NHS England

Operating Framework for Managing the Response to Pandemic Influenza

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Operating Framework for Managing the Response to Pandemic Influenza

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Foreword

Pandemic influenza is recognised by the Government as the single most disruptive event facing the UK today. As such it remains at the top of the UK Government National Risk Register. The 2009/10 A(H1N1) influenza pandemic has not altered the likelihood of a future pandemic, and the generally mild nature of the 2009/10 event must not be taken as an indicator of the severity of future such events.

The *NHS England Operating Framework for Managing the Response to Pandemic Influenza* sets out the roles, responsibilities and functions of NHS England in preparing for and responding to an influenza pandemic. It is intended to complement and support existing plans, policies and arrangements.

NHS England is responsible for the command, control, communication, coordination and leadership of the NHS in the event of a major incident or emergency. All NHS England staff should be aware of the key aspects of pandemic influenza preparedness and response and be able to identify how they will be involved in a pandemic response.

NHS England and the NHS in England cannot prepare for or respond to a pandemic in isolation. NHS Improvement (NHSI) and Clinical Commissioning Groups (CCGs) are key partners throughout NHS pandemic preparedness and response. Local Health Resilience Partnerships (LHRPs) will oversee health pandemic preparedness and act as a conduit for health to engage with Local Resilience Forum (LRF)-wide preparedness arrangements. Public Health England (PHE) and the local authority Directors of Public Health (DsPH) also have roles to play in pandemic influenza resilience. It is essential our planning is undertaken in partnership with others to ensure the best possible outcomes.

This document sets out the principles and key requirements of pandemic preparedness and response to be delivered by national, regional and directorate of commissioning operations (DCO) teams. These will need to be appropriately tailored to suit the local NHS landscape.

Director of NHS Operations and Delivery
NHS England

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This document should be read in conjunction with the NHS England EPRR Framework, wider EPRR response documents, and specific supporting pandemic influenza guidance available at: www.england.nhs.uk/ourwork/eprr/.

1. Introduction

The threat and potential impact of pandemic influenza is such that it remains the top risk on the UK Cabinet Office National Risk Register and continues to direct significant amounts of activity on a global basis. Lessons identified during the response to the 2009/10 influenza pandemic caused by the A(H1N1) virus and subsequent 2010/11 winter seasonal influenza outbreak have informed ongoing preparedness.

The Department of Health (DH) published the revised *UK Influenza Pandemic Preparedness Strategy* in November 2011[1]. This strategy is supported by a suite of national guidance and scientific evidence[2] from DH, Public Health England (PHE) and other key partners which describe the roles and responsibilities of organisations across the health and wider sector in pandemic preparedness and response.

Local Health Resilience Partnerships (LHRPs) provide a strategic forum to facilitate health sector preparedness for emergencies. The LHRP has a role in facilitating integrated plans across the health economy to respond to a pandemic. Local Resilience Fora (LRFs) will coordinate multi-agency planning for pandemic influenza.

NHS England, NHS Improvement (NHSI), Clinical Commissioning Groups (CCGs), PHE and Directors of Public Health (DsPH) have important roles to ensure a coordinated health and social care response that provides the service needed by patients throughout a pandemic.

This document supplements the overarching NHS England framework for emergency preparedness, resilience and response (EPRR)[3]. It should be read alongside other key guidance that sets out the arrangements for NHS England in planning for and responding to emergencies, which can be found on the NHS England website[4].

2. Purpose of this document

This document provides a framework for NHS England on managing the response to pandemic influenza and should be read in conjunction with existing guidance and any supplementary information produced during a pandemic. The purpose of this document is to outline the:

- roles and responsibilities of NHS England before, during and after a pandemic
- pandemic specific command and control arrangements for the NHS
- communication routes and information flow for the NHS during a pandemic
- governance processes during pandemic planning and response

The overarching principles behind this document are that:

- it is not intended to supersede or replace existing national or local guidance,

[1] www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic
[2] www.gov.uk/pandemic-flu
[3] www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf
[4] www.england.nhs.uk/ourwork/gov/eprr/

and should be read in conjunction with relevant plans
- the NHS plans and prepares in advance to ensure that the best service possible is provided to patients during a pandemic
- NHS England must fulfil the responsibilities of the Civil Contingencies Act 2004
- there will be clarity and consistency of health advice at all levels
- arrangements for command, control, coordination and communication must be practical, appropriate and enhance the response
- the response must be sustainable for several months as multiple waves of influenza are possible (where a pattern of numbers presenting will appear to be reducing but will then start to rise again, which may repeat multiple times during a pandemic outbreak)
- current systems will be built upon where possible rather than developing something new

Following the principle of **subsidiarity** decisions and actions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local planners and responders should be the building block of response for an incident of any scale. This principle should be applied throughout preparedness for and response to an influenza pandemic.

