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Pandemic Flu Coordination Plan

Lambeth & Southwark

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OFFICIAL

Document approval and review process

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SECTION A: BACKGROUND

1. INTRODUCTION

New influenza (flu) subtypes emerge with unpredictable frequency and can result in a new pandemic strain that will spread rapidly throughout the world, affecting large numbers of the population with little or no immunity. However, until the event occurs, the impact, expressed as the severity of the illness and proportion of the population that will be most severely affected, will be unknown. As a guide, the impact could range from a 1918-type pandemic, where there was significant morbidity and mortality in young adults, to a 2009 pandemic, where the illness was mild in most groups of the population. Given the uncertainty and the potential impact of such an event on the UK, pandemic influenza has been classified by the Cabinet Office as the number one threat to the UK population.

Given the unpredictable nature and the potential severity of pandemic influenza, it is important that any response is flexible and proportionate. It is also important that our response builds on currently developed business continuity arrangements, while addressing the specific issues that might emerge during the pandemic. Lessons identified during the response to the 2009/10 flu pandemic caused by the A(H1N1) virus ('swine flu') and subsequent 2010/11 winter seasonal flu outbreak have informed ongoing preparedness activity.

In the event of a pandemic the Director of Public Health will coordinate the local response in Lambeth and Southwark via the Pandemic Coordination Group (PCG). NHS and local government commissioning and provider organisations will maintain their existing roles and responsibilities for the management of the local health and social care system. However, some pandemic specific activities and plans will also be required. Essential to all local plans are:

- A **sustainable community based response** – with effective arrangements for providing initial assessment, access to antiviral medicines and vaccines, treatment of complications, home care and access to hospital care;
- An **integrated approach to planning and response** that effectively employs all of the health and social care services in a local area, using flexible working across agencies;
- **Clear and comprehensive arrangements for admission, discharge and transfer** between appropriate levels of health and social care, based on established ethical frameworks to assist in managing local demand;
- **Effective monitoring and communications systems;**
- **Effective management of the increases in demand**, including a graded approach allowing local response to be proportionate to the severity of the pandemic and the continuation of essential non-flu care;
- **Psychosocial support** for all staff and patients/clients.

This plan outlines the response to the pandemic in Lambeth and Southwark including how the pandemic will be managed and coordinated in the CCGs and local authorities. It also provides an overview of the responsibilities of other key agencies and, as such, offers a broad overview of all aspects of response.

The principles, systems and processes contained within this plan are transferable to other types of pandemic.

2. WHAT IS INFLUENZA

Influenza is an acute, infectious viral illness that spreads rapidly from person to person when in close contact. It is characterised by a sudden onset of fever, chills, headache, muscle pain and usually cough with or without a sore throat – or other respiratory symptoms. These symptoms generally last for about a week, although a full recovery could take longer.

There are three broad types of influenza virus – A, B and C. It is influenza A that causes most winter epidemics and all pandemics and affect a whole range of animal species as well as humans. Influenza A has a marked propensity towards adaptation and change and this is what enables them to remain in circulation in slightly different forms, resulting in the virus having different impacts.

A flu pandemic occurs when a new or re-emerging influenza A virus emerges which is:

- Markedly different from recently circulating strains,
- Able to infect people,
- Readily transmissible from person to person,
- Capable of causing illness in a high proportion of those infected,
- Spreads widely because few, if any, people have natural or acquired immunity to it.

3. AIM OF THE PLAN

The aim of this plan is to provide operational guidance for a flu pandemic and to outline the roles and responsibilities of Lambeth and Southwark local authorities, CCGs and other key agencies and how the local response will be coordinated by the Director of Public Health.

The overall objectives of the UK's approach to planning and preparing for a flu pandemic¹ are to:

- **Minimise the potential health impact by:**
 - Supporting efforts to detect its emergence and early assessment by sharing scientific information.
 - Promoting individual responsibility to reduce the spread of infection through good hygiene practices and uptake of seasonal flu vaccine
 - Ensuring the health and social care systems are ready to provide treatment and support for the large number likely to be affected, while maintaining essential care.
- **Minimise the potential impact on society and the economy by:**
 - Supporting the continuity of essential services, including the supply of medicines and protecting critical national infrastructure.
 - Supporting the continuation of everyday activities.
 - Upholding the law and democratic process.
 - Preparing to cope with significant numbers of additional deaths.
 - Promoting a return to normality and the restoration of disrupted services.
- **Instil and maintain trust and confidence by:**
 - Ensuring health and other professionals, the public and media are engaged and well informed in advance of and throughout the pandemic and that professionals receive information and guidance in a timely way so they can respond appropriately.

¹ Department of Health. UK Influenza Pandemic Preparedness Strategy 2011

4. ASSOCIATED DOCUMENTS

Pandemic plans should be based on existing systems and processes as far as possible. Routine processes, including those for managing seasonal flu outbreaks each year, and business continuity plans for responding to other pressures, such as winter illness or major incidents such as flooding are well established, tried and tested. Building on these familiar procedures provides a robust foundation for responding to fluctuation in demand for capacity that may occur in a flu pandemic.

This plan has been developed using, and therefore should be considered in conjunction with, the following documents and guidance:

Internal (CCG or local authority)	External
CCG Business Continuity Plans	NHSE Operational Guidance
Council Business Continuity Plans	PHE Pandemic Flu Response Plan
L&S Pressure Surge Management Plan	DH 2012. Health and Social Care Influenza Pandemic Preparedness and Response
Council Emergency Plans	NHS England (London) Operational Guidance Jun 14
SEL CCG Director On call handbook and supporting documents	Cabinet Office Preparing for Pandemic Influenza. Guidance for local planners. July 2013
	UK Pandemic Communications Strategy 2012
	London Resilience Partnership. Pandemic Influenza Framework. Feb 2014
	UK Influenza Pandemic Preparedness Strategy 2011
	DH 2011. Scientific Summary of Pandemic Influenza and its mitigation

5. ACTIVATION OF THE PLAN

This plan will be activated on declaration of the Detect Stage by the Department of Health or Public health England. At this point the Lambeth & Southwark Pandemic Coordination Group will have been convened by the Director of Public Health to lead the response locally, and existing plans and processes will be reviewed.

Notification of a pandemic

The Department of Health (DH) will inform the Cabinet Office and PHE should the WHO declare a pandemic or if there is a significant change in the threat assessment. The Cabinet Office will alert other government departments and work with the DH to develop, update and circulate top line briefings via the News Coordination Centre. The DH will also alert health and social care organisations and professionals. The Department of Communities and Local Government (DCLG) will alert Local Resilience Fora (LRF) and LRFs will, in turn, cascade information to their members.

6. PLANNING ASSUMPTIONS

Influenza pandemic planning in the UK has been based on an assessment of the 'reasonable worst case' derived from experience and a mathematical analysis of seasonal influenza and previous pandemics.

This suggests that up to 50% of the population could experience symptoms of pandemic influenza during one or more pandemic waves lasting 15 weeks, although the nature and severity of the symptoms would vary from person to person.

Analysis of previous influenza pandemics suggests that we should plan for up to 2.5% of those with symptoms dying as a result of influenza, assuming no effective treatment was available. The *UK Influenza Pandemic Preparedness Strategy 2011* recognises that the combination of particularly high attack rates and a severe disease is also improbable, and consequently suggests planning for a lower level of population mortality is sensible. Therefore plans should be flexible and scalable for a range of impacts. While the profile of the next pandemic remains by its very nature unknown, it is prudent to continue to plan and prepare using modelling assumptions based on experiences of previous pandemics.

Although all parts of society will be affected by a pandemic, the NHS is likely to be particularly impacted due to an increase in demand for services from patients coupled with a potential reduction in staffing (due to a variety of factors including personal illness and caring responsibilities) and possible supply chain disruptions.

Planning at all levels needs to be comprehensive and flexible to address the breadth of possible scenarios. A proportional, graded response that can be adjusted as the threat alters, including cessation or commencement of certain functions, is required.

7. IMPACT IN LAMBETH & SOUTHWARK

The table shows the possible impact of a pandemic with Lambeth and Southwark, assuming a 50% attack rate and at varying levels of severity of disease. These assumptions are taken from the Department of Health UK Influenza Pandemic Preparedness Strategy 2011.

	Lambeth	Southwark
Resident population (2011 Census)*	303,300	288,300
Possible no. of symptomatic patients over first wave (50%)	151,650	144,150
Patients requiring assessment and treatment in usual pathways of primary care (30% of symptomatic)	45,495	43,245
Possible number requiring hospital care (4% of symptomatic)	6066	5766
Number of excess deaths (0.5% of symptomatic)	758	721
Number of excess deaths (1.5% of symptomatic)	2275	2162
Number of excess deaths (2.5% of symptomatic)	3791	3604
Up to 50% of the workforce may require some time off during the entire period of the pandemic, up to 20% on any given day		

* For CCGs, registered population may be more relevant. As at June 2014, Lambeth registered population was 372,709; Southwark 305,073.

