NHS
North Lincolnshire
Clinical Commissioning Group

Date: 14.4.16 Meeting: CCG Governing Body **Item No. 8.4** **Public X Private**	**REPORT TITLE: Pandemic Influenza Plan (incorporating Infectious Disease Outbreak Plan)** **DECISIONS TO BE MADE: To be ratified**
Author Julie Killingbeck **Senior Commissioning Manager** **GB Lead:**	

Continue to improve the quality of services	x	**Improve patient experience**	x
Reduced unwarranted variations in services		**Reduce the inequalities gap in North Lincolnshire**	
Deliver the best outcomes for every patient	x	**Statutory/Regulatory**	x

Executive Summary (Question, Options, Recommendations):

NHS North Lincolnshire CCG Pandemic Influenza Response Plan outlines the roles and responsibilities of NHS North Lincolnshire CCG (NHS NL CCG) during the preparation for, response to, and recovery from a pandemic: it also incorporates NHS NL Infectious Disease Outbreak Plan.

Recommendation
The Pandemic Influenza Plan was approved by NL Quality Group in January 2016, the Governing Body is asked to ratify the Plan.

Equality Impact	**Y/N**	N
Sustainability	**Y/N**	Y – The Pandemic Influenza Plan supports the sustainability of NL CCG to deliver services /support delivery of services during a pandemic
Risk	**Y/N**	Y – Pandemic Influenza remains high on the National Risk register and Humber Risk register
Legal	**Y/N**	NHS organisations have a statutory duty to prepare, plan and respond to
Finance	**Y/N**	N

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***DATE***		***N/A***	***Y***	***N***	***DATE***
Patient:			*n*		Clinical: Quality Group for approval and comments				28/01/16
Public:			*n*		Other: multi-agency regional Pandemic/infectious disease outbreak table top exercise to test plans.				*November 2015*

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PANDEMIC INFLUENZA RESPONSE PLAN

(Including Infectious Disease Outbreak Plan)

November 2015

This plan replaces all previous versions and is a 'live' document. It will be reviewed as further guidance is made available.

Version 1.0

Authors Julie Killingbeck

Date: January 2016

Approved by: Quality Group

Target audience: NHS North Lincolnshire CCG staff
Health and Social Care Staff across North Lincolnshire

Review Date: January 2018 (or at the recovery stage of a pandemic)

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Version control sheet

Plan Amendments

Amendments to the plan will be issued from time to time. A new amendment history will be issued with each change.

Version Number	Issued by	Nature of Amendment	Approved by and date	Date on intranet
1.0	J. Killingbeck	Re-write of existing plan based on latest guidance		

CONTENTS

1. Introduction

Pandemic Influenza remains the highest risk on the national risk register. While the severity and impact of future pandemic influenza remains unpredictable, it is likely that once a novel influenza virus emerges, global spread will ensue rapidly, affecting large numbers of the population because there is little or no immunity to the strain. However, until such an event occurs, the severity of the virus and the proportion of the population that is more adversely affected remains unknown.[1]

Preparations for an influenza pandemic are on-going with all NHS organisations having a responsibility to plan for, respond to, and recover from an influenza pandemic, ensuring that as far as possible, essential and critical services are maintained. Following on from the 2009 pandemic (although less severe than previous pandemics in the 20th century), lessons were learnt and included in the revised Department of Health UK Influenza Preparedness Strategy (2011). Given the unpredictable nature and potential severity of a future influenza pandemic, the response must be, flexible and proportionate and build on existing business continuity arrangements.

The aim of this plan is to outline the roles and responsibilities of NHS North Lincolnshire CCG (NHS NL CCG) during the preparation for and response to a pandemic, and describes the context of the overarching national arrangements set out in the DH UK Influenza Pandemic Preparedness Strategy (2011) and Health and Social Care Influenza Pandemic Preparedness and Response 2012.

The plan reflects the responsibilities of NHS NL CCG as a category 2 responder within the context of the changes to the NHS infrastructure and governance arrangements brought about by the Health and Social Care Act (2012).

[1] As a guide, the impact could range from a 1918-type pandemic, where severe illness was mainly in young adults, to a 2009 pandemic, where illness was mild in most groups of the population.

This plan should be read in conjunction to the Humber Local Resilience Forum Multi Agency Pandemic Influenza Plan, NHS North Lincolnshire CCG Business Continuity Plan and NHS North Lincolnshire Emergency Planning, Resilience and Response Policy (EPRR).

The arrangements described within this plan relate specifically to an influenza pandemic; they do not cover planning for, or the response to, seasonal influenza outbreaks. The document is based on the latest available guidance and is subject to on-going review and change, as further guidance becomes available.

2. Activation of the Pandemic Influenza Plan

The plan will be activated on declaration of the Detect stage by NHS England (NHSE)/Public Health England (PHE). At this point the NHS NL CCG Pandemic Influenza Group will be convened by the EPRR lead to coordinate the response locally; existing plans, protocols and processes will be reviewed at this point.

