NHS LEICESTERSHIRE COUNTY AND RUTLAND

PANDEMIC INFLUENZA CONTINGENCY PLAN

November 2008

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Introduction

Aims

The Government response to a pandemic aims to:

- Limit illness and death arising from infection.
- Provide treatment and care for those who become ill.
- Minimise disruption to health and other essential services.
- Maintain business continuity as far as possible.
- Reduce as far as possible disruption to society.

This plan summarises roles, responsibilities and action to ensure a robust local response to an outbreak of pandemic influenza in Leicester, Leicestershire and Rutland (LLR). It has been developed in collaboration with the LLR Pandemic Influenza Planning Executive (PIPE) and the local Resilience Forum (LRF). This plan is backed by a suite of supporting plans that provide details of action on key areas:

- LRF Excess Deaths Plan
- LRF Vulnerable Groups – in progress
- LRF Anti-Viral collection Points Plan
- LRF Mass Vaccination Plan
- LRF Humanitarian Assistance Plan
- LRF Concept of Operation for the Control of Pandemic Influenza
- Port Health Plan
- LRF Training Programme

The focus of this plan is on the PCT's response which will inform the pandemic influenza plans from other agencies in LLR.

In making this response, the PCT will contribute to the delivery of the national health aims of

- Assessing all symptomatic patients rapidly and treating them promptly with antiviral and other medicines if indicated
- Providing effective treatment for those suffering complications
- Reducing or ceasing non-essential activity as demand increases but maintaining essential care for emergencies or patients with chronic or other illness
- Making targeted and effective use of potentially scarce healthcare skills, facilities and resources
- Educating the community and providing public advice and information

This plan is a live document, and will be amended as new guidance leads to the need to amend it or to amendments in plans of partner organisations or the community as a whole

Objectives

This document identifies actions for the PCT in maintaining and developing our readiness for a pandemic. By the nature of the threat, the plans will be constantly developing. They are aimed at:

- Developing effective internal communications
- Maintaining good infection control practices and standards
- Inter pandemic vaccination campaigns and pandemic flu vaccination when possible
- Resilience in Primary, Secondary Care and Community Services
- Distribution and application of clinical guidelines, including the use of antivirals
- Flexible use of workforce; and
- Business continuity planning

This document also identifies actions for each level of WHO / DH alerts.

Ownership

This plan will be owned and maintained by the Leicestershire County and Rutland PCT Emergency Planning group, supported by the Directorate of Public Health.

Equality and Ethics

Equal concern and respect is the fundamental principle that underpins this plan. This means that:

- Everyone matters
- Everyone matters equally – but this does not mean that everyone is treated the same
- The interests of each person are the concern of all of us, and of society
- The harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

The PCT acknowledges the ethical framework outlined by the Department of Health[1] and recognizes in this plan the seven principles of equal concern and respect, namely:

- Respect
- Minimising the harm that a pandemic could cause
- Fairness
- Working together
- Reciprocity
- Keeping things in proportion; and
- Flexibility

Background

Influenza pandemics have occurred at irregular intervals throughout history, three in the last century: in 1918 ('Spanish flu'), 1957 ('Asian' flu) and 1968 ('Hong Kong' flu). Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter. The 1918/19 pandemic, for instance, is estimated to have caused over 20 million deaths worldwide with 200,000 deaths in the UK. However, recent studies from Africa and Asia suggest that the number of victims worldwide might have been closer to 50-100 million. A further pandemic is thought to be inevitable. There may not be much warning and therefore advanced planning is essential for a smooth response.

The outbreaks or epidemics of influenza, which occur most winters, affect some 5 to 10% of the population. The vast majority will have an unpleasant but self-limiting illness or even no symptoms, with less than 0.05% consulting their GP. Those most at risk of serious illness or death (the elderly, and those with chronic underlying diseases) are offered annual vaccination. Death from flu is usually due to complications such as secondary bacterial infections, e.g. pneumonia, or exacerbation of an underlying disease, rather than the direct effects of the influenza virus itself. An influenza pandemic arises when an entirely new strain of influenza virus emerges to which most people are susceptible as they have no or limited immunity. Thus it is able to spread widely. Influenza Panedmics have a number of key features:

- They are unpredictable;
- They may occur at any time of year;
- They are most likely to start in Asia, or at least outside the UK, and gradually spread;
- Some 20 to 30% of the population or even more may be affected over a 1-2 year period, including children and normally fit young adults;
- A far greater proportion of people are likely to require hospitalization or die than is usually experienced with seasonal flu.

The World Health Organisation (WHO) monitors influenza across the world. Once a new influenza virus has been identified and shown to have pandemic potential, the WHO will announce the various phases of a pandemic and inform national Governments. The UK Government will then put its own plans into action through the Department of Health, supported by the Health Protection Agency. This will include guidance and advice from Health Departments and/or the Health Protection Agency for the public and for planners across all sectors.

History shows that each influenza pandemic is different. We cannot confidently predict what the impact of the next pandemic will be. Much will depend on the characteristics of the virus, such as its clinical attack rate, the severity of the illness it causes and the resulting case fatality rate. These parameters will not be known until the pandemic virus emerges. This also means that until this point we cannot be sure which individuals will be most

susceptible to the virus. In previous Pandemics for example it has not always been the young and old who were most easily affected.

For planning purposes, the ***base assumption*** is for:

- A cumulative clinical attack rate of 25% of the population over one or more waves, each of around 15 weeks duration, weeks or months apart. The second wave may be the more severe. This compares with a usual seasonal influenza attack rate of 5-10%.
- A case fatality rate of 0.37% (analogous to the 1957 pandemic).

This combination would give rise to an estimated 53,700 excess deaths in the UK across the whole period of the pandemic, spread across one or more waves, compared with 12,000 excess deaths per year from seasonal flu. For Leicester, Leicestershire and Rutland this implies 925 excess deaths and 1,400 additional hospitalisations.

For planning purposes, the ***reasonable worst-case scenario*** is for:

- A cumulative clinical attack rate of 50% of the population spread over one or more waves.
- A case fatality rate of 2.5% (analogous to the 1918 pandemic).

The absolute worst case would be a single wave of high pathogenicity. Therefore, the range of contingencies to prepare for is shown below:

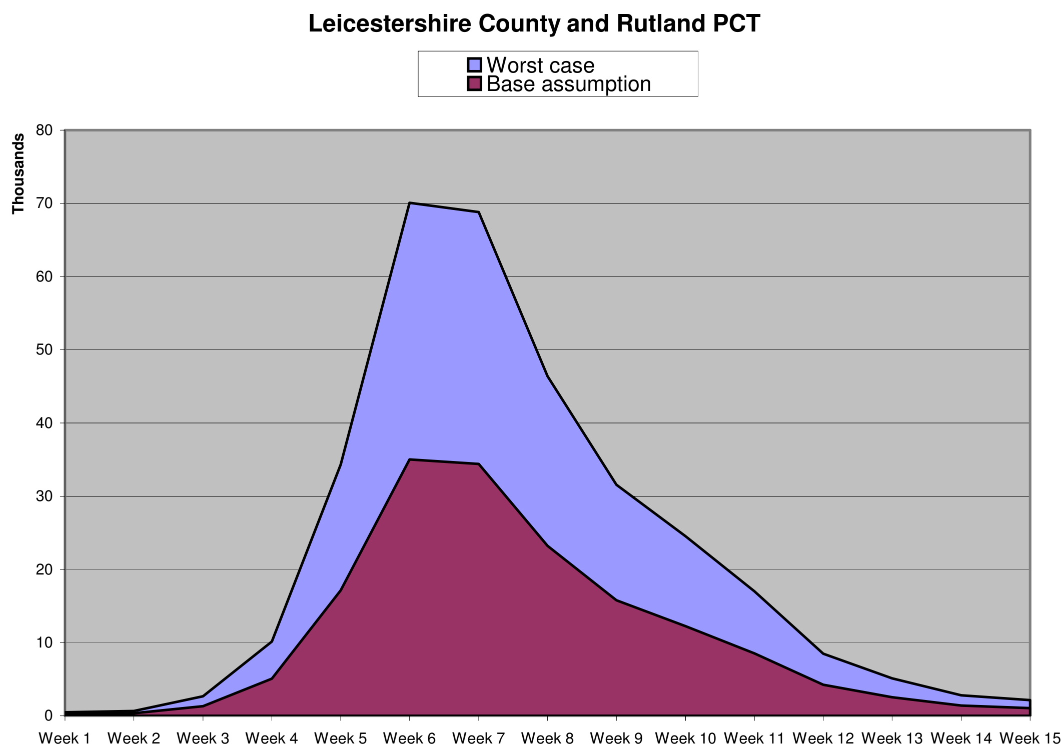


Figure 1 – Profile of number of new cases per week

This combination would give rise to an estimated 709,300 excess deaths in the UK across the whole period of the pandemic, spread across one or more waves. For Leicestershire County and Rutland, this implies 11,500 excess deaths. Plans for the management of these additional deaths are being led by Local Authorities. Arrangements for the management of excess death are detailed in a separate plan.

For GP practices with a range of sizes, the implications are summarised below

Table 1 – Cases in General Practice

Size of practice (registered patients)	Base Assumption		Worst Case Scenario	
	Number of cases per week at peak	Number of deaths per week at peak	Number of cases per week at peak	Number of deaths per week at peak
5,000	270	1	540	14
10,000	540	2	1080	28
15,000	810	3	1620	42

Planning Phase

Activation

The World Health Organisation would undertake monitoring of outbreaks of a potential pandemic virus. The current alert status is Level 3.

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

Figure 2 – WHO levels (Source: World Health Organisation EPR)

As information becomes available, the Department of Health will provide a UK alert level.

	Planning phase	Response phase
Description of UK Alert Level	0 – No cases anywhere in the world 1 – Cases only outside UK	2 – New virus isolated in UK 3 - Outbreak(s) in UK 4 – Widespread activity across UK

Figure 3 - UK Alert levels

The Department of Health will advise the Cabinet Office of a change in the alert level. This information will be communicated to national NHS Services via the Health Protection Agency and the Strategic Health Authorities.

Roles and responsibilities

During an influenza pandemic, the Government's overall aim will be to encourage people to carry on as normal, as far as possible, if they are well, while taking additional precautions to protect themselves from infection and to lessen the risk of spread to others. The main objectives of the Government's response to an influenza pandemic will be to:

- Limit illness and death arising from infection.
- Provide treatment and care for those who become ill.
- Minimise disruption to health and other essential services.

- Maintain business continuity as far as possible.
- Reduce as far as possible disruption to society.

Multi agency plans

There are a number of other, multi agency plans developed by the Local Resilience Forum that support this PCT plan. They include:

- LRF Concept of Operation for Pandemic Influenza – outlines the overall command and control structure to support and lead the multi agency response
- Contingency Plan for Pandemic Influenza – outlines the background for a potential pandemic, including the roles and responsibilities of partner agencies
- Excess Deaths from Pandemic Influenza – outlines the arrangements for managing the potentially increased number of deaths that may result from a pandemic
- Communications Strategy – outlines the arrangements for a co-ordination of the local agencies in providing clear, accurate and timely information to the public
- Antiviral Collection points – details the arrangements for the identification, setting up and management of public antiviral collection points (in development)
- Training – which identifies the training needs and a plan for delivery of training for staff across the partner agencies to be able to effectively deal with the challenge of pandemic influenza (in development)
- Vulnerable people – which identifies how local partners can share information about those in the community who may be vulnerable, ensuring that there is continuity of care in a time of increased demand and reduced staff (in development)
- Logistics – to ensure that there are arrangements in place to allow the necessary logistical support to the multi agency response (in development)

Leicestershire County and Rutland PCT has a number of key roles in responding to an influenza pandemic. These include:

- Assessing local needs and risks, and defining the health services that the local population will need during an influenza pandemic – this includes services provided by acute and community hospitals, mental health services, general practice, community pharmacy, and other primary care contractors and agencies (including subcontracted services)
- Developing, supporting and monitoring NHS and public health response arrangements at the local level and for involving and mobilising general practice and primary care resources.
- Ensuring that robust commissioning arrangements are in place to support the continued provision of key services

- Ensuring that there is prompt and continued access to antiviral drugs. This will include monitoring and co-ordination of supplies at antiviral distribution points and may include providing resilience for FluLine.
- Ensuring that there is accurate, effective and timely information for both the public and professionals about the local effects of the pandemic, how people can continue to care for themselves and their families, and where to access local services if required.
- Ensuring that there are clear protocols in place, with nominated post-holders identified to lead the coordination of the local health response
- Representing as required, with Leicester City PCT, the local NHS services at multi agency groups, and ensuring clear communications through to the SHA regarding the health issues locally
- Providing advice and information to staff, primary care contractors and other partners in conjunction with the strategies of national, regional and local stakeholders.

The PCT is also co-ordinating its plans with neighbours and ensuring that key health and non-health partner organisations, including those in the private sector, are involved. All category one responders are required and have pandemic flu plans in place.

Community Health Services are responsible for ensuring that community based nursing and therapeutic services are utilised to the most effective manner. This will include

- Identifying and taking into account the needs of vulnerable and seldom heard groups, providing support to vulnerable people in their homes, including patients who will become vulnerable as a result of the pandemic. In the event of a major epidemic of influenza, primary care services will bear the brunt of the burden of illness in the community, in part because staff will be as likely to be victims of the flu as their patients but chiefly because the majority of sick patients will be nursed in the community putting extra pressure on reduced resources.
- Ensure resilience of Out of Hours Services
- Profile the staff and resources that are likely to be available to respond to a pandemic and how they will be utilised – this includes identifying constraints on the workforce such as caring responsibilities for children and older people
- The community hospitals will need to plan for a pandemic in some of the ways that acute hospitals are doing. As part of this planning, it will be crucial for PCT, with others, to determine the best use of their community hospital facilities in conjunction with local hospital, independent sector and intermediate care facilities in the locality.
- Ensure arrangements are in place to manage a surge in demand for local health services. In order to manage demand surge, prioritisation of services will be required. A graded approach to configuring services

(i.e. that states which non-essential activity can be reduced, ceased and/or transferred to other trained workers earlier than others) will be appropriate, so that the response is proportionate to the severity of the pandemic in a particular locality. Integrated plans and a whole-systems approach to managing surge demand is critical to ensure patient pathways are maintained and all partners understand what will and will not be delivered by whom.

- Ensure that staff are appropriately trained and competent to plan for and respond to an influenza pandemic
- When appropriate, Community Health Services will support the delivery of any pre-pandemic or pandemic specific vaccine within any priority groups as identified nationally.

NB Detailed multi-agency planning to ensure that vulnerable people are identified and supported in the event of a Pandemic are underway.

In the acute sector, The **University Hospitals of Leicester (UHL)** will continue to provide the inpatient beds for admission of patients who are unable to be cared for in their own homes or in Primary Care. It will also endeavour to maintain services for non-flu patients who will require hospital care during the pandemic period. To support this, UHL will consider the creation of an isolation hospital at one of their sites. UHL's pandemic flu plan reflects the anticipated 4% hospitalisation rate (i.e. that around 4% of people who have symptoms will get complications that require admission to hospital).

Leicestershire Partnership Trust (LPT) will continue to provide services for patients with enduring mental illness who require specialist mental health services. It will endeavour to treat/care for those patients already inpatients or residing in small group homes who develop influenza. LPT will provide support/ advice to UHL as required for LPT patients who are admitted to acute wards with severe flu symptoms and likewise to PCTs in the event that specialist support is required for a patient in the community.