To assist local planners in their planning and preparations for an influenza pandemic central government has developed a tool to facilitate the application of National Planning assumptions to the local setting:

<https://www.gov.uk/government/publications/pandemic-flu-national-planning-assumptions-assessments-tool>

Staff absence

Up to 50% of the workforce may require time off at some stage over the entire period of the pandemic. In a widespread and severe pandemic, affecting 35-50% of the population, this could be even higher as some with caring responsibilities will need additional time off.

Staff absence should follow the pandemic profile. In a pandemic affecting 50% of the population, between 15 and 20% of staff may be absent on any given day. These levels would be expected to remain similar for one to three weeks and then decline.

Some small organisational units (5-15 staff) or small teams within larger units where staff work in close proximity are likely to suffer higher percentages of staff absences. In a widespread and severe pandemic, 30-35% of staff in small organisations may be absent on any given day.

Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependants, to look after children in the event of schools and nurseries closing, family bereavement, practical difficulties in getting to work and other psychological impacts.

8. NATIONAL STRATEGY

The *UK Influenza Pandemic Preparedness Strategy 2011* built upon lessons identified during the 2009 pandemic and 2010/11 winter season. This section summarises key aspects of the 2011 Strategy and includes references to a range of activities that will be undertaken by various health partners, including PHE, NHS England, providers of NHS funded care and other health and multi-agency partners.

The strategy recognises that the World Health Organization (WHO) pandemic alert phases were not ideally suited as a response framework within individual countries. In 2009, the UK was well into its first wave of infection by the time WHO declared the official start of the pandemic. The use of WHO phases as a trigger for the different stages of local response, as detailed in the 2007 National Framework, proved to be challenging and were ultimately confusing for the public as did categorisation of UK Alert Levels which were not used.

The 2011 UK Strategy recognised that a more flexible approach is required for pandemic preparedness and response. In June 2013, WHO revised its own pandemic preparedness arrangements and published interim guidance on pandemic influenza risk management that is also more flexible than previous guidance and reflects a continuum of influenza activity.

The overall objectives of the UK's approach to preparing for an influenza pandemic are to:

- minimise the potential health impact of a future influenza pandemic
- minimise the potential impact of a pandemic on society and the economy
- instil and maintain trust and confidence

Towards this, the Strategy identifies a series of stages, referred to as '**DATER**':

Detection, Assessment, Treatment, Escalation and Recovery. These stages are non-linear and have identified indicators for moving between them. The stages are not numbered as they are non-linear and may not follow in strict order; it is also possible to move back and forth or jump stages. It should also be recognised that there may not be clear delineation between stages, particularly when considering regional variation and comparisons.

Given the uncertainty about the scale, severity and pattern of development of any future pandemic, three key principles should underpin all pandemic preparedness and response activity:

Precautionary: the response to any new virus should take into account the risk that it could be severe in nature

Proportionality: the response to a pandemic should be no more and no less than that necessary in relation to the known risks

Flexibility: there should be a consistent, UK-wide approach to the response to a new pandemic but with local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection and the different healthcare systems in the four countries

The Strategy further elaborates on the proportionate aspect of the response by describing the nature and scale of illness in low, moderate and high impact scenarios, and further attributes potential healthcare and wider societal actions as well as key public messages.

SECTION B: COORDINATION OF THE RESPONSE

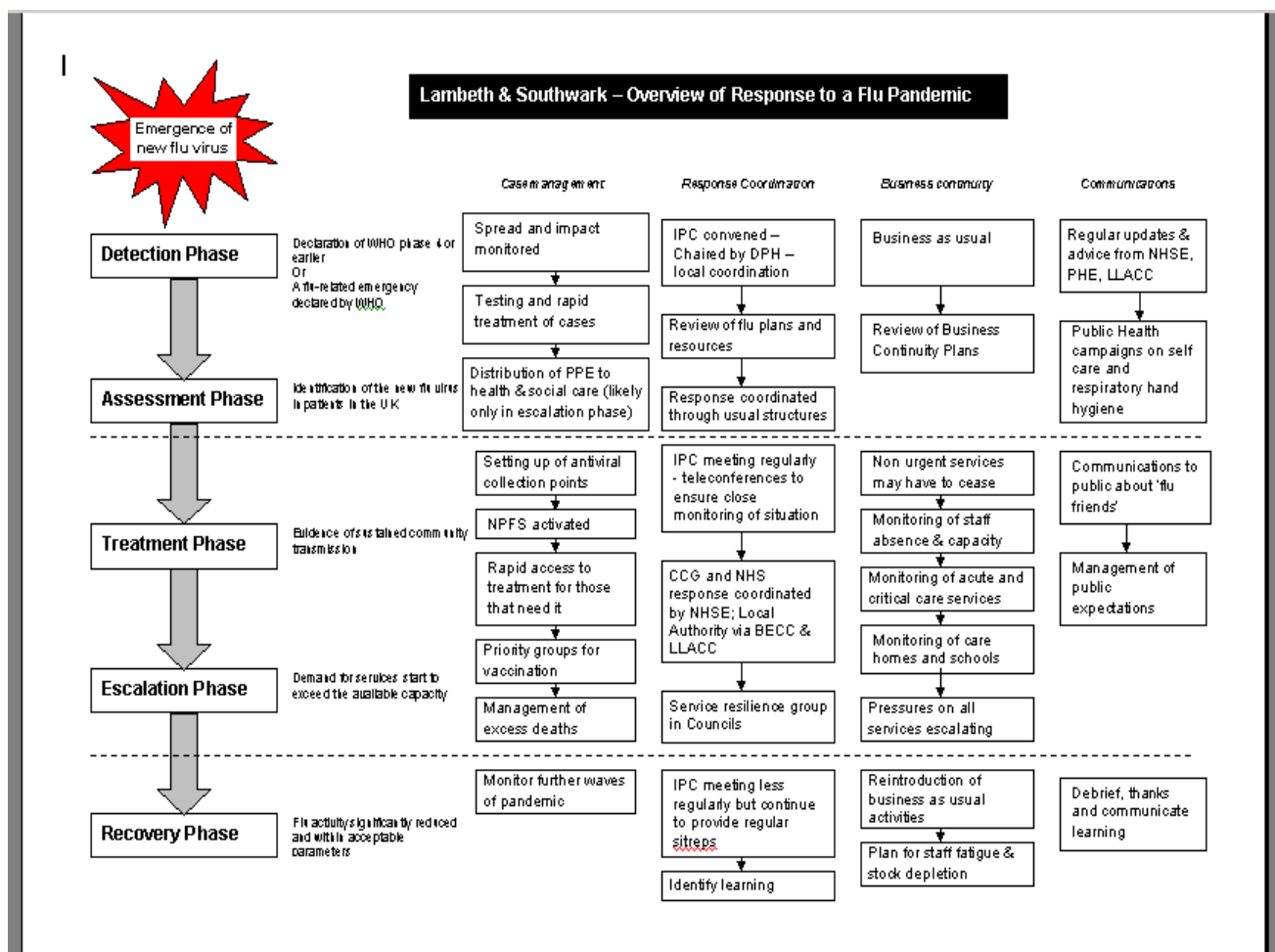
9. OVERVIEW OF RESPONSE

The diagram below provides an overview of the response to a pandemic at the different stages. Following the initial response of detection and assessment, the main period of response will occur during the treat and escalate stages. A national decision will be taken to move to the treat stage, however movement to the escalate stage will be determined locally based on pressures. For London this will be determined by the NHS England Pandemic Influenza Incident Response Team (see section 11 of this plan).

COBR will oversee the overarching response and the Department of Health is the lead government department.

Stage	Lead Organisation
Inter-pandemic multi agency planning	Public Health England
Detection	Public Health England
Assessment	Public Health England
Treatment	NHS England
Escalation	NHS England

NHS England, CCGs and provider organisations will regularly review pressures, to determine at an early stage whether escalation is required. Responsibility for escalation will ordinarily lie through the mechanisms used at other times of pressure surge, eg winter.



10. ROLES AND RESPONSIBILITIES OF KEY AGENCIES

10.1. Public Health England

Public Health England (PHE) will undertake the following at a regional level providing consistent response across London.