3. National Strategy: Strategic objectives of the NHS in planning and Responding to an influenza pandemic

The overall strategic objectives for the NHS in planning for and responding to a pandemic include:

i. Minimise the potential health impact of a future influenza pandemic by:

- Supporting international efforts to detect its emergence and early assessment of the virus by sharing scientific information
- Promoting individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups
- Ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.

ii. Minimise the potential impact of a pandemic on society and the economy by:

- Supporting the continuity of essential services, including the supply of medicines and protecting critical national infrastructure as far as possible
- Supporting the continuation of everyday activities as far as practicable
- Upholding the rule of law and the democratic process
- Preparing to cope with the possibility of significant numbers of additional deaths
- Promoting a return to normality and the restoration of disrupted services at the earliest opportunity.

iii. Instil and maintain trust and confidence by:

- Ensuring that health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period and that health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately.

4. Proposed new UK approach to the phases of pandemic response

The World Health Organisation (WHO) is responsible for identifying and declaring a pandemic and the WHO phases are used to monitor the progress of a pandemic on a global scale. They are used to suggest activities that might be undertaken at various points. However, they are less useful as a planning tool for individual countries and in light of this a new UK approach to the indicators for action in a future pandemic has been developed. This approach incorporates a series of phases which include a number of indicators for moving from one phase to another. The phases are as follows:

- Detection
- Assessment
- Treatment
- Escalation
- Recovery

The phases are not linear and may not follow in strict order; it is possible to move back and forward and jump phases depending on local impact of the pandemic. These phases facilitate flexibility within local plans and should be utilised in response to the dynamic nature of a pandemic characterised by fluctuating impact across localities within districts/regions, whilst also following national guidance[2][3].

5. Roles and Responsibilities of NHS NL CCG in planning for and responding To an influenza pandemic

As Category two responders under the Civil Contingencies Act (2004) and in line with arrangements for other major incidents and emergencies, CCGs have a role in supporting NHS England Regional and Area Teams and providers of NHS funded care in planning for and responding to an influenza pandemic.

The primary role of the CCG is to manage local pressures in provider organisations during a pandemic and respond to requests for support from NHS England Regional and Area Teams. The CCG Accountable Emergency Officer (AEO) 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 2012).

The Pandemic Influenza Executive Lead for NHS NL CCG is the Accountable Emergency officer: Allison Cooke.

5.1 Planning for a Pandemic: Before a Pandemic Influenza NL CCG will:

- identify a Pandemic Influenza Executive Lead (the AEO) to lead internal organisational pandemic planning activities in light of national and international developments, advice and guidance

[2] Seasonal Influenza outbreaks/epidemics will be managed through the infectious disease outbreak plan in conjunction with Public Health England.

[3] More detailed information about the DATER stages is included in Appendix 3.

- undertake internal business continuity planning in the context of pandemic influenza
- communicate plans with employees, contractors, and affiliated organisations
- 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 (Appendix 5: Pandemic Influenza Communications Plan)
- work with their commissioned service providers, in planning for surge in relation to elective work and the possible financial implications if there is on-going disruption to normal service levels over the period of a pandemic and its recovery phase
- participate in appropriate 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.

5.2 During a pandemic, NHS NL CCG will:

- 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
- convene a NHS NL CCG Pandemic Influenza Group to meet weekly (more frequently if required) to direct and coordinate the CCG response[4]

[4] The NL SRG is likely to be the most appropriate established group that will be utilised to extend its remit during a pandemic period. The group will decide if and when it is appropriate to establish a separate sub-group to lead the pandemic response for the North Lincolnshire health system.

- lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response (through the System Resilience Group as appropriate)
- 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 as appropriate and agreed with NHS England Regional and Area Teams to ensure a comprehensive local 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, NHS England returns etc… and participation in coordination teleconferences (Appendix 7 details reporting details for NHS NL CCG during a pandemic)
- throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response.

5.3 24 hour management and clinical response

NHS North Lincolnshire CCG is required to maintain a 24 hour emergency management. As the pandemic progresses, there may be a need to establish more specific On-call rotas to deal with pandemic related issues. Should the need arise, specific rotas will be drawn up from the membership of the Pandemic Influenza Group/SRG to cover management and clinical issues respectively.

5.4 Pandemic influenza Coordination

If at any time during the pandemic it is felt that the demands upon the organisation have reached that requiring a higher level of coordination, as in a major incident, a Pandemic Influenza Coordination Control room will be established.

5.4.1 Function of the NHS North Lincolnshire CCG's Pandemic Influenza Coordination Control room

The Pandemic Influenza Coordination Control room will:

- Bring together all staff working directly on the Pandemic Influenza – the 'Flu Team' to facilitate communication and effectiveness
- The 'Flu Team' will include a dedicated administration team dealing with data requests/requirements associated with the pandemic
- act as a focal point, providing a link to and oversight of the local health and social care response in proportion to the level of impact the pandemic is having on a local level and escalate and de-escalate response as necessary to meet local need (dependent upon the phase of pandemic deemed most appropriate)
- monitor and co-ordinate the overall health response
- support the continuity of general practice, community pharmacy and other primary care services both in and out of hours
- collect, collate and disseminate information on the local health situation, to inform local and national control measures and response arrangements as requested by NHS E/PHE
- liaise with key partners, such as local authorities, local public health teams, to ensure a coordinated response
- link with social care and other agencies and sectors to support the delivery and care and maintain patients at home
- provide a health input to the Local Health Resilience Forum ensuring that their response arrangements maintain and support people at home
- ensure that national messages are cascaded and reinforced and that the public is well informed and advised of local response arrangements, including changes in access to primary/secondary care and disruptions in service

- provide advice and information to staff, primary care contractors and other partners in conjunction with the strategies of national, regional and local stakeholders

5.5 Equipment and resources

The Coordination Centre will be appropriately resourced. A review of requirements will be undertaken by the Emergency Planning Lead.

