

Meeting:	<b>NHS Brighton and Hove Board Meeting</b>
Item no:	<b>145/09</b>
Date:	<b>17 November 2009</b>
Board Sponsor:	<b>Tom Scanlon, Director of Public Health</b>
Paper Author:	<b>Peter Wilkinson, Deputy Director of Public Health and PCT Flu Director</b>
Subject:	<b>Pandemic Flu – Board Update</b>

## **1 Summary and context**

- 1.1 This paper outlines the current national and local situation with regard to pandemic (swine) flu and NHS Brighton and Hove's response to and preparations for the next wave of the pandemic.
- 1.2 An update on the most recent activity and impact on services will be delivered verbally by the PCT Flu Director at the Board meeting since figures and statistics are continuously changing.

## **2 Recommendations**

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

## **3 Relevant background information**

- 3.1 On 11 June 2009 the World Health Organisation declared a flu pandemic. The initial UK policy of containment using anti-viral medication to treat cases and close contacts ended on 2 July 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 27 July when the rate of increase began to fall. The decline continued until mid-September when the rate began to increase again. The number of new cases in England was estimated at 53,000 in the third week of October 2009. At present the national consultation rates for flu are just above the normal winter baseline levels. Other northern hemisphere countries such as France and the USA have seen significant increases in swine flu related health service consultations.
- 3.2 The number of courses of antiviral medication issued at the Brighton and Hove antiviral collection point peaked at 338 on the 24<sup>th</sup> July. At the time of writing (October 22<sup>nd</sup> 2009) the daily number of antiviral courses issued is between 50 and 60. There has been a gradual increase in the weekly total of antivirals issued since mid-September
- 3.3 The Department of Health's (DH) worst case scenario planning assumptions were revised in September 2009 and have been revised downwards again on the 22 October. The worst-case clinical attack rate has been reduced from 30% to 12% and the peak absence rate is now up to 5% of the workforce.

3.4 **UK reasonable worst case scenario for period from 1<sup>st</sup> October 2009 to mid-May 2010:**

Clinical Attack Rate	up to 12% of population
Peak Clinical Attack Rate	nationally, up to 2.5% of population per week
	locally, 3% of population per week
GP consultations	1.8 million
Hospitalisations	35,000 of which 15% (5,300) might require critical care
Fatalities	up to 1000
Peak Absence Rate	up to 5% of workforce

3.5 Based on the above assumptions local estimated activity for the peak week is:

- 6500 clinical cases
- 1400 people requiring a GP consultation
- 30 people admitted to hospital
- 5 cases needing critical care

3.6 Local planning arrangements

The multi-agency Flu-MART (Management and Response Team) continues to meet on a weekly basis. Particular issues related to winter planning and managing the pandemic surge are considered in depth at alternate meetings.

3.7 Assurance for winter/flu planning from other organisations

Brighton and Sussex University Hospitals NHS Trust has provided assurance to the SHA about its plans but highlighted three risk areas: the provision of paediatric intensive care facilities in the South East Coast Strategic Health Authority (SEC SHA) Region, the need to suspend operating standards at the peak of a pandemic and the lack of additional funding.

3.8 South Downs Health NHS Trust Board and the Sussex Partnership NHS Foundation Trust Board have provided assurance to the SHA.

3.9 Brighton and Hove City Council Social Services, South East Health out-of-hours service, South East Coast Ambulance Service and the Children and Young People's Trust all have local plans for pandemic flu. The local organisations' plans are being continuously refined and updated as the preparations for winter and flu planning progress.

3.10 On 25 September 2009 local organisations participated in the SHA wide exercise "Peak Practice". The exercise allowed organisations to assess their preparedness using a scenario for the second pandemic wave. The issues identified have been followed up.

The antiviral collection point

- 3.11 The above planning assumptions highlight the possible demands placed on the antiviral collection point during the surge. To prepare for such demand the PCT has recruited over 20 outside staff on “zero-hour contracts” who, at the time of writing, are undergoing training. In addition approximately 40 PCT staff have begun their refresher training.