Unless explicitly stated otherwise, the term 'NHS' is used to refer to 'commissioners and providers of NHS funded care'.

3. Aim and Objectives of NHS England in Pandemic Influenza Preparedness and Response

The aim of NHS England regarding pandemic influenza is to:

- enable patients to receive the most appropriate care during a pandemic and ensure staff are supported to do their jobs

The objectives for NHS England in **pandemic preparedness** are to:

- work with the NHS and partners to identify gaps, mitigate residual risks, and develop pandemic influenza plans that are tested, appropriate and up to date
- ensure planned and tested emergency preparedness command, control and communications procedures and facilities are in place to oversee and manage the NHS response to a pandemic, including operational NHS England business

The objectives for NHS England in **pandemic response** are to:

- use established channels to communicate with professionals and the public in an open and timely fashion appropriate to any major incident response
- provide treatment and care to patients with pandemic influenza
- maintain 'business as usual' NHS services at an appropriate level in response to pressures as far as is possible during the pandemic
- minimise, in as far as is practicable, the impact of the pandemic on the

population and NHS services
- provide the public with information regarding accessing NHS services
- protect the health and safety of staff
- 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 learnt for subsequent waves or a future pandemic

4. Background to Pandemic Influenza

Pandemics have occurred throughout history when a new subtype of influenza develops the ability to spread rapidly through a global human population with little or no immunity to it. Three pandemics occurred in the 20th century (in 1918/19, 1957/58 and 1968/69), with the first pandemic of the 21st century in 2009/10.

The 20th century pandemics ranged in severity from something resembling a severe outbreak of seasonal influenza to a major event where millions of people became ill and died. They also varied with respect to number of waves of disease, age groups affected and symptoms caused.

Planning at the start of the 21st century was based on these events, however the 2009 pandemic did not manifest as anticipated being generally mild for most patients, thus illustrating the uncertainties behind pandemic preparedness. Reviews of the 2009/10 pandemic are available online[5]. Since 2009/10, UK preparedness has continued to be led nationally by DH and guidance has been regularly reviewed and updated as necessarily.

A summary of the planning assumptions described in the DH-authored *UK Influenza Pandemic Preparedness Strategy 2011*[6] is provided in Appendix 1; this includes descriptions of the DATER (**D**etection**, A**ssessment**, T**reatment**, E**scalation and **R**ecovery) scheme to which the NHS England plan is aligned.

While the profile of the next pandemic remains unknown, it is prudent to continue to plan and prepare using modelling assumptions based on experiences of previous pandemics. It is essential that NHS England considers all possible impacts due to pandemic influenza and is ready to lead the NHS response in conjunction with relevant partners

5. Links with wider NHS England EPRR

The NHS England EPRR Framework[7] identifies a number of incident levels (see below). An influenza pandemic is likely to start at level 1 in local organisations responding to increases in patient cases (along the lines of surge and capacity demand management issues due to other scenarios). As the virus spreads and more organisations are affected the incident will escalate through the levels and will be

[5] www.gov.uk/government/publications/independent-review-into-the-response-to-the-2009-swine-flu-pandemic
[6] www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic
[7] www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf

managed at regional level, as well as some elements being managed at national level.

INCIDENT LEVEL	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

6. Roles and Responsibilities of NHS England

In line with the generic EPRR roles and responsibilities identified in the NHS England EPRR Framework, the following tables further describe NHS England's key roles and responsibilities in planning for and responding to pandemic influenza. Many cannot be delivered alone and will require collaboration with national, regional and local partners; this is implicit throughout this document. Separate guidance exists for NHS and partner organisations on pandemic influenza.

There will undoubtedly be a need for local variation in how the roles and responsibilities are delivered to reflect established systems and processes for other EPRR scenarios. Therefore the division of this between regional and local levels may differ across the country; specifically for example all local activities outlined below will be delivered at regional level for London.

6.1. Before the pandemic: preparedness

NHS England must be prepared to respond to a future pandemic. This includes supporting local NHS organisations and partner organisations where appropriate. This table outlines key roles and responsibilities to be undertaken at national, regional and local level BEFORE a pandemic. Pragmatic decisions should be taken to identify where, how and by whom these are delivered to ensure NHS England and the NHS in England is prepared. This should not be seen as an exhaustive list as other requirements may be identified.