East Midlands Ambulance Service (EMAS) will continue to provide emergency response to both flu and non-flu patients.

The Local Authority Social Services Departments will continue to support their clients in the community, as well as continuing existing arrangements and agreements with voluntary agencies.

Leicestershire Police will support health services if needed, particularly if public order issues arise around the distribution of antiviral medication

The Health Protection Agency (HPA) will have a central role in planning and responding to a pandemic. The Local and Regional Services Division (LaRS) will discharge the HPA's responsibilities at local and regional levels by supporting local and regional emergency planning arrangements. This will include working with PCTs, SHAs and Government Offices regarding pandemic planning; reviewing the availability of appropriate laboratory containment facilities; reviewing local diagnostic capacity; communicating with

professional colleagues in primary care and acute trusts; assisting with co-ordination of control measures including use of antivirals and vaccine; gathering local epidemiological information.

Command and Control

Effective command and control will be maintained by clear leadership and appropriate representation at a range of fora, as described in the LRF Concept of Operations (CONOPS)

Strategic Co-ordinating Group (SCG)

This will meet as required through the outbreak, and will be based at Leicestershire Police HQ. It will, in the initial stages of a pandemic, be chaired by a PCT Chief Executive, but this will change as the circumstances change. The PCTs will be additionally represented by a Director of Public Health (DPH) or nominated deputy from either local PCT, a Consultant in Communicable Disease Control (CCDC) from the HPA, and a communications lead.

LLR Health and Social Care Cell

This group is likely to meet frequently through a pandemic. It would cover LLR, and be chaired in the first instance by the lead PCT Chief Executive (or their nominated deputy). It would include senior representatives from Public Health, PCTs, UHL and LPT, as well as EMAS, City and County Social Services and the HPA. Its role would be to provide advice to the lead PCT Chief Executive for representation at SCG, and for input by the lead PCT Chief Executive to the Regional NHS Co-ordination Group, and to link with the Tactical Co-ordinating Group. Its role is to ensure a co-ordinated and mutually supportive NHS response locally, and to interpret national and regional guidance into local action, particularly around public health issues and advice from the Regional Scientific and Technical Advice Cell (STAC). The group would meet at Lakeside House, Grove Park, Leicester.

Scientific and Technical Advice Cell (STAC)

Arrangements for setting up a Regional STAC during pandemic influenza in the East Midlands:

- Coordinated public health advice in a flu pandemic will be available mainly from national level.
- There will be a single Regional STAC for a pandemic that will undertake the following roles:

  - Provision of public health advice to the RCCC (and SCGs through the RCCC)

  - Interpretation of national guidance and advice

- Provide advice on public messages

- A STAC provides expert public health advice to the RCCC, however the responsibility for implementation of that advice lies at local level.
- The STAC will be set up at the request of the RDPH or HPA Regional Director and it will meet at regular intervals as required.
- Co-ordination and logistics for the STAC will be via the HPA East Midlands.
- The STAC representative at the RCCC is likely to be a senior HPA member of staff (Regional Director, HPU Director or CCDC).
- A nominated Director of Public Health will represent the PCTs and they will provide public health advice and chair the STAC.
- The STAC will also require appropriate administrative support. All information coming into and leaving the STAC will be through a single route and auditable.

The Regional STAC will negate the need for individual STACs to support the SCG response and will maintain direct communication with DH and the HPA through the UK National Influenza Pandemic Committee.

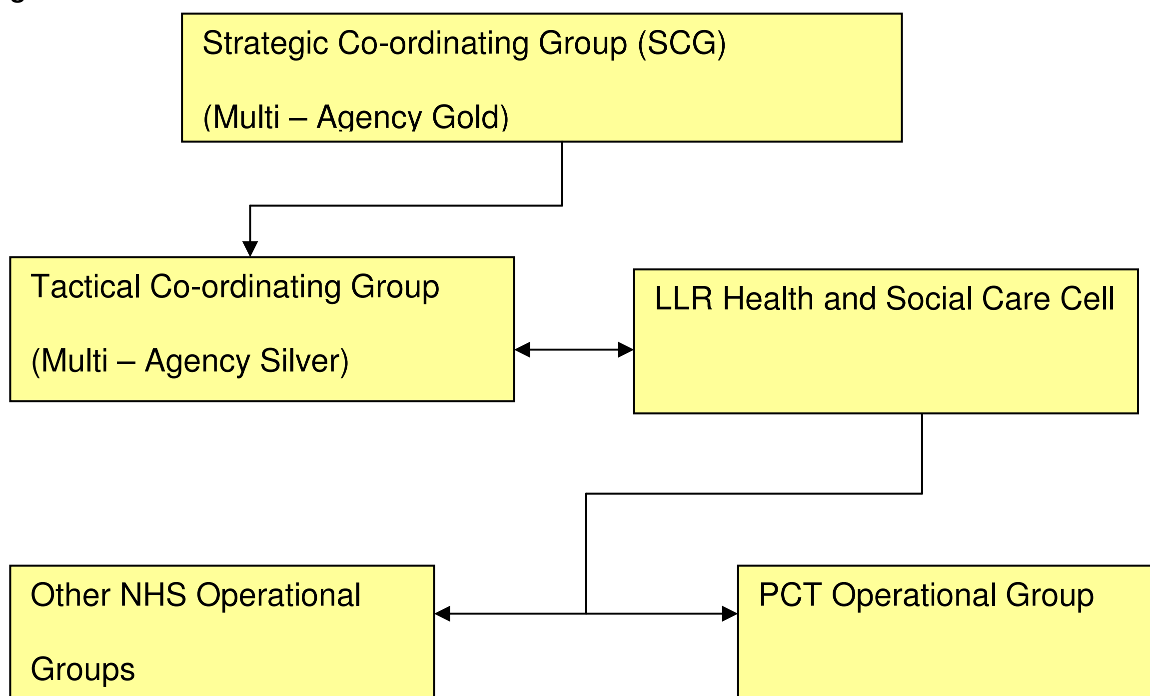
Tactical Co-ordinating Group (TCG)

The Multi Agency Silver will meet regularly as the main forum for multi-agency communication and co-operation. It will be based at Ashby Police Station and chaired by the PCT in the first instance. Health will be represented by personnel identified by the LLR Health Group. Its purpose is to ensure a co-ordinated and mutually supportive multi-agency response locally, and to interpret national and regional guidance into local action, and to support and inform the Gold group decision-making.

Trust Operational Groups

Organisations, including the PCT will have arrangements in place for their own local control rooms, which will remain in contact with the LLR Health Group. This communication channel will provide the health group with information on operational response, and the Health Group will provide information and guidance that comes from the local SCG. These groups will be responsible for continuity of business in their organisations throughout the pandemic. They are likely to reflect the membership of PCT flu planning/emerging groups. Membership will include operational managers and those responsible for pandemic flu planning. Reporting lines are as shown below.

Figure 2 – Command and Control



Communications

Good public communication and effective, timely internal and external communications are vital to the successful handling of a pandemic and should be incorporated into all contingency planning. When the pandemic occurs, the key communications objective will be to deliver accurate, clear, timely information and advice to the public and staff so they feel confident, safe and well informed.

The PCT and LRF have developed comprehensive communications strategies. These have been developed together to ensure that NHS LCR contributes to and leads where necessary, a co-ordinated multi-agency effort to communicate effectively with staff, stakeholders and the public.

The overall objectives of the communications strategies are to:

- Provide up to date information to staff and ensure they are empowered to act as ambassadors .
- Provide accurate, consistent and timely advice and balanced messages to instil confidence that the government and health services are responding effectively
- Develop and maintain strong local communications plans that are consistent with national messages and can be rapidly activated to disseminate timely and co-ordinated messages and current information to

healthcare professionals, NHS organisations, local partners, the media and the public within the PCTs area.

