is anticipated later in the year. History tells us that this wave could be more severe and last for up to five months.

Due to the efforts of all NHS organisations in recent years, the NHS is well prepared to deal with a flu pandemic. Preparations include good stocks of antivirals and antibiotics as well as plans to vaccinate people, when the supplies become available.

However, as the number of cases increases, so does the potential for severe pressure on the health service. Now is the time to review and test local plans to ensure the NHS can cope – while ensuring that all patients continue to receive high-quality care.

Effective resilience planning is a key governance issue. While all staff groups have a role to play, primary responsibility sits with chief executives and their boards, who will be held to account for ensuring the NHS is as prepared as possible to deal with the pandemic.

This *Briefing* reflects on the planning process to date and sets out the key issues and priority areas boards need to address now.



'We can look to previous pandemics and the way flu viruses have behaved in the past to help inform our response now'

Background

The WHO considers the NHS plans for dealing with a flu pandemic to be among the best in the world.

Following consultation, the Department of Health published full national guidance in October 2008 covering the NHS and social care and combining strategic and operational planning, alongside an ethical framework and full human resource guidance.

Every NHS organisation has a local pandemic plan. The UK has national stockpiles of antivirals for 50 per cent of the population and this will shortly increase to 80 per cent coverage. It has antibiotics to cover 10 per cent of the population and this will increase to 30 per cent by the end of September.

The Department of Health has signed contracts to purchase sufficient vaccine to vaccinate the entire population. The first deliveries will arrive in August and at least 60 million doses are expected by the end of the year.

National exercises such as Winter Willow in 2007, involving the NHS, local government and government departments, have been conducted to test the response to a declaration of a level 6 pandemic.

However, there is no room for complacency. There has already been evidence of localised pressure on parts of the NHS in 'hotspot' areas, and at this stage we cannot be certain how the virus is going to develop.

Learning from history

We can look to previous pandemics and the way flu viruses have behaved in the past to help inform our response now. This is not an exact science as those pandemics involved different flu strains from the current H1N1 swine flu but by looking at impact and patterns of behaviour we can gain a sense of the potential scope of the virus.

Twentieth century pandemics moved around the world in two or three waves, with increased severity in subsequent waves in the outbreaks of 1958/59 and 1968/69. As well as the risk of mutations, new waves can affect different population groups.

Based purely on how these previous pandemics have behaved, it is possible that as many as 25 to 50 per cent of the UK population could be infected by H1N1. In the 1958 pandemic, flu was first identified outside the UK in April, spreading to the UK in June before an explosion in numbers from the end of September.

It would be prudent to expect and plan for a potentially similar surge following the return to school after summer holidays and as people are more likely to gather indoors in confined spaces.

How H1N1 differs

H1N1 appears to be more contagious than 'normal' seasonal flu, at least partly because pre-existing immunity is low. Over the next month, we are likely to see a significant increase in cases. Although symptoms have generally proved mild, a small number of patients will develop more serious illness. Many of these people will have other underlying health conditions, such as heart or lung disease, that put them at an increased risk.

Based on what we know about seasonal flu and the current pandemic

virus, the following groups of people have been identified as likely to be at greater risk of serious illness:

- people with:
 - 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 three years
- pregnant women
- people aged 65 years and older
- young children under five years old.

From containment to treatment

Because little was known about the new flu virus when the outbreak started, it was sensible to take all necessary precautions to try to slow its spread while we learned more about it. During the containment phase the Department of Health and the NHS has had time to understand the characteristics of the new virus, to build up medical supplies and to make significant progress towards developing a vaccine.

Scientists were clear that it would not be possible to contain or prevent the spread indefinitely and there are now signs that the spread of the virus is accelerating. The number of new cases in the UK is doubling every seven days, and we have recently seen the development of hotspot areas where swine flu is particularly prevalent.

As more people catch the virus in their communities, rather than from abroad, it becomes less effective to carry on the intensive work to

contain swine flu, especially when health services need to devote more time and energy to treating the increasing numbers of people who have the virus.

Drawing on advice from leading scientists and health experts, the Department of Health and ministers across the UK confirmed the decision to move to the treatment phase on 2 July 2009. This means the NHS is taking the lead as national systems

are established to deal with high numbers of swine flu cases.