Stage	Lead	PHE Activity
Detection	PHE	<ul style="list-style-type: none"> Intelligence gathering Enhanced surveillance Diagnostic development Provision of communications to public and professionals
Identification of the novel influenza virus in patients in the UK.		
Assessment	PHE	<ul style="list-style-type: none"> Collection of clinical and epidemiological data including FF100 cases Estimates of impact and severity in the UK Reducing risk of transmission by: <ul style="list-style-type: none"> Actively identifying cases Treatment Antiviral prophylaxis for close/vulnerable contacts
Evidence of sustained community transmission.		
Treatment	NHS England	<ul style="list-style-type: none"> Support response
Escalation	NHS	<ul style="list-style-type: none"> Support response

	England	
Recovery	All	<ul style="list-style-type: none"> • Support recovery

Detection and assessment from the initial response and may be combined due to the speed with which the virus spreads or severity with which individuals and communities are affected.

As more information is gathered on the characteristics of the virus more detailed information will be distributed by PHE.

10.2. NHS England

NHS England (London) has a number of roles and responsibilities during a future influenza pandemic. These are summarised below and are available in more detail in the national NHS England Pandemic Influenza Operating Framework (October 2013)² and the NHS England (London) Pandemic Influenza Operating Arrangements (June 2014).

Stage	Lead	NHS England Activity
Detection	PHE	<ul style="list-style-type: none"> • establish pandemic influenza response arrangements at NHS England • review and finalise directly-commissioned response arrangements (eg Antiviral Collection Points (ACPs), pandemic specific vaccination arrangements, NHS delivery locations for the national stockpile)
Identification of the novel influenza virus in patients in the UK.		
Assessment	PHE	<ul style="list-style-type: none"> • as described above, plus • establish regular engagement regime with NHS commissioners and providers in London • establish a recovery working group • oversee and coordinate the NHS response in London
Evidence of sustained community transmission.		
Treatment	NHS England	<ul style="list-style-type: none"> • as described above, plus • provide regular situation reports on the status of the NHS in London to central government, sharing with regional partners as appropriate • ensure business as usual NHS services are maintained as far as appropriate • ensure treatment of cases through NHS services • enhance the health response to deal with increasing numbers of cases • activate directly-commissioned response arrangements (e.g. ACPs) • potentially prepare for pandemic influenza specific vaccination through directly-commissioned services • oversee the distribution of national stockpiles to frontline

² www.england.nhs.uk/wp-content/uploads/2013/12/framework-pandemic-flu.pdf

		NHS providers
Escalation	NHS England	<ul style="list-style-type: none"> • all points described in Treatment • escalate surge management arrangements in partnership with Clinical Commissioning Groups/ Commissioning Support Units (as per winter arrangements) • prioritise and triage service delivery to maintain essential services • enact business continuity arrangements to maintain own services as necessary
Recovery	All	<ul style="list-style-type: none"> • restore business as usual services • debrief the NHS and NHS England responses • maintain readiness for a subsequent wave or significant winter pressures • address staff exhaustion and recognise endeavours

10.3. Clinical Commissioning Groups

As Category two responders under the CCA (2004), Clinical Commissioning Groups (CCGs) have a role in supporting NHS England and providers of NHS funded care in planning for and responding to a flu pandemic³.

The CCG Accountable Emergency Officer (Director of Governance & Development in Lambeth and Chief Financial Officer in Southwark) is responsible for *‘ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event’* (Emergency Officers’ for Emergency Preparedness, Resilience and Response (EPRR) 2012). CCGs must assure their Governing Body, NHS England and Local Health Resilience Partners that suitable arrangements are developed, tested and maintained.

Before a pandemic

- Each CCG has identified a Pandemic Influenza Executive Lead who will lead internal planning activities in light of national and international developments, advice and guidance. These are:
 - Lambeth CCG – Director of Governance and Development
 - Southwark CCG – Chief Financial Officer
- Both CCGs have business continuity plans in place that are suitable for use in a pandemic.
- Participate in relevant planning groups to discuss, plan, exercise and share best practice
- Ensure early engagement of communications professionals to devise, deliver and maintain internal, external and stakeholder/ cross-partnership communications before, during and after a pandemic
- Work with commissioned service providers, in planning for surge in relation to elective work and possible financial implications if there is disruption to normal service levels.

³ NHS England Gateway: 00857. Guidance on the Roles and Responsibilities of CCGs in preparing for and responding to an influenza pandemic.

- Participate in assurance processes regarding their arrangements and be assured that their commissioned services have adequate provisions in place for managing a pandemic
- Work with NHS England Regional and Area Teams to identify appropriate local providers to support the delivery of a pandemic influenza response, particularly regarding the provision of antiviral collection points through community pharmacies

During a pandemic

- Support the national pandemic response arrangements as laid out in Department of Health and NHS England guidance issued prior to or during a pandemic occurring
- In line with other guidance, ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents
- Lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response
- Support NHS England Regional and Area Teams in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries
- As necessary share communications with locally commissioned healthcare providers through established routes
- Participate in the multi-agency response
- Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services
- Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained
- Maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports and participation in coordination teleconferences
- Undertake and contribute to appropriate, timely and proportionate debriefs

10.4. Local Authorities

As Category 1 responders under the Civil Contingencies Act 2004 are responsible for:

- Developing and publishing a plan for the council to ensure essential services continue to be delivered
- Supporting the NHS as appropriate particularly with regard to the care of the vulnerable in the community
- Set up local communications for public, councillors and staff and align to NHS communications
- Distribute PPE to front line staff.
- Management of SocCon (situation reporting)
- Implement any agreed local escalation arrangements to assist faster hospital discharge or admission avoidance
- Encourage frontline staff to access vaccination programme when available.
- Support 'flu friend' arrangements
- Liaison with voluntary organisations to support the health and social care response
- Review mutual aid arrangements and requests
- Management of excess deaths

In addition, the local authority now has public health responsibilities. The Director of Public Health will lead and coordinate the local response to a pandemic – including convening the Pandemic Coordination Group.

10.5. Acute Trusts

It is the responsibility of NHS Trusts and Foundation Hospitals to support local planning and develop contingency arrangements for the provision of health care. Plans should pay particular attention to the projected requirement for significant acute sector surge capacity, increased demand for specialist beds, patient transport, supporting the maintenance of patients in community settings, redeploying staff at short notice, providing staff protection and strict infection control. In the event of a pandemic flu outbreak, acute trusts will:

- Review and if necessary suspend non-emergency activity when required to free capacity and staff.
- Implement agreed business continuity arrangements and aim to create capacity.
- Monitor and review staffing levels and re-deploy to priority areas as necessary.
- Assess and provide for ongoing training needs.
- Monitor staff health and provide occupational health services (vaccination/anti-viral drugs) according to national policies.
- Work closely with the critical care network including ECMO services and paediatric critical care services.

10.6. Community Health Services

- To maintain essential functions and service delivery – business continuity/ capacity plan
- Support the Acute sector through increased discharge of patients to free beds (normal business/major incident response)
- Support, with social care, vulnerable patients in the community, including the potentially increased numbers of terminally ill.

10.7. Primary care

GPs and community pharmacies will continue to be a key part of the health response. In a pandemic of moderate service impact suspension of non-urgent clinical care and non clinical activities, with other measures such as telephone consultations may free up additional capacity. Close working between primary care, social care, the voluntary sector and secondary services will support the majority of patients requiring home care. However, pressure in individual practices or teams may be heavy and smaller practices may experience disproportionate difficulties caused by increasing demand and reduced staffing levels. Pre- planned buddying arrangements between practices may assist in maintaining continuity.

Within Lambeth there are three GP localities, with a locality care network lead allocated to each who can provide CCG support where necessary. In Southwark CCG there are two neighbourhood development managers who can provide CCG support as required.

During a pandemic general practice will be expected to continue business as usual. The aim of planning is to respond in a practical and proportionate way and to use usual processes as far as possible. If a symptomatic patient comes into a practice then they should separate that patient *if it is possible to do so*. Usual cleaning and infection control procedures should apply.

Primary care is commissioned by NHS England and therefore they will take the lead in the coordination of the primary care response. All practices should have business continuity plans in place and a local decision would have to be taken about practices sharing space or personnel ('buddying'). NHS England would not coordinate or direct this.

NHS England has stated that the National Flu Line will go live early to ensure that most patients use this process rather than visit their GP.

Communications to practices would go through the usual routes – CAS alerts plus primary care commissioning. All practices should ensure they are signed up to receive CAS alerts if they haven't done so already.

