

<p>Gateway reference : 12852</p> <p>TO: All Chief Executives in NHS Trusts in England, All Chief Executives in Primary Care Trusts in England, All Chief Executives in NHS Foundation Trusts in England, All Chief Executives in Strategic Health Authorities in England, Directors of Performance in Strategic Health Authorities in England</p> <p>CC: All Chairs in NHS Trusts in England, All Chairs in Primary Care Trusts in England, All Chairs in NHS Foundation Trusts in England, All Chairs in Strategic Health Authorities in England All Flu Lead Directors in Strategic Health Authorities in England All Chief Executives in Local Authorities in England Monitor Care Quality Commission Health Protection Agency NHS Operational Board</p>	<p>Richmond House 79 Whitehall London SW1A 2NS 020 7210 4340 ian.dalton@dh.gsi.gov.uk david.flory@dh.gsi.gov.uk</p>
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22 October 2009

Dear Colleague,

A (H1N1) Swine Influenza: Additional planning guidance and winter management and reporting for 2009/10

We have always been clear that our response to the current pandemic will be informed by the best scientific advice. Today, the Cabinet Office and the Department of Health have published new guidance to support pandemic planners based on the latest science and understanding of the swine flu virus. As well as our own experience, the UK can now benefit from the southern hemisphere's experience of winter, and the impact of a pandemic as well as annual winter pressures. Although the southern hemisphere winter in some countries may be milder than our own, we can nevertheless draw lessons from their experience. We want to share this latest guidance with you and be clear about what it means we can expect during our own winter months ahead.

The evidence suggests that the pandemic may peak at a lower rate than we originally thought. Therefore, the reasonable worst-case clinical attack rate from 1 October to mid-May 2010 has now been revised down from 30% to 12% for adults. For children

the reasonable worst-case clinical attack rate has been revised down from 50% to 30%. The reasonable worst-case number of deaths is now assumed to be 1,000. The worst-case sickness absence rate (resulting from swine flu but not other causes) in the peak weeks of the pandemic is reduced from 12% to 5%. The guidance can be found at Annex D and will also be available on the DH website at www.dh.gov.uk/swineflu.

We should welcome this latest planning guidance but must do so cautiously. That we may expect significantly fewer deaths from swine flu than the scientists originally feared can only be good news.

However, we must not underestimate the threat that swine flu still poses. The number of cases, although not yet at the levels seen during the first peak, are rising rapidly and we have seen a 96% increase in cases in the last week. The numbers of people currently being admitted to hospital with flu is rising and in the last week alone has increased by almost 40%. The number of patients in critical care is currently higher than at any point during the first wave, and four times the level of four weeks ago. One in five patients is now in critical care compared with an average of about 1 in 10 during the first wave. These figures are worrying and atypical for this time of year. They serve as a warning that we need to continue to ensure that our flu resilience is as strong as it possibly can be.

This latest guidance suggests that this winter might look different to any other and to what had previously been expected as a result of swine flu. This is the reason that we are writing jointly on the subject of winter planning. We know that we must plan for the possibility of swine flu and seasonal flu peaks in sequence, which could mean a period of sustained, increased demand for some months, and it is important that the NHS remains prepared for this possibility.

These revised assumptions stress that the impact of the virus may be subject to a good deal of local variability. It may therefore be the case that conditions resemble the worst-case scenario locally, even should such a scenario not be reached nationally. This could mean an extremely challenging situation for local NHS organisations. Indeed, organisations in some parts of the country are already beginning to see increased pressure on their services.

This means that despite the good news in this latest guidance, the NHS may be facing its toughest winter for many years. The NHS has improved its preparedness for winter pressures dramatically in recent years and this experience stands us in good stead. However, in recent times the NHS has not had to deal with increased levels of flu sustained over five months from November to March as well as seasonal winter pressures including RSV, norovirus and the potential for poor weather.

We must therefore maintain services for all patients in the face of significant, sustained pressure across large parts of the NHS. In particular, we need to be prepared for primary care, paediatric and adult critical care, ambulances and A&E to experience severe pressure, which may mean:

- Paediatric critical care may need to reach the surged capacity available in individual hospitals,
- Adult critical care capacity may need to be surged if we are to be confident that we can meet demand at local level,
- Increased general bed pressures will need to be managed
- Flu-related attendances at A&E will mean that strong efforts will be needed to maintain the four-hour standard,

- Ambulance Trusts will need to take all measures to continue to respond rapidly to life threatening emergencies,
- An absence rate of 5% in the peak weeks of the pandemic in addition to the average seasonal absence rate of c.5% will mean that HR contingency plans will need to be put into action,
- PCTs need to work with local authorities and providers of social care services to minimise delayed discharges.

