

Meeting:	NHS Brighton and Hove Board Meeting
Item no:	/09
Date:	15th September 2009
Board Sponsor:	Tom Scanlon
Paper Author:	Peter Wilkinson
Subject:	Pandemic Flu – Board Update

1. Summary and Context.

The pandemic is changing day by day and at the time of presentation to the Board the situation may be different from the time of writing. An up-to-date report on activity and impact on services will be delivered verbally by the PCT Flu Director on the day of the Board meeting.

This paper outlines the current national situation with regard to Pandemic (Swine) Flu and NHS Brighton and Hove's response to and preparations for the next wave of the pandemic. The PCT's Pandemic Flu Plan and Emergency Plan have already been considered and approved by the Board. The paper also outlines the national pandemic flu preparation requirements for the PCT and the Board.

The NHS Guidance of July 2nd 'Swine Flu Pandemic: From containment to treatment' sets out the requirements of the NHS as a whole and individual component organizations including PCTs and their boards. The general NHS and PCT requirements are outlined below with the response taken.

PCT Board requirements:

The PCT Board is required to ensure:

- The appointment of a full time director level flu lead with a well resourced team for the coming months;
- The provision of high-quality care to flu and non-flu patients for up to five months;
- Capacity constraints likely to result from increased demand and sickness absence are assured;
- That there are preparations for relevant staff vaccination and support for staff;
- Build on existing relationships with local partner agencies to ensure that their role, channels of communication and ways of working during a sustained wave are clear
- That sufficient antiviral collection points to meet the local community's needs are in operation;
- Plans are in place for the introduction of the National Pandemic Flu Service
- That communications with GPs and other local partners are clear and help maintain public confidence

PCT Requirements:

PCTs are required to ensure:

- Effective local communications;
- Support for primary care including a named senior contact for GPs and LMCs;
- Support for local out of hours services;
- Support for vulnerable patients during a pandemic;
- Prompt treatment with antiviral medication;
- The operation of an antiviral centre;
- A responsible person for antiviral medication responsible person;
- Local plans to introduce the National Pandemic Flu Service and where appropriate, an antiviral collection point network;
- Effective and proactive discussions with local partners
- Promotion of the uptake of seasonal flu and swine flu among healthcare staff including primary care staff;
- The provision of assurance to the SHA on resilience testing including winter plans;
- Robust and timely arrangements for reporting to SHA;
- The continuity of essential supplies and services.

2. Recommendations.

The Board is asked to note and approve the PCT's preparations.

The Board is asked and to confirm that it is assured that the PCT is prepared to deal with the surge and the associated workforce issues.

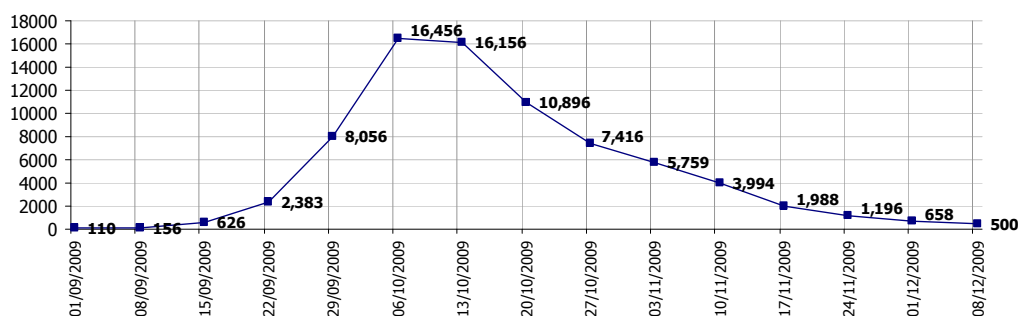
3. Relevant background information

On 11th June 2009 the WHO declared a flu pandemic. The initial UK policy of containment using anti-viral medication to treat cases and close contacts ended on July 2nd 2009 when the UK moved into the treatment phase. From that time there was a rapid increase in the number of possible cases of pandemic flu in England to over 110,000 cases a week, until the week commencing 27th July when the rate of increase began to fall. The number of new cases in England was estimated at 30,000 in the first week of August 2009.

At the end of the containment phase there had been ten confirmed cases of swine flu in Brighton and Hove. Following the move to the treatment phase there has no longer been the requirement to confirm the diagnosis of presumed cases. The number of courses of antiviral medication issued at the Brighton and Hove antiviral collection point peaked at 338 on the 24th July. At the time of writing (August 13th 2009) the number of antiviral courses issued was around 100 on weekdays and 50 to 75 each day at the weekend. In total approximately 5000 courses of antivirals were issued in the first five weeks after the collection point opened.