11. NATIONAL AND LONDON COORDINATION

The Department of Health is the lead government department for pandemic preparedness and response. All other departments are directly or indirectly involved in preparing and play an active role in informing and supporting contingency planning in their areas of responsibility. During a pandemic it is likely that the Cabinet Office Briefing Room (COBR) will activate a Scientific Advisory Group for Emergencies (SAGE) to coordinate strategic scientific and technical advice to support UK cross government decision making.

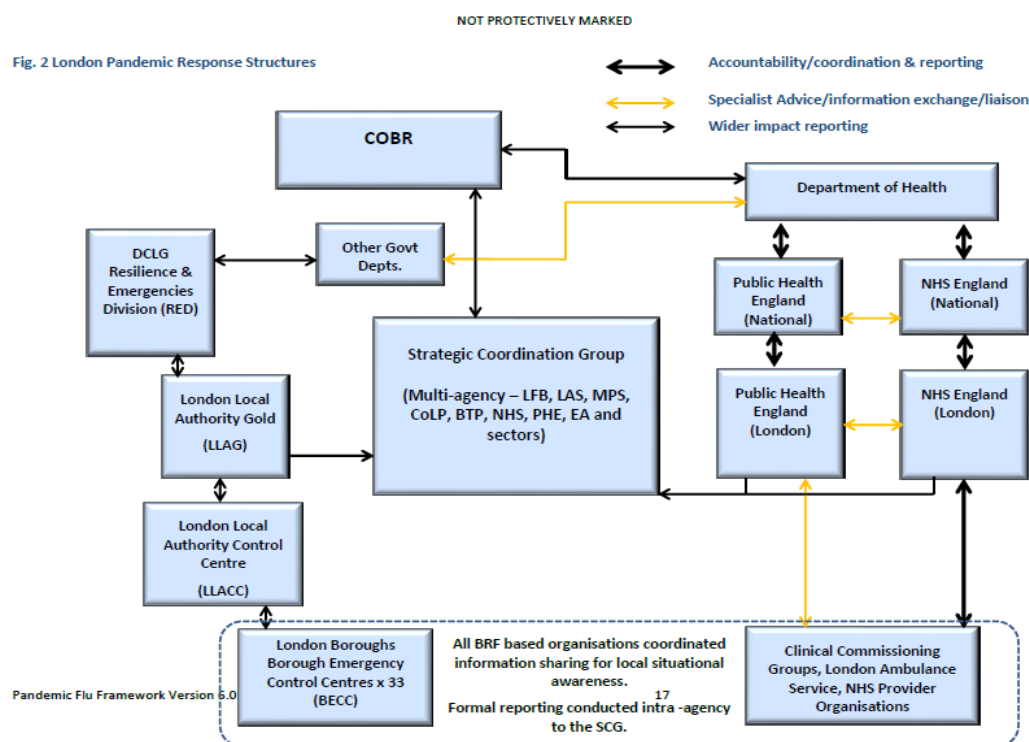
NHS England will monitor, manage and support the NHS community during a pandemic. Where possible and appropriate, existing arrangements and procedures will be used, underpinned by major incident coordination processes. NHS England will not coordinate non-NHS organisations.

NHSE (London) will establish a dedicated Pandemic Influenza Incident Response Team (PI-IRT) that will operate out of a dedicated Pandemic Influenza Incident Coordination Centre. In line with the national strategy, these will be flexed to meet demands, and some may not be relevant to all DATER stages. These include (but are not limited to) to:

- Oversee and coordinate the response of the NHS in London appropriate to the current and predicted impact;
- Ensure the NHS and partners are kept apprised of the evolving situation;
- Oversee the most effective deployment of available resources through adapting the response according to capacity;
- Ensure that NHS England (London) Directorates and Teams enact their business continuity plans and mobilise resources appropriately as necessary;
- Ensure prompt and timely establishment of a Pandemic Influenza Recovery Working Group (PI-RWG) to run in parallel with the response;
- Set the strategy for the PI-RWG;

- Provide progress updates and assurance regarding the NHS response in London to the NHS England (London) Delivery Group;
- Liaise with NHS England National, and neighbouring Regional and Area Teams to support the local response, securing mutual aid if required;
- Act as a central point of contact for stakeholders and partners (eg London NHS provider and commissioning organisations, NHS England (National), the Department of Health, Public Health England (PHE), and the wider multi-agency partnership through the London Resilience Team (LRT);
- Ensure appropriate escalation and two way communication of relevant issues and decisions
- Oversee delivery of pandemic-specific aspects of response; this includes, but is not limited to, antiviral distribution, pandemic specific vaccination campaign, and PPE distribution;
- Manage the NHS response to pandemic-related surge; ensuring the commissioning of additional NHS capacity where required (e.g. intensive care capacity (through Clinical Commissioning Groups (CCGs) and extra corporeal membrane oxygenation (ECMO) capacity (through NHS England Specialised Commissioning);
- Oversee the management of London-wide critical care resources and surge capacity demands through appropriate discussion, escalation and resource allocation;
- With communications colleagues, coordinate London-wide NHS messages to ensure consistent, clear and timely dissemination of information and guidance to the NHS, partners, the public and the media;
- Collate and analyse information for submission to NHS England (National) and other bodies as appropriate related to pressures and capacity within the NHS in London.

The London pandemic response structures⁴ are shown in the diagram below:



⁴ London Resilience Partnership (Feb 2014). Pandemic Influenza Framework. V6.0. p17

12. LOCAL COORDINATION

12.1. Lambeth & Southwark Pandemic Coordination Group

An effective local response will require the cooperation of a wide range of organisations and the active support of the public. Local leadership challenges may include high levels of uncertainty during the initial response phase, requiring flexibility and rapid adaptability of plans, and increased pressures and demand on services which may be exacerbated by staff absence. Key issues include:

- Visible director level leadership, direction and ownership of plans;
- Engagement, motivation and support for staff;
- Pre-established and tested command and control arrangements;
- Good coordination;
- Appropriate channelling of communications to maintain public confidence.

In the event of a pandemic affecting the local community, a Lambeth & Southwark Pandemic Coordination Group will be convened by the Director of Public Health to coordinate and lead the local response and will have the following core membership*:

Director of Public Health (Chair)	Local Authority Emergency Planning Leads
CCG Pandemic Leads	Chief Pharmacists
Local Authority Directors of Adult's Services	Acute Trust Leads
Local Authority Directors of Children's Services	Mental Health Leads
Local Authority Communications lead	Community Health Services Leads
PHE – SEL Health Protection Unit	CCG Communications Lead
NHS England (London)	

**Other multi agency Local Resilience Forum members will be called upon if necessary.*

The Pandemic Coordination Group will be chaired by the Lambeth and Southwark Director of Public Health based at Southwark Council. It will report to the Lambeth and Southwark Health & Wellbeing Board, the local Borough Resilience Fora, the London Strategic Coordination Group and/or the London Local Health Resilience Partnership if required to do so. It will provide a leadership, rather than a command role, and will consider information and request assurance around systems, processes and issues arising during the response, including:

Cases of flu

- Numbers of cases, severity, deaths
- Populations affected
- London and national picture and projections

Local organisational pressures

- Current demand for services (health and social care)
- Continuity of other services
- Staff absence
- Impacts on essential services and supply issues (eg medicines, fuel, water, waste etc)

Local support to the health service

- Antiviral points, agency support, voluntary and community inputs and mutual aid

Antiviral and vaccination situation

- Local antiviral collections points – location and how to access
- Demand for and supply of antivirals
- Vaccination updates

Management of deaths

- Local situation and capacity (certification, storage, registration, crematoriums, cemeteries)

Communications

- National and local communications – staff, patients and public
- Location of services, ACPs, infection control messages etc.
- Media coverage

12.2. CCG Pandemic Response Team

Both CCGs will identify a team to lead their response to the pandemic. This team will have responsibility for ensuring all actions relating to the pandemic are carried out: reporting; briefing senior CCG staff and attending the local Influenza Coordination Group and participating in teleconferences as necessary. Membership will include:

- Pandemic Flu Lead
- Chief Pharmacist
- Performance Lead (CSU)
- Urgent Care Lead
- Communications lead
- Admin support

The CCG Pandemic Response Team will ensure they keep detailed records of all decisions made and actions taken. These records will need to be stored securely following the pandemic. The CCG will also set up regular teleconferences with their commissioned services to assess pressures and incidents. This function may be coordinated by NHS England during a pandemic. Should there be a need to convene a SEL-wide teleconference, it should be done using the following information:

Details deleted for public version of document

12.3. Acute Trusts

A Pandemic Response Group will likely be convened at both of the local acute trusts. Depending on the severity of the pandemic the emergency control rooms might also be open to coordinate the response. Refer to each Trusts Pandemic Plan for further information.