- Deliver clear and consistent instructions to the public regarding the steps they should take to protect their health
- Provide specific advice, information and reassurance to those groups within the population that are contraindicated
- Offer timely, consistent and clear information, specialist advice from the CMO and the HPA also support to healthcare providers and other key stakeholders.

Communications and Guidance from Central Government during a pandemic

During a pandemic, the Government (through the Civil Contingencies Committee (CCC), supported as necessary by Regional Civil Contingencies Committee (RCCC)) will issue firm advice on the full range of response policies that should be adopted to achieve the objectives set out above, based on its understanding (including through the use of scientific modelling) of the nature of the pandemic virus and its likely impacts. This advice will be communicated to the Leicester, Leicestershire and Rutland Strategic Co-ordinating Group (SCG) and then on to all the LRF partner agencies.

Public Health Response

Introduction

In achieving the national aim of reducing the impact of a pandemic, effective public health measures will need to be in place well in advance of a pandemic being declared.

Infection Control

Spread of the influenza virus can only be limited by the maintenance of effective infection control practices both before and during a pandemic. National guidance from the HPA has been provided[2], which gives an overall picture of best practice. PCTs will continue to work with GP practices and other health care settings for which they are responsible to ensure adequate preparation for infection control practice in line with this guidance. Guidance on infection control and business continuity has been circulated and will be re-circulated as issued.

Vaccination

PCTs recognise the importance of influenza vaccination in at risk groups as a way of preventing the development of a novel virus.

Vaccines against the pandemic virus will not be available until at least 4-6 months after a pandemic had struck, which could be well after the first wave of illness in the UK. The Department of Health is intending to order sufficient vaccines for the whole population. But, even after vaccines start to become available, the total order is unlikely to be completed for several months. Final advice on prioritisation of vaccines will be issued during a pandemic when the characteristics and impacts of the pandemic virus are known. In the meantime, the action point for business continuity planning is that the PCT will need to cope without vaccines in at least the first wave of the pandemic, and will need to identify priority staff for immunisation when it becomes available.

The vaccination of the public will be undertaken using the Mass Vaccination plan of the LRF.

Health and Social Care Response

Introduction

To ensure effective response to extraordinary circumstances, where an increased demand for health and social care is accompanied by reduced capacity in terms of workforce, the health system will need to be as de-centralised as possible. This will ensure that Primary Care services remain in operation as long as possible, and that Secondary Care services are used as effectively and appropriately as possible. This will take the form of managing demand by reducing non-essential work, and supporting Out-of-Hours

services. Criteria for admission to hospital will be in place, and may need to vary as the pandemic progresses

Antiviral drugs

The main focus of the clinical management plan for patients with Influenza is that they receive antiviral drugs within 48 hours of the onset of symptoms. The Department of Health has ordered sufficient antiviral drugs to treat 50% of population, in line with the theoretical maximum of clinical cases. These drugs will be the only major medical countermeasure available in the absence of a specific vaccine. Used for treatment only, they need to be taken as early as possible after symptoms first start, and within 48 (ideally 12) hours of onset. Based on evidence from seasonal flu, treatment with antiviral drugs is expected *to shorten the duration of illness by one day*, and to reduce complications and hospitalisations. *They do not provide a cure*. Those taking them may still be ill for around one week or more, and consequently absent from work.

PCTs will be responsible for ensuring that people who require antiviral drugs will be able to access them within 12 hours of contacting the national "'Flu Line" number. A person who suspects they have influenza will call this number, and if needed be put through to speak to a call handler. If they fulfil the requirements for antivirals, they will be advised where to have them collected from. If, by exception, they are unable to get someone to collect drugs for them (FluFriends), a courier service will be available.

Detailed proposals for how this will be done locally are laid out in the Antiviral Distribution Plan and the communications plans (see also - Appendix 1 Action at Each Level).

Resilience of Primary Care

The organisation of Primary Care Services in a pandemic aims to promote self-care for people in their own homes and develop resilience in primary care. Guidance has been developed and distributed for clinicians for preparing for pandemic at both the cluster level and practice level. Business Continuity templates and best practice are available through the HIS GP Intranet/Donut and the PCT will continue to support practices in developing resilience.Prior to a pandemic being declared, GPs and other primary care professionals can prepare by forming clusters of practices, developing between themselves plans of how services will be maintained throughout the pandemic phase. These plans include maintaining continuity of services when sickness and absence levels may cause the closure of smaller practices. The mechanisms and triggers for this are to be agreed across LLR, and will take the form of responding to the stage of the epidemic, rather than its impact.

Clinical Guidelines

The HPA, with the British Thoracic Society and the British Infection Society, have developed a set of clinical guidelines for the management of patients

with influenza like illness during a pandemic[3]. These guidelines will form the basis of medical response to a pandemic, and have been circulated. Revised guidance will be circulated to health professionals as it becomes updated.

Training and Exercising

The plan will be subject to exercise by section at various stages over time, as new ways of delivering the aims of the plan are developed. This will be in conjunction with regional and national exercises. A timetable of multi-agency exercises and training has been agreed and is in operation and PCT specific exercises and training are being planned.

Audit and Review

The plan will be available for audit by appropriate agencies. It will be reviewed annually or more frequently as a result of changes to national guidance or planning arrangements. Appropriate sections of the plan will be amended following exercises. When the first phase of a pandemic has ended, the PCT 'Flu lead will lead a complete review of the plan based on the learning acquired, to support responses to any subsequent phase.

Response Phase

Alert Levels

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

Figure 2 – WHO levels (Source: World Health Organisation EPR)

Declaring a Pandemic

The World Health Organisation (WHO) will inform the Department of Health of any change in alert levels, usually after international consultation. The Department of Health will communicate this information, together with an assessment of risk to the UK, to the devolved administrations, other government departments, the NHS, healthcare professionals, the public and relevant organisations. The Department of Health will also notify responders of the relevant UK alert level, informed by surveillance information from the Health Protection Agency (HPA). We are currently at WHO phase 3 which is defined as no, or limited transmission from human to human.

Phase 4 (Evidence of increased human-to-human transmission)

During Phase 4 the PCT should review business and service continuity arrangements, consider initiating measures to enhance and preserve essential supplies, and finalise plans for pre-distribution of any stockpiled items. It will encourage all Primary Care Contractors to carry out similar procedures. Steps to prepare and inform the public will be accelerated, with particular emphasis on enhancing understanding, explaining the likely issues and limitations, describing how essential services will respond, and advising people on self-help and community help. Information messages will also emphasise the importance of staying at home if ill, taking sensible precautions, adopting good hygiene habits and identifying friends or relatives who may require or be able to provide assistance and support during the pandemic.

Phase 5 (Evidence of significant human-to-human transmission)

During Phase 5, response plans must be ready for instant implementation and activated when required. National and local coordination and communication arrangements will be activated, the national flu line will be established across

LLR. National bodies will be monitoring the development and emerging epidemiology of the pandemic, and considering proportionate response measures – including the implementation of service restrictions to allow healthcare organisations to finalise preparations, adjust working practices and release capacity in preparation for a pandemic nationally. Advertising campaigns and a door-to-door leaflet drop will be implemented; the messages will emphasise that people should maintain essential activities as far as possible and will explain how services will operate and how they should be accessed. There will be particular emphasis on the fact that symptomatic patients should stay at home and seek assistance via the national flu line.

Preventing a Pandemic's development

Should the virus originate in the UK, rapid detection, isolating and treating sufferers, applying stringent containment measures, and the use of antiviral prophylaxis for all contacts may possibly contain or limit its spread. However, if the virus enters the UK through travellers from infected areas, such internal containment efforts are not considered likely to succeed due to the large number of seed cases expected.

