

## Winter and Flu Resilience Plans Position Statement as at September 2009

### 1. Background

1.1 A Swine flu (H1N1) pandemic was declared on 11<sup>th</sup> June 2009. The Department of Health subsequently announced the move to the 'treatment phase' on 2<sup>nd</sup> July 2009. This brought an end to the 'containment phase' where action was principally taken to limit the spread of the infection.

The treatment phase concentrates on treating infected people and involves the following action:

- Cessation of almost all swabbing of possible cases of swine flu
- Cessation of contact tracing and prophylaxis of close contacts of cases
- Assessment and treatment of suspected cases of swine flu in Primary Care.

From Thursday 23<sup>rd</sup> July the Department of Health introduced the National Flu Line and formalised the opening of Antiviral Collection Points (ACPs). Members of the public were, via a national communications campaign, encouraged to contact the Flu Line – either by telephone or on-line to have their symptoms assessed and where appropriate dispensed antiviral medication. All Primary Care Trusts were required to activate their ACP plans and open sufficient centres to deal with anticipated demand.

In addition, Primary Care Trusts were encouraged to up-date and test aspects of their Pandemic Influenza Plans, to ensure that the organisation was well placed to cope with a potential second wave of Swine Flu.

1.2 Primary Care Trusts are routinely required to formulate Pressures Plans, primarily to deal with surges in demand – predominately during the Winter months, although surges may occur at other times of the year.

A formal multi agency plan has been developed and is reviewed annually by the local Health and Social Care economy. This also includes inputs from key agencies outside of Walsall, such as West Midlands Ambulance Service and the Health Protection Agency.

The aim of the plan is to define how each of the key services will respond to increases in urgent patient demand and how they would escalate services to meet such pressures.

## 2. Key Elements

There are a number of areas of work that local health and social care organisations are currently operating or developing and testing:

2.1 Aniviral Collection Points became operational in Walsall initially as a localised service from the beginning of July 2009 and latterly were incorporated into the national flu programme (23/7/09). Walsall has ten centres primed and ready to be activated but only needed to open three to meet the demands of swine flu and more recently has been able to reduce this down to one centre. These centres have operated extremely well and have received complements from both patients and the Strategic Health Authority (SHA) for their efficient operation. In addition to the above arrangements, NHS Walsall and Walsall Community Health have prepared their 'call centre' ready for activation as a precaution in-case the National Flu Line fails (due to a systems breakdown) or there is a second more severe wave of swine flu, requiring more interaction with the local population.

2.2 Following initial information shared by the Department of Health in July 2009, all Primary Care Trusts were required to make preparations for delivery of a scaling H1N1 (swine flu) vaccination programme, commencing in Autumn 2009. NHS Walsall has submitted its proposals to the SHA for approval and will then be activated in order to vaccinate priority groups – as directed by the Department of Health.

Two vaccine products will be used in England. *Celvapan*, a whole cell vaccine produced by Baxter and *Prepandric*, a split cell vaccine produced by GSK. Both vaccines require two separate doses to be administered at least three weeks apart. The second dose is required to produce ensuring immunity. Walsall will be allocated and thereafter administer one of the above products.

2.3 Business Continuity Plans for maintaining essential services and meeting the demands of swine flu are nearing completion. Essential elements of these plans include: Manpower Planning - including a response to likely absence levels and maximising staff availability to meet a potential surge in service demand; working with partner agencies to improve secondary care admission and discharge arrangements; improving primary care resilience by introducing buddying and cluster arrangements to support general practice and district wide business continuity plans for local pharmacy, dental and retinal screening services.

3. Work in progress: whilst a considerable amount of pre-planning was undertaken prior to the current swine flu outbreak, plans are currently being reviewed to take account of the specific requirements of this particular epidemic and new national guidance. Various aspects of the plans are also being tested and amended where necessary to ensure they meet current requirements. Whilst most of this work has either been completed or is nearing completion, it is the intention of the organisation to adopt a programme of continual review to ensure good practice and new national requirements are incorporated.