	National	Regional	Local
identify a Pandemic Influenza Lead to coordinate and oversee planning arrangements	✓	✓	✓
monitor and evaluate risks and impacts, identifying and mitigating gaps where possible	✓	✓	✓
lead NHS pandemic preparedness, encouraging			✓

and supporting local health preparedness			
maintain business continuity plans that are appropriate to a pandemic	✓	✓	✓
work with local NHS and partners to discuss, plan and share good practice, address specific issues and keep plans in line with national guidance			✓
seek, provide and share feedback to ensure guidance is fit for purpose in so far as is possible in advance of activation	✓	✓	✓
develop an understanding of local plans and arrangements in order to support local activities			✓
work with the local NHS to facilitate the development of agreements with the independent and voluntary healthcare sector			✓
ensure the LHRP and LRF is appropriately appraised of relevant NHS issues and progress			✓
as appropriate, work with relevant partners to identify antiviral collection points (ACPs), personal protective equipment (PPE) distribution routes and vaccine delivery processes	✓	✓	✓
ensure that NHS commissioned services (including nationally commissioned specialist services) are included in planning arrangements	✓		✓
ensure tested command, control, coordination and communication plans are in place	✓	✓	✓
undertake appropriate assurance to ensure the NHS has adequate plans in place for a pandemic (e.g. the annual EPRR assurance process and regular LHRP discussions)			✓
ensure arrangements are in place to mobilise appropriate NHS staff to support PHE if required		✓	✓
ensure the development, maintenance, testing and exercising of effective and integrated health response plans	✓	✓	✓
provide up to date operational guidance to the NHS for use in a pandemic that includes representation across all appropriate Directorates	✓		
act as a conduit for consistent information and advice from DH and PHE to the NHS, in collaboration with NHSI	✓	✓	✓
ensure staff within NHS England and the wider health economy are supported and informed in pandemic preparedness and response	✓	✓	✓
monitor the national and international situation through liaison with partners such as DH and PHE	✓		

6.2. During the pandemic: response

There will be little or no warning of a pandemic and it will rapidly reach the UK; NHS

England must be prepared to respond. The tables below set out the key roles and responsibilities for the responses and are aligned to national, regional and local levels. Pragmatic decisions will be required to identify where, how and by whom these are delivered to ensure NHS England and the NHS in England provides the most appropriate and best possible care to patients in a pandemic. These decisions include whether action is taken at local, regional or national level; whether an activity starts during the Detect phase or later in the response; for how long it continues; and, most importantly, what other roles and responsibilities are needed to deliver the response.

6.2.1 Detect and Assess (DA) phases

PHE leads the initial part of pandemic response which is characterised as Detect and Assess. This is when there are initial cases and small clusters in the country and the focus is on understanding the epidemiology of the virus. The NHS element is largely concerned with establishing the systems that will be used during the majority of the response, as well as preparing for increased impact, demand, and disruption.

Different parts of the country may be differentially affected during the Detect and Assess phases. This will mainly be influenced by where the early first few hundred cases occur and therefore not all local teams or regions may be undertaking all roles and responsibilities to the same degree at the same time. The spread of the pandemic across the country will see localities working together to provide a coherent national pandemic response.

	National	Regional	Local
convene pandemic influenza response groups with appropriate representation to lead, command, control and coordinate the internal and wider NHS response	✓	✓	✓
agree the appropriate level of response for the NHS locally and ensure the NHS and relevant partners are kept appropriately appraised, in collaboration with NHSI		✓	✓
convene a recovery team, in conjunction with NHSI, with appropriate representation to oversee a return to normal business functioning both within NHS England and the NHS when the pandemic is over	✓	✓	✓
review any agreements with independent or voluntary health sector providers to support the local NHS			✓
maintain the on-call systems and capacity at an appropriate level in the event of concurrent major incidents	✓	✓	✓
In collaboration with NHSI, provide support and guidance to local NHS organisations and partners as necessary			✓
oversee ACP activation, including confirmation of locations and any initial push of stock			✓
oversee PPE stock management and distribution			✓

to local NHS providers			
reach agreement on the pandemic specific vaccine delivery arrangements including contract arrangements	✓		
activate processes to collate information from providers of NHS funded care through regular situation reports (SitReps) and submission to regional and national teams		✓	✓
facilitate the flow of information regarding the NHS response and resulting system pressures to DH and central government	✓		
represent the NHS at Strategic Coordination Group (SCG), LHRP, and LRF meetings			✓
activate collaborative communication arrangements to ensure consistent, clear and timely dissemination of information and guidance to health and partner organisations, the public and the media	✓	✓	✓
in collaboration with NHSI, act as a conduit for information from DH, NHS England, LRFs and other fora to the local NHS			✓
maintain links with national, regional and international partners appropriate to organisational level	✓	✓	✓

6.2.2 Treat and Escalate (TE) phases

The NHS takes the lead for pandemic influenza response during the Treat and Escalate phases when there is increasing demand on services as the number of patients with influenza increases. These phases will see patients across the country, and all NHS organisations responding to the pandemic. As for the DA phases, all actions must be appropriately enacted at local and regional levels to reflect established relationships and arrangements where this is supportive to the pandemic response. National oversight will ensure that the NHS functions cohesively across the country to provide the best care for all patients, as consistently as possible.

During a pandemic, one of the key aspects will be a need to understand the impact on operational capacity across the NHS. Processes employed across the system to manage capacity and demand during periods of increased activity are the basis for this in a pandemic.