5.6 Command and control during a pandemic

NHS North Lincolnshire Clinical Commissioning Group has a responsibility to co-ordinate and oversee the local health response to an outbreak of pandemic influenza, under the direction of NHS E (AT). In order to fulfil this role, a command and control structure will be established to ensure appropriate links are maintained with health and social care partners and other response agencies. The command and control structure will be ratified at the Pandemic Planning Group/SRG once it is convened (Appendix 7).

5.7 Following a pandemic, NHS NL CCG will:

- 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 on-going 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 plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally, and up-date as appropriate
- collect financial and contractual impact information from commissioned providers.

5.8 Recovery following a pandemic

Evidence from other major incidents indicates the value of early establishment of recovery working groups. The Pandemic Influenza Group will review the progress of the pandemic and, at an appropriate point, establish a recovery working group comprising relevant specialist input as the impact of the pandemic wave subsides.

This will include a review of the NHS North Lincolnshire's Pandemic Influenza Plan to ensure any amendments which can be implemented are done so, in advance of any further outbreaks of pandemic influenza, and take into account any lessons learned.

The Pandemic Influenza Group will, in conjunction with the Emergency Planning lead, produce a report for the NHS NL CCG Governing Body/NHS E AT. In addition:

- The recovery working group will be responsible for overseeing the return to normal service provision by NHS NL CCG and local health and social care providers.

- The Recovery phase incorporates support for staff. During the pandemic phase the workforce will probably have experienced a degree of emotional trauma, perhaps from having been moved around from their usual role, taken on different duties, and may have lost annual leave, or lost a loved one – to name but a few. The appropriate use of Occupational Health support and flexibility in allowing time for appointments during work to support staff will be encouraged.

THIS PLAN IS A LIVE DOCUMENT AND WILL BE REVIEWED IN LINE WITH ANY NEW NATIONAL GUIDANCE PUBLISHED/FOLLOWING THE RECOVERY STAGE OF A PANDEMIC, OR AT THE PLAN REVIEW DATE.

Appendix 1:

Contextual Background: Changes to the health system in relation to responsibilities for planning for and responding to a pandemic

The Health and Social Care Act (2012) introduced changes to the infrastructure of the NHS which brought significant changes to previous established planning and response structures from 1st April 2013.

These changes include:

- Abolition of Strategic Health Authorities and Primary Care Trusts
- Creation of Clinical Commissioning Groups (CCGs)
- The formation of NHS England as a single, national organisation split into four regions of North, Midlands and East, South and London (sub-divided into smaller Regional/Area Teams)
- Formation of Commissioning Support Units
- Establishment of Public Health England (incorporating Health Protection Agency)
- Transfer of Public Health teams (including Directors of Public Health) to Local Authorities
- Establishment of Local Health Resilience Partnerships

These changes offer an opportunity for more cohesive and coordinated pandemic influenza preparedness across England. NHS England, CCG/CSU and NHS provider organisations collaborate on planning for emergencies through Local Health Resilience Partnerships, with Public Health England (PHE) teams, Directors of Public Health and local private and voluntary sector healthcare providers.

Civil Contingency Act (2004)

Under the new structure, the Civil Contingency Act (2004) defines NHS England as a category one responder and CCGs as category two responders. As a category 1 responder NHS England has significant roles and responsibilities in preparing for

and responding to pandemic influenza, many of which were previously undertaken by PCTs.

Public Health England (PHE) is also a category one responder, and retains significant responsibilities for pandemic influenza preparedness and response, not least overall multi-agency leadership for this area. The Department of Health maintains the policy lead for pandemic influenza preparedness.

Appendix 2:

Pandemic Influenza

Pandemic strains of influenza arise from a sudden change in an existing human type a flu virus, or from the mixing of the genes of human and animal strains of flu virus to form a new strain.

A Pandemic Influenza occurs when a new strain emerges which is:

- Markedly different from recently circulating strains
- Able to infect large numbers of people
- Readily transmittable from person to person
- Capable of causing illness in a high proportion of those infected
- Able to spread widely because few, if any, people have natural or acquired immunity to it
- Is likely to come in 2 (or more) ‘waves' with each ‘wave’ lasting approximately 15 weeks.

Regular influenza pandemics have been documented from the 16th century with three pandemics in the last century, the last starting in 2009 with the emergence of the H1N1 (‘Swine ‘Flu) pandemic.

The 1918 pandemic had a 23% attack rate with 200,000 excess deaths in England and Wales, mainly affecting healthy young adults.

The 1957 pandemic had a 17% attack rate with 30,000 excess deaths (0.13-0.35% case fatality rate), mainly affecting children and young adults

The 1968/69/70 pandemic had a 21% attack rate with 31,000 excess deaths in 68/9 and 47,000 in 69/70.

