

**SWINE FLU PANDEMIC:
FROM CONTAINMENT TO TREATMENT**

**GUIDANCE FOR THE NHS
2 July 2009**

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Contact Details	John Lawlor NHS Flu Resilience Team Department of Health
For Recipient's Use	

Introduction

1. This guidance seeks to:
 - provide the NHS with a clear explanation of the rationale for the decision taken on 2nd July 2009 by Health Ministers across the UK to move from containment to treatment nationally;
 - set out clearly the Department of Health's expectations of the NHS and the roles and responsibilities of each part of the system over the coming months; and
 - explain the support being made available to the NHS and front line staff to ensure the Service is as prepared and resilient as possible in advance of a potentially more severe autumn or winter attack of the Swine Flu virus.

From containment to treatment: the rationale

Swine Flu and its treatment

2. As you aware, a new strain of Influenza A (H1N1), also known as Swine Flu, has now spread to over 100 countries around the world and it was confirmed in the UK in April.
3. When the Swine Flu pandemic started in Mexico, it appeared to be more severe than it has proved to be in the UK or elsewhere. Although symptoms are generally mild, a small number of patients will develop more serious illness. Many of these people have other underlying health conditions, such as diabetes, heart or chronic respiratory disease. that put them at increased risk.

The approach to date

4. As little was known about the new flu virus, the strategy to date has been to try to work to slow its spread while we learned more about it. To do this the NHS and HPA have been:
 - testing patients suspected of having Swine Flu to confirm the infection;
 - offering antivirals to all patients suspected or confirmed as having Swine Flu;
 - collecting detailed information about these patients to learn more about how the virus affects people;
 - closing schools where medical advice deemed it appropriate; and
 - tracing people that patients have had close contact with and giving them prophylactic antivirals to try to prevent further spread.

5. The response from NHS organisations, Health Protection Agency staff and, in particular, GPs to date has been commendable. During the containment phase, we have had precious time to understand the characteristics of the new virus, to build up medical supplies and to make significant progress towards developing a vaccine.

The move from containment to treatment

6. Ministers in all four UK nations (England, Scotland, Wales and Northern Ireland) have always been clear that, at some point, there would be a need to take the decision to move from containment to treatment when community transmission became widespread across many parts of the country. This will mean establishing national systems to deal with high numbers of Swine Flu cases.

7. Ministers have drawn on advice from leading scientists and health experts to inform this decision, and on 2 July, all four UK administrations confirmed the decision to move to the treatment phase.

8. In practical terms, this will mean that across the country:
 - GPs will be able to diagnose Swine Flu on the basis of symptoms rather than waiting for laboratory testing;
 - all contact tracing will now cease, and we will stop giving antiviral drugs to people who may have been exposed to the virus;
 - all those who have contracted the illness will continue to be offered antivirals. However, it will remain a matter of clinical discretion as to whether antivirals should be prescribed in individual cases.
9. Primary care trusts will also now begin to establish antiviral collection points (ACPs). These could be at a designated pharmacy or a community centre, depending on local need and arrangements.
10. The HPA will continue to provide expert health protection advice and operational support to the NHS during the transition to the treatment phase

The groups of people at greatest risk from Swine Flu

11. Some groups of people are more at risk of serious illness if they become infected with Swine Flu, and will need to start taking antivirals as soon as possible after they present with the illness.
12. We are still learning more about the risk profile of the virus, but based on what we know about seasonal flu and the current pandemic virus, the following groups of people have been identified as likely to be at greater risk of serious illness
 - people with:
 - Chronic respiratory disease
 - Chronic heart disease
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppression (whether caused by disease or treatment)
 - Diabetes mellitus
 - patients who have had drug treatment for asthma within the past three years
 - pregnant women
 - people aged 65 years and older
 - young children under five years old

13. It is vital that people in these higher risk groups get antivirals and start using them as soon as possible – within 48 hours of the onset of symptoms.

Expectations of the NHS

14. During national emergency preparedness situations, like pandemic Swine Flu, the DH can implement national coordinating arrangements. These arrangements are intended to support SHAs to manage and oversee the NHS response, ensuring wider NHS resources are made available and cross-government assistance is accessed as required.
15. Monitor, as the independent regulator of NHS foundation trusts, agrees with the importance of a system-wide response on this issue and supports the need for NHS foundation trusts to play a full part in these arrangements.
16. As we move into the treatment phase of managing the Swine Flu pandemic, the NHS response will need to move quickly from working to slow its spread while we learned more about the new virus to establishing clear governance and accountability arrangements to ensure people affected by the virus receive the correct advice, assessment and treatment.
17. These 'command and control' arrangements will operate via the NHS Flu Resilience Directorate (working with the Emergency Planning Directorate (EPD)) in the Department of Health, through to SHAs as system managers and down to PCTs (and through them GPs and pharmacies) and to NHS trusts and NHS foundation trusts locally.
- 18.. This includes a requirement for each NHS organisation to ensure that:
 - each NHS Board appoints a full time director level lead dedicated to flu preparedness and resilience with immediate effect. This can be a single individual or shared between directors but must provide visible, full-time, senior leadership and ensure a well-resourced team on this issue through the months ahead;
 - pandemic preparedness plans are stress tested to ensure that the provision of high quality care to flu and non-flu patients now and during a potential second, sustained wave of up to five months can be sustained;
 - each NHS Board is requested to take reports on progress towards their readiness assessment against the Department's HR and Surge guidance to their July and August meetings;