In practical terms, this means that across the country:

- GPs can now diagnose swine flu on the basis of symptoms rather than waiting for laboratory testing
- all contact tracing will now cease, and antiviral drugs will no longer be given to people who may have been exposed to the virus

- anyone who has contracted swine flu should continue to be offered antivirals until further notice
- it will remain a matter for clinical discretion to decide whether antivirals should be prescribed in individual cases, where doctors are contacted by patients with coughs, colds and the worried well
- GPs and hospitals ensure that all those people with suspected swine flu in the higher risk groups get

Actions for chief executives and boards

1. Ensure that responsibility for flu preparedness and resilience sits with an individual, or is shared, at director level. This is needed to provide visible, full-time, senior leadership and ensure the team is well resourced through the months ahead.
2. Stress-test pandemic preparedness plans to ensure your organisation can continue to provide high-quality care to flu and non-flu patients, both now and during a second, sustained wave of up to five months.
3. Understand and test the constraints on capacity that may be caused by increased demand and workforce sickness absence. This includes, but is not limited to, those clinical areas that are likely to face the most flu-related pressures. Recent guidance on *Pandemic Flu: Managing Demand and Capacity in Health Care Organisations (surge)* and the NHS Employers/ Department of Health document *Pandemic Influenza: Human Resources Guidance for the NHS* will help with this work.
4. Discuss a staff vaccination programme with the trade unions and plan wider communications and support for staff. This would aim to ensure that as many staff as possible participate in the programme to protect themselves and others when the vaccine becomes available, and they are clear about their roles and the support available to them.
5. Build on existing relationships with local partner agencies to ensure that their roles, channels of communication, and ways of working during any second, sustained wave are clear.
6. Acute trust and foundation trust boards will need to support the sentinel surveillance system on patients

hospitalised with swine flu, which will be used to provide advice on clinical management. A national system co-ordinator has been appointed to collect data on such patients and should be notified of a contact point within each trust for arranging visits to collect data. Please contact Joanne.Enstone@nottingham.ac.uk

In addition, PCT boards will need to:

7. Ensure antiviral collection points (ACPs) are established, with at least one in each PCT cluster to be operational from the week commencing 6 July, and more where the current level of swine flu in the community warrants it.
8. Ensure local plans are in place for the introduction of the National Pandemic Flu Service, including establishing a network of ACPs to meet the needs of local communities. Preparations for launching the service are at an advanced stage.
9. Continue to ensure that communications with – and support for – GPs are clear and help to maintain public confidence.

Communication with boards

National director of flu resilience, Ian Dalton, has written to all chief executives outlining these actions. In addition, he said he would like all NHS boards – including NHS foundation trusts – to formally publish a statement of readiness on both surge and workforce issues by September and to formally record the result of this assessment for the public, patients and stakeholders to see. Boards that have not planned to meet in September should make special arrangements to do so.

antivirals and start using them as soon as possible – within 48 hours of the onset of symptoms.

Implications for the local NHS

Communicating with the public

The move into a treatment phase provides a communications challenge with the need for consistent messages from all parts of the NHS to patients and the public.

In the immediate future, before the National Pandemic Flu Service is launched, areas where there is sustained community transmission will be under particular pressure. Within these, GP practices and A&E departments are especially likely to feel the strain in terms of public enquiries and concern.

The Department of Health has developed new communications materials for use across the NHS, along with guidance to help trusts use them correctly in order to provide clear and consistent public messages. This will be available for download from www.nhscommmlink.nhs.uk

Patients, the public and other stakeholders in local communities also need to be directed to the official sources of information only, as appropriate.

- www.nhs.uk is the primary point of access for public-facing health information and advice.
- www.direct.gov.uk is the primary government website for essential cross-government swine flu messages.
- www.businesslink.gov.uk is the point of access for business-related information.

- www.dh.gov.uk is the point of access for information for health and care professionals.

The swine flu information line (0800 1 513 513) and www.nhs.uk are the first port of call for swine flu health information. NHS Direct and GPs should only be contacted after people have consulted these initial information sources.

Information for those receiving medication from antiviral collection points will be made available and other communications signposting to support public awareness is available on www.nhscommmlink.nhs.uk

Workforce issues

Staffing is a critical issue for all sectors. Some organisations may experience staff absence of up to 25 per cent at some stage during a pandemic because of sickness and caring responsibilities, particularly if many schools are closed.

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A comprehensive register of staff skills and potential reserve staff should be in place to ensure essential cover and safe levels of care. For example, existing guidance recommends that staff leaving the organisation should be asked to be available to assist during a pandemic. Business continuity plans need to explore all options for supplementing staff rotas, such as using recently retired staff who are still eligible to practice. In the short term, boosting numbers of staff with scarce skills may be advisable in some specialist areas.

Maintaining usual professional training arrangements may become an issue and the Department of Health and

Learning from a school outbreak

A West Midlands primary school outbreak of swine flu in May 2009 resulted in 174 symptomatic pupils and staff and 61 probable or confirmed cases. Overall, there was a spirit of co-operation and commitment to public service, but communication was highlighted as an issue. Several lessons from the experience could help organisations dealing with swine flu in the future.

- Get the multi-agency co-ordination mechanisms up and running early on.
- Liaise early with multi-agency partners to clarify and confirm command and co-ordination.
- Agree a clear lead process for each element of communication from the outset including covering national, regional, local public-facing communications and those particularly affected.
- Have absolute clarity about who is charge of which aspect.
- Make sure that personal relationships do not become a substitute for proper organisational co-ordination.
- Leaders need to make an effort to understand the drivers and constraints for partner organisations.

regulatory bodies will provide national advice if programmes need to be suspended or extended.

