NHS
Wolverhampton
Clinical Commissioning Group

Wolverhampton CCG (WCCG)

Pandemic Influenza Plan

2015/16

DOCUMENT AUTHOR:	**Andy Smith, Emergency planning manager**
DOCUMENT STATUS:	**To be Approved**
DATE ISSUED:	
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
V1	**June 2015**	**Draft for approval**

REVIEWERS
This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS
This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION

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Contents

1.0 Introduction

1.1 The potential for a new influenza pandemic remains unchanged although timing and severity of a future pandemic remains unpredictable. The threat and potential impact of pandemic influenza (flu) is such that it remains the top risk on the UK Cabinet Office National Risk Register.

1.2 Lessons identified during the response to the 2009/10 flu pandemic caused by the A(H1N1) virus ('swine flu') and subsequent 2010/11 winter seasonal flu outbreak have informed on-going preparedness activity.

1.3 During a pandemic, NHS and local government commissioning and provider organisations will maintain their existing roles and responsibilities for the management of the local health and social care system. However, some pandemic specific activities will also be required.

1.4 This plan outlines how Wolverhampton CCG will prepare for, respond to and recover from an outbreak of pandemic influenza.

2.0 Aims and Objectives

2.1 The aim of this plan is to outline the roles and responsibilities of Wolverhampton CCG during a pandemic and provide operational guidance detailing response requirements.

2.2 The strategic objectives for the NHS in a pandemic, which Wolverhampton CCG will support, are to:

- Provide the public with information
- Contain the emergency – limiting its escalation or spread
- Maintain critical and normal services at an appropriate level, in response to pressures, during the pandemic
- Protect the health and safety of staff
- Promote self-help and recovery
- Maintain timely and appropriate reporting of the situation to inform decisions
- Restore normality as soon as possible
- Evaluate the response and identify lessons to be learned

3.0 Associated Documents

3.1 The WCCG Pandemic Influenza Plan is written in conjunction with the WCCG Major Incident Response Plan and incident management process. In addition it is based upon the ability to manage critical services throughout a pandemic as a component of the WCCG Business Continuity strategy.
Routine processes, including those for managing pressure and surge across health and social care are also utilised on a regular basis.

Building on these familiar procedures provides a robust foundation for responding to the issues and challenges may occur in a flu pandemic.

3.2 This plan, therefore, must be considered in conjunction with the following documents and guidance:

Internal	External
WCCG Escalation and Surge Plans	UK Influenza Pandemic Preparedness Strategy 2011
WCCG Business Continuity Plans	PHE Pandemic Flu response Plan
WCCG MIRP	UK Pan Flu Strategy 2011
WCCG Crisis Communications Plan	NHS England Operating Framework for Managing the Response to Pandemic Influenza
	NHS England Pandemic Influenza Guidance

4.0 Activation of the Plan

4.1 This plan will be activated on declaration of the Detect Stage by NHS England/Public Health England. At this point the Wolverhampton Influenza Pandemic Coordination (IPC) Group will be convened by the Director of Public Health to lead the response locally, and existing plans and processes will be reviewed.

4.2 Notification of a pandemic

The CCG is most likely to receive notification of a pandemic from:

- NHS England
- Public Health England
- CAS Alert
- Director of Public Health

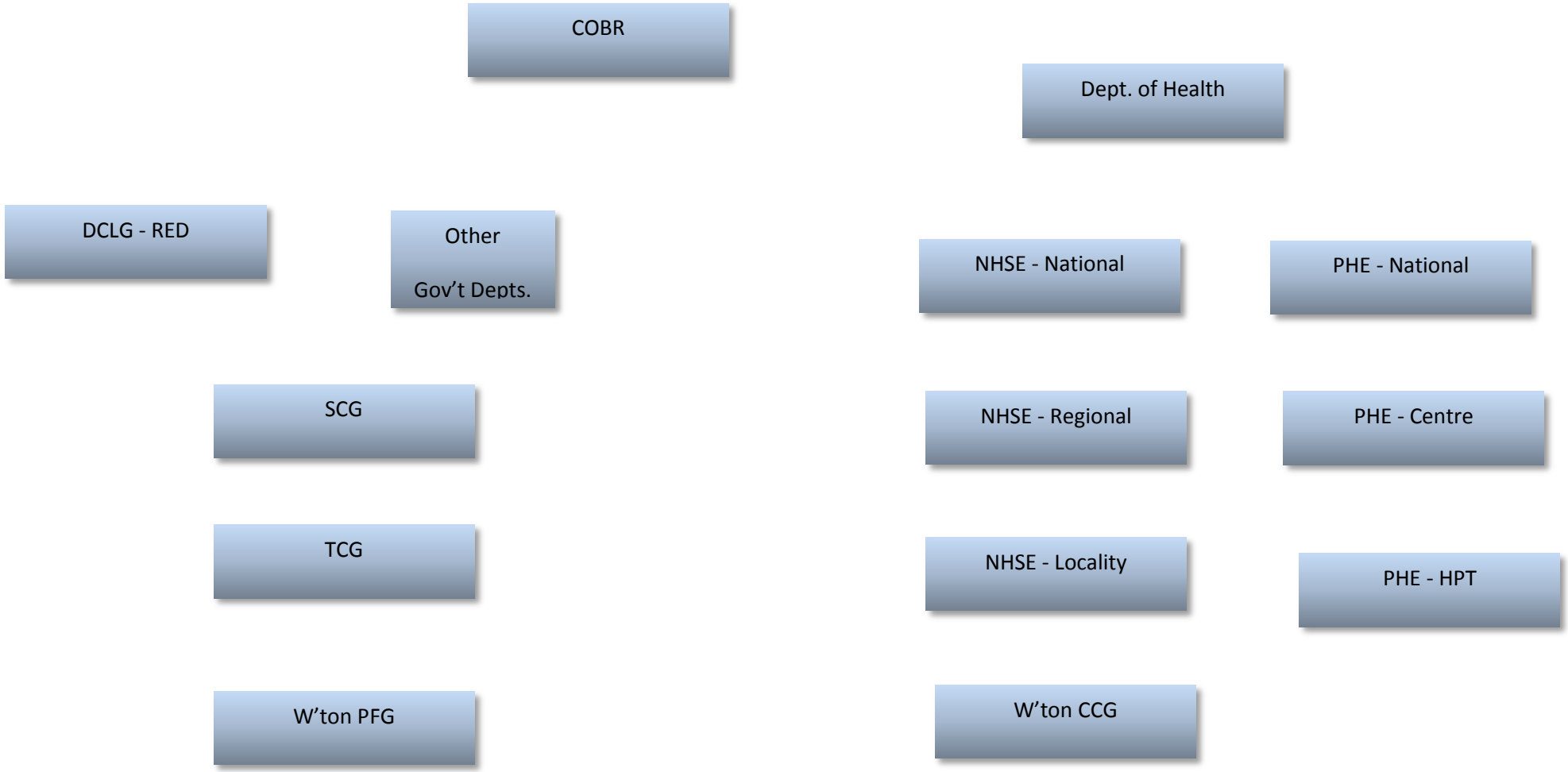
5.0 Command and Control

5.1 Wolverhampton CCG will act on behalf of and in support of NHS England (West Midlands – BSBC locality). Direction/ actions will be set by NHS England and cascaded via the NHS England Pandemic Influenza Incident Response Team.

5.2 Wolverhampton CCG will put in place internal command and control structures in line with its Major Incident Response Plan.

5.3 The overall command and control structure for a pandemic response is detailed in Fig 1 below.

Fig 1: National and Local Pandemic Response Structures



6.0 CCG ROLE AND RESPONSIBILITIES

6.1 The primary role of the CCG is to manage local pressures in provider organisations during a pandemic and may need to represent NHS England at the local Influenza Pandemic Coordination Group. NHS England may not have sufficient resource to attend every group and NHS involvement is important.

6.2 The CCG Pandemic Flu Lead (or deputy) will liaise with the appropriate NHS England Pandemic Influenza Incident Response Team (PI-IRT) and may need to attend the Pandemic Influenza Incident Coordination Centre, however Teleconferences are most likely.

6.3 The CCG is responsible for reporting the local issues to the PI-IRT and for distributing NHS messages/ information as directed by the PI-IRT.

6.4 The detailed roles and responsibilities of the CCG are set out below:
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.

6.5 Before a pandemic

- The CCG has identified a Pandemic Influenza Executive Lead who will lead internal planning activities in light of national and international developments, advice and guidance.

This is: **Wolverhampton CCG – Accountable Emergency Officer**

- The CCG has business continuity plans in place that are suitable for use in a pandemic to mitigate the shortage of staff that may arise.

6.5.1 The CCG will:

- 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

- 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 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

6.6 During a pandemic

During a pandemic, the 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

- lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response (See Wolverhampton Surge Resilience Plan)

- Review the impact on social care (which may affect capacity management) via the Influenza Pandemic Coordination Group

- support NHS England 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 to ensure a comprehensive local response

- Compile a list of Out of Hours GPs who may be able to support the 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 and participation in coordination teleconferences

- throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response

6.7 After a pandemic

After a pandemic, the 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 update plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally
- collect financial and contractual impact information from commissioned Providers

6.8 A range of practical support mechanisms are available to CCGs in implementing this guidance.

These include:

- the NHS England BSBC Local Health Resilience Partnership (LHRP), a statutory group which oversees health economy-wide pandemic planning activities across the BSBC footprint. All CCGs are members of this group.
- the Local Resilience Forum (LRF), a statutory multi-agency forum where NHS England represents local providers and commissioners of NHS funded care across the West Midlands footprint.
- the Local Health Resilience Forum (LRF), a non-statutory multi-agency forum encompassing local providers and commissioners of NHS funded care across the NHS England BSBC footprint
- existing and developing relationships between CCGs, Commissioning Support Units (CSUs), NHS England Regional and Area Teams, local health partners, and members of the wider resilience partnership – through formal fora and one to one meetings

7. NATIONAL COORDINATION

7.1 The Department of Health is the lead government department for pandemic preparedness and response. All other departments are directly or indirectly involved in preparing and play an active role in informing and supporting contingency planning in their areas of responsibility.

7.2 NHS England will monitor, manage and support the health community during a pandemic.
Where possible and appropriate, existing arrangements and procedures will be used, underpinned by major incident coordination processes.
The detailed responsibilities of NHS England are set out in appendix E.

7.3 Primary Care will be coordinated by NHS England as the contract holder. The role and responsibilities of Primary Care are set out in appendix F.

Pandemic Stage	Lead Organisation
Detection	**Public Health England**
Assessment	**Public Health England**
Treatment	**NHS England**
Escalation	**NHS England**
Response	**NHS England**

8 LOCAL COORDINATION

8.1 A Wolverhampton Pandemic Coordination Group will be convened by the Director of Public Health with the following core membership**:

- Director of Public Health (Chair)
- Royal Wolverhampton Trust Pandemic Lead
- Black Country Partnership Pandemic Lead
- Wolverhampton CCG Pandemic Lead
- Wolverhampton City Council Pandemic Lead
- West Midlands Ambulance Service*
- Public Health England*
- NHS England*
- Organisational Emergency Planning Leads
- Organisational Comms Leads

* Representation may be virtual subject to demands and impact of the pandemic across respective footprints

** Representation may also be requested from other responding agencies on an “as required” basis subject to the impact of a pandemic in Wolverhampton.

8.2 The Group will be able to call on other multi-agency members if necessary, for example:

- West Midlands Police Service
- West Midlands Fire Service
- Chamber of Commerce
- Wolverhampton Voluntary Services Council
- Wolverhampton City Centre Company
- BTP Representative
- Multi Faith Representative(s)

8.3 This group will be chaired by the Wolverhampton Director of Public Health at Wolverhampton Council and will coordinate and lead the local response - requesting information and assurance around systems and processes and issues arising during the response. It will provide leadership and coordination, rather than a command role and will consider the following areas:

- Cases of flu locally
- Local organisational pressures (staff absence, current demand for services, supply issues)
- Management of deaths locally
- Antiviral and vaccination situation
- Performance issues
- Incidents relating to flu
- Communications

8.4 CCG Pandemic Response Team

The CCG will identify a team to lead their response to the pandemic. This will include:

- Pandemic Flu Lead
- Pharmacist Lead
- Director of Commissioning and Performance
- Urgent Care Lead
- Communications lead (via CSU)
- Admin support

8.5 This team will have responsibility for ensuring all actions relating to the pandemic are carried out: reporting; briefing senior CCG staff and attending the local Influenza Pandemic Coordination Group and participating in teleconferences as necessary.

8.6 The CCG Pandemic Response Team will ensure they keep detailed records of all decisions made and actions taken. These records will need to be stored securely following the pandemic.

8.7 The CCG will set up regular teleconferences with their commissioned services to assess pressures and incidents. This function may be coordinated by NHS England during a pandemic. Should there be a need to convene a City wide teleconference, it should be done using the following information:

Dial in Details: Participant Code:

9. CCG ON CALL ARRANGEMENTS

9.1 There are shared on call arrangements in place for the Black Country CCGs with a single director on call available and accessible via Sandwell General Hospital switchboard.

10. IMPACT IN WOLVERHAMPTON

10.1 The table shows the possible impact of a pandemic in Wolverhampton, and West Midlands LRF, assuming a 50% clinical attack rate and 2.5% case fatality rate. These assumptions are taken from the Department of Health UK Influenza Pandemic Preparedness Strategy 2011. The planning assumptions are considered to be the reasonable worst case scenario and are based on the first wave over a 15 week period.

	City of Wolverhampton	West Midlands LRF
Resident population (2013)	251,557	2,800,000
Number of symptomatic patients	125,904	1,401,400
Additional GP Consultations	35,882	399,399
Additional hospital admissions	5,036	56,056
Additional deaths	3,147	35,035

11. COMMUNICATIONS

11.1 A robust communication strategy is an important part of the response to a pandemic. Nationally this is outlined in the UK Pandemic Influenza Communications Strategy 2012.

11.2 NHS England will lead health communications messaging and will coordinate with CCGs to distribute local messages. NHS England will also coordinate Primary Care messaging.

11.3 NHS England's communications at all levels with the NHS, partners, stakeholders and the public during a pandemic will build on existing mechanisms and good practice. NHS England staff will be trained and briefed to provide messages to audiences in a timely and appropriate manner. Additionally communications cascades will be used to ensure information reaches audiences. Where appropriate, messages will be developed and delivered in partnership with other organisations, including PHE and the LHRP and LRF partners.

11.4 Locally, the South East CSU communications team operate a reactive, out-ofhours

press office service on behalf of the CCG from 5pm through to 9am five days a week and throughout weekends if required. Wolverhampton Council press office would lead the local communications response with direction from the Director of Public Health.

11.5 In addition to supporting Directors on-Call in managing pressure surge incidents or major incidents (liaison with NHS England as lead organisation) the communications team may be contacted by the media with an urgent query about the CCG that does not relate to either of these operational processes.

11.6 Further guidance is contained within the SWL CCGs Director on Call handbook.

12. REPORTING

12.1 The requirements for reporting will be set by NHS England as the pandemic emerges.

12.2 Incident reporting is fundamental to the identification of risk and response management and all staff are actively encouraged to use the CCGs existing incident reporting mechanisms. As the pandemic reaches the UK and numbers of cases increases, there will be a requirement for regular situation reports (SitReps) from all organisations, including CCGs. The 'daily rhythm', ie how frequently these reports are required, will be defined depending on the severity of the pandemic as it progresses.

12.3 The CCG will maintain their usual incident reporting mechanisms for non-flu related incident to ensure these continue to be managed during a pandemic. Flu related incidents will report into the CCG Pandemic Response Team.

12.4 The CCG Pandemic Response Team will ensure there are robust processes in pace to document and record decisions made and actions taken during the pandemic. A decision log will be used to record all communications and activities, including time the decision was made, who made it and the rationale behind the action or decision.

13. MUTUAL AID

13.1 Mutual aid may be varied in nature including but not exclusively confined to personnel and material. Many Trusts have pre-agreed processes in place as part of their major incident plans, however where this is not the case, or where these options have been exhausted NHS England, through invocation of the Incident response memorandum of Understanding signed by all providers, will act as a broker. For critical care, the aim would be to prevent Trusts moving to 'triage for resource' for critical care (as opposed to triage for outcome) when accessible elective capacity or capability remains available elsewhere.

13.2 The CCG will support the health economy where possible seeking and supporting mutual aid requests as required.

14. RECOVERY

14.1 As the impact of the pandemic wanes, the UK will move into a recovery phase. The pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue and continuing supply difficulties.

14.2 Health and social care may experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by the flu.
- Those who may continue to suffer potential medium or long-term health complications.
- A backlog of work resulting from the postponement of treatment for less urgent conditions.
- Possible increased demand for services through post-pandemic seasonal flu.

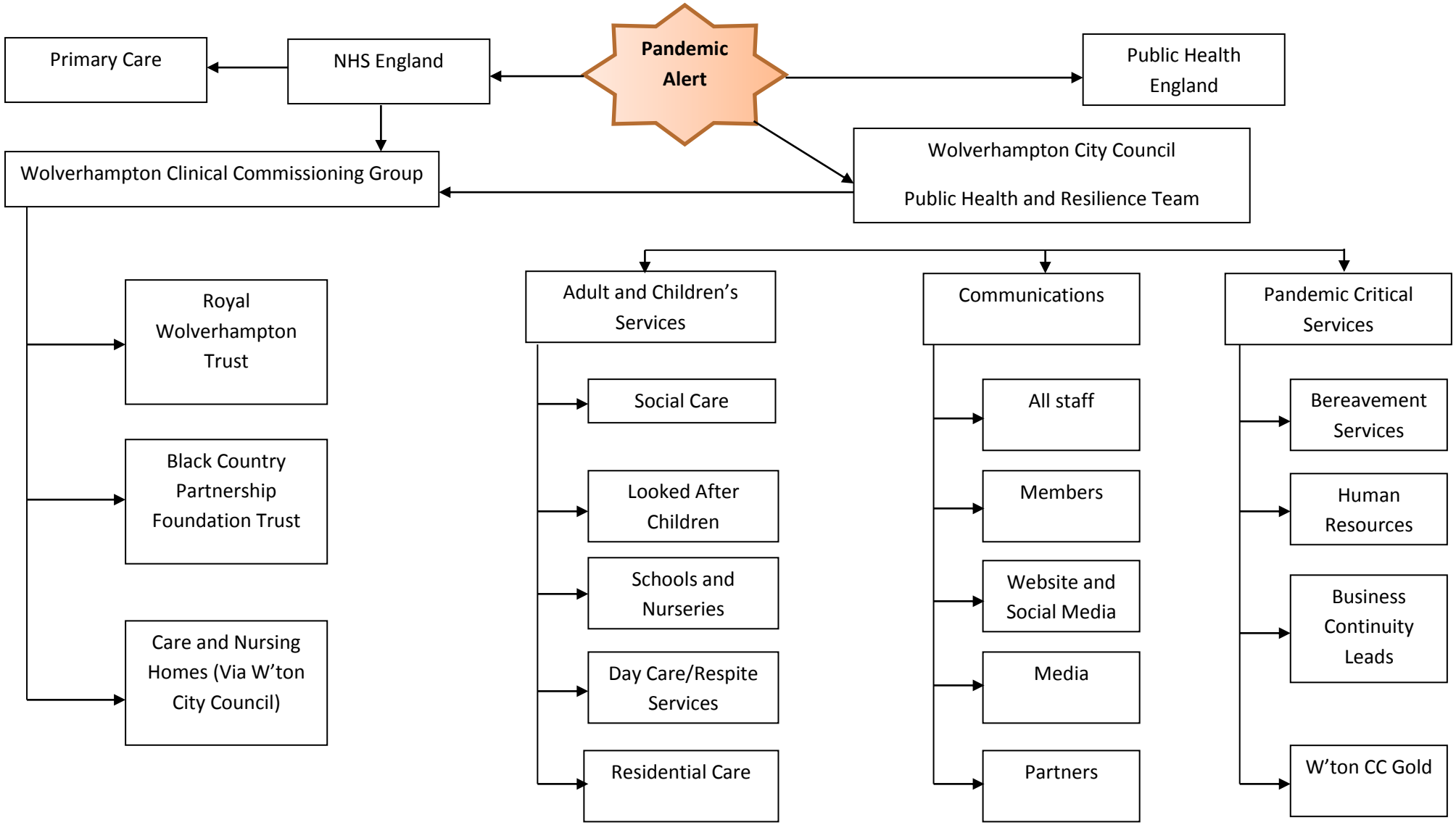
14.3 The CCG will work with local organisations and NHS England to return to normality as soon as is possible.

15. TRAINING AND EXERCISING

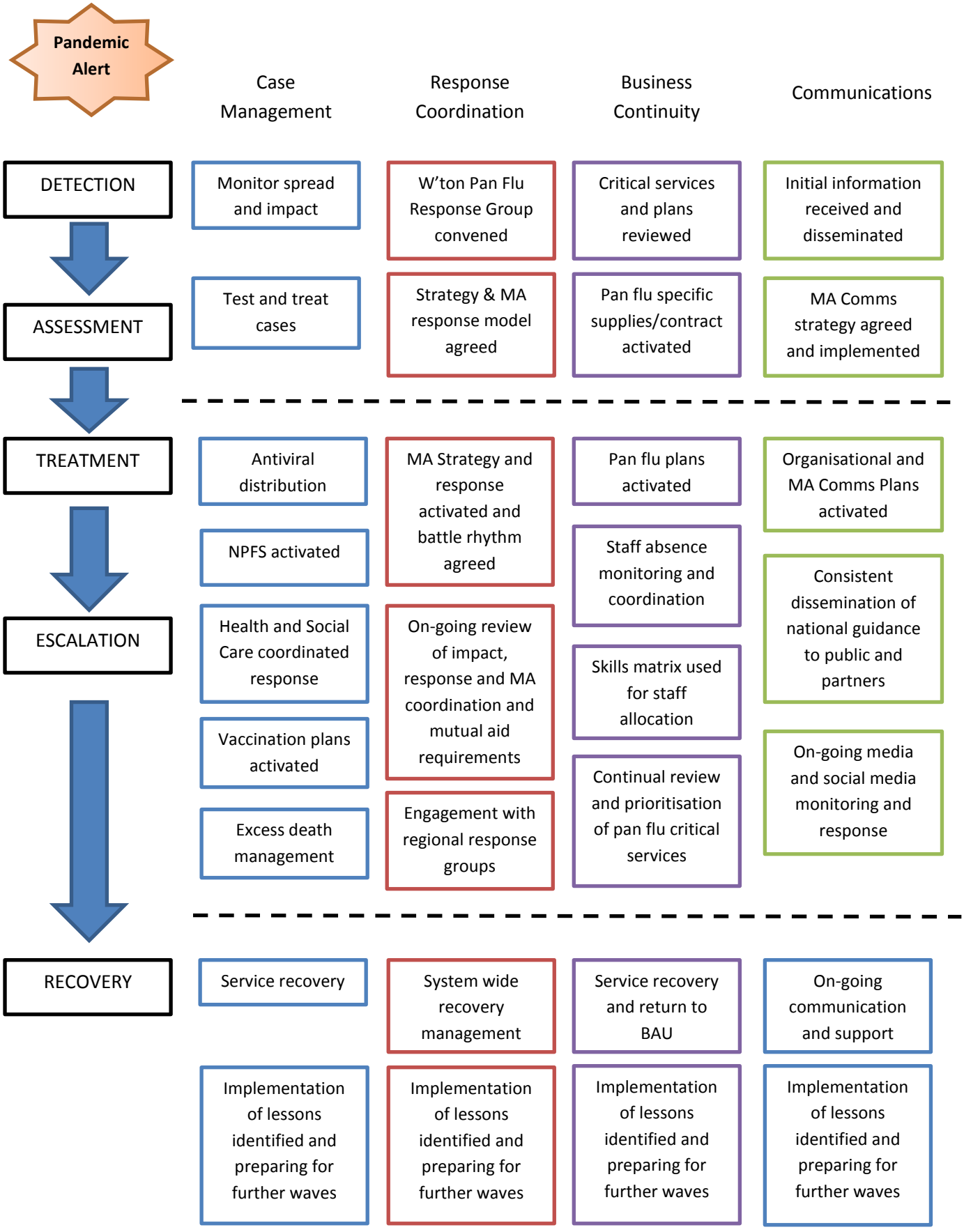
15.1 This plan will be circulated to all senior staff for onward cased to their teams. Training will be provided on request and the plan will be updated annually.

15.2 CCG Leads will participate in local and national exercises and workshops where possible.

Appendix A: Pandemic Alerting Structure



Appendix B: Wolverhampton City Pandemic Response



Appendix C: Planning Assumptions

The reasonable worst case scenario for a UK Influenza pandemic suggests that up to 50% of the population could experience symptoms of pandemic influenza during one or more pandemic waves lasting 15 weeks, although the nature and severity of the symptoms would vary from person to person.

Analysis of previous influenza pandemics suggests that we should plan for up to 2.5% of those with symptoms dying as a result of influenza, assuming no effective treatment was available.

The *UK Influenza Pandemic Preparedness Strategy 2011* recognises that the combination of particularly high attack rates and a severe disease is also relatively (but unquantifiably) improbable, and consequently suggests planning for a lower level of population mortality is sensible. Therefore the NHS should ensure plans are flexible and scalable for a range of impacts.

While the profile of the next pandemic remains by its very nature unknown, it is prudent to continue to plan and prepare using modelling assumptions based on experiences of previous pandemics.

The NHS is likely to be particularly impacted during a pandemic due to an increase in demand for services from patients coupled with a potential reduction in staffing and possible supply chain disruptions.

Planning at all levels needs to be comprehensive and flexible to address the breadth of possible scenarios. A proportional, graded response that can be adjusted as the threat alters, including cessation or commencement of certain functions, is required.

Appendix D: National Strategy

This section summarises key aspects of the *UK Influenza Pandemic Preparedness Strategy 2011* Strategy and includes references to a range of activities that will be undertaken by various partners.

The strategy recognises that the World Health Organization (WHO) pandemic alert phases were not ideally suited as a response framework within individual countries. In 2009, the UK was well into its first wave of infection by the time WHO declared the official start of the pandemic

The overall objectives of the UK's approach to preparing for an influenza pandemic are to:

- minimise the potential health impact of a future influenza pandemic
- minimise the potential impact of a pandemic on society and the economy
- instil and maintain trust and confidence

Towards this, the Strategy identifies a series of stages, referred to as '**DATER':**

Detection, Assessment, Treatment, Escalation and **Recovery.**

These stages are non-linear and have identified indicators for moving between them. The stages are not numbered as they are non-linear and may not follow in strict order; it is also possible to move back and forth or jump stages. It should also be recognised that there may not be clear delineation between stages, particularly when considering regional variation and comparisons.

Given the uncertainty about the scale, severity and pattern of development of any future pandemic, three key principles should underpin all pandemic preparedness and response activity:

Precautionary: the response to any new virus should take into account the risk that it could be severe in nature

Proportionality: the response to a pandemic should be no more and no less than that necessary in relation to the known risks

Flexibility: there should be a consistent, UK-wide approach to the response to a new pandemic but with local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection and the different healthcare systems in the four countries

Appendix E: NHS England Roles and Responsibilities

Appendix F: Primary Care

Primary care is commissioned by NHS England and therefore they will take the lead in the coordination of the primary care response.

During a pandemic general practice will be expected to continue business as usual. The aim of planning is to respond in a practical and proportionate way and to use usual processes as far as possible. If a symptomatic patient comes into a practice then they should separate that patient *if it is possible to do so.* Usual cleaning and infection control procedures should apply.

The National Pandemic Flu Service which enables the public to use a phone or web algorithm to determine whether their symptoms warrant antiviral treatment will be activated nationally when pressures on primary care indicate it is needed.

All practices should have business continuity plans in place and a local decision would have to be taken about practices sharing space or personnel ('buddying'). NHS England would not coordinate or direct this.

Communications to practices would go through the usual routes – CAS alerts plus primary care commissioning. All practices should ensure they are signed up to receive CAS alerts if they haven't done so already.