- they understand and test capacity constraints that may be caused through increased demand and workforce sickness absence. This includes but is not limited to those clinical areas that are likely to face most flu-related pressures. Recent '*Pandemic Flu: Managing Demand and Capacity in Health Care Organisations (surge)*' guidance and the NHS Employers/ Department of Health document '*Pandemic Influenza Human Resources Guidance for the NHS*' will help with this work;
- their organisation takes part in the September nationally devised and SHA and HPA-organised resilience testing and exercise programmes to validate Pandemic Flu Plans and Winter Readiness Plans. Board level attendance, including from NHS CEs, is expected at these events.

19. These arrangements will ensure that across the NHS:

- PCTs deliver robust and effective communications locally to the public, GPs, Community Pharmacies (CPs), PCTs and NHS trusts and NHS foundation trusts, local partners and frontline NHS staff;
- PCTs, GPs, CPs and hospitals ensure that all those people with suspected Swine Flu in the higher risk groups get antivirals and start using them as soon as possible – within 48 hours of the onset of symptoms;
- PCTs are strongly supporting GP and community staff with advice, guidance and practical support (e.g. around telephony, temporary staffing etc.) to cope with the level of demand locally until the National Pandemic Flu Service's online and dedicate call centre assessment and authorisation service is introduced;
- PCT plans for antiviral collection points (ACPs) are effectively stood up, with *at least one* ACP in each PCT cluster area to be operational by the beginning of next week, with more where the current level of Swine Flu in the community warrants it. PCTs will be added to DH's Wholesaler Dealer Licence for medicines as the DH's agents for the distribution of antiviral medicines;

- local plans are in place in each PCT area for the Introduction of the National Pandemic Flu Service, including establishing a *network* of ACPs to meet the needs of local communities. Preparations are at an advanced stage and we expect that the service will be ready to be stood up, if needed, by the middle of July;
 - all NHS organisations have tested by September the resilience of organisational and local health and care system Flu Pandemic Plans against the national HR and Surge guidance and a potentially more severe attack over the autumn or winter.
20. The specific roles, responsibilities and expectations of SHAs, PCTs, NHS trusts (including NHS foundation trusts) and of GPs and pharmacists are described in Appendix A and should be read alongside this document.

Support to NHS Staff

21. The response of NHS staff and, in particular GPs, to the flu pandemic has been first rate, helping the HPA and the Department of Health to better understand the virus and to collect surveillance information during the containment phase to inform future strategy and the clinical management of pandemic swine flu.
22. It is important that all NHS employers respond positively to the professionalism of NHS staff shown since April in managing the pandemic. This should include:
- ensuring that appropriate HR policies and procedures are in place to support staff and maintain their wellbeing in line with the national Pandemic Flu HR guidance;
 - delivering staff training as required to support service provision and high quality patient care;
 - effective communications and consultation with staff and their Representatives on the support needed;
 - ensuring that staff have access to timely and accurate information about the progress of the pandemic and the practical steps they can take to protect themselves, including clear advice about the importance of infection control procedures and routine respiratory and hand hygiene practices – one of the very best ways people can protect themselves, their families and their patients from the virus;

- ensuring that staff in close and regular contact with patients with pandemic Swine Flu have access to appropriate personal protective equipment, such as face masks;
- ensuring that the case is being made to NHS staff and their Representatives for the importance of getting vaccinated against seasonal flu and Swine Flu as the vaccines become available to protect staff, their families and patients;

Further information

23. Further information about this guidance can be obtained from:

- for PCTs, from SHA Flu Lead Directors and SHA Flu Leads;
- for other NHS organisations, GPs and pharmacists, from their local PCT.

2nd July 2009

Swine Flu: from containment to treatment

Roles and Responsibilities of NHS organisations

The following summarises the key roles and responsibilities of NHS organisations in taking forward treatment of Swine Flu over the coming weeks and the resilience testing of NHS Flu Pandemic plans and Winter plans over the next two to three months.