Maintaining dialogue with staff representatives and keeping up morale is essential for helping to mitigate the effects of what may become a sustained state of high alert.

Organisations should use the summer period to test their workforce plans against a range of scenarios. Existing Department of Health and NHS Employers guidance sets out which areas of human resource policy will need to be reviewed to ensure effective working during the pandemic, for example absence policies and working time. See NHS Employers' pandemic flu preparation web page at www.nhsemployers.org/pandemicflu

Vaccination

The UK has contracts for 132 million doses of the H1N1 vaccine and this is now in production alongside the normal seasonal flu vaccine. Some stock will be available as early as August.

NHS-wide guidance is being revised, as appropriate, and national materials are being developed to support staff and public vaccination programmes.

Vaccines will be distributed to PCTs via established routes, but each PCT will need to manage logistics in relation to storage issues and prioritisation of staff and public groups, based both on need and the volumes of vaccine available.

The effectiveness of staff vaccination programmes is a key issue. Decisions are yet to be made about who will be prioritised to receive the first doses of the vaccine, but plans

Case study: From planning to implementation – retaining confidence

As organisations move from planning to implementation, it is vital that they retain public confidence through clear and timely communication.

Philip DaSilva, lead director of flu resilience preparedness at NHS East Midlands, said that the new vaccines and antivirals offer the chance to plan to control the impact of any pandemic. But he was clear this will only happen if all NHS staff appreciate the important role they play.

- All staff have a social responsibility and professional duty to ensure they understand the actions required to contain and control the spread of the virus.
- Good hygiene messages must be conveyed to minimise the effects of any pandemic.
- All staff, especially frontline clinicians, must feel supported. This will be particularly important for primary care teams that will inevitably face the biggest challenge.
- All NHS boards need to act now and assure themselves that their organisation has a tested plan and a clear process for implementing it.
- All NHS staff must make themselves aware of their organisation's plan and how to respond when it comes to implementation.

should be in place for administering it to those staff groups who routinely have contact with patients.

We know that uptake of vaccines among NHS staff tends to be fairly low. Local leadership will have a critical role to play to ensure a high uptake – particularly in acute trusts where uptake can be among the lowest, but where the need may actually be greatest.

NHS guidance

The Department of Health has drafted NHS-wide guidance to support all NHS organisations in terms of preparedness for, and handling of, the pandemic. This sets out expectations of the NHS as well as the responsibilities that all employer organisations must take for their staff. It clarifies roles and responsibilities for SHAs, PCTs, NHS trusts and NHS foundation trusts.

The guidance also outlines key responsibilities for GPs and community and NHS pharmacists. This is available at www.dh.gov.uk/swineflutreatmentphase

The chief medical officer has written to all medical staff with an update and the Royal College of General Practitioners and the British Medical Association, with DH support, are revising guidance for GPs. The Department of Health will additionally be publishing guidance for pharmacies and dispensing doctor practices in July, to support pharmacists and their staff.

Confederation viewpoint

The WHO's declaration of a global flu pandemic in June, and the announcement of a move from containment to treatment on 2 July, reinforce the message that this is



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no time for complacency. The announcements emphasise the need for the NHS to ensure that flu plans already in place at a local level are comprehensive and thoroughly tested. With H1N1 we are dealing with a virus that is relatively unknown and spreading quickly.

Planning for flu outbreaks has of course been underway in the NHS for years but the challenge now facing all parts of the health service is enormous. Hospitals, PCTs and ambulance services should all be using the next few weeks to ensure that they are prepared for a potential major flu outbreak in the autumn. Everything needs to be in place, from the establishment of antiviral collection points in the community to planning for larger numbers of hospitalised adults

and children. We will be dealing with a situation that few working in the health service have ever experienced.

The national infrastructure is well established, including the role of NHS Direct and the development of a vaccination programme. If they haven't already, we urge trusts to use the HR and clinical guidance compiled by NHS Employers and the Department of Health to help them manage the impact of staff sickness while maintaining essential services.

We look forward to hearing more from the Department of Health about a possible suspension of targets during a more severe outbreak.

Now is the time to ensure that local NHS plans are in place and well tested. When the expected accelerated outbreak strikes in the autumn, all eyes will be on the NHS to see how it copes.

For more information on the issues covered in this *Briefing*, contact alastair.henderson@nhsemployers.org

Further information

www.who.int/csr/disease/swineflu/en/index.html

www.hpa.org.uk

www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/DH_093202

www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/index.htm

www.cabinetoffice.gov.uk/ukresilience.aspx

www.nhsemployers.org/planningyourworkforce/pandemic-influenza/Pages/Preparation.aspx

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