Phase 6 (Efficient and sustained human – to – human transmission)

The UK response during an influenza pandemic has six major elements:

- Monitoring its emergence, spread and the impact/effectiveness of interventions
- Slowing and limiting the spread of disease
- Ensuring those who are vulnerable or affected receive appropriate treatment and care
- Maintaining business/service continuity and social order
- Dealing with additional deaths
- Ensuring that all involved in the response, including the public, are consistently well informed

The WHO declaration of Phase 6 will lead to the Chief Medical Officer announcing:

UK Alert Level 1 (no cases in the UK)

Planning

At this heightened alert phase the PCT will carry out final review and test of its response plans and operational arrangements, paying particular attention to staffing, logistics and supply issues.

Health and Social Care Response

The health and social care response at this stage will be an extension of activity at Phase 5, but with certainty that the UK will be affected. This level

could last between two and four weeks or longer, during which time heightened public concern, suspected cases and false alarms can be anticipated before the virus actually reaches the UK. The PCT will therefore need to be prepared for that demand and ensure that it does not detract from steps to maintain core services and finalise preparations for the arrival of the pandemic.

Public Information

Public information messages will acknowledge concerns whilst preparing the public for the imminent arrival of the pandemic, provide advice on the response measures and encourage those who are well to adopt sensible precautions but continue to attend work and undertake other essential services.

UK Alert Level 2 (virus isolated in the UK)

This level is anticipated to last about two weeks, until cases are occurring in all major centres of population in the UK.

Planning

The healthcare community will focus on essential activities, implementing pre-planned measures to maintain core service/business continuity and adjusting activity levels to cope with additional demand and allow for potential disruption.

Health and Social Care Response

As suspected cases occur in the UK, public health priorities will be to:

- Investigate cases and contacts promptly to confirm or refute the diagnosis at the earliest possible time
- Provide appropriate care
- Apply measures to control/slow the spread of infection
- Collect sufficient epidemiological and virological information to refine projections and inform public health and clinical management policies. (The HPA will maintain a central database on the first 100 to 200 cases for this purpose)

Public Information

People who are symptomatic will be advised in the first instance to stay at home, take paracetemol and get plenty of rest and fluids.

Anyone suspecting they have influenza-like symptoms will be advised to stay at home, inform a friend if necessary and contact the national flu line for advice. Otherwise, the overall aim will be to maintain normal services and social and economic activities as far as possible. Personal and respiratory

hygiene messages will be reinforced ahead of an escalation to UK alert level 3.

UK Alert Level 3 (outbreak(s) in the UK) and 4 (widespread activity in the UK)

No cases in Leicester, Leicestershire/Rutland

Planning

By the time outbreaks are occurring in centres of population, preparatory steps should have been completed. National and local response measures should be implemented proportionately as the pandemic spreads. Local priorities will include:

- Reviewing/revising the response strategy
- Coordinating the implementation of response measures
- Monitoring the initial adequacy and effectiveness of response measures in other areas
- Securing antiviral and essential medicine supplies
- Maintaining public communications

Health and Social Care Response

As the pandemic becomes established, health and social care priorities will include:

- Ensuring patients have access to appropriate assessment, treatment and care, including rapid access to antiviral medicines for those with symptoms compatible with pandemic influenza
- Adapting health and social care services to ensure the maximum amount of surge capacity is available in primary and secondary care in anticipation of additional demand
- Ensuring infection control standards are maintained in all healthcare settings
- Engaging with staff and implementing staffing contingency plans, including necessary training

Public Information

In addition to reinforcing previous public messages and providing advice and general information, local information and advice on service provision, any school closures, restrictions or other countermeasures should be available.

Cases in Leicester, Leicestershire/Rutland

It is anticipated that activity will rise to a peak across the UK about seven weeks from the first recognition of cases, following the pattern described. Initially, all organisations should monitor the impact on their service or

business against expectations in order to modify responses appropriately if necessary.

Planning

Local priorities are to:

- Monitor the spread and impact (including deaths), refine projections, review response effectiveness, and adapt strategies and tactics accordingly
- Maintain essential services and supplies and critical infrastructure
- Minimise social disruption
- Identify unexpected impacts or problems

Many services are likely to be under increased pressure, particularly from staff absences and possibly from disruption of supplies. Some – including health and social care organisations and funeral directors/burial services – will experience rapidly escalating demand as the pandemic evolves. Organisations' Business Continuity Plans including planning for surge capacity are the means of planning the respons to this.

As a commissioner the PCT requires its providers to have robust Business Continuity Plans. Local Authorities have responsibility for their registrar services and for organisations in the private sector including funeral directors.

Health and Social Care Response

Health priorities include:

- Surveillance – the HPA will have moved detailed to aggregate reporting of cases by geographic region together with assessment of the efficacy of antivirals (and, if relevant, vaccine), monitoring of the cause and antimicrobial susceptibility of bacterial complications, and reviewing the clinical effectiveness of the response
- Monitoring antiviral consumption against expected use and re-ordering accordingly
- Vaccine development, supply and delivery
- Monitoring and responding to pressures on health and social care services, maximising the effective use of the capacity available, supplementing staffing, maintaining essential care for those who are suffering from other emergencies or illness, conserving essential supplies and maintaining services

End of the first wave: Preparing for subsequent waves

A single wave pandemic profile with a sharp peak provides the most prudent basis for planning, as that would put a greater strain on services than a lower-level but more sustained wave or the first wave of a multi-wave pandemic. However, second and subsequent waves have occurred in some previous

pandemics, weeks or months after the first. Whilst the first priority at the end of the first wave will be to develop recovery plans and gradually restore supplies, services and activities depleted or curtailed during the pandemic., plans must assume that some regrouping may be necessary in anticipation of a future wave.

Second and subsequent waves

Second and subsequent waves may be more or less severe than the first: UK Alert Levels 1-4 will come into play again, informed by epidemiological and mathematical modelling following the first wave. The Department of Health will issue guidance to inform health plans following review of the first wave and the availability of countermeasures.

The recovery phase: returning to normality

As the impact of the pandemic subsides and it is considered that there is no threat of further waves occurring, the UK will move into the recovery phase. Although the objective is to return to inter-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations. Therefore, a gradual return to normality should be anticipated and expectations shaped accordingly. Plans at all levels should recognise the potential need to prioritise the restoration of services and to phase the return to normality in a managed and sustainable way.

Health services are likely to experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by influenza
- Those who may continue to suffer potential medium – or long-term health complications (e.g. the encephalitis lethargica that may have been linked to the 1918 pandemic)
- A backlog of work resulting from the postponement of treatment for less urgent conditions

The need to focus on performance targets and normal care standards also needs to recognise loss of staff and their experience. Most others will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. Facilities and essential supplies may also be depleted, re-supply difficulties might persist and critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement. Impact assessments will therefore be required.

For those encountering particular difficulty/specific incidents the LRF psychological support plan will apply.

Other sectors and services are likely to face similar problems and may also experience difficulties associated with income loss, changes in competitive

position, loss of customer base, lack of raw materials, the potential need for plant start-up and so on.

Plans for recovery will be developed in line with emerging guidance.