Swine flu (H1N1) Vaccination programme

- 3.12 Some information relating to the vaccination programme is still awaited, but both pandemic specific vaccines have now been licensed. For one vaccine only one dose is required for the majority of patients.
- 3.13 For **patients** the priority groups for the initial part of the vaccination programme have been identified. These are in priority order:
- 3.14
- I. individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
  - II. all pregnant women, subject to licensing conditions on trimesters
  - III. household contacts of immunocompromised individuals
  - IV. people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups
- 3.15 The vaccination programme will be delivered through primary care. Central funding will be provided for the programme. The delivery of vaccine to GP surgeries began at the end of October 2009.
- 3.16 For **frontline health and social care staff** the Department of Health has made it clear that it is the responsibility of the employer to arrange for their staff to be vaccinated. The vaccine will be provided free of charge for frontline health and social care staff. The PCT does not employ staff who are eligible for the vaccine through their work at the PCT. South Downs, BSUHT and SPT have their own in-house arrangements for vaccinating their staff. South Downs Health is working with the city council to arrange for social care staff to be vaccinated. The plans for the vaccination of staff are constrained by the current uncertainty about the delivery of the vaccine. The South Downs staff vaccination programme is planned to take place on the 4<sup>th</sup> and 5<sup>th</sup> of November.
- 3.17 As part of the vaccination programme there will be a national communications campaign which will be adapted locally.

Primary Care

- 3.18 Local practices receive updates on swine flu issues three times each week. To address the possibility that local practices may need to suspend some of their usual services during the pandemic an escalation strategy for primary care is being developed.

Potential areas of concern:

3.19 **Paediatric Intensive Care**  
Across the SECSHA the routine operational arrangements for paediatric intensive care (PICU) provision rely upon children being transferred to London. Because of these plans there are very few paediatric intensive care beds in the Region. This is considered to be potential problem area during a pandemic when there may be a high need for PICU beds and inter- hospital transfers may be restricted. Work is ongoing at an SHA level to address this. Locally BSUHT has made provision to increase the number of PICU beds available and across the SHA there is agreement that children over a certain weight will be managed on adult units

3.20 **Patient Transport Services**  
Within the ambulance service's pandemic flu plans it is stated that under certain circumstances Patient Transport Services will cease to be provided. During a pandemic this could delay the discharge of patients from hospitals. This is being followed up with the SHA and specialist commissioning.

#### **4 Link to strategic objectives**

##### **4.1 Be the leading advocate for health and healthcare in the city**

Through the MART, led by the PCT, the PCT is working closely with other NHS bodies and the local authority.

##### **4.2 Improve health and reduce health inequalities**

There are no direct links to reducing health inequalities.

##### **4.3 Increase service quality and choice**

There are no direct links to increasing service quality and choice.

##### **4.4 Increase people's confidence in, and engagement with, the NHS**

Effective and robust planning arrangements will increase public confidence in the management of the pandemic within the local NHS.

##### **4.5 Manage resources effectively**

The PCT has received a small amount of SHA pandemic flu funding. The direct expenditure to the PCT continues to be minimised through the reallocation of staff within the organisation.

#### **5 Link to corporate considerations**

##### **5.1 Governance and legal**

The governance arrangements for the antiviral collection point are being overseen by South Downs Health NHS Trust. These include the signing-off of protocols and guidance for staff working at the collection point to issue antiviral medication and overseeing infection control at the centre.

##### **5.2 Equalities**

No major issues have been identified.

##### **5.3 Consultation**

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

## **5.4 Risk management**

- 5.4.1 Because of the current gradual increase in the number of cases a second wave is anticipated. However, at the time of writing the number of cases does not appear to be increasing as would be expected for a significant second wave to have begun. There is also some concern that future waves may be more virulent with potentially more serious consequences than those currently being experienced.
- 5.4.2 There is clearly 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.
- 5.4.3 Pandemic flu will remain on the corporate risk register to ensure that changing circumstances of the pandemic are reflected in risk management mitigation.

## **6 Appendices**

There are no appendices to this paper.