

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 20 October 2009

Board Paper No. 09/55

DIRECTOR OF PUBLIC HEALTH

UPDATE ON PANDEMIC FLU PLANNING

Recommendations:

The NHS Board is asked to note the Director of Public Health's update on pandemic flu planning in NHS Greater Glasgow and Clyde.

Introduction

Pandemic flu response planning has been progressing in NHS Greater Glasgow and Clyde (NHS GGC) for a number of years: plans have been based on the Scottish Government's Framework for responding to a pandemic, and modified following a series of local and national exercises. In recent months, in view of the current Flu A H1N1v situation, pandemic flu planning has increased in priority for NHS GGC and partners, with an aim to ensure appropriate control and management of the pandemic while simultaneously maintaining business continuity across the NHS and partner services.

Planning structures

The SECG, a regional multi-agency strategic emergency planning group, chaired by the Chief Constable of Strathclyde Police (of which the DPH is a member) is meeting regularly to facilitate a joined up approach to flu planning and business continuity.

Within NHS GGC, the Pandemic Influenza Control Committee (PICC) (chaired by the DPH) with representatives from all relevant disciplines and departments and relevant partner agencies, has met regularly to review and update all NHS GGC pandemic flu plans. In addition, there are a number of sub and ad hoc working groups feeding into the PICC.

The complexities of planning for flu pandemic in a health board serving such a large population have necessitated the development of a suite of plans covering all aspects of flu planning.

Pandemic flu plans

There is an overarching board pandemic influenza response plan (with a number of annexes covering cross cutting issues such as infection control, vaccination, human resources, communications, and IT etc), plans for each CHCP, and an acute division plan (with associated site and functional plans).

These plans have been developed and updated in the light of new national guidance and our experiences managing the first wave of the pandemic over the summer months. We have undertaken a "lessons learned" review led by the chief executive and updated our planning accordingly. Further, acute, partnership and other table top exercises have been undertaken recently, or are planned.

Pandemic planning work streams

We have 17 pandemic flu planning work streams ranging from plans for IMT during the pandemic to those for care homes and other enclosed settings (Appendix).

Pandemic planning can be broadly divided into two areas: those activities relating to the care of flu patients and those required for business continuity of normal services during the pandemic.

The key elements of the activities directly related to flu include the following:

NPFS and antiviral distribution centres

The Dept of Health estimates a reasonable worst case scenario for planning purposes is that cumulatively 30% of the population may be affected by flu. We have planned to be able to supply this proportion of the population antiviral drugs (for example, Tamiflu) if required.

Currently, GPs are prescribing antivirals to their patients in the normal way based on a clinical assessment, and these are dispensed via a network of community pharmacies across NHS GGC. We are monitoring demand to ensure this approach is adequate. All indicators so far suggest that this is the case, and we aim to continue to use this tried and tested method of ensuring patients receive the treatment they need for as long as possible. If necessary, however, we have a phased plan to supply antivirals while protecting front line services as much as possible.

If demand increases to a level where the delivery of front line services is adversely affected, NHS Scotland may join the National Pandemic Flu Service (NPFS). This service allows individuals with flu like symptoms to be assessed via a web-based or telephone system. If the NPFS is used NHS GGC will be required to establish antiviral collection points. Those who require antivirals will be advised by the NPFS that they should ask a friend or family member to attend an antiviral collection point to pick up the drug for them. In NHS GGC we are initially planning for ten CHCP based antiviral collection points, with a further suite of mainly acute hospital based (using unused estate within acute sites) as a backup if the peak demand is realised.

Vaccination

A vaccination for the H1N1 virus has been developed using methods which are already used to develop the seasonal flu vaccine every year. The vaccine has been approved for use and is a key public health measure to tackle flu and limit the impact of the pandemic. The government has decided that the first groups of the population to be vaccinated are those individuals in at most at risk of the severe consequences of infection such as pregnant women and those with chronic medical conditions. Front line health and social care workers are also a priority.

In NHS GGC detailed planning to deliver the vaccine is underway. Currently, there are three main strands of work to progress vaccination. These include the vaccination of:

- clinical priority groups in primary care
- healthcare workers who work in the acute setting by occupational health
- community based frontline health and social care workers via CHCP led vaccination clinics or by work place visits.

Vaccination will be undertaken in forthcoming weeks following receipt of the vaccine and further operational details from the Scottish Government.

Business Continuity plans

As demand for services may be significantly increased and supply reduced at peak times due to staff absence, plans also include contingency measures to allow for the care of the additional flu patients and for essential services to be prioritised during the pandemic

Plans for recruiting additional staff, redeploying staff to priority services, and scaling down non essential work are in place. In primary care plans include measures for practices to “buddy up” in order to continue to provide services in the face of high levels of staff absence and increased workload.

While H1N1 is generally proving a mild illness in the majority of cases, some will be more severely affected and require admission to secondary care and some to critical care. Acute plans to manage additional flu cases, particularly to ensure provision of adequate numbers of critical care beds, are well developed.

Surveillance reports

Daily and weekly reports relating to flu are based on locally collected data and Health Protection Scotland (HPS) generated reports produced on a regular basis, including:

- Scotland and board level estimated rates of influenza like illness GP consultations per day
- NHS 24 calls from individuals reporting colds and flus
- Flu related calls to and attendances at NHS GGC Out of Hours service
- The prescription of antiviral drugs within NHS GGC
- Report of patients currently hospitalised within NHS GGC acute sites
- Any deaths among individuals who were confirmed to have H1N1v
- Indicators of general activity in acute sites.

Recent developments

In the last few weeks, while planning work has continued on a number of fronts, NHS GGC has moved from the largely planning phase of recent months to that of response. Chief executive led executive meetings, and daily acute, and partnership conference calls have been established to allow these “command and control” structures to become embedded prior to the system experiencing undue pressure.

Summary

In summary, NHS GGC has taken stock of the experience of the first wave of the pandemic to further enhance local planning. We have worked together to create a comprehensive monitoring system which allows any increased demand to be identified and catered for. We have robust plans to supply antiviral drugs to those who require them; to vaccinate all priority groups timeously; to care for flu patients by providing adequate amounts of the appropriate level of care; and measures to keep essential services in place if these are threatened by the pandemic.

Dr Eleanor Anderson
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13th of October 2009

Appendix: Flu planning work streams

Health Information and Technology

Surveillance

Communications

Infection Control

Human resources

Central pharmacy

Out of hours

CHCP

Mental Health

Care homes

Acute

National flu line

Antiviral distribution

Flu friend

Supplies and distribution

Mortuary

Quality assurance