Pandemic flu planning: what NHS risk managers need to know

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Pandemic flu is on the way. Hilary Pickles and Siobhan Clarke advise risk managers on appropriate planning.

Pandemic flu is towards the top of the national risk register, so where is it on yours?

It is unclear when pandemic flu might strike, and how severe the strain might be, but the pandemic is regarded by many as overdue. We already have three of four essential prerequisites:

- there is a new influenza A around (H5N1) unrelated to any immediate precursor;
- there is little or no pre-existing population immunity to this; and
- it causes significant clinical illness in humans as well as in birds.

All that is now needed is for the virus to change so it spreads efficiently from person to person. This could happen at any time. The World Health Organisation has us at pre-pandemic alert phase three, and advises nations to make their plans[1].

The UK Department of Health (DH), advised principally by the Health Protection Agency UK, issued guidance for the NHS in March 2005, and revised guidance in October 2005[2].

What can we expect?

There have been flu pandemics in the past; the big one – a repeat of which is feared throughout the world – happened in three waves in 1918/19, when approximately 40 million died worldwide. The population is much larger now, and travel is much more extensive – domestically as well as internationally. Many aspects of pandemic control will be different this time, not least the ability to map the spread of the disease and for scientists to communicate and cooperate readily across the world, as they did with Severe Acute Respiratory Syndrome (SARS). However, the first pandemic wave will have to be faced without vaccine to provide personal protection, and the anti-viral oseltamivir (Tamiflu) is expected to have only a limited effect in dampening down the severity of disease. Besides, stockpiles of this drug are restricted. So much of local planning addresses how to cope in potentially very difficult circumstances, with the double whammy of increased NHS workload and reduced staff capacity. As well as staff sickness, expect absenteeism because of staff's caring responsibilities for sick relatives.

POINTS FOR RISK MANAGERS

- Get pandemic flu on the risk register.
- The assurance framework needs to reflect pandemic flu planning.
- Provide internal quality control of the local pandemic flu plan.
- Make sure it covers or links in with more general business continuity plans.
- Make sure it links in with other plans locally in the health and non-health sectors and is in the corporate business plan.
- Ensure any gaps in the plan have been recognised and are being filled.

Each NHS organisation needs and is expected to have its own plan, dovetailed to other local plans. The pandemic will be a "rising tide" emergency that will affect all sectors of society, leading to a disruptive challenge potentially like no other. Business continuity will not just be a matter for the health sector – local and regional government are working up their plans too. NHS plans, especially those of primary care trusts (PCTs), health boards and mental health trusts, need to tie in with those of local government. As well as the joint agenda on vulnerable individuals in the community and care homes, action taken by the local government on, for example, schools and transport could have major effects on the ability of the NHS to cope. Each primary care practice needs to do its planning too.

To help ensure that this issue is being taken seriously, the DH did an audit of the state of readiness in England in November 2005. A plan for pandemic flu will be an essential part in dealing with the Healthcare Commission standards C22, C24 and D13, and is likely to feature increasingly in performance management. In many organisations, the planning process may have been led by the emergency planning lead officer, but with key responsibilities for the medical director or director of public health. Trusts, PCTs and health boards need to have sign-up to their plans at board level.

The process is key

There is no simple checklist approach to ensure plans are appropriate, although the DH audit gives some important headings. What really matters is the process of agreeing the plan. However, it makes sense to refer to good plans from similar-sized organisations when writing or updating a local plan. In north-west London several plans are available, with most of those for PCTs based on that for Hillingdon. The Hillingdon PCT pandemic plan can be found at www.hillingdon.nhs.uk. It was based on a bottom-up process with a wide representation from the local health and social care economy. It is general good practice to base emergency plans on existing structures and Hillingdon intends to have the local flu pandemic process overseen by the local strategic partnership (LSP).

At Hillingdon, we have been party to many discussions with other organisations about the systems and processes needed to see us through a pandemic. Many PCTs have assumed that the leadership (chairing, organising, advising and so on) lies with them, as this is a "health issue". The trigger may indeed be health-oriented but the management and sustainable support needed in a pandemic is a wider partnership-owned and borough-focused issue, hence our local decision to "lead" from the local authority with expert support from the director of public health and other health colleagues.

The management of the plethora of risks associated with the pandemic lie not so much in the DH "tick-box" audits and table-top exercises, but in the development of enduring relationships with partners built on the knowledge gained from real-life major incidents.

It is the assessment of the strength of the relationships, rather than the development of the paper plan, that requires the score on the risk register. It is, after all, this relationship that will enable us to move from the shock of the immediate impact to the relative calm of the recovery phase.

NHS plans

Key elements in all NHS plans are an introduction on pandemic flu, local command and control structures, and tie-ins with others in the local health and wider economy, including the independent sector. They also include:

- escalation levels;
- workforce issues;
- working from home where appropriate ;
- infection control and enhanced cleaning;
- internal and external communications (and the use of the media);
- records of flu cases and actions taken;
- switchboard resilience;
- business continuity and the supply chain; and
- recovery.

Additional elements in PCT or health-board plans will cover:

- joint planning with local government;
- support for primary care practices;
- oseltamivir storage and distribution;
- patient group directions for antivirals and antibiotics;
- vaccine distribution (when it is available);
- restriction of less essential community provider services; and
- dealing with the sick outside hospital including deaths.

For mental health trusts, additional issues will include provision of more therapy by phone rather than in person, cohorting of sick inpatients and the staff caring for them, transfer to acute services for the very ill, and provision of expert counselling.

Additional elements for acute trusts will include:

- segregation of flu and non-flu patients in A&E and at ward level;
- maximising intensive therapy unit/ventilatory capacity;
- services for children;
- cohorting staff;
- equipment supplies;
- restricting less essential services;
- keeping other emergencies going; and
- the especially vulnerable, such as dialysis and chemotherapy patients.

Areas of difficulty

Workforce

The workforce and its capacity and resilience will be key. Many staff will be torn between their families and their work and even with physical protection will be at greater personal risk if at work than staying away. With adequate preparation, it is expected that people will want to rise to the occasion, but if they are ill, it will be important for them to stay away. Other organisations might be planning for 25% absenteeism over a pandemic wave, with perhaps half that at any one time. For healthcare workers this figure could be higher, reflecting work-related infection risks and the domestic commitments of a predominately female workforce. This will not be a time for a silo mentality, and many staff will need to work outside their usual roles and comfort areas. They may need support to do so. This is a key organisational development initiative and building cohesion and goal congruence is as important as building the knowledge and skill set.

Anti-virals

Anti-virals are a key part of the NHS strategy, but are likely to be in short supply. They may be perceived as life-savers, even if the current evidence on this is far from the case. The stage is set for those unable to access anti-virals to feel aggrieved, and planners are working through, sometimes with the police, secure arrangements for storage and administration.

Infection control

To cause a pandemic, the flu virus will need to spread readily, mostly through droplets spread by sneezing and coughing, though there is also potential for it to spread via hard surfaces such as door knobs. Infection control equipment will be needed for the most exposed healthcare workers, but there is a dilemma as to how much this can and should be used in community settings or where the infective status of the patient/client is less clear-cut. Double standards in, for example, access to face masks between white-collar and blue-collar workers in hospitals, and between hospital and community staff, should be avoided. Hand-washing, however, should be available to all, and needs promulgation.

The supply chain

In covering the security of the supply chain, it would be easy to overlook the non-medical aspects, including food. This would be a mistake.

The switchboard

Since face-to-face meetings will carry infection risks, much business should transfer to the phone. The robustness and resilience of the trust switchboard is therefore all the more important. Are there separate teams trained in operation of the switchboard who could step in if the regulars go off with flu? As with other small workgroups, it could well be that if one falls ill, the others will do so at the same time. Resilience needs advance planning and appropriate training, with separate individuals and teams able to deputise.

Role of the risk manager

In all this, what is the role for the risk manager? Pandemic flu is a risk for all organisations and so needs to feature on the risk register. Drawing up the pandemic plan is likely to have been the responsibility of others, but the risk manager needs to ensure this has happened and that the result is a living document consistent with national guidance and other good practice. Many of the difficult issues concern the workforce, so have staff-side been involved? The NHS guidance may have led the general aspects of business continuity to be underplayed, so ensure they get full attention. Are there gaps in the plan that need filling in? Even if central guidance would be nice, waiting for this may not be a good enough excuse. Pandemic flu could be upon us with little warning. Does the local plan link in with others across the health and non-health local economy, and are the command and control arrangements clear?

There are a number of risks associated with a flu pandemic, not least the disruption to normal service. In preparing for a pandemic, an organisation needs to have clarity about its core functions and a written description about what will not continue during the period of the pandemic. Then, within this, a risk assessment should be made of the impact of stopping some routine work.

How things are done

Ultimately, what matters is community cohesion during and after, so how things are managed will be as important as what is done. The risk management team need to ensure risks are recognised, but kept in proportion. Professionalism will see us through, but good planning with full staff and public engagement will help enormously. HCRR

References

1. *WHO Global Influenza Preparedness Plan* (April 05) on www.who.int/csr/resources /publications/influenza /WHO_CDS_CSR_GIP_2005_5/en.
2. *UK Influenza Pandemic Contingency Plan* (October 2005) on www.dh.gov.uk/assetRoot/04/12/17/44/04121744.pdf.