REFERENCES

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751

[2] http://www.dh.gov.uk/assetRoot/04/12/17/54/04121754.pdf published October 2005

[3] Department of Health 2005 - http://www.dh.gov.uk/assetRoot/04/12/17/55/04121755.pdf

Appendix 1 – Action at each level

National Flu Line and Assessment of Flu Pandemic Patients

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	NHS Direct are leading the development of a National Flu Line. A model for the Flu Line may be available in 2009 Prior to the completion of the development of a National Flu Line, the PCT is required to develop interim measures for a Flu Line. Proposed approach:- • A county-wide Flu Line would be established by utilising Leicestershire County Council, UHL and LCR PCTs Hours Out of call handling system. • Call handlers and clinicians would be drawn from the PCTs and potentially from the local authorities. • The national algorithm would be used to assess callers. In the absence of an algorithm reference to be made to suitable guidance[1].
Phase 4	As Phase 3
Phase 5	National Flu Line (if available) will be launched by Department of Health for the provision of public health information. If model for National Flu line is not available, the PCT is to review arrangements for establishing a local level Flu Line.
Pandemic Period – Phase 6	
UK Alert Level 1	National publicity messages will ask everyone to identify a "flu friend" whom they could ask to collect anti-virals or other medicines for them should they become ill.
UK Alert Level 2	National Flu Line (if available) will be continued to provide public health information, but will be expanded to assess flu patients. The objectives of the Flu line are that :- • The National Flu Line Service will be a first port of call for the assessment and triaging of influenza patients (using a national algorithm). Eligible patients will be prescribed anti-virals and advised to self care at home. In practice someone on their behalf (a "flu friend") will collect the anti-virals from an anti-viral Collection Point (Refer to LRF Anti-Viral Plan). • Those with higher level needs would be referred on to a GP or other health or social care professional for further care and treatment. • Higher level patients would include those influenza patients who:- o Are suffering influenza complications o Are 15kg or under (under 3 years of age) o Have identified underlying medical conditions o Are in an identified at –risk groups o Are not responding to treatment.

UK Alert Level 3	As UK Alert Level 2
UK Alert Level 4	As UK Alert Level 2

Business Continuity and Suspension of Normal Activity to Secure Essential Activity

<table>
<tr><th>Level</th><th>Main Additional Elements at Each Level</th></tr>
<tr><td colspan="2">Pandemic Alert Period</td></tr>
<tr><td>Phase 3</td><td>Robust Business Continuity Plan to be adopted and maintained into order to:-

• Identify the PCTs essential and non-essential services;
• Establish business continuity arrangements which can be implemented in response to a disruption to PCT services in order to recover and maintain essential services; and
• Ensure that the PCT can respond to an emergency, including the provision of support to emergency planning partners.

Furthermore PCT to determine those services which:-

• Are essential in responding to an influenza pandemic and which must be maintained (as is practicable);
• Essential non-pandemic related services which must be maintained (as is practicable); and
• Could be scaled down or suspended during the pandemic.

PCT to liaise with Acute Trusts, Mental Health, EMAS and Local Authority Social Care with regards to those services which could be scaled back or suspended during a pandemic.

PCT to liaise with LMC and LPC with regards to PCT and primary care services which could be scaled back or suspended during a pandemic.

All PCT Community Nursing staff to be familiarised with the use of the ABC system to identify vulnerability of existing patients and prioritise service provision to those with the greatest need. Refer to appropriate guidance.[2] [3]</td></tr>
<tr><td>Phase 4</td><td>As Phase 3.</td></tr>
<tr><td>Phase 5</td><td>As Phase 3.

ET to lead a review Business Continuity Processes and List of Critical Services and revise if necessary.</td></tr>
<tr><td colspan="2">Pandemic Period – Phase 6</td></tr>
<tr><td>UK Alert Level 1</td><td>Normal activity to be followed.

Community Nursing staff and Practices to identify vulnerable people using ABC system – service prioritisation to address their needs as category C work is dropped. Inform and reassure patients and relatives where a service may be reduced.</td></tr>
</table>

UK Alert Level 2	As UK Alert Level 1. Executive Team supported by PCT Pandemic Flu Management Team to agree when to suspend non-essential activities in order to release staff to support essential services and in response to increasing staff absenteeism. Reference to be made to the list of essential services identified under the business continuity work. **With reference to above**:- Department of Health Guidance[4] states that there will be central delegation at this point of decision-making powers concerning key responsibilities to the SHA. The SHA will lead the strategic response across the health economy; this will include decisions (in line with national guidance) about which services receive priority and which targets can be explicitly suspended. Any decisions made by the SHA will need to be confirmed with the Department of Health.
UK Alert Level 3	As UK Alert Level 1 If necessary PCT Management Team to commence phased cancellation of non-essential activity in response to rising staff absenteeism and increased demand on PCT to provide care in the community to flu patients.
UK Alert Level 4	If necessary Flu Management Team to cancel all non-essential activities.
Post Peak of Pandemic	PCT to gradually return services to a normal business level.

Provision of Care in the Community

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Community Nursing Teams to ensure there is close co-operation between themselves and Local Authority Social Care Teams within their locality to ensure that there will be an effective and coordinated response to the pandemic. As most health care will have to take place in the community, the PCT is to consider how other community based specialists (e.g. physiotherapists) could be utilised to support flu patients at home. Key Planning Points:- • Planning for the provision of care should take into consideration the needs of vulnerable and seldom heard groups (further information on vulnerable groups can be find in supporting guidance).[5] • Liaise with Local Authorities with regard to encouraging local communities, faith and voluntary groups to provide support networks with the aim of supporting people to self care at home or in residential setting. • Coordination with main voluntary groups during the pandemic will be through the County Health Group. • Plan for the support of people at the end of their lives (further information on vulnerable groups can be find in supporting guidance) [6] Nursing Home Consultative Committee, including liaison with County and City Social Services to further Business Continuity and Pandemic Flu preparation in Care & Nursing Homes. PCT to consider whether support can be provided by community nurses to care and nursing homes, whether there is a risk of closures due to staff shortages. PCT to liaise with Local Authority Children's Departments within regards to flu planning in schools, especially with regards to board schools. PCT to liaise with Leicestershire and Rutland Prisons to ensure that their flu pandemic preparedness is coordinated with the wider health community.
Phase 4	As Phase 3
Phase 5	Review of service priorities and minimal staffing levels. Community Nursing Teams to ensure there is close co-operation between themselves and Local Authority Social Care Teams within their locality.

Pandemic Period – Phase 6	
UK Alert Level 1	Review of service priorities and minimal staffing levels. Community Nursing Teams to ensure there is close co-operation between themselves and Local Authority Social Care Teams within their locality. Health Visitors will provide support to District Nurses Teams within their locality. Ensure that all Community Nursing Teams are aware of when to suspect and how to report a possible case of influenza pandemic (reference to be made to algorithm)
UK Alert Level 2	LCR CHS and all other PCT departments to monitor staff numbers once virus begins to affect PCT staff numbers. Community Nursing Teams to ensure there is close co-operation between themselves and Local Authority Social Care Teams within their locality.
UK Alert Level 3	As UK Alert Level 2.
UK Alert Level 4	As UK Alert Level 2.

Communications (Informing staff and the public) and Training

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Communications with Emergency Planning Partners and other Organisations Under business continuity planning ensure that lines of communication are established and resilient to disruption. Ensure that a robust process is in place for cascading routine and urgent information to local primary care health professionals. Major Incident Plan and Business Continuity Plans hold contact details for key emergency planning partners. Refer to LRF Pandemic Flu Communication Strategy. PCT Communication Staff to liaise with partner agency Communication Leads (SHA, PCTs, Acute, Police, LA) as part of the multi-agency co-ordination of public advice messages, which are in line with the Department of Health Communication Strategy. Staff Information Communications team to produce consistent briefings (including staff newsletter) for staff across NHS LCR. (Appropriate messaging to staff in support of HPA/DoH key messages). Staff should be briefed about the key facts about pandemic influenza. Public Information Publicise locally any Department of Health public health and infection control campaigns (e.g. 2007 Catch IT, Bin It, Kill It campaign). Work with emergency planning partners with regards to widely publicising these messages. Look to utilise links between PALS, local community groups and support networks, and voluntary organisations. Support national HPA/DoH public health message, particularly with regard to encouraging people with pandemic flu to remain at home and adopt self care and to access health care through the National Flu Line. Discuss with Primary Care contractors (e.g, GPs, community pharmacies, dentists) their important role in promoting self help to their customers. For example pharmacists can support self care through advice on the use of over the counter medicines.
Phase 4	As Phase 3