During the 2009/2010 H1N1 ‘Swine ‘Flu’ pandemic (7 June 2009 to 28 March 2010), a total of 784,000 (range 372,000 – 1,638,000) clinical cases of Influenza like Illness (ILI) due to pandemic (H1N1) 2009 were estimated to have occurred in England. The summer and autumn waves are thought to have peaked with a similar number of

new cases; in week 29 (ending 19 July 2009) with an estimated 77,000 (range 31,000 – 143,000) new clinical cases and in week 43 (ending 25 October 2009) with an estimated 74,000 (range 37,000 – 160,000) clinical cases. While a relatively mild illness in the general population the pandemic was characterised by a 0.04 case fatality.

It is likely that another pandemic will occur, although the exact timing and the precise nature of its impact cannot be forecast. Whilst it is likely that any pandemic will originate abroad, it will probably affect the UK within two to four weeks of becoming an epidemic in the country of origin, and may then only take one or two more weeks to spread to all major population centres in the UK.

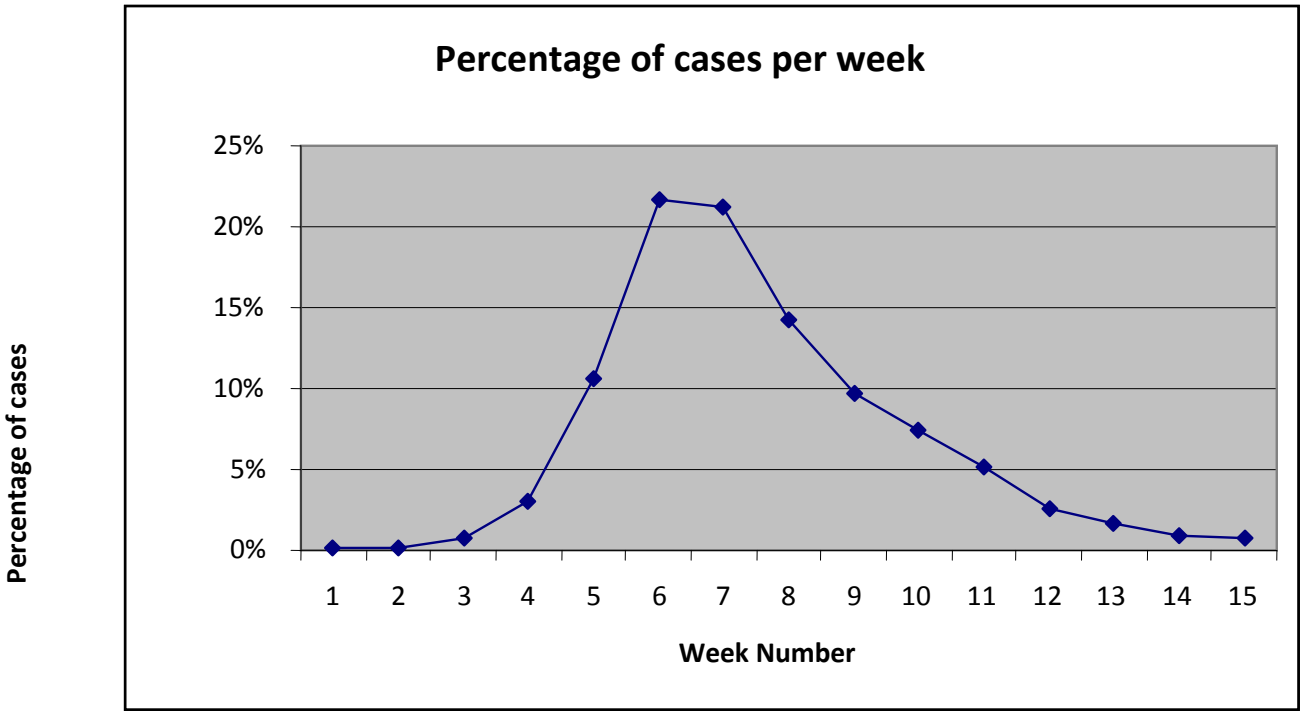
There are also likely to be differences in the incidence and pattern of spread, age distribution and severity of illness across the UK and internationally. These differences will not become apparent until person-to-person transmission starts, and data begins to be collected and collated.

Appendix 3: Epidemiology & worst case scenario impact for North Lincolnshire

Impact of Pandemic:

An influenza pandemic might consist of one or more waves, perhaps weeks or months apart, the first lasting around 15 weeks. For planning purposes the national framework considers possible clinical attack rates of up to 50%, the actual attack rate will not be known until the start of the pandemic. However, other 20th century pandemics had attack rates of less than 25%. **Figure 1** shows the distribution of the burden of cases over the first wave.

Figure 1 – Pandemic Wave



As a pandemic spreads, primary care services will need to deal with large numbers of individuals affected by influenza, together with an increase in patients with acute needs who need to be cared for in community settings as a result of increased pressures on hospital services. This will occur at a time when hospitals, NHS NL CCG and primary care contractors are already facing challenges due to the effect of the pandemic on their own resources due to illness amongst staff themselves.