This poses not only operational difficulties, but also difficulties in managing the NHS' reputation - both nationally and locally – while many patients perceive swine flu to be a mild illness. Only last week, the World Health Organisation, issued clinical guidance to clinicians about the potential for swine flu to cause potentially life-threatening viral pneumonia in otherwise healthy people. Hospitals in Australia and New Zealand were severely stretched by seriously ill swine flu patients during their winter.

Vaccination therefore remains a crucial part of our resilience strategy. Vaccinating those at greatest risk will help manage demand on NHS services when it's needed most. It could potentially reduce the hospitalisation figure by about 20% and reduce the number of deaths by about 30% if there is a high level of uptake. High take up rates amongst frontline NHS and social care staff vaccination are equally important. Early vaccination offers our staff, their patients, colleagues and families protection from the virus. It will help ensure that those working with the most vulnerable patients cannot transmit the infection and that teams working in areas of greatest demands are as robust as possible. Vaccine is now being delivered to the NHS and we anticipate that your vaccination plans will be put in place immediately on receipt of your deliveries.

With this in mind, this year, the usual daily NHS SitRep reporting system will commence from **2 November 2009** and will cover both winter and swine flu pressures. Attached at Annex A is detailed winter planning guidance and this year's reporting timetable.

This means that this winter more than ever we need a whole system approach to managing winter and pandemic flu pressures across each regional health economy, and across the NHS and social care. It is also important to help maintain sufficient flexibility to help respond to regional and local variation in demand. We need to be able to mobilise rapidly mutual aid arrangements if required by the demands of the situation we face.

Yours sincerely,

Ian Dalton
National Director of NHS Flu
Resilience
Department of Health

David Flory
Director General, NHS
Finance, Performance and
Operations
Department of Health

Annex A

Winter planning assurance and reporting

As in previous years, eight areas need to be addressed and preparation assured as part of your winter planning arrangements. Flu planning should already have focussed on many of them. Effectively managed, this should once again help ensure that all services across local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter:

1. Handover of patient care from ambulance to acute trust
2. Operational readiness (bed management, capacity, staffing and New Year, elective 're-start' etc.)
3. Out of hours arrangements
4. NHS/Social Care joint arrangements
5. Ambulance Service/Primary Care/A&E links
6. Critical care services
7. Preventative measures, including flu campaigns and pneumococcal immunisation programmes
8. Communications

A more detailed self-assessment checklist distributed in previous years is available on the DH website at:

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_079365 and is available on request via the dedicated DH mailbox for winter winter@dh.gsi.gov.uk.

Emergency services review by Office of Strategic Health Authorities

As you know, the Office of the Strategic Health Authorities (OSHA) commissioned the Emergency Services Review (ESR) to review recent performance and support the identification and adoption of best practice. The ESR team has produced a series of publications, including a review of NHS emergency care performance during recent winters. This material outlines its findings and in addition to the above self assessment checklist provides guidance to ensure local health economies continue to provide resilient, sustainable and integrated emergency and urgent care arrangements. These publications can be found at OSHA's website at: <http://www.osha.nhs.uk/Pages/OSHAProgrammes.aspx>

Patient handovers between ambulance services and acute trusts

Patient handover has been a significant issue in recent years. We expect SHAs to ensure serious operational problems are avoided. Where there have been problems in the past, we expect local handover arrangements to have been reviewed in line with guidance issued in with 2008/9 winter guidance, and for the SHA to have assured proactive engagement and that appropriate escalation arrangements are in place.

Seasonal flu immunisation programme 2009/10

In addition to the swine flu vaccination programme, there has been excellent progress over recent years towards the World Health Organisation target of 75% uptake in those aged 65 years and over and we would encourage continuation of this. Additionally, it is important for us to work towards improving the uptake in the under 65 clinical "at risk" groups to the same levels seen in older people (full details can be found in the CMO letter below).

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_097550

Vaccine Uptake Data Collections

Subject to ROCR approval, seasonal and swine flu vaccine uptake will be collected from all trusts on a weekly basis from 2 November 2009 onwards. See the CMO letter of 15 October on the H1N1 swine flu vaccination programme 2009-2010 for further details.

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107169

General queries on the vaccination programme should be sent to MBSwineFluVaccination@dh.gsi.gov.uk

Requests for registration for ordering vaccine supplies only should be sent to vaccinesupplytechsupport@dh.gsi.gov.uk

Queries about vaccine orders only should be sent to vaccine.supply@dh.gsi.gov.uk

Queries about the data collection survey only should be sent to SwineFluvac@hpa.org.uk

Swine Flu vaccination leaflets

Hard copies of the patient information leaflets (PILs) provided with the first few batches of vaccine may not be up to date. For now, you should check the Medicines and Healthcare products Regulatory Agency (MHRA) website (www.mhra.gov.uk/swineflu) to make sure you have the most up to date version of the PILs. Hard copies of the PILs will be made available shortly. Please can SHA Flu Leads ensure that this information is rapidly cascaded to those in Primary Care who will be undertaking vaccination.