Phase 5	National Flu Line will be launched by Department of Health for the provision of public health information. (Flu Line Model still in draft). Communications with Emergency Planning Partners and other Organisations PCT Communication Staff to liaise with Partner Agency Communication Leads (PCTs, Acute, Police, LA) as part of the multi-agency co-ordination of public advice messages Review Leicestershire wide PCT Pandemic Flu Communication Strategy. Staff Information Infection Control Nurses and Occupational health to provide briefings to all staff to support response to Pandemic Flu, including:- • Infection control • Use of PPE • Not to report to work if displaying flu symptoms Public Information Appropriate messaging to members of the public and patients in support of HPA/DoH key messages. Media briefings for local advice, in conjunction with health community. Ensure links to key information sites on public website. Provide Primary Care contractors with information to assist them in promoting self help to their customers and to direct them to the National Flu Line.
Pandemic Period – Phase 6	
UK Alert Level 1	As Phase 5
UK Alert Level 2	As Phase 5 National Flu Line will be continued to provide public health information, but will be expanded to assess flu patients. (Flu Line Model still in draft).
UK Alert Level 3	As UK Alert Level 2
UK Alert Level 4	As UK Alert Level 2

Commissioning and Primary Care (General Practice / Pharmacy Contingency Plans)

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Encourage Primary Care (i.e. GPs, Pharmacies, Dentists, Opticians) to produce business continuity plans (specific business continuity guidance available for GPs and Pharmacies) to ensure that robust measures are in place to continue key service (in line with Guidance [7]). Encourage practices to include in their plans arrangements for mutual support, especially in the case of smaller practices. Plans to be reviewed and tested regularly (at least annually). Discuss with primary care contractors (e.g. dentists) whether there are opportunities for utilising them in roles other than their normal roles, as these diminish during a pandemic. Ensure that all Primary Care providers have been made aware of DH Pandemic Flu Guidance. GPs to plan for the continuation of some key services during a pandemic, for example:- • Acute clinical disease management • Screening • Procedures • Monitoring • Childhood immunisations • Child protection Practice plans need to link to existing registers of vulnerable patients and their carers. Commissioning and Provider Services to encourage key sub-contracted services (e.g. linen, food) to develop business continuity and pandemic flu plans.
Phase 4	As Phase 3
Phase 5	Ask GPs and Pharmacies to review Business Continuity Plans.
Pandemic Period – Phase 6	
UK Alert Level 1	Ensure that all Primary Care contractors are aware of when to suspect and how to report a possible case of influenza pandemic (reference to be made to algorithm).

<table>
<tr><td>UK Alert Level 2</td><td>All Primary Care contractors (GPs, Pharmacies, etc) to implement enhanced infection control measures.

In line with DH Guidance GPs will need to focus on the health care of those with more complex and urgent healthcare needs. Home visits will be required to assess flu patients in at risk groups and those with complications. Health professionals will be able to use Flu Line Professional to access antiviral drugs for a confirmed case of flu

With regard to Acute Trusts:-

• Assumption can be made that services may be gradually suspended to free up staff and beds as flu cases increase
• Some urgent surgery may be undertaken at Spire or Nuffield hospitals
• Assumption can be made that admissions to Acute Trusts may become restricted to only those needing emergency care and who have flu pandemic related complications. Less urgent cases will have to be cared for in the community.</td></tr>
<tr><td>UK Alert Level 3</td><td>As UK Alert Level 2.</td></tr>
<tr><td>UK Alert Level 4</td><td>As UK Alert Level 2.</td></tr>
</table>

Community Hospitals

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	As part of the overall response to an influenza pandemic, Community Hospitals may be utilised as "step down" facilities to receive flu pandemic patients from Acute Trusts, which no longer require acute care. Under Trust Business Continuity Planning, all Community Hospitals to determine Essential Services which must be maintained (as is practicable) during a pandemic and those non-essential services which could be reduced or suspended. Establish whether key (local) suppliers have implemented business continuity arrangements, particularly with regard to influenza pandemic. With regard to nationally based suppliers/contractors the PCT would raise this matter through regional/national forums, e.g. SHA/DH. Identify capacity for extra beds in each Community Hospital. Establish care guidelines for the care of Community Hospital patients who fall ill with the flu. Patients who fall ill with the influenza virus to be isolated in community hospital wards where practical.
Phase 4	As Phase 3
Phase 5	As Phase 3 Confirm arrangements for distribution of antivirals (where Community Hospitals are to be used) (Refer to LRF Anti-viral Plan).
Pandemic Period – Phase 6	
UK Alert Level 1	Implement arrangements for distribution of anti-virals (where Community Hospitals are to be used). (Refer to LRF Anti-viral Plan). Ensure a high standard of infection control (including cleaning) is maintained to minimise spread of influenza virus. Ensure staff are aware of guidelines for the care of Community Hospital patients who fall ill with the flu. Patients who fall ill with the influenza virus to be isolated in community hospital wards where practical.
UK Alert Level 2	As UK Alert Level 1. Implement additional bed capacity (as staffing allows).
UK Alert	As UK Alert Level 2.

Level 3	
UK Alert Level 4	As UK Alert Level 2.

Infection Control

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Develop strategy to raise awareness and communicate information on infection control to all PCT staff. Develop guidance on infection control for all Trust premises. Ensure guidance takes note of Pandemic Flu Guidance [8] [9] Continue to deliver infection control training as normal, but include reference to Pandemic Influenza. Consider the need for introduction of enhanced levels of cleaning in in-patient areas during the pandemic. <u>Personal Protective Equipment</u> Assess staff needs for Personal Protective Equipment (PPE) and provide training where needed Review DH guidance with regard to stockpiling of appropriate PPE. Small stock of PPE (surgical masks, FFP3 masks and eye protection) have been purchased as a regional resource
Phase 4	Review Infection control guidance and ensure that all staff who come into contact with patients have received infection control training. Review stockpile of PPE – order more if necessary.
Phase 5	As Phase 4
Pandemic Period	
UK Alert Level 1	As Phase 4
UK Alert Level 2	As Phase 4 Plus introduction of an enhanced level of cleaning of in-patient areas
UK Alert Level 3	As UK Alert Level 2
UK Alert Level 4	As UK Alert Level 2

Human Resources Issues

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Human Resources to review implications of draft Department of Health Pandemic Guidance for HR [10] and ethical guidance [11]. Healthcare Commission survey indicated that 76% of NHS staff who had responded had children who were dependent, and 37% had dependents who were elderly or disabled[12]. A planning assumption can be made that schools and childcare facilities may close during a pandemic. Also social care provision may be affected as focus is placed on priority services. Department of Health guidance indicates that up to 50% of staff with caring responsibilities will seek time off work. Human Resources to consider producing a profile of the caring responsibilities of staff, so as to provide an indication of the constraints that they may have during a pandemic. Profile to be used in understanding implications for provision of service. Human Resources to review resilience of employee support services, e.g. provision of psychological support, bereavement counselling, etc. Human Resources to review opportunities for supporting essential services during a pandemic, e.g. redeployment of staff; flexibility in staff working hours; use of recently retired staff; cancellation of leave; staff working extra hours, including weekends; etc. This to be undertaken in liaison with staff side and unions. Staff should get appropriate support and only be asked to take on task within their competence. To assist staff with caring responsibilities, address transport problems and concerns over infection at work, Human Resources to review opportunities for staff to work flexibility during an influenza pandemic (e.g. working different hours, working from home, working at a different base). Staff at high personal risk of influenza complications (e.g. those who have pre-existing respiratory diseases or another chronic disease likely to be exacerbated by influenza) should (if practicable) be relocated to work where they are less likely to be exposed. PPE measures to be considered for all staff as appropriate to their role. Ensure methods for staff reporting their absence will enable teams / departments to:- • Monitor absenteeism daily so that impact on service provision can be manage • Report absenteeism levels to Flu Management Team. • Provide situation reports to the SHA.
Phase 4	As Phase 3
Phase 5	Profile the staff and resources that are likely to be available to respond to a pandemic. Contact recently retired staff to determine whether they are prepared to work during a pandemic.
Pandemic Period – Phase ***6***	
UK Alert Level 1	Human Resources to liaise with PCT Operational Managers with regards to:- • Possible re-deployment of staff.