4. Link to strategic objectives

The DoH worst case scenario planning assumptions and associated projected number of clinical cases in Brighton and Hove during a Pandemic wave is illustrated below. During the two week surge over 2000 residents per day could require treatment with antiviral drugs. At the same time as having to manage the surge organisations will be suffering high absence rates amongst their own staff. It is estimated that the peak absence rate will be 12%.



<i>Planning assumptions to August 31st 2009</i>	
Assumption	
Clinical Attack Rate	5%-10%
Peak clinical attack rate	2-5% per week
Complication rate	15% of clinical cases
Hospitalisation rate	2% of clinical cases
Case fatality rate	0.1% of clinical cases ¹
Peak Absence rate	9% of workforce

<i>Planning assumptions for first major pandemic wave</i>	
Clinical Attack Rate	30%
Peak clinical attack rate	6.5% (local planning assumption 4.5%-8%) per week
Complication rate	15% of clinical cases
Hospitalisation rate	2% of clinical cases
Case fatality rate	0.1-0.35% of clinical cases
Peak Absence rate	12% of workforce

Regarding the management of the surge the current planning guidance suggests that the NHS should plan for a worst case scenario as above. If 2% of cases require hospitalisation then for Brighton and Hove this would be the equivalent of 320 people a week for each of the two peak weeks for Brighton and Hove, and of these 25% requiring critical care. These are worst case assumptions and do not necessarily reflect the current situation where the rates of hospitalisation and critical care are lower.

¹ The 0.1% figure is based on experience outside the UK. Figures up to 0.35%, though unlikely, cannot be currently ruled out from UK data.

5. PCT Response to DoH Requirements

PCT Board requirements: The PCT Board is required to ensure:

- *The appointment of a full time director level flu lead with a well resourced team for the coming months;*

The PCT has appointed Dr. Peter Wilkinson as full-time Flu Director with support from the Director of Public Health and the Emergency Planner. There is a weekly Pandemic Flu Management and Response Team (MART) meeting chaired by the Flu Director with input from across the PCT (public health, medicines management, communications, human resources) BSUH, South Downs, Sussex Partnership Trust, the City Council, Children and Young People's Trust, both Universities, the coroner and out-of-hours services.

The PCT infection control and primary care team are responsible for the stock management and distribution of the Personal Protective Equipment supplied by the Department of Health. The medicines management team is responsible for securing the supply of antiviral medication.

- *The provision of high-quality care to flu and non-flu patients for up to five months;*

The PCT Flu Director has met with the PCT Strategic lead for winter planning to ensure pandemic flu considerations are taken into account in local plans. Potential additional bed capacity is being identified across Sussex.

- *Capacity constraints likely to result from increased demand and sickness absence are assured;*

The PCT has a Pandemic Influenza Human Resources Plan. An internal audit of staff was undertaken to establish how many have caring responsibilities and other factors which may affect their attendance for work during a pandemic. The PCT has ensured its own response and business continuity arrangements. Each directorate and department has identified their own critical and routine functions as part of the PCT's general business continuity process together with the number of staff required to run the critical functions. Home working and flexible working arrangements are to be permitted as appropriate. A designated sickness absence reporting line has been established. A flexibility clause has been inserted into staff contracts to ensure that staff can assist in the response to the Pandemic.

- *That there are preparations for relevant staff vaccination;*

National guidance on vaccination is awaited at the time of writing. PCT staff are unlikely to be in the front line for treatment. Through the MART, provider organisations have identified priority staff for vaccination. A team of vaccinators across the city from different organisations is in preparation.

- *Build on existing relationships with local partner agencies to ensure that their role, channels of communication and ways of working during a sustained wave are clear*

All local statutory agencies are members attend the local flu MART meeting where current operational arrangements and planning for the second wave is reviewed. The BSUH Pandemic Flu meetings are attended by the PCT Director of Flu.

- *That sufficient antiviral collection points to meet the local community's needs are in operation;*

At the time of writing, the PCT is operating a single antiviral collection point (AVC) at Hove Town Hall Chamber. This has capacity to increase and cope with the projected surge. The AVC however may be moved to a smaller facility if the number of residents requiring antiviral medication decreases. This move will be with the proviso of a swift relocation to a larger facility in the event of numbers of affected residents increasing in the winter. There are AVC

facilities in neighbouring PCTs and flu friends do cross PCT borders to pick up medication. Sussex flu directors meet weekly by telephone conference to ensure good cross PCT working.

- *Plans are in place for the introduction of the National Pandemic Flu Service*

The National Pandemic Flu Service is now operational and is incorporated into the processes at the antiviral collection point.

- *That communications with GPs and other local partners are clear and help maintain public confidence;*

A three times weekly e-mail PCT communication is sent to GPs. Feedback from GPs has been very positive. The Argus has visited the antiviral collection point and there have been numerous press releases on the flu since the pandemic began. Public communications are all cleared with West Sussex PCT in its role as lead PCT for emergency planning. To support the antiviral collection point the PCT's PALS team have been operating a helpline.