	National	**Regional**	**Local**
monitor and maintain the appropriate level of response for the NHS locally and ensure the NHS and relevant partners are kept appropriately appraised			✓
enact business continuity plans and mobilise resources appropriately as required	✓	✓	✓
ensure the most effective use of resources through adapting the response according to capacity, including commissioning additional NHS capacity	✓		✓

where required and possible			
appropriately enact any agreements with independent or voluntary health sector providers to support the local NHS			✓
maintain the on-call systems and capacity at an appropriate level in the event of concurrent major incidents	✓	✓	✓
in collaboration with NHSI, provide support and guidance to local NHS organisations and partners as necessary			✓
oversee ACP management, including confirmation of locations, and ensuring local stock management, governance and reporting			✓
oversee PPE stock management and distribution to local NHS providers			✓
manage any pandemic influenza specific vaccination campaign			✓
in collaboration with NHSI, monitor and collate information from NHS providers through regular situation reports (SitReps) and submission to regional and national teams		✓	✓
facilitate the flow of information regarding the NHS response and resulting system pressures to DH and central government	✓		
represent the NHS at Strategic Coordination Group (SCG), LHRP, and LRF meetings, and where appropriate be the lead agency/Chair during a pandemic outbreak			✓
maintain collaborative communication arrangements	✓	✓	✓
facilitate decision making on the provision of NHS services and service priorities in conjunction with DH, NHSI and commissioners	✓		
in collaboration with NHSI, act as a conduit for information from DH, NHS England, LRFs and other fora to the local NHS			✓
maintain links with national, regional and international partners appropriate to organisational level	✓	✓	✓

6.3. After the pandemic: recovery

Alongside planning for and delivering a pandemic response, it is essential that the recovery phase is also planned and managed. This will help ensure services are restored in the most appropriate way to normalise the system. Additionally, it is essential that plans are maintained after it appears the pandemic has abated in the event that there is a further wave of disease.

	National	Regional	Local
assess the impact through comprehensive debriefing internally, of NHS organisations, and with partners	✓	✓	✓
in collaboration with NHSI, review staffing arrangements in conjunction with the local NHS organisations	✓	✓	✓
acknowledge staff contributions and review welfare arrangements, providing support as necessary	✓	✓	✓
in collaboration with NHSI, ensure a staged recovery of NHS England and the NHS as soon as appropriate	✓	✓	✓
review national, regional and local resources and capabilities	✓	✓	✓
review effectiveness of antiviral and personal protective equipment distribution, and of vaccination campaign	✓	✓	✓
in collaboration with NHSI, ensure readiness is maintained internally and across the NHS to manage subsequent waves of pandemic influenza or of increased seasonal influenza activity	✓	✓	✓
review and report on pandemic response arrangements and update to reflect lessons identified	✓	✓	✓
oversee any return of unused countermeasures as required to national stockpiles			✓

6.4. NHS England's health and justice responsibilities

NHS England has some specific responsibilities during an influenza pandemic in the health and justice setting. These are set out below:

- maintain equivalence of care for the health and justice patient group during an influenza pandemic, effectively ensuring that, irrespective of where the patient comes from (whether from a secure and detained setting or not) they will be given access to care in the same way as other patients
- work closely with the health and justice (National Support Teams) in NHS England, PHE and the National Offender Management Services (NOMS) to ensure briefings, updates and actions are provided and addressed
- participate in and contribute to NHS England's pandemic influenza response arrangements to ensure critical health and justice links are maintained throughout the pandemic
- provide leadership for the health and justice system ensuring close working with Regions and Lead Commissioners, and through them ensure business continuity of commissioned healthcare providers within secure settings and that actions are delivered
- ensure close working with NOMS and prison governors to safeguard against spread of pandemic for this cohort of population

- ensure robust communications between health and justice leads for NHS England, NOMS and PHE
- ensure good quality and up to data from NOMS for latest intelligence on status of the health and justice setting
- ensure close synergy and collaborative working with all relevant partners, including PHE and NOMS

7. Command, control and coordination

7.1. Leadership

NHS England will lead the overall NHS response to pandemic influenza and will coordinate the system to ensure the best possible care for all patients at all times within available resources. Leadership from the national team to regions and localities will be essential to ensure a joined up and consistent approach.

Strong clinical leadership throughout from national Medical and Nursing Directors will be essential to support their regional and local counterparts and peers in NHS England and provider organisations. In all response aspects, the National Board will set policies, and there will not be scope for significant regionalisation or localisation except for operational requirements or loss of supplies.

The leadership role played by NHS Improvement as a national system leader for provider organisations is also recognised within the current NHS structure. As such there would be close collaboration with NHSI colleagues in gathering intelligence and data from NHS organisations in a coordinated way, to avoid duplication of information requests for the centre.