13. ON CALL & CONTACT DETAILS FOR KEY ORGANISATIONS

All Category 1 organisations maintain an on call system and have capabilities to open an emergency control room if necessary. A summary of key local organisations is outlined in the table below and additional contact details can be found in appendix A.

Names and contact details have been deleted for this public version of document

Organisation	On call and contact details
NHS England (London)	<p>NHSE (London) maintain a 24/7 on call rota for NHS organisations, to manage health service emergencies:</p> <p>NHSE Pandemic Influenza Response Team and Coordination Centre – will be set up and establish dedicated phone numbers and email for a pandemic response.</p> <p>The South Patch Team can be contacted during office hours:</p>
PHE SEL Health Protection Team	<p>The local South East London Health Protection Team can be contacted in the following way:</p> <p>During office hours:</p> <p>Out of hours:</p> <p>Email:</p>
NHS Lambeth CCG and NHS Southwark CCG	<p>There are shared on call arrangements in place for all of the six SE London CCGs. At any time, there are two Directors on call. They both hold a pager which is part of the PageOne network:</p> <p>Accountable Officers:</p> <p>Southwark –</p> <p>Lambeth –</p> <p>The PageOne accounts and on call process and rotas are maintained by the Surge and Resilience Manager for South East London, who is based at NHS Southwark CCG. Current contact details are:</p>
Southwark Council	<p>Each department that delivers critical risk services maintains their own out of hours service. In addition Southwark has trained personnel to fulfil its duties under the Civil Contingencies Act. The emergency scheme consists of Local Authority Liaison Officers (LALOs), Emergency Support Staff and Rest Centre Managers. There are also a number of staff trained to operate within the Borough emergency Control Centres.</p>
Lambeth Council	Emergency Planning Lead:
Lambeth & Southwark Public Health	<p>The Director of Public Health will coordinate the local response but does not have a formal on call process. In the event of a pandemic affecting the local community, she will ensure staff are available to respond at least during office hours</p>
Guys & St Thomas' NHS Foundation Trust	<p>In the first instance contact the Site Nurse Practitioner via the switchboard:</p>

Kings College Hospital NHS Foundation Trust	Pandemic Flu Lead: Emergency Planning manager:

SECTION C: PANDEMIC SPECIFIC RESPONSE

14. NATIONAL PANDEMIC FLU SERVICE (NPFS)

The NPFS is designed to supplement the response provided by primary care if the pressures during a pandemic mean that it is no longer practical for all those with symptoms to be individually assessed by a doctor or other prescriber in order to access antiviral medicines. The NPFS aims to:

- Reduce pressure on primary care services;
- Allow people with flu like symptoms to remain at home;
- Enable rapid self service assessment, care advice, GP referral and antiviral authorisation, and
- Provide an additional source of data relating to trends in activity and profile of people assessed as suffering from pandemic symptoms.

The NPFS comprises an online and telephony self assessment service where individuals are assessed by a non-clinician following an algorithm, to determine whether the person who is ill is eligible for an antiviral medicine. Individuals may also be directed to other health interventions such as home care advice or ambulance response. The process is:

- A symptomatic individual, or their Flu Friend⁵, will contact the NPFS and an assessment using a clinical algorithm will be undertaken.
- If required, the individual will be authorised to receive an antiviral medicine. They (or their Flu Friend) will then need to note down an authorisation number.

⁵ Flu friends can be relatives, neighbours, representatives of the voluntary sector and friends who can collect antiviral medicines, food and other supplies on behalf of symptomatic individuals.

- The Flu Friend will then attend the antiviral collection point, provide the authorisation number and collect the antiviral medicine.

A national network of Antiviral Collection Points (ACPs) will be set up (likely to be community pharmacies) so that friends or relatives can collect the antiviral medicine on behalf of the person with flu, enabling them to remain at home and minimise further spread of infection.

The decision whether and when to activate the NPFS will be taken nationally in the light of pressures and impact of the pandemic at the time, eg close monitoring of the level of consultations with GPs. It will take about three weeks for the necessary arrangements to be put in place for the NPFS to go live. This will be coordinated by NHS England.

15. ANTIVIRALS AND VACCINATION

15.1. Antivirals

Antiviral medicines can reduce the length of symptoms and usually their severity. There are three main aspects of the antiviral strategy during a pandemic:

- Providing rapid assessment and authorisation of antiviral medicines (including using the NPFS to enable people to stay at home and to reduce pressures on primary care)
- Ensuring there is a robust system in place to distribute antiviral medicines (ie antiviral collection points – ACPs)
- Ensuring there is a robust system in place to manage, store and deliver antiviral stock.

The Government maintains a stockpile of antiviral medicines to treat up to half of the population in a new pandemic. In line with current advice, both oseltamivir and zanamivir have been stockpiled to ensure the response can be as flexible and resilient as possible, particularly against the risk of a pandemic virus strain developing resistance to oseltamivir.

In light of scientific and clinical advice at the time, antiviral treatment may be limited, for part or all of the pandemic, to those in at-risk groups if the pandemic proves to be very mild in nature or if antiviral medicine supplies are being depleted too rapidly.

For maximum benefit, antiviral medicines need to be taken as soon as possible and best within 48 hours. Depending on the severity of the pandemic, a National Pandemic Flu Service (NPFS) may be set up to provide symptomatic members of the public with rapid access to assessment, advice, triage and if appropriate, authorisation of antiviral medicine treatment. Operational plans should be built on the basis of treating all symptomatic patients within 7 days of symptoms onset and ideally within 48 hours. As well as antiviral medicine being available through the NPFS, GPs and other healthcare professionals will be able to authorise supply of antiviral medicines without a prescription using special authorisation vouchers (or the right hand side of the FP10SS for patients aged 13 and over), for the duration of the pandemic only. Developing sufficient capacity in primary care to assess patients promptly is therefore critical to the effective provision of antiviral medicines.

NHS England (London) will coordinate the distribution and delivery of antivirals. This will most likely be via community pharmacies, which will dispense antiviral medicines to those requiring it, and NHS England will arrange delivery of the medicines directly to the pharmacies.

Further information will be required from NHS England in advance about exactly what the arrangements would be in Lambeth and Southwark for the distribution and delivery of antivirals, including who would supply any institutions e.g. schools, nursing homes. In addition what the arrangements will be for on call pharmaceutical support for pharmacies issuing antivirals.

15.2. Antibiotics

Secondary bacterial infections are likely to be a major cause of death during a flu pandemic. The main role of antibiotics is to reduce the severe illness and deaths which would arise from secondary complications.

The government maintains a stockpile of antibiotics most likely to be useful for complications arising from pandemic flu. These will be made available if there was clear evidence of shortages in the supply chain in primary or secondary care during a pandemic. NHS England (London) will coordinate distribution.

15.3. Vaccination

There are two distinct types of pandemic vaccine:

Pre-pandemic vaccines that are produced in advance of a pandemic and are designed to protect against a strain of flu that experts judge to be a potential cause of a future pandemic. The Government currently holds a limited supply of H5N1 vaccine. This could possibly offer some protection in the event of an increased threat of a new pandemic arising from this virus (avian flu), but would offer no protection from another virus. If used, these vaccines will be prioritised for the protection of frontline healthcare workers and those in clinically at risk groups.

Pandemic-specific vaccines that are developed specifically to protect against the pandemic viral strain, once it has been isolated. Once available, a pandemic specific vaccine should protect from clinical illness and may also reduce illness severity, hospitalisation and death and therefore the national impact of subsequent waves of the virus. The production process is highly complex and is likely to take at least four to six months after the start of the pandemic before becoming available. It is therefore more likely to be of use during subsequent waves. It will be prioritised to clinical risk groups and frontline health and social care workers.

NHS England (London) will coordinate the local delivery of vaccine stock to local delivery points – onward distribution may be needed to GP surgeries and other locations.

16. INFECTION CONTROL AND PERSONAL PROTECTIVE EQUIPMENT

Influenza viruses can spread from person to person via the respiratory route when an infected person coughs and sneezes and through hand-to-face (mouth, nose or eye) contact after a person or surface that is contaminated with infectious respiratory droplets has been touched.

The virus can survive on commonly touched surfaces for periods ranging from a few hours to several days, depending on environment condition.

To protect others and reduce the spread of infection, anyone ill with pandemic flu should:

- Stay at home and practice good effective hand washing (leaflets available from GP surgeries)
- Minimise close contacts
- Adopt thorough respiratory and hand hygiene practices, ie covering the nose and mouth with a tissue when coughing and sneezing, disposing immediately of that tissue and washing hands frequently with soap and warm water, or alcohol gel if water is not readily available.