Additional resources for those delivering the vaccination programme are available at www.dh.gov.uk/swinefluvaccinertools.

Communications

DH Communications host a weekly swine flu teleconference on a Thursday morning with SHA Directors of Communications. Swine flu communications have been mirroring the 'command and control' approach to managing the pandemic more generally between the NHS Flu Resilience team and the SHA Flu Lead Directors.

Wider winter communications will need to be set in this context to ensure we have consistent and integrated communications from SHAs into the department and from the department about both winter pressures and the swine flu pandemic's progression.

This weekly communications telecon will therefore be broadened to ensure that both swine flu and winter pressures communications challenges and solutions can be considered as a whole.

Materials to support the 'Choose Well' campaign to help ensure appropriate use of NHS services during winter, swine flu vaccination and wider respiratory and hand hygiene campaigns are available to NHS communicators on NHS Comms Link

(dedicated and secure website). These can be adapted to incorporate local detail (branding/ services detail etc).

Reporting arrangements

Daily NHS SitReps

The daily NHS SitReps into the DH through UNIFY2 will be received by the National Incident Coordination Cell (NICC), established earlier this year to provide a robust reporting channel between SHA Incident Control Rooms and the DH to operationalise the "command and control" arrangements instituted shortly after the swine flu pandemic began.

The NHS Business Unit (NHSBU) and NHS Flu Resilience team will work together using this common reporting infrastructure (NICC, SHA Incident Control Rooms and daily NHS SitReps) to work with SHA Winter Lead Directors and SHA Swine Flu Directors to ensure an integrated approach to communications and leadership to the NHS over the winter period.

The DH and SHAs will continue to use UNIFY2 for reporting local winter pressures or swine flu pressures, which result in serious operational problems or which might trigger local, regional or national escalation arrangements.

Daily NHS SitRep reporting to include winter pressures will commence from 2 November 2009, supplementing the daily swine flu reporting arrangements that have been in place since July 2009. Reporting requirements for winter pressures will be reviewed at the end of February 2010.

For the Christmas and New Year period, reporting requirements will be confirmed shortly. It is expected however that some form of daily SitRep reporting will still be required due to the national and SHA requirements to track closely the progression of the swine flu pandemic and ensure a robust management response. Further details will be issued as soon as possible to support local planning.

Each SHA will be required to submit a daily (Monday - Friday) SitRep (compiled from individual trust returns), with Monday's submission covering the weekend period. SHAs are requested to submit the forms, which are available from the UNIFY2 Noticeboard, via UNIFY by 11am each day.

Following discussions with Monitor over the summer about reporting expectations from NHS Foundation Trusts (NHS FTs), the current arrangements for returning the daily swine flu SitRep will continue, including winter reporting information.

If problems are reported to the commissioning PCT, the PCT will be expected to pick up any issues of concern about operational pressures with the FT directly and also make comments in the free text box on their daily SitRep regarding the situation at the FT as necessary. Based upon this return, SHAs will note any concerns about the position of FTs in the daily SHA SitRep.

DH will make individual phone calls to those SHAs who have flagged significant pressures in their daily SitRep return or where details of operational problems or their implications need to be clarified.

A list of SHA Flu Lead Directors is attached for reference at Annex B, and a list of SHA daily SitRep leads and SHA lead directors for winter is attached at Annex C.

If you require further information regarding winter reporting please contact James Skelly tel 0113 254 6583 or e-mail james.skelly@dh.gsi.gov.uk. If you have any technical queries specifically about the NHS SitRep return please contact Clive Seaman tel 0113 254 6314 or e-mail clive.seaman@dh.gsi.gov.uk

For further information about the NICC, please contact your SHA Flu Lead Director or Lee Davison - NICC Manager: lee.davison@dh.gsi.gov.uk

Weekly telephone conferences

Weekly teleconferences will from w/c 2 November include NHSBU as well as the NHS Flu Resilience team, when any issues relating to operational pressures will be discussed. This should avoid the need for a separate arrangement. It will not substitute for direct 1:1 conversations between DH and individual SHAs where incidents or issues in daily SitReps require attention.

It may prove necessary for the frequency of these teleconferences to move to twice-weekly or even daily, depending upon the scale of pressures across the system.

Annex B

SHA Flu Lead Directors

SHA	Name	Title	Contact Details
South Central	Dr James Mapstone	Operational Flu Director	James.mapstone@southcentral.nhs.uk
	John Newton	Executive flu Lead Director	John.newton@southcentral.nhs.uk fluresponse@southcentral.nhs.uk 01635 275 709
East Midlands	Philip DaSilva	Director of Commissioning and Service Improvement	Philip.dasilva@eastmidlands.nhs.uk 0115 968 4473
South East Coast	Dave Morgan	Interim Director of Commissioning and System Development	emergency.planning@southeastcoast.nhs.uk Please also copy emails to: Dave.morgan@southeastcoast.nhs.uk Nicola.Ranger@southeastcoast.nhs.uk 01293 778 802
North West	Marie Burnham	Regional Director for Flu and NHS Resilience	Marie.burnham@northwest.nhs.uk 0161 625 7361
North East	Martin Wilson	NHS Flu Resilience Director	Martin.wilson@northeast.nhs.uk 0191 210 6498
Yorks and Humber	Simon Morritt	Chief Executive, NHS Bradford and Airedale	Simon.morritt@bradford.nhs.uk 01274 237 700
South West	Andrew Millward	Director of Communications and Corporate Affairs	Andrew.millward@southwest.nhs.uk 01823 361 360
London	Daniel Elkeles	NHS Flu Resilience Director	daniel.elkeles@london.nhs.uk 07879814610 020 7932 3799 – Flu Resilience Office
East of England	Paul Cosford	Regional Director of Public Health	Paul.cosford@eoe.nhs.uk 01223 597 533
East of England	Linda Sheridan	Director of Flu Resilience	Linda.sheridan@eoe.nhs.uk 01223 597 523
West Midlands	Steve Allen	Director of Performance and Information	Steve.allen@westmidlands.nhs.uk 0121 695 2230 Please copy emails to: Rashmi.shukla@dh.gsi.gov.uk

Annex C

SHA winter contact list 2009/10

SHA	SHA daily SitRep contact	SHA back up daily SitRep contact	SHA director responsible for winter
NHS East Midlands	Nick Hardwick Tel 0115 968 4454 nick.hardwick@eastmidlands.nhs.uk	Adam Sutherst Tel 0115 968 4565 adam.sutherst.eastmidlands.nhs.uk	Dale Bywater Tel 0115 968 4449 dale.bywater@eastmidlands.nhs.uk
NHS East of England	Ceri May Tel 01223 597559 ceri.may@eoe.nhs.uk	Paul Bingham Tel 01223 597688 paul.bingham@eoe.nhs.uk	Paul Watson Tel 01223 597561 paul.watson@eoe.nhs.uk
NHS North East	Flu Control Team Tel 0191 210 6517 or 0191 210 6519 flu.control@northeast.nhs.uk	Caroline Thurlbeck Tel 0191 210 6487 caroline.thurlbeck@northeast.nhs.uk	Martin Wilson Tel 0191 210 6498 martin.wilson@northeast.nhs.uk
NHS North West	Eve Tunnicliffe Tel 0161 625 7131 eve.tunnicliffe@northwest.nhs.uk	Karen Campion Tel 0161 625 7128 karen.campion@northwest.nhs.uk	Jane Cummings Tel 0161 625 7128 jane.cummings@northwest.nhs.uk
NHS London	Geoff Kusi-Appouh Tel 0207 932 3927 geoffrey.kusi-appouh@london.nhs.uk	Gary Williams Tel 0207 932 4188 gary.williams@london.nhs.uk	Sara Coles Tel 0207 932 3788 sara.coles@london.nhs.uk
NHS South Central	Joe Croombs Tel 01635 275572 joe.croombs@southcentral.nhs.uk	Karen Martin Tel 01635 275661 karen.artin@southcentral.nhs.uk	Ben Lloyd Tel 01635 275624 ben.lloyd@southcentral.nhs.uk
NHS South East Coast	Lorraine Lowes Tel 01293 778821 lorraine.lowes@southeastcoast.nhs.uk	Rebecca Owen Tel 01293 778832 rebecca.owen@southeastcoast.nhs.uk	Dave Morgan Tel 01293 778802 dave.morgan@southeastcoast.nhs.uk
NHS South West	Eric Gatling Tel 01823 361345 eric.gatling@southwest.nhs.uk	Iain Wallen Tel 01823 361345 iain.wallen@southwest.nhs.uk	Bill Shields Tel 01823 361346 bill.shields@southwest.nhs.uk
NHS West Midlands	Erica Polgar Tel 0121 695 2401 erica.polgar@westmidlands.nhs.uk	Richard Parry Tel 0121 695 2595 richard.parry@westmidlands.nhs.uk	Steve Allen Tel 0121 695 2230 steve.allen@westmidlands.nhs.uk
NHS Yorks and the Humber	SHA incident room (flu and winter) Tel 0113 295 2183 shaincidentroom@yorksandhumber.nhs.uk	SHA incident room (flu and winter) Tel 0113 295 2183 shaincidentroom@yorksandhumber.nhs.uk	Brian Hughes Tel 0113 295 3156 brian.hughes@yorksandhumber.nhs.uk