PCT Requirements:

PCTs are required to ensure:

- *Effective local communications;*

See above

- *Support for primary care including a named senior contact for GPs and LMCs;*

See above.

- *Support for local out of hours services;*

Out of hours services are represented on the weekly pandemic flu MART and relevant issues discussed in that forum.

- *Support for vulnerable patients during a pandemic;*

Through the MART South Downs Health and the City Council have identified and shared lists of vulnerable clients to ensure support in the event of a surge and / or pressures on staffing. A list of medications which might indicate that a patient is vulnerable, and which can be used by GPs to identify vulnerable patients has been sent to all practices.

Arrangements have been made with South Downs and subsequently with the voluntary sector for the home delivery of antiviral medication for people unable to identify anyone to collect the medication on their behalf. Discussions with the voluntary sector are considering other ways in which the sector can contribute to the city's response to the pandemic.

- *Prompt treatment for antiviral medication;*

The antiviral centre operates seven days a week from 8 am until 8 pm and patients can therefore receive medication within the required 12 hour timeframe.

- *The operation of antiviral centre;*

See above

- *A responsible person for antiviral medication responsible person;*

Jane Moffatt, as Medicines Management Team is responsible for ensuring antiviral supplies. The antiviral stock management and re-supply arrangements are being managed by the

PCT's medicines management teams who report on stock levels on a daily basis. Additional storage for pandemic flu vaccines has been secured at South Downs Health NHS Trust.

- *Local plans to introduce the National Pandemic Flu Service and where appropriate, an antiviral collection point network;*

The National Pandemic Flu Service has been activated. A single antiviral collection point may be sufficient for Brighton and Hove although a further four potential points have been identified and agreed with partner organisations.

- *Effective and proactive discussions with local partners*

From a primary care perspective all GP practices have received guidance and templates to assist them in preparing for a flu pandemic. These are being followed up by individual practice visits from PCT staff. Community pharmacies have also been helped to develop business continuity and emergency plans. Discussions have taken place with dental practitioners about arrangements for both routine and emergency dental services to be provided during a pandemic.

- *Promotion of the uptake of seasonal flu and swine flu vaccine among healthcare staff including primary care staff;*

A seasonal flu campaign is being planned by the PCT with increase focus on improved clinical staff uptake through the workings of the MART. Provider trusts are taking action to promote seasonal flu vaccine.

Pandemic specific vaccine is expected to be available for September 2009. However, the vaccination programme is expected to run over many months. The population and workforce groups to be prioritised for vaccination have yet to be decided. Plans are being developed to ensure a pool of vaccinators to support primary care and other services in delivering the vaccination programme.

- *The provision of assurance to the SHA on resilience testing including winter plans;*

See above

- *Robust and timely arrangements for reporting to SHA;*

There is a teleconference twice a week with the SHA that the Flu Director attends. Every week day brief sitreps are sent to the lead PCT.

- *The continuity of essential supplies and services.*

Surge planning is a key component of the weekly MART and there are additional surge meetings within provider trusts attended by the PCT Flu Director. A checklist of resilience planning for critical care in children and adults has been forwarded to the SHA.

6. Link to corporate considerations

To date the PCT has received a small amount of SHA pandemic flu funding. No central guidance has yet been provided regarding the suspension of performance targets in the event of the local health economy workload being overtaken by the operation of an emergency flu response.

6.1 Governance and legal

The governance arrangements for the antiviral collection point are being overseen by South Downs NHS Trust. These include the signing-off of protocols and guidance for staff working at the collection point to issue antiviral medication. Guidance on infection control in relation to patients with symptoms who attend the collection point is also being developed.

6.2 *Equalities*

No major issues have been identified.

6.3 *Consultation*

All Category 1 responders and Health organisations (including all GP's surgeries and pharmacies) have been consulted with and involved in flu planning and response measures.

6.4 *Risk management*

Because the current wave of cases appears to have peaked concern is now shifting to the next wave, which may occur during the winter months and hence is likely to be associated with a greater number of cases. There is also concern that future waves may be more virulent with potentially more serious consequences than those currently being experienced.

Clearly there is a risk that local services may not be able to provide adequate services to meet the needs of the local population during the pandemic. However, the ongoing planning arrangements aim to offset this risk by maximising the support that can be given to the population both in the hospital and in the community.

Pandemic flu will remain on the corporate risk register to ensure that changing circumstances of the Pandemic are reflected in risk management mitigation.

7. Appendices

There are no appendices attached to this report.

Peter Wilkinson
Pandemic Flu Director

August 13th 2009