The incubation period can range from one to four days. People are most infectious soon after they develop symptoms, though they can continue to shed the virus, for example in cough or sneezes, for up to five days (longer in children). Generally, people become less infectious as their symptoms subside. Once the symptoms are gone they can be considered as no longer infectious to others. People who have become infected with a particular strain of the virus will become immune to that strain.

The meticulous use of infection control procedures such as segregation, isolation and cohort nursing are fundamental in limiting the transmission of the virus. Local risk assessment for required levels of infection control should be regularly performed in hospitals, communal living environments such as residential homes, social care environments and supervised mental health residences or prisons. Stringent attention to hand and respiratory hygiene should also be observed.

Surgical face masks and respirators have a role in protecting healthcare workers as long as they are used correctly and in conjunction with other infection control practices. The Government has a stockpile of masks and respirators for health and social care workers and NHS England (London) will coordinate the distribution of these to NHS organisations during the treatment and escalation phases of a pandemic. They will also coordinate any training necessary for NHS organisations. The NHS is not responsible for the distribution of face masks to social care – and a resolution about how they might be distributed is currently being worked on by the Department of Health and DCLG colleagues.

Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at:

<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>

17. VULNERABLE PEOPLE

Vulnerable people are those that are less able to help themselves in the circumstances of an emergency. In the event of a pandemic, these may include: children (the situation may be exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported within the community, immuno-compromised children and adults, those with underlying health conditions, individuals cared for by relatives, homeless, pregnant women, and those in need of bereavement support. The Cabinet Office guidance: Identifying People Who Are Vulnerable in a Crisis (February 2008)⁶ provides some guidance for emergency planners and responders.

⁶ <https://www.gov.uk/government/publications/identifying-people-who-are-vulnerable-in-a-crisis-guidance-for-emergency-planners-and-responders>

It is not possible to create and maintain a central database of vulnerable people so a more pragmatic approach is suggested. Most vulnerable people will at some point come into contact with at least one agency so each team within each agency can identify vulnerable people on their lists. The table below provides guidance about how to identify potentially vulnerable groups in Lambeth & Southwark:

Vulnerable Group	Possible organisations to target
Children	<ul style="list-style-type: none"> • Schools through local authorities • Non-LEA schools through their governing body • Crèches/playgroups/nurseries • Children's social care • GP surgeries
Older people	<ul style="list-style-type: none"> • Residential care homes and Nursing Homes • Help the Aged • Age UK • Adult social care • Community pharmacies – those who have medicines delivered • GP surgeries
Mobility impaired	<ul style="list-style-type: none"> • Local authorities – social care • Private care services • Wheelchair services • Community health services • Residential care homes
Mental/cognitive function impaired	<ul style="list-style-type: none"> • Residential care homes • Mental health services • Community mental health teams
Sensory impaired	<ul style="list-style-type: none"> • Local charities • Disability lists (eg blue badge, GP lists)
Temporarily or permanently ill	<ul style="list-style-type: none"> • GP surgeries • Community nursing teams
Individuals cared for by relatives	<ul style="list-style-type: none"> • Carers groups • GP surgeries
Homeless	<ul style="list-style-type: none"> • Shelters, soup kitchens etc • Council outreach teams
Pregnant women	<ul style="list-style-type: none"> • GP surgeries • Maternity units in acute trusts
Minority language speakers	<ul style="list-style-type: none"> • Community groups • Churches
Tourists	<ul style="list-style-type: none"> • Transport and travel companies • Hoteliers
Travelling community	<ul style="list-style-type: none"> • Local authority traveller services • Police Liaison Officer

During a pandemic it is important to ensure plans are in place to sustain patients in the community, including community care such as:

- Delivery of medicines
- Meals on wheels
- Community nursing

18. MANAGEMENT OF EXCESS DEATHS

The Home Office is no longer the national policy lead for excess deaths. The Cabinet Office is therefore the effective lead currently, given that government departments play important roles in responding to an excess deaths event.

In London, the regional lead agency is the Greater London Authority (GLA), and will draw upon advice from the London Resilience Team and will work with the Strategic Coordination Group if established. The London Excess deaths Framework⁷ will be initiated if the arrangements at local level are unable to cope with the increased demand.

Local capacity

Contingency arrangements may be required at all stages of the deaths process – certification, registration, mortuary services, transportation, funeral, arrangements. Many of these teams are small, and the impact of a pandemic in small teams may be high.

Southwark and Lambeth have limited capabilities to deal with excess deaths. At present cremation services in Southwark estimate that around 40 services could be completed during a week if the facilities were used to full capacity. Across three cemeteries the estimate is up to 12 per week at each giving a total estimate of 76 per week (40 cremations and 36 burials possible).

What must also be considered is the capacity of the local undertaking services, which may not be able to process the increased numbers, particularly at time when staffing levels may be low. Excess deaths will also impact on both the Registrar's and the Coroner.

Guys and St Thomas' NHS Foundation Trust provide mortuary services for Southwark. Lambeth and Southwark both fall within the Coroner's District of Greenwich, and the designated mortuary for excess deaths in the district is:

Greenwich Public Mortuary
3 Devonshire Drive,
Greenwich, SE10 8LP

19. PUBLIC GATHERINGS AND TRAVEL

There is limited evidence to suggest that restrictions on mass gatherings or travel will have any significant effect on flu virus transmission. For this reason the working presumption is that the Government will not impose any such restrictions. The emphasis will instead be on encouraging all those who have symptoms to follow the advice to stay at home and avoid spreading their illness.

⁷ <http://www.london.gov.uk/sites/default/files/London%20Excess%20Deaths%20Framework%20v1.pdf>

However, local organisers may decide to cancel or postpone events during a pandemic and the public themselves may decide not to mix in crowds or use public transport.

20. SCHOOLS GUIDANCE

School closures can be ‘reactive’, where the intervention is used once pupils have fallen ill or ‘proactive when there is anticipation of an outbreak amongst children. There is some evidence to suggest that school closures can influence transmission but that their impact is highly dependent upon their timing⁸.

Given the potential high impact of school closures, there would be a national steer on whether this method of mitigation should be implemented, depending on the characteristics of the virus. Once there was a national steer, then PHE perhaps in discussion with the DPH would advise on closure of specific schools.

Under some circumstances (eg for operational reasons if there were insufficient staff to run the school safely) the school may take the decision to close their establishments temporarily. Such closures should be guided by the following principles:

- Taking into account the national steer and depending on the public health risk assessment, PHE and DPH may advise localised closures. The purpose would be to reduce the initial spread of infection locally while gathering more information about the spread of the virus.
- Once the virus is more established, the general policy is likely to be that schools should not close – unless there are specific local business continuity reasons (staff shortages or particularly vulnerable children). This policy will be reviewed in light of information about how the pandemic is unfolding at the time.

21. COMMUNICATIONS

21.1. National

A robust communication strategy is an important part of the response to a pandemic. Nationally this is outlined in the UK Pandemic Influenza Communications Strategy 2012⁹. The aim of the national strategy will be to instil and maintain trust and confidence by ensuring that the public and professionals know:

- What is going on, both nationally and in their local area;
- Where they can find reliable answers to questions they may have;
- How to access relevant information on self care and medical support if required.

The Department of Health will be the primary source of central government’s health related public messages and will work closely with the Cabinet Office, other government departments and Public Health England to deliver a nationally coordinated communications strategy.

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215666/dh_125333.pdf

⁹ Department of Health (2012). UK Pandemic Influenza Communications Strategy 2012

21.2. Public Health England

Movement through the UK stages will be cascaded to partner agencies using the normal communication routes. PHE will continue to undertake surveillance throughout each of the UK stages, this information will be circulated within the London partnership and up to central government. Borough specific information will be provided using the agreed local mechanism.

PHE will provide public communications utilising the 'London Gold Communication Strategy' to deliver a consistent London message. Locally tailored messaging is the responsibility of local organisations.

21.3. NHS England (London)

NHS England's communications at all levels with the NHS, partners, stakeholders and the public during a pandemic will build on existing mechanisms and good practice. NHS England staff will be trained and briefed to provide messages to audiences in a timely and appropriate manner. Additionally communications cascades will be used to ensure information reaches audiences. Where appropriate, messages will be developed and delivered in partnership with other organisations, including Public Health England and the Local Health Resilience Partnership and Local Resilience Forum partners.