	• Staff welfare issues (childcare, bereavement, etc). Human Resources to ensure that up to date contact details are held for all staff
UK Alert Level 2	As UK Alert Level 1 Human Resources to ensure all departments have instructed staff not to come in to work if they are showing pandemic influenza symptoms. Furthermore, staff who display symptoms should be sent home and advised not to work until fully recovered.
UK Alert Level 3	As UK Alert Level 1
UK Alert Level 4	As UK Alert Level 1

Medical Guidelines / Public Health

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	PCT Flu Co-ordinator to liaise with health community partners (locally, regionally and nationally) with regard to adoption of appropriate medical guidelines in the event of a pandemic (including triage and treatment for flu patients). Ensure effective up take of Seasonal flu and pneumococcal vaccine by at risk groups. Liaise with HPA and SHA with regards to the surveillance and reporting of Influenza Pandemic cases.
Phase 4	As Phase 3
Phase 5	Adopt DH medical guidelines for the assessment of patients for Pandemic Influenza. In absence of DH guidance, agree medical guidelines with local / regional health community. Ensure medical guidelines for the assessment of patients for Pandemic Influenza are disseminated to primary care and all PCT staff involved in the assessment and care of flu patients. Ensure effective up take of Seasonal flu and pneumococcal vaccine by at risk groups. Liaise with HPA and SHA with regards to the surveillance and reporting of Influenza Pandemic cases.
Pandemic Period – Phase 6	
UK Alert Level 1	Ensure medical guidelines for the assessment of patients for Pandemic Influenza are disseminated to primary care and all PCT staff involved in the assessment and care of flu patients. Ensure effective up take of Seasonal flu and pneumococcal vaccine by at risk groups. Liaise with HPA and SHA with regards to the surveillance and reporting of Influenza Pandemic cases.
UK Alert Level 2	As UK Alert Level 1.
UK Alert Level 3	As UK Alert Level 1.
UK Alert Level 4	As UK Alert Level 1.

Antiviral plan and Pharmaceuticals

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Annually Review LRF Anti-viral plan. Review Influenza Pandemic vaccination guidelines when available from DH. Liaise with DH over the availability of key pharmaceuticals (e.g. antibiotics) during a pandemic (for PCT Pharmacy and Community Pharmacists).
Phase 4	Review and confirm Anti-viral Plan(s).
Phase 5	Confirm Anti-viral Plans(s).
Pandemic Period – Phase 6	
UK Alert Level 1	Maintain contact with Strategic Health Authority and Department of Health regarding release of antivirals by Department of Health. Confirm arrangements with DH concerning the supply of key pharmaceuticals during a pandemic.
UK Alert Level 2	Potential release by Department of Health of an initial supply of antivirals to the collection points. Implementation of LRF Anti-viral Plan.
UK Alert Level 3	Further deliveries of anti-virals to collection points.
UK Alert Level 4	As UK Alert Level 3. When available, liaise with health community and local authority on the coordination of an Influenza pandemic vaccination programme. Liaise with DH on priority groups.

Pandemic Influenza Vaccination Programme

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Liaise with Department of Health on planning for a Pandemic Influenza Vaccine. A primary care based model for population wide pandemic vaccination is the Department of Health's favoured approach for delivery of a specific pandemic vaccine. The assumption is that a vaccine will not become available until 4-6 months after the emergence of the virus. Activate LRF Mass Vaccination plan if appropriate to number of vaccines available. PCT to determine the staff who will be called upon to administer the vaccine. Ensure staff have the necessary skills and organise training as required. <u>Seasonal Flu</u> Maintain annual programme of offering Seasonal Flu and Pneumococcal Immunization to all eligible patients. Remind those staff that are eligible of the advantages of immunization.
Phase 4	As Phase 3 Department of Health vaccination implementation group to be established to coordinate national response
Phase 5	As Phase 3 Liaise with Department of Health with regards to influenza pandemic vaccination planning (for both pre-pandemic vaccination and mass vaccination with virus specific vaccine).
Pandemic Period – Phase 6	
UK Alert Level 1	As Phase 5
UK Alert Level 2	As Phase 5
UK Alert Level 3	As Phase 5
UK Alert Level 4	As Phase 5

Supplies (PPE and other Key Items)

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	Department of Health to stockpile surgical masks and FFP3 masks. Note: Stockpile may not be completed for a number of years. Review resilience of key supplies to a reduction of availability. Consider adopting business continuity measures to respond to shortages in the availability of key supplies. Small stockpile of surgical masks, FFP3 masks and reusable eye protectors has been ordered by PCTs
Phase 4	As Phase 3.
Phase 5	Consider whether stockpiling of key supplies is necessary (as is practicable). Liaise with SHA / DH / NHS Logistics with regards to supply of PPE and other critical supplies during pandemic.
Pandemic Period – Phase 6	
UK Alert Level 1	Liaise with SHA / DH / NHS Logistics to confirm arrangements for supply of PPE and other critical supplies during pandemic.
UK Alert Level 2	Undertake stock control of PPE and key supplies and re-order as necessary
UK Alert Level 3	As UK Alert Level 2.
UK Alert Level 4	As UK Alert Level 2.

Support Services - Mortuary (Management of Excess Death)

Level	Main Additional Elements at Each Level
Pandemic Alert Period	
Phase 3	PCT to liaise with Leicestershire County Council Emergency Planning Division and other LRF partners regarding Mass Fatalities Plan and the management of excess death during an influenza pandemic.
Phase 4	As Phase 3.
Phase 5	As Phase 3.
Pandemic Period – Phase 6	
UK Alert Level 1	As Phase 3.
UK Alert Level 2	As Phase 3.
UK Alert Level 3	As Phase 3.
UK Alert Level 4	As Phase 3.

APPENDIX 1 REFERENCES

[1] Clinical guidelines for patients with an influenza like illness during an influenza pandemic (British Infection Society, British Thoracic Society and HPA; 2006)

[2] Supporting people with long-term conditions to self-care: A Guide to Developing Local Strategies and Best Practice (Department of Health; 2006)

[3] Responding to Pandemic Influenza: The Ethical Framework for Policy and Planning (Department of Health; 2007)

[4] Pandemic Flu Guidance for Primary Care Trusts and Primary Care Professionals (Department of Health; 2007

[5] Pandemic Flu Guidance for Primary Care Trusts and Primary Care Professionals, page 32 (Department of Health; 2007)

[6] Pandemic Flu Guidance for Primary Care Trusts and Primary Care Professionals, page 33 (Department of Health; 2007)

[7] Pandemic Flu Guidance for Primary Care Trusts and Primary Care Professionals (Department of Health; 2007)

[8] A Summary of Guidance for Infection Control in Healthcare Settings (Department of Health; 2007)

[9] Infection Control in Hospitals and Primary Care Settings (Department of Health; 2007)

[10] Pandemic Influenza: Human Resources Guidance for the NHS (Draft) (Department of Health)

[11] Responding to Pandemic Influenza: The Ethical Framework for Policy and Planning (Department of Health; 2007)

[12] Healthcare Commission National Survey of NHS Staff 2005