All NHS organisations

In addition to the specific accountabilities and responsibilities below, all NHS organisations are required to ensure that:

- each NHS Board appoints a full time director level lead dedicated to flu preparedness and resilience with immediate effect. This can be a single individual or shared between directors but must provide visible, full-time, senior leadership and ensure a well-resourced team on this issue through the months ahead;
- pandemic preparedness plans are stress tested to ensure that the provision of high quality care to flu and non-flu patients now and during a second, sustained wave of up to five months can be sustained;
- each NHS Board is requested to take reports on progress towards their readiness assessment against the Department's HR and Surge guidance to their July and August meetings;
- they fully understand and test capacity constraints that may be caused through increased demand and workforce sickness absence. This includes but is not limited to those clinical areas that are likely to face most flu-related pressures. Recent '*Pandemic Flu: Managing Demand and Capacity in Health Care Organisations (surge)*' guidance and the NHS Employers/ Department of Health document '*Pandemic Influenza Human Resources Guidance for the NHS*' will help with this work;
- their organisation takes part in the September nationally devised and SHA and HPA-organised resilience testing and exercise programmes to validate Pandemic Flu Plans and Winter Readiness Plans. Board level attendance, including from NHS CEs, is expected at these events;

SHAs

As strategic leaders and system managers, SHAs will ensure the coordination of the NHS' response to the flu pandemic across their geographical area, including:

- ensuring co-ordinated working with, and taking clear direction from, the NHS Flu Resilience Directorate in the Department of Health;
- ensuring SHA Boards assess the robustness of NHS organisational and local system Flu Pandemic Plans and sign off that assurance on behalf of the Department of Health;
- managing jointly with the HPA and in collaboration with local PCTs the transition from containment to treatment, including the phased de-commissioning of FRCs and the return to 'business as usual' for HPUs;
- ensuring that PCT plans for antiviral collection points (ACPs) are effectively stood up, with *at least one* ACP in each PCT cluster area to be operational by the beginning of next week, with more where the current level of Swine Flu in the community warrants it;
- ensuring local plans are in place in each PCT area for the Introduction of the National Pandemic Flu Service, including establishing a *network* of ACPs to meet the needs of local communities. Preparations are at an advanced stage and we expect that the service will be ready to be stood up, if needed, by the middle of July;
- providing consistent communications to the NHS, including GPs and other frontline staff, local partners and the general public, in line with national presentation and messaging;
- ensuring that all NHS employers make the case to NHS staff and their Representatives for the importance of getting vaccinated against both seasonal flu and Swine Flu as the vaccines become available months, to protect staff, their families and patients;
- establishing effective reporting mechanisms to provide an accurate and up to date picture on the current situation across the SHA area to inform the operational response and to contribute to national understanding and briefing;
- maintaining effective working relationships with other SHAs and the Devolved Administrations to ensure continuity and equity of service, across regions and UK countries.

PCTs

As the leaders of the NHS locally, PCTs are required to ensure that:

- all NHS organisations locally take full account of national pandemic Swine Flu policy and SHAs system management responsibilities;
- communications locally, to patients, the public and local partners are robust, comprehensive and accessible, and in line with national presentation and messaging to explain the move from containment to treatment;
- GPs and local primary care teams are supported to sustain the management of service delivery for patients with influenza-like illness through a named senior contact for enquiries from GPs, as well as visible leadership from PCT Boards through effective dialogue with local LMCs and individual practices;
- local primary care teams and GP Out of Hours services are strongly supported in assessing and managing patients with influenza-like illness in advance of the National Pandemic Flu Service being stood up (see below);
- robust arrangements are in place to ensure patients that may become vulnerable during the pandemic, or those without routine access to GPs, can gain prompt access to antiviral medicines if needed and flu friends for those who may need to have them;
- GPs and hospitals ensure that all those people with suspected Swine Flu in the higher risk groups get antivirals and start using them as soon as possible – within 48 hours of the onset of symptoms;
- PCT plans for antiviral collection points (ACPs) are effectively stood up, with *at least one* ACP in each PCT cluster area to be operational by the beginning of next week, with more where the current level of Swine Flu in the community warrants it. PCTs will be added to DH's Wholesaler Dealer Licence for medicines as the DH's agents for the distribution of antiviral medicines;
- PCTs will be required to nominate a named responsible person, who does not have to be a pharmacist. The responsible person will take responsibility for ensuring that the requirements of adding PCTs to DH's Wholesale Distribution List are met. Further details will be sent to you about this shortly;