21.4. Local communications

Good liaison between local and national communications teams is essential so that both are aware of the content and changes in their respective outputs. Local public communication plans should be drawn up to include:

- Methods of communicating with the public and are appropriate for individuals with hearing, visual and other disabilities or limited English speaking.
- Local arrangements to support central Government in communicating advice to the local population
- Identification of individuals within organisations with responsibility for coordinating the information
- Roles and responsibilities during a pandemic;
- Arrangements for communications with the public about necessary prioritisation of services;
- Location of, and how to access ACPs;
- Tailored communications messages for different audiences, for example staff and stakeholders;
- Lists of health care entities, including points of contact, within the Local Resilience Forum locality (eg hospitals, long term care, residential facilities, clinics, GPs) with which it might be necessary to maintain communication
- Strategies to challenge incorrect information to mitigate the risk of misinformation (such messages need to be communicated clearly and promptly to the local population as their behaviour will contribute to the effectiveness of the response);
- Public messages that encourage good hygiene behaviours such as respiratory and hand hygiene (those used for seasonal flu and lessons from H1N1 (2009) flu pandemic should be reviewed when preparing these messages);

- Transparent and open communication of the risks and benefits, for example of vaccination.

Use of social media and other modern communication channels should be considered to meet these goals.

Lambeth and Southwark Councils each have a communications teams and they would lead the local communications response under the direction of the Director of Public Health.

For local Clinical Commissioning Groups, the Commissioning Support Unit communications team operate a reactive, out-of-hours press office service on behalf of CCGs from 5pm through to 9am five days a week and throughout weekends if required. In addition to supporting Directors on-Call in managing pressure surge incidents or major incidents (liaison with NHS England as lead organisation) the communications team may be contacted by the media with an urgent query about the CCG that does not relate to either of these operational processes.

Further guidance for the CCGs is contained within the SEL CCGs Director on Call handbook. Should alerts need to be cascaded throughout the Local Authorities and CCGs then the cascades and contact lists (deleted in this version of the document) attached in **appendix A** will be used. These have been adapted from the severe weather cascades.

It may be necessary to provide a local telephone helpline for the public. A similar service has been established by the Lambeth and Southwark Public Health team for the Ebola epidemic, using existing Southwark Council customer experience operators. Training can be provided and the service can also be extended to cover Lambeth residents.

Guys and St Thomas' NHS Foundation Trust and Kings College Hospital NHS Foundation Trust will run usual telephone line messages, front facing website messages via their communications teams. Service changes will be notified to patient via usual routes and will target vulnerable individuals.

22. SITUATION REPORTING

Information is crucial to the understanding and response to any major incident. During a pandemic, each organisation will be required to supply situation reports to their host Government Department which will be fed to COBR. Additionally, each organisation will provide reports to the London Resilience Team to produce an overall London picture. The London Common Recognised Information Picture (CRIP) will provide key information and data on the present situation in London.

The London Resilience Partnership guidance¹⁰ suggests that Borough Resilience Fora should put in place a mechanism to share local situational awareness among partners to ensure an understanding of the impacts of the pandemic are understood. In Lambeth and Southwark this will be done by the DPH-led Pandemic Coordination Group (see section 12 above).

¹⁰ London Resilience Partnership. Pandemic Influenza Framework. v6.0 February 2014

The London Local Authority Coordination Centre (LLACC) provides the conduit for the flow of information between London Local Authority Gold and the 33 London Boroughs. They will request situation reports to inform the Regional Common Recognised Information Picture (CRIP) and inform boroughs of the priorities and strategy set by Gold.

Frequencies of reporting (battle rhythm) will be determined at the time and will be dependent on the severity of the pandemic, the scale of the challenges arising and available resources.

Certain reporting templates or tools may be put in place, such as:

- FluCon – used by the NHS to report pandemic impact on local organisations
- CritCon – relates to pressures in intensive care units, currently used across the NHS as a capacity management tool.
- SocCon – designed to give children’s & adult’s social services local staffing pressures and allow national government assessment of the impact of flu on social care services.

Examples of reportable intelligence are¹¹:

Agency	Examples of possible reporting lines
PHE	<ul style="list-style-type: none"> • Enhanced surveillance and epidemiology • Transmission and spread, eg circulating strain and severity
NHS	<ul style="list-style-type: none"> • Surge, including primary care • Impacts on elective work • Critical care capacity • Mortality and morbidity data
Local Authorities	<ul style="list-style-type: none"> • Impacts on local critical services • Social care provision • Impacts on cremation and burial services • Community concerns • Business issues • Local support to the health service/voluntary and community inputs and mutual aid issues and solutions • Public communication activity and media coverage • Requests for assistance
Other agencies	<ul style="list-style-type: none"> • Impacts on service delivery • Staff absenteeism • Public communication and media coverage • Requests for assistance

Each organisation should maintain their usual incident reporting mechanisms for non-flu related incidents to ensure these continue to be managed during a pandemic.

There must be robust processes in place to document and record decisions made and actions taken during the pandemic by each organisation, as well as any flu related incidents that occur.

¹¹ ibid

A decision log will be used to record all communications and activities, including time the decision was made, who made it and the rationale behind the action or decision.

23. MUTUAL AID

Mutual aid may be varied in nature including but not exclusively confined to personnel and material. Many Trusts have pre-agreed processes in place as part of their major incident plans, however where this is not the case, or where these options have been exhausted, NHSE (London) will act as a broker both within London and with other NHSE Regions. For critical care, the aim would be to prevent Trusts moving to 'triage for resource' for critical care (as opposed to triage for outcome) when accessible elective capacity or capability remains available elsewhere.

The CCGs and local authorities will support the health economy where possible seeking and supporting mutual aid requests as required. In addition, the South East London Surge Manager will support and facilitate health mutual aid where possible.

24. ETHICS

Ethical considerations are important in determining how to make the fairest use of resources and capacity. Decisions should be in proportion to the demands of the pandemic and other existing pressures and should be aimed at minimising the overall harm caused by the pandemic. Many people will also face personal dilemmas such as tensions between their personal and professional obligations. Decisions are more likely to be understood and the need accepted if these have been made in an open, transparent and inclusive way and based on widely held ethical values.

The Committee on Ethical Aspects of Pandemic Influenza developed an ethical framework that was first published in 2007¹². This document remains appropriate and fit for purpose in planning for a future pandemic. The routine use of these principles can act as a checklist to ensure that all ethical concerns have been considered. This will support professional groups of staff in resolving ethical issues that may arise from the demands of their work.

12

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_080729.pdf

SECTION D: RECOVERY

25. RECOVERY

The Recovery Phase will start once demands on services reduce to a level that there may be a gradual return to 'normalisation' of services or a re-grouping prior to a further wave of the pandemic.

Recovery is the process of rebuilding, restoring and rehabilitating the community following an emergency and may be coordinated across a local area via a multi-agency Recovery Coordination Group. The focus of this stage would be to return services to normal, or perhaps a new definition of what constitutes normal service. This would include:

- Restoration of business as usual services, including an element of catching up with activity that may have been scaled down as part of the pandemic response.
- Post incident review of response.
- Sharing information on what went well, what could be improved and lessons learnt.
- Taking steps to address staff exhaustion.
- Planning and preparing for a resurgence of flu, including activities carried out in the detection stage.
- Continuing to consider targeted vaccination, when available, and preparing for post pandemic seasonal flu.

The Department of Health will issue information to inform plans following a review of the first wave and then availability of countermeasures.

Health and social care services may experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by flu
- Those who may continue to suffer potential medium of long term health complications
- A backlog of work resulting from the postponement of treatment for less urgent conditions.

The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.

Summary of roles during recovery

CCGs	<ul style="list-style-type: none"> • Identify lessons • Prepare for a second wave • Continue to communicate with all partners and public. • Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports • Acknowledge staff contributions • Assess the impact of the pandemic on the provision of commissioned services and ensure that the ongoing service level is sufficient to meet the demands of the system • Ensure the recovery of services to business-as-usual as soon as appropriate • Review response update plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally • Collect financial and contractual impact information from commissioned providers
NHS Providers (acute, community, mental health, GPs, community pharmacy)	<ul style="list-style-type: none"> • Continue wider vaccination campaign • Identify lessons • Prepare for second wave • Ensure the recovery of services to business-as-usual as soon as appropriate • Continue to communicate with all partners and public. • Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports • Acknowledge staff contributions and consider physical rest/emotional support for staff. • Maintain seasonal flu vaccination campaign
Local Authority	<ul style="list-style-type: none"> • Identify lessons • Prepare for second wave • Encourage social care staff to access seasonal flu vaccine • Continued communications to public/councillors/staff • Agree prioritised return to business as usual • Acknowledge staff contributions and consider physical rest/emotional support for staff. • Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports

Winter planning

The pandemic virus is likely to persist for a number of years as one of the circulating seasonal flu viruses. Surveillance systems will be tracking its impact in other countries as they enter their winter flu season. It should be noted that the characteristics of the seasonal flu viruses that emerge in other countries may differ from that experiences in the UK or Europe. Therefore planning for seasonal flu, including good vaccine uptake, as part of routine winter planning is prudent.

26. DEBRIEFS

All organisations will be expected to contribute to internal and external debriefs. A pan London debrief will be established to report back to the public, the LRF and Central Government.

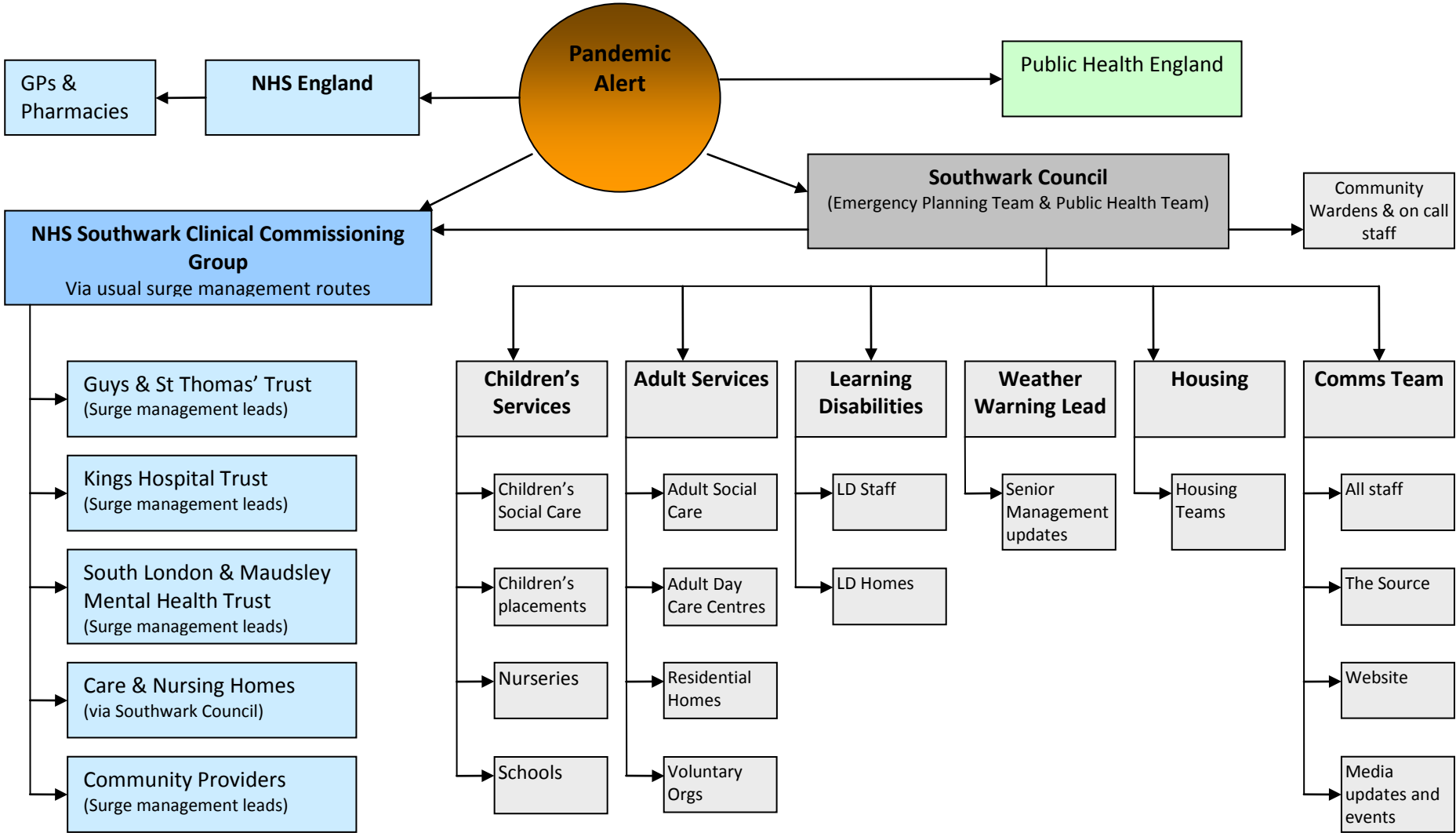
The Pandemic Coordination Group will also hold a debrief to feedback positive and negative learning from the pandemic. If required, learning from this will be provided to the Health and Wellbeing Board, the BRFs, as well as both CCGs and Local Authorities, and the wider NHS if requested.

27. STAFF SUPPORT

The following issues might need to be addressed following the pandemic:

- Occupational health and welfare of all staff and their families
- Bereavement support
- Funerals, memorials and anniversaries
- Rewarding and acknowledging the efforts of staff.

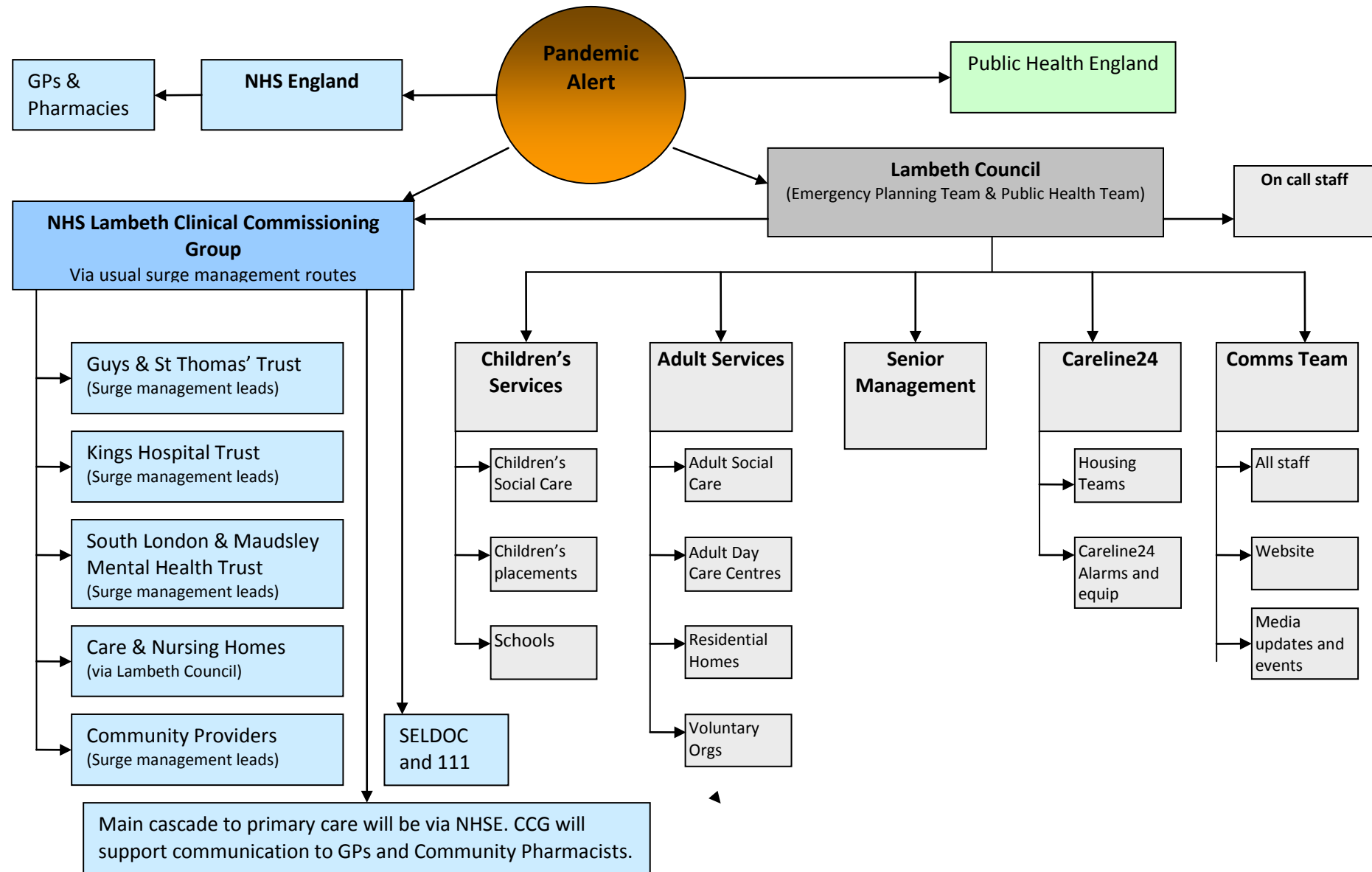
Southwark



Contact List – Southwark

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Lambeth



Contact List – Lambeth

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