7.2. Staffing

In order to maintain the ability to respond to concurrent ad hoc events or incidents that may occur during a pandemic, these teams should not rely on on-call staff, but instead operate separately and in parallel to usual EPRR arrangements using other staff.

Staffing for all the pandemic response teams should not rely solely on EPRR staff, but instead should be drawn from staff across NHS England's Directorates and Teams. This will include (but not be limited to) staff from: Operations and Delivery, Medical, Nursing, HR, Communications, Primary Care Commissioning, Specialised Commissioning, Public Health, and EPRR. Staff with specific interest and skills to support the response should also be involved where possible and appropriate at the relevant levels.

Each pandemic response team should have a dedicated area identified to enable people involved in the response to co-locate, in order to facilitate good working practices as well as reduce disruption on the wider organisation. It will be important that the response can be maintained seven days a week, with the potential for some 24 hour working, if required, and that the organisation maintains the ability to respond

to a concurrent incident should it occur during a pandemic response.

7.3. Response coordination structures

The response teams described below, including roles and responsibilities, may require re-aligning should a pandemic occur. The information provided should not be viewed as prescriptive or restrictive, but instead used as an indicator of how the response could be managed. It is recognised that regional and local modification will be required to ensure the response fits most effectively with existing structures and relationships.

Due to the anticipated longevity of a pandemic response and the potential impact this could have on normal business in NHS England and the NHS in England, it is likely that dedicated teams will need to be formed to oversee the response; this is likely to be most effectively delivered through something similar to the established winter room arrangements. This will help ensure that a response to a concurrent major incident can also be managed during a pandemic.

To operationalise its own organisational response, NHS England will establish an overarching

- **National Pandemic Influenza Incident Response Board** (NPI-IRB) with membership at national executive level to oversee the NHS response.

This will be supported by a

- **National Pandemic Influenza Operational Response Team** (NPI-ORT) that will deliver the operational and logistical aspects of the response as well as the policy, reporting, communications and briefing aspects. It is anticipated that this will be divided between the Leeds and London sites.

There will be a need for more granular understanding and management of the intricacies and detail of the local response at regional level. It is suggested that each region establishes a

- **Regional Pandemic Influenza Incident Response Team** (R-PIIRT) function, with membership representing all directorates and relevant teams, and links to the national response arrangements as well as with regional multi-agency partners involved in the response and existing regional senior executive management groups for strategic system oversight.

There is likely to be a need for a number of

- **Locality Pandemic Influenza Incident Response Teams** (L-PIIRT) to lead the local response within the Regions, liaise with LRF and LHRP Partners, and support NHS commissioners and providers to deliver a safe and effective service. These will also link into the existing senior management structures and capacity management processes.

In line with good practice

- **Pandemic Influenza Recovery Working Group** (PIRWG) should be established at all levels in NHS England (with command and control processes mirroring the response teams) early in a response. This group would work closely with NHS Improvement, which would have a longer term role in ensuring recovery of NHS services with providers once the pandemic has been stood down.

7.4. Roles and responsibilities

The following sections outline the anticipated roles and responsibilities of the pandemic response teams in NHS England, recognising the close working relationship with NHS Improvement to ensure continued successful delivery of NHS services during a pandemic. Directorates and teams within NHS England will need to support delivery of these responsibilities, as well as maintain their business as usual functions. Roles within the teams will include (as a minimum): an incident director, administrative support, data analyst/ situation report lead, communications and partnership liaison.

7.4.1 National Pandemic Influenza Incident Response Board (NPI-IRB)

NHS England is accountable to the Department of Health (DH) for its emergency preparedness, resilience and response (EPRR) obligations under Section 46 of the Health and Social Care Act (2012); as a Category 1 Responder under the Civil Contingencies Act (2004); and under the NHS Commissioning Board (NHS England) Emergency Preparedness Framework (2013). The following outlines key roles and responsibilities of the NPI-IRB with respect to the response to pandemic influenza:

- set the strategic direction for the NHS England and NHS in England response to pandemic influenza
- ensure ongoing alignment with the overall objectives of NHS England and DH
- direct and assure delivery of the pandemic response and monitor achievement of regional and local objectives
- act as the governance forum and provide overall direction to the NHS response to pandemic influenza
- provide advice and direction as necessary and make decisions in relation to risks and issues escalated by the NPI-ORT
- work in partnership with DH, PHE and other organisations to protect the public and minimise the health impact of the pandemic
- review and provide oversight of NHS costs associated with the response
- ensure the establishment of a Pandemic Influenza Recovery Working Group

This group will be chaired by a national director, with senior representation across NHS England from all relevant directorates and teams. External representation, eg from NHS Improvement, may also be invited if this would facilitate the response.