- local plans are in place in each PCT area for the Introduction of the National Pandemic Flu Service, including establishing a *network* of ACPs to meet the needs of local communities. Preparations are at an advanced stage and we expect that the service will be ready to be stood up, if needed, by the middle of July;
- effective co-ordination by the PCT of the network of ACPs to ensure timely and effective reporting of surveillance and stock control information;
- effective and proactive discussions and joint working about local pandemic Swine Flu preparedness with local partners, especially GPs, Community Pharmacies, NHS organisations, Local Authority children's services, adult social care services and with the voluntary sector;
- all NHS employers locally are making the case to NHS and primary care staff and their Representatives of the importance of getting vaccinated against seasonal flu and Swine Flu as the vaccines become available to protect staff, their families and patients;
- they provide assurance to the SHA on the resilience testing and exercising of PCT-wide and local NHS and partner organisation's Pandemic Flu Plans and Winter Plans;
- robust arrangements are in place to provide accurate and timely situation reporting mechanisms to SHAs and the Department of Health;
- continuity of essential supplies and services.

NHS Trusts and NHS Foundation Trusts

NHS trusts, including NHS foundation trusts, including acute, specialist, mental health and ambulance services trusts are required to:

- take full account of national pandemic Swine Flu policy and SHAs system management responsibilities;
- ensure that there are robust systems in place to provide antivirals to patients requiring admission where clinical judgement indicates Swine Flu has been contracted. (Clinicians may wish to follow the RCP guidance in identifying priority patients in advance (using yellow and blue cards) so that priority patients can be identified for follow up);
- ensure that all those people with suspected Swine Flu in the higher risk groups get antivirals and start using them as soon as possible – within 48 hours of the onset of symptoms;
- ensure that local hospitals - and where appropriate walk in centres - have arrangements in place in case patients without normal access to GPs may attend and may need access to antiviral medication;
- ensure that the case is being made to NHS staff and their Representatives for the importance of getting vaccinated against seasonal flu and Swine Flu as the vaccines become available to protect staff, their families and patients;
- participate fully in discussions and joint working about local pandemic Swine Flu preparedness with local partners, especially GPs, other NHS organisations, Local Authority children's services, adult social care services and with the voluntary sector;
- undertake and provide assurance to the SHA on the resilience testing and exercising of the organisation's Pandemic Flu Plans and Winter Plans;
- support the sentinel surveillance system on patients hospitalised with Swine Flu which will be used to provide advice on clinical management;
- ensure robust arrangements are in place to provide accurate and timely situation reporting mechanisms to SHAs and the Department of Health;
- ensure continuity of essential supplies and services.

General Practice

The RCGP and BMA, with DH support, are revising guidance for GPs and a CMO alert letter is being issued to all medical staff today. In the light of this, GPs are asked to:

- encourage people who have flu symptoms to stay at home in order to avoid spreading the infection;
- assess and clinically diagnose people (rather than swabbing and testing) with influenza-like illness, particularly ensuring that those patients in higher risk groups are prescribed antivirals;
- ensure that all under 1s who are symptomatic are seen, given a general examination and authorised the appropriate antiviral medication;
- provide, in the interim, locally-agreed documentation to the patient's flu friend to obtain the appropriate antivirals from the local pharmacy or ACP, depending upon local arrangements. National 'authorisation vouchers' will be distributed to PCTs in advance of the NPFS being introduced;
- prepare staff and patients for the transition to the National Pandemic Flu Service, where people with suspected pandemic swine flu will be able to be assessed and diagnosed using a national web and a telephony service. We expect the service will be ready to be stood up, if needed, by the middle of July;
- undertake and provide assurance to the local PCT that their Flu Pandemic Plan has been tested to ensure its resilience, working with partner practices to ensure business continuity.

Community Pharmacies and NHS Pharmacists

The Department of Health is expecting to publish guidance for pharmacies and dispensing doctor practices, which has been developed in close collaboration with pharmacy organisations, in July. The guidance will help support pharmacists and their staff respond to a pandemic Swine Flu.

Pharmacists have an important role to play in ensuring that patients and the public continue to receive their medicines during the pandemic. However, they may also have additional roles in relation to the issuing of antivirals, depending upon the local arrangements agreed by PCTs:

- ensure continuity of access, as far as possible, to prescription-only and over the counter medicine services;
- provide self-care advice, to patients and referral on to other agencies (e.g. NHS Direct, GPs) if appropriate;
- provide self-care advice as well as advice for the management of minor ailments and providing messages on hand hygiene and respiratory hygiene to patients, ensuring referral on to other agencies (e.g. NHS Direct, GPs) if appropriate;
- may, in certain circumstances, be able to provide an emergency supply of medicines for up to 30 days;
- support the establishment of ACPs, in line with any locally-agreed arrangements with PCTs;
- undertake and provide assurance to the local PCT that their Flu Pandemic Plan has been tested to ensure its resilience.