Table 1 below shows the likely number of cases across NHS North Lincolnshire, the impact on services and additional deaths expected based on Department of Health planning assumptions (April 2012) of a 'reasonable worst case' clinical attack rate of 50% for a major pandemic wave with health services requiring to plan for 30% of all symptomatic patients in the usual pathways of primary care. Between 1-4% of symptomatic patients could require hospital care, depending on the severity of disease caused by the virus. Of these up to 25% may require critical care.

Table 1: Cumulative burden of illness and death across NHS North Lincolnshire based on latest guidance (April 2012) of a 50% attack rate with 30% accessing primary care health services 15% complication rate, 1-4% hospitalisation and 0.1% case fatality rate.

Population – NHS North Lincolnshire CCG (Registered 1st April 2015) **170, 279**	**Potential Number of Individuals (each wave)**	**Peak week (22%)**	**Peak week per day**
Clinical Cases (30% of population)	**51,083**	11,238	1, 605
Complication Rate (15% of clinical cases)	7,662	1,685	241
Hospitalisation Rate (1-4% of clinical cases)	511 - 2,043	112 – 449	16 – 64
Case Fatality (0.1%)	50	13	2

Appendix 4: UK Pandemic Influenza Stages: D.A.T.E.R:

Detection – This phase would commence on either the declaration of the current WHO phase 4 or earlier on the basis of reliable intelligence or if an influenza-related "Public Health Emergency of International Concern" (a "PHEIC") is declared by the WHO. The focus in this stage would be:

- Intelligence gathering from countries already affected.
- Enhanced surveillance within the UK.
- The development of diagnostics specific to the new virus.
- Information and communications to the public and professionals.

The indicator for moving to the next stage would be the identification of the novel influenza virus in patients in the UK.

Assessment – The focus in this stage would be:

- The collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK.
- Reducing the risk of transmission and infection with the virus within the local community by:
  - actively finding cases;
  - self isolation of cases and suspected cases; and
  - treatment of cases/suspected cases and use of antiviral prophylaxis for close/vulnerable contacts, based on a risk assessment of the possible impact of the disease.

The indicator for moving from this stage would be evidence of sustained community transmission of the virus, i.e. cases not linked to any known or previously identified cases.

These two stages – Detection and Assessment - together form the initial response. This may be relatively short and the phases may be combined depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. It will not be possible to halt the spread of a new

pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so.

Treatment – The focus in this stage would be:

- Treatment of individual cases and population treatment via the NPFS, if necessary.
- Enhancement of the health response to deal with increasing numbers of cases.
- Consider enhancing public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment.
- Depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available.

Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths.

When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision is likely to be made at a regional or local level as not all parts of the UK will be affected at the same time or to the same degree of intensity.

Escalation – The focus in this stage would be:

- Escalation of surge management arrangements in health and other sectors.
- Prioritisation and triage of service delivery with aim to maintain essential services.
- Resilience measures, encompassing robust contingency plans.
- Consideration of de-escalation of response if the situation is judged to have improved sufficiently.

These two stages form the Treatment phase of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation of the Escalation phase at an early stage of the Treatment phase, if not before.

Recovery – The focus in this stage would be:

- Normalisation of services, perhaps to a new definition of what constitutes normal service.
- 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 e.g. reschedule routine operations.
- Post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt.
- Taking steps to address staff exhaustion.
- Planning and preparation for resurgence of influenza, including activities carried out in the Detection phase.
- Continuing to consider targeted vaccination, when available.
- Preparing for post-pandemic seasonal influenza.

The indicator for this phase would be when influenza activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how services' capacities are able to meet demand will also inform this decision.

The latest DH pandemic Influenza guidance 'The UK Influenza Pandemic Preparedness Strategy' viewed previous planning and response processes based upon the experiences of the H1N1 pandemic which highlighted the fact that there were no certainties around the scale, severity and pattern of development of any future pandemic. As such, the revised guidance identified three key principles that will underpin pandemic preparedness and response activity in the future. These are:

- Precautionary: Plans should acknowledge the risk that an influenza pandemic could have the potential to cause severe symptoms in individuals and widespread disruption to society
- Proportionality: The response to a pandemic should be no more or no less than necessary in relation to known risks. Plans should therefore be

adaptable to step up to meet high impact pandemics, but also scale down for milder scenario’s

- Flexibility: Plans should be consistent with UK-wide approach to the response to a new pandemic, but with local flexibility and agility in the timing form one phase of response to another to take account of local patterns of spread on infection.

These principles have been considered and where applicable have been included in the update of this plan.

Appendix 5: Infectious Disease Outbreak Plan

The primary objective in infectious disease outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection. The investigation and management of outbreaks and implementation of necessary control measures requires multidisciplinary expertise and collaboration.

Outbreaks may be recognised by PHE, Local Authorities or NHS/Public Health Microbiologists: each organisation has its own procedures for surveillance, detection and control.

Locally confined outbreaks will usually be recognised and declared by the Consultant in Communicable Disease Control / Health Protection (CCDC/CHP) or senior health practitioner. Where appropriate this will be following consultation with a Consultant Microbiologist or senior Environmental Health Officer.