7.4.2 National Pandemic Influenza Operational Response Team (NPI-ORT)

The National Pandemic Influenza Operational Response Team (NPI-ORT) will provide national operational direction, coordination and oversight of the NHS operational aspects of the pandemic response. It is likely that this function will be split over at least two NHS sites to make best use of staff skills and expertise. The

following outlines key roles and responsibilities of the NPI-ORT with respect to the response to pandemic influenza:

- act as the reporting line into the NPI-IRB from NHS England Regions and Localities, including information from local commissioners and providers
- provide advice and direction as necessary and make decisions in relation to risks and issues escalated by the Regional and Locality Pandemic Influenza Incident Response Teams (PIIRTs)
- deliver the operational and logistical aspects of the response with regards to oversight of PPE stockpile and antiviral management and distribution
- deliver the policy, reporting, communications and briefing aspects, including collation of situation reports, development of communications to the NHS, patients and the public, and briefings to NHS England senior management and DH
- work with NHS Employers towards supporting the wider NHS staffing community

This group will report into the NPI-IRB and will be chaired by a senior member of NHS England, with other members drawn from across NHS England's Directorates and Teams.

7.4.3 Regional and Local Pandemic Influenza Incident Response Teams (R-PIIRTs and L-PIIRTs)

The Regional and Locality PIIRTs will be responsible for a number of activities to oversee and deliver the NHS response. These will be flexed to meet demands and may not be required throughout the whole response. Some may be more relevant to Regional or Locality PIIRTs and this should be agreed and discussed within each region to appropriately allocate responsibilities. These include (but are not limited) to:

	R-PIIRT	L-PIIRT
oversee and coordinate the response of the NHS appropriate to the current and predicted impact in collaboration with NHSI,	✓	✓
ensure the NHS and partners are kept appraised of the evolving situation	✓	✓
oversee the most effective deployment of available resources through adapting the response according to capacity in collaboration with NHSI,		✓
ensure that NHS England directorates and teams enact their business continuity plans and mobilise resources appropriately as necessary	✓	✓
in collaboration with NHSI, ensure prompt and timely establishment of **Pandemic Influenza Recovery Working Groups** (PIRWG) at all appropriate levels to run in parallel with the response (later)	✓	✓
in collaboration with NHSI, provide situation reports and assurance regarding the NHS response to the NHS England Board and DH	✓	✓
collate and analyse information for submission to NHS England Board, DH and others as appropriate related to pressures and capacity within the NHS	✓	✓

act as a central point of contact for stakeholders and partners regarding the NHS response		✓
in collaboration with NHSI, ensure appropriate escalation and two-way communication of relevant issues and decisions	✓	✓
coordinate messages to ensure consistent, clear and timely dissemination to the NHS, partners, the public and the media	✓	✓
in collaboration with NHSI, support the local response, facilitating mutual aid if required		✓
provide support to commissioners and providers of NHS funded care		✓
oversee the delivery of pandemic-specific aspects of the response		✓
manage the NHS response to pandemic-related surge, ensuring the commissioning of additional NHS capacity where required (e.g. intensive care or extra corporeal membrane oxygenation (ECMO) capacity)		✓
oversee the management of critical care resources and surge capacity demands through appropriate discussion, escalation and resource allocation		✓

Regular discussions will need to be held between locality and regional PIIRTs and between regions and the national team to ensure coordinated management of the pandemic response. There will also be a need for the response arrangements to be integrated with representatives of the NHS England directorates and teams at the appropriate level to ensure coordinated management of external and internal issues. The frequency, structure and timing of such meetings will be determined by demand.

There will be regular engagement at all appropriate levels with DH, PHE, NHSI and partners to ensure the best possible response for patients. This may be through meetings/ teleconferences or embedded liaison officers as appropriate to reflect pressures and escalation arrangements. Existing mechanisms and relationships will be used where possible.

7.4.4 Pandemic Influenza Recovery Working Groups (PIRWGs)

The PIRWGs should be established and be chaired by staff empowered to make decisions and potentially allocate funds. A key role of these groups will include management of the return to business as usual of the NHS and NHS England. This could be a 'new normal' if the pandemic is particularly severe.

Following an extended pandemic response, irrespective of severity, recovery across the NHS will be challenging and take a significant period of time. Not all services will be able to restart at the same time, and support will be required from teams across NHS England in collaboration with NHSI, to the wider NHS as well as internally.

The nature of primary care, operating as a relatively small business and employing more part time workers than other sectors of the NHS, means that a significant pandemic may have a lasting impact on the infrastructure of primary care. Secondary and community care providers may also experience a prolonged period of time before resuming normal business (such as fully reinstating cancelled elective programmes) while the system normalises again.

The PIRWG will need to consider ways to rebuild a healthcare infrastructure which can allow prioritisation of care to meet demand in the post pandemic period (eg mental health) with a planned approach to returning to business as usual or a new way of working.

The group should also consider how NHS England and the NHS would respond should there be further waves of pandemic influenza, or a severe subsequent seasonal influenza epidemic.

7.4.5 Support Teams

In addition to the core groups outlined above, some subject-specific support teams will be established to provide specific advice and guidance to help manage the response.

8. Communication

Robust communications are an important part of the response to a pandemic. The national pandemic influenza communications strategy (*UK Pandemic Influenza Communications Strategy 2012)* considers health-related communication in the UK before, during, and after a pandemic. It provides a high-level strategy as some characteristics of the virus will only become known once a pandemic is underway. It focuses on mainstream communications channels with targeted elements for specific audiences, recognising that an effective two-way communications strategy that positively engages key groups before and during a pandemic is essential.

Communications colleagues are an intrinsic component of the NHS England pandemic response teams and need to function in a fully integrated manner with the wider response. NHS England's pandemic influenza communication activity with the NHS, partners, stakeholders and the public will build on existing mechanisms and good practice. Where appropriate, national messages will be developed and delivered in partnership with PHE, NHSI and DH, and at regional and local level with LHRP and LRF partners. This is outlined in standalone communication guidance. The key communications priorities for NHS England will be to:

- support operational delivery
- keep staff well informed
- ensure that the public know how, where and when to access services
- reassure the public to maintain confidence in the NHS and wider health system's ability to manage the situation

A wide range of channels will be used, as appropriate to the audience and message, including traditional print and broadcast media, as well as social media and marketing tools.

9. Reporting

As the pandemic reaches the UK and numbers of cases increase, there will be a regular requirement for situation reports (SitReps) to understand the local impact.

The 'daily rhythm' will be defined as the acute phase of the pandemic is approached, but will vary as the impact waxes and wanes; clarity will be provided as the pandemic progresses. It is essential that the burden of reporting on the NHS is minimized, and as such should be joined up across recipients both in terms of data requested and timing. Details of the data required and the processes to submit it will be shared at the time, however it can be anticipated that this will likely resemble familiar winter pressures reporting, with additional elements specific to influenza. This will be delivered in close collaboration with NHSI.

10. Stockpiles

To support the response, a number of stockpiles of clinical and non-clinical countermeasures have been established and are held in locations across the country for deployment when needed. These will be available to health and social care staff.

The stockpiles are composed of pre-identified key items of personal protective equipment (PPE) (including hygiene consumables) as well as clinical countermeasures such as antivirals and antibiotics, and the consumables necessary to deliver pandemic specific vaccine (PSV). Many of the items are already in place in warehouses (termed 'just in case' stockpiles), while others will be procured through 'just in time' contracts (meaning they will be ordered when needed). Details of the stockpile composition have been shared to inform local stockpiling activity.

The delivery model is being finalised which will be activated during a pandemic; this includes distribution principles to ensure equitable access to the stockpile. Items will be delivered direct to healthcare providers; local solutions are being developed for social care by local government. More information will be provided in due course and when needed through specific briefing and guidance, however short summaries are provided below.

10.1. Personal Protective Equipment (PPE)

The bulk of the stockpile consists of PPE designed to protect healthcare workers from contracting pandemic influenza while caring for patients. This includes surgical facemasks, FFP3 respirators, gloves and aprons, plus hygiene consumables.

10.2. Antivirals

Prompt access to antivirals for symptomatic individuals is a key component of the UK's 'defence in depth' response to pandemic influenza. The UK maintains a stockpile of antivirals sufficient to treat 50% of the population. Antivirals will be issued through usual routes at the start of a pandemic. When demand indicates, the process will move to web- and phone-based algorithm authorisation through the National Pandemic Flu Service (NPFS). If allocated antivirals, patients will be directed to send someone to a local Antiviral Collection Point (ACP) to collect their medicine. Access to the telephony portal of the NPFS will be through dialling 111 and selecting the appropriate option when the call connects. This will route the dialler to specifically commissioned call centres with handlers trained to use the NPFS algorithm. This will direct calls away from NHS111 but serves as an easy point of access for patients.

10.3. Antibiotics

A range of antibiotics have been stockpiled to treat the anticipated secondary complications of pandemic influenza. These are largely for use in secondary care although there may well be some primary care demand. It is intended that antibiotics will be made available through the usual distribution mechanisms, i.e. through the wholesaler networks. More information will be provided in due course and when needed through specific briefing and guidance, however short summaries are provided below.

10.4. Pandemic Specific Vaccine (PSV)

At the earliest, pandemic specific vaccine (PSV) will be available four to six months after a pandemic virus is identified. There will be insufficient vaccine available initially to launch a mass vaccination campaign, therefore prioritisation will be required. It is anticipated that vaccine will initially be offered to people identified as at increased risk (likely to be those identified as the usual seasonal flu vaccination groups (including healthcare workers) as well as any other groups identified as at increased risk through the first four to six months of a pandemic). It is anticipated that vaccine will be delivered to these people through the usual seasonal flu routes, i.e. primary care and occupational health (for NHS workers). The consumables necessary to deliver the vaccine will also be provided.

11. Freedom of Information

This document is publically available.

12. Equality and Diversity

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given regard to the need to:

- eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

Guidance on the equality and health inequalities legal duties can be found at www.england.nhs.uk/wp-content/uploads/2014/12/hlth-inqual-guid-comms.pdf.

13. References and sources of further information

This document should be read in conjunction with the following sources of information:

- Overarching UK guidance on pandemic influenza across a range of sectors: www.gov.uk/pandemic-flu
  - UK Influenza Preparedness Strategy (DH) 2011 www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic
  - Health and social care influenza pandemic preparedness and response (DH) 2012 www.gov.uk/government/publications/health-and-social-care-response-to-flu-pandemics
  - UK Pandemic Influenza Communications Strategy (DH) 2012 www.gov.uk/government/publications/communications-strategy-for-uk-flu-pandemics

- NHS England pandemic influenza page: www.england.nhs.uk/ourwork/eprr/pi/
  - Emergency Preparedness, Resilience and Response Framework (NHS England) 2015: www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf
  - Roles and Responsibilities of CCGs in Pandemic Influenza (NHS England) 2013 www.england.nhs.uk/wp-content/uploads/2013/12/roles-resps-panflu-ccgs.pdf

- PHE pandemic influenza page: www.gov.uk/government/collections/pandemic-flu-public-health-response
  - Pandemic Influenza Response Plan (PHE) 2014 www.gov.uk/government/uploads/system/uploads/attachment_data/file/344695/PI_Response_Plan_13_Aug.pdf
  - Pandemic Influenza Strategic Framework (PHE) 2014 www.gov.uk/government/uploads/system/uploads/attachment_data/file/344696/PI_Strategic_Framework_13_Aug.pdf

- Preparing for Pandemic Influenza – Guidance for Local Planners (Cabinet Office) 2013 www.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

Appendix 1. Planning Assumptions

Pandemic influenza planning in the UK is based on an assessment of the 'reasonable worst case' derived from experience and a mathematical analysis of seasonal influenza and previous pandemics. The national planning assumptions are described in detail in the DH-authored *UK Influenza Pandemic Preparedness Strategy 2011*, which in summary indicates 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 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. It is recognised that the combination of high attack rates (as described above) and a severe disease is relatively (but unquantifiably) improbable and also that there are a range of countermeasures and interventions available 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.

Although all parts of society will be affected by a pandemic, the NHS is likely to be particularly impacted due to an increase in demand for services coupled with a potential reduction in staffing (due to a variety of factors including personal illness and caring responsibilities) 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.

1.1 The 2011 UK Influenza Pandemic Preparedness Strategy

This section summarises key aspects of the *UK Influenza Pandemic Preparedness Strategy 2011* and includes references to activities that will be undertaken by various health partners, including PHE, NHS England, providers of NHS funded care and other health and multi-agency partners.

The 2011 UK Strategy recognised that a more flexible approach is required for pandemic preparedness and response than that which was described in guidance prior to the 2009/10 pandemic. The strategy describes the overall objectives of the UK's approach to preparing for an influenza pandemic as 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, it identifies a series of stages termed **DATER: D**etection**, A**ssessment**, T**reatment**, E**scalation and **R**ecovery.

These stages are non-linear and have identified indicators for moving between them. The stages are not numbered 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 development of any future pandemic, three key principles 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

The Strategy further elaborates on the proportionate aspect of the response by describing the nature and scale of illness in low, moderate and high impact scenarios, and further attributes potential healthcare and wider societal actions as well as key public messages.

1.2 Detection, Assessment, Treatment, Escalation and Recovery

The *UK Influenza Pandemic Preparedness Strategy 2011* provides the following information relating to the five DATER stages:

Detection: This stage would commence on the basis of reliable intelligence or if an influenza-related 'Public Health Emergency of International Concern' (or PHEIC) is declared by the WHO. The focus in this stage would be:

- intelligence gathering from countries already affected
- enhanced surveillance within the UK
- the development of diagnostics specific to the new virus
- information and communications to the public and professionals

The indicator for moving to the next stage would be the identification of the novel influenza virus in patients in the UK.

Assessment: The focus in this stage would be:

- the collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK
- reducing the risk of transmission and infection with the virus within the local

community by:
- actively finding cases;
- encourage self-isolation of confirmed and suspected cases; and
- treatment of cases/ suspected cases and use of antiviral prophylaxis for close/ vulnerable contacts, based on a risk assessment of the possible impact of the disease

The indicator for moving from this stage would be evidence of sustained community transmission of the virus, i.e. cases not linked to any known or previously identified cases.

These two stages together form the **initial response**. This may be relatively short and the phases may be combined depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. It will not be possible to halt the spread of a new pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so.

Treatment: The focus in this stage would be:

- treatment of individual cases and population treatment through routine NHS services, including