Convening an Outbreak Control Team

Following the recognition and declaration of an outbreak, a decision regarding the need and urgency to convene an OCT is required. This decision should be guided by the risk assessment. The rapid establishment of an OCT is appropriate if an outbreak is characterised by:

- immediate or continuing significant risk to the health of the population
- one or more cases of serious communicable disease
- a large number of cases
- cases identified over a large geographical area suggesting a dispersed source
- significant public, political or reputational interest

Role of the Outbreak Control Team

- The purpose of the OCT is to agree and coordinate the activities involved in the management, investigation and control of the outbreak. The OCT will:
- assess the risk to the public's health
- ensure that that the cause, vehicle and source of the outbreak are investigated and control measures implemented as soon as possible
- seek legal advice where required

If requested, the CCG rep for the OCT will be the Director of Quality, other CCG staff may be invited if appropriate to the management of the outbreak (e.g SRG Chair)

Infectious disease outbreaks, such as influenza epidemics, will increase demand on services and increase demands on capacity across the health system, including demands upon primary care, community care, social care/care homes as well as secondary care services. The management and response of an infectious disease outbreak is likely to require additional resources which may not be readily available. Activation of business continuity plans/major incident plans to support maintenance and delivery of essential services during an infectious disease outbreak is likely.

NHS North Lincolnshire CCG plans for and response to, an infectious disease outbreak is based upon the principles outlined in the Pandemic Influenza Plan.

Specifically, NL CCG will:

- Be represented on the Outbreak Control Team (OCT) once it is convened if requested[5]
- Ensure close links from the OCT to the System Resilience Group to manage system wide pressures
- Support the operational response under direction of the OCT if requested, including providing a route of escalation 24/7
- Work closely with commissioned services to support timely responses to the emerging /developing situation
- Provide support to Primary Care to cope with increased demands if necessary, as directed by NHS England
- Meet all monitoring requirements through, for example, timely responses to request for sit-reps and other reporting/surveillance monitoring requirements to support management of the outbreak
- Support proactive communications and engagement of key stakeholder to ensure timely access to accurate and consistent health and social care messages. The CCG communications manager will work closely all organisations involved to ensure access to appropriate spokespersons/media responses.
- Work closely to support care homes to manage outbreaks if required
- Contribute to any de-briefs/lessons learnt meetings and amend plans accordingly.

Appendix 6 : Pandemic Influenza (Infectious Disease Outbreak) - Indicative Communications Plan

1. INTRODUCTION

This indicative communications plan has been developed to support the Emergency Planning responsibilities of NHS North Lincolnshire CCG in the event of a pandemic influenza outbreak within the UK. It is intended to provide a framework to maximise effectiveness of responding to national and regional direction in relation to communication directions. NHS E and PHE will lead the communications strategy during a pandemic; this plan facilitates timely responsiveness. It will be reviewed once the NHS NL CCG Pandemic Influenza Group is convened or in light of further guidance.

2. AIMS AND OBJECTIVES

The Pandemic Flu communications plan will help NHS North Lincolnshire CCG to:

- Communicate accurate, timely and consistent advice to the public, professionals and the media and to aid their understanding of the pandemic as well as to communicate any behaviour change or action they need to take.
- Provide and maintain a timely, reliable, accurate communication system as an essential part of the response to a flu pandemic through a communication infrastructure that will enable all organisations and professionals involved in delivering the response to communicate with each other**.**

3. NATIONAL COMMUNICATIONS

Nationally there is a campaign ready to launch at the onset of a pandemic influenza outbreak which will aim to:

- improve general awareness and understanding of influenza
- promote good hygiene and other general precautionary measures
- prepare the country for the probable emergence of a new or re-emerging influenza virus
- convey accurate, timely, consistent and credible advice and information to the public

- promote individual and social responsibility

Campaign material will be available locally including leaflets, DVDs, posters and press briefings containing the key messages for the public on how they can reduce the risk of getting flu or spreading it. These materials are likely to be disseminated to the Director of Public Health with guidance on how and where they should be distributed.

Updates for media will be given at regular intervals with precedence, at times, given to broadcast media. Suggested spokespersons for NHS NL CCG are Medical Director, Chief Operating Officer, Chair of the CCG, Director of Quality/Lead.

5. COMMUNICATION METHODS AND TOOLS

To help get messages out to staff and the public in the pre-pandemic and pandemic periods, the following communications methods can be utilised:

PRE-PANDEMIC

Communication Method	**Notes**	**Target Audience**	**Lead Person**
CCG Team Brief	Team Brief given at face to face meeting with senior managers, then cascaded to staff. Team Brief documentation added to CCG Intranet site Pandemic flu news added to Practice Dispatches	CCG Staff GPs Dentists Pharmacists	Communications Manager/CCG EPRR lead
Mail shots/Door drops/social media	Options for dissemination include email, post, social media including Facebook, Twitter/internet site	Staff Public	Communications Manager / Emergency Planning Lead

Communication Method	Notes	Target Audience	Lead Person
National flu campaign -	Media activity and distribution of leaflets and posters to GPs etc	Public	Communications Manager/NHS E/PHE

DURING PANDEMIC

Communication Method	Notes	Target Audience	Lead Person
Daily Flu update via email	Not all staff and Primary Care Providers access email easily	CCG staff GPs Dentists Pharmacists	Communications Manager Pandemic Planning Group
Daily media updates to broadcast and other media including social media i.e. Twitter	PHE /NHS E to lead - joint releases issued. Media coverage cannot be guaranteed. Spokespeople should be able to talk with some degree of in depth knowledge	Media Public	NHS E/ PHE Communications Managers CCG Emergency Planning Lead
Posters	Promotion of NHS Flu line and Anti-viral collection points. These should be supplied nationally and distribution advised on. Staff at HQ could be taken off normal duties to help with distribution (if Business Continuity allows.	Patients Public staff	Communications Manager Emergency Planning Public Health
Leaflets	Promotion of NHS Flu line and Anti-viral collection	Patients Staff	Communications Manager Public Health/PHE/NHS E

	points. Leaflets should be supplied nationally and distribution advised on. Staff at HQ could be taken off normal duties to help with distribution (if Business Continuity allows.	Public	
NHS Flu line	People can get information via a number of ways web, 24 hour call centre and automated telephony	Public	NHS E / PHE

6. KEY MESSAGES Staff

- What the CCG is doing about pandemic planning
- What to communicate to patients, visitors and carers about the pandemic
- Illness and treatment information (generic information on antivirals and vaccine)
- What will be expected of staff if there is a pandemic (attendance at work, returning to work following illness, childcare arrangements and others)
- Where to find more information

Public

- What the CCG and local NHS is doing to prepare for a pandemic
- What the public can do now (infection control advice as good hygiene practice)
- Illness and treatment information (generic information on antivirals and vaccine)
- Where to find more information

GPs, pharmacists and other independent contractors

- What they need to inform patients/worried well
- What planning/action the CCG/ NHS E AT is taking

- How NHS E/PHE/CCG will communicate with them about a pandemic and what they should be communicating to the Area Team/CCG (for example, staffing issues)
- Where to find more information
- Identifying key contacts for them in NHS E AT/PHE/CCG

Other key partners

- What the local NHS is doing to prepare for a pandemic
- What advice the local NHS is giving to the public about what it can be doing now (infection control advice as good hygiene practice)
- Illness and treatment information (generic information on antivirals and vaccine)
- Where to find more information
- How they can help communicate these messages to their stakeholder group or wider general public.

Appendix 7

Managing a Surge in Demand / Excess Deaths

The main challenge during a pandemic will be maintaining essential services whilst experiencing a surge in demand for services, with a decrease in capacity to respond, due to a potential reduction in workforce, alongside many more ill patients.

To ensure that essential services are maintained during the pandemic period each service provider across health and social care will identify essential services to be maintained during a pandemic within their Business Continuity Plans. This will ensure the management of capacity during surge periods.

Each element of health and social care should have a separate business continuity plan that outlines the essential services to be maintained throughout the course of the pandemic. This will ensure that;

- There will be a need to constantly re-evaluate capacity and priorities throughout each wave of the pandemic.
- The threshold by which patients can be admitted to hospital will alter through the course of the pandemic. Therefore it is important to re-evaluate what can and cannot be provided on a daily bases.
- The normal principles within trusts' escalation policies will apply.
- Blanket decisions to shut down services for long periods of time can be avoided, especially as the pandemic is likely to last up to 30 weeks (in two waves).
- Communication between primary and secondary services is important so that each can understand the pressures. It is likely that, because of capacity problems, people will have to be treated at home whereas in normal circumstances they would be admitted to hospital.
- Hospital admission will be on the basis of no alternative being possible, i.e. a need for specific technical intervention/or a specialist environment.
- Both social care and acute/secondary acre provider services would suspend or transfer responsibility for non-essential work

- NHS North Lincolnshire CCG will need to provide guidance on those procedures which could be altered on an exceptional basis during the peak weeks e.g. weekly INR checks being deferred
- Once the pandemic is declared, social care, community, acute/secondary care provider services and NHS North Lincolnshire CCG will share information on the clients/patients they already have on their caseload to enable coordination of home visits to them during the peak weeks.
- Teams will also share information on those who are potentially vulnerable –
- Workload for Community Nursing Services clusters could be combined to maximise effectiveness.
- Staff deployed from elsewhere in the organisations may be able to play a key role in coordinating the activities of teams – e.g. taking calls and planning visiting schedules.

Dealing with Excess Deaths

As set out in the UK Influenza Pandemic Preparedness Strategy 2011, depending upon the virulence of the influenza virus responsible for a pandemic, the susceptibility of the population and effectiveness of countermeasures, up to 2.5% of those who are symptomatic with flu may die. Based on the UK population size, that equates to up to 750,000 additional deaths over the period of the pandemic (i.e. deaths that would not have happened over the same period of time had a pandemic not taken place).

(Pandemic Influenza: Guidance on the management of death certification and cremation certification 2012)

Up-dated guidance from the DH (June 2012) on the management of excess deaths proposes changes to the procedures for death and cremation certification that could be used in a severe influenza pandemic. It would enable doctors to spend as much time as possible on the care of the living and to ensure that processes for death and cremation certification can be managed as effectively as possible during a pandemic.

North Lincolnshire Council have responsibility for dealing with excess deaths and NHS North Lincolnshire CCG will be guided and implement necessary measures as directed.

Appendix 8

Strategic Leadership:

NHS NL CCG Strategic leadership during a pandemic

The strategic response to a pandemic will be the responsibility of the Pandemic Influenza Group. Membership includes[6]:

- Medical Director – NHS NL CCG
- Infection Control rep
- Council of Member Rep
- Practice Manager rep
- Systems Resilience Group Chair/rep
- Director of Quality – NHS NL CCG
- Director of Finance
- Communications Manager
- NHS North Lincolnshire CCG Pandemic Flu lead

The Pandemic Influenza Group will:

- oversee the day-to-day response of the local health economy, reporting directly to the NHS North Lincolnshire CCG AEO
- Invite additional partners/stakeholders as appropriate
- The Pandemic Influenza Group will ensure that local plans, protocols and processes are up-dated in line with any new guidance that is developed
- Ensure all external communications to public and stakeholders are timely, accurate and appropriate
- The Pandemic Influenza Group will meet weekly during the response phase to an influenza pandemic (more often if required)

[6] *Other agencies may be invited to attend meetings if it is deemed appropriate, however, the North Lincolnshire system wide multi-agency Pandemic Group will be convened and Chaired by the local Director of Public Health with CCG representation.*

Recovery after a pandemic

- As the impact of the pandemic wave subsides, the Pandemic Influenza Group will lead a review of the NHS North Lincolnshire's CCG response to the pandemic.
- This will include a review of the NHS North Lincolnshire's Pandemic Influenza Plan to ensure any amendments which can be implemented are done so, in advance of any further outbreaks of pandemic influenza, and take into account any lessons learned.
- The Pandemic Influenza Group will, in conjunction with the Emergency Planning lead, produce a report for the NHS NL CCG Governing Body/NHS E AT.

Appendix 9 : Reporting during a Pandemic

The requirements for reporting will be communicated by NHS E as the pandemic develops. In addition:

- Existing serious incident reporting mechanisms will remain in place for non-flu related incidents to ensure they continue to be managed; pandemic influenza incidents will be reported to the EPRR lead
- The EPRR lead will be responsible for ensuring any requirements on the CCG for regular situation reports (sitreps) are dealt with in a timely manner
- The Pandemic Influenza Group will ensure that there are robust processes in place to record and document decisions made and any actions taken during the pandemic (including activation of business continuity plan if necessary). A decision log will be utilised to record all activities and communications, including, context and rationale for decision, person making the decision and time the decision was made.

Appendix 10 – Access to anti-viral medication

Access to medicines

Background

Antiviral medicines may lessen the severity and duration of illness, reduce the need for antibiotics and lower demand for hospital care. The Department of Health is building stockpiles of the antiviral medicine oseltamivir phosphate (Tamiflu) and Zanamivir (Relenza).

Planning will focus on ensuring rapid access to antivirals (either via the National Flu Line service or where appropriate, a healthcare professional) from collection points situated throughout North Lincolnshire.

National Flu Line Service

NHS Direct has been commissioned by the Department of Health to provide a National Pandemic Flu Service (NPFS). The decision to activate the NPFS will be taken nationally in light of the demand and pressures of the pandemic at the time. This is likely to be during the treatment and escalation phases.

The service will be publicly accessible via the internet or telephone.

The NPFS will provide assessment and advice. An assessment algorithm will be used to identify patients who are eligible for and will benefit from antiviral treatment.

If antivirals are authorised the patient will be issued with a unique reference number and advised of the most appropriate collection point for a 'flu friend' to collect on their behalf.

Where the patient is not eligible for or may not benefit from antiviral treatment homecare advice will be given or the patient referred to a healthcare professional for further treatment and advice if necessary.

Access to antivirals

Access to antivirals by the public will normally be achieved by contacting the NPFS when a unique reference number will be issued to eligible patients. The unique reference number will be required to access antivirals from a designated collection point.

In order to limit the spread of the pandemic influenza virus, symptomatic patients will be encouraged to remain at home and ask a 'flu friend' (a representative of the patient e.g. family member, friend, carer) to collect their antivirals from a designated collection point.

Antivirals will only be delivered to patients in exceptional circumstances.
Clear information for the public regarding the collection of antivirals will be provided through the Communications manager.

Access to essential and 'over the counter' medicines

It will be important to ensure that the on-going supply of regular medicines to symptomatic and non-symptomatic patients is maintained. Patients in receipt of repeat prescriptions will be encouraged to maintain appropriate personal stocks and GP practices encouraged to use the Repeat Dispensing Service via community pharmacies.

Vulnerable groups and individuals

Procedures will be established to ensure that vulnerable groups and individuals, who may not be able to access the NPFS Line will have appropriate support to access available antivirals. Where possible particularly vulnerable groups and individuals will be supported through pre-existing care and support networks – their GP, health and/or social worker, carer or through social networks

NHS NL CCG will work with PHE/NHSE AT to support access to antiviral medication based upon national direction and guidance; at the present time this is likely to be through community pharmacies.

PLAN UP-DATES

NHS NLCCG Pandemic Influenza Plan is a live document and will be up-dated in line with new guidance published and following recovery/lessons learnt in the recovery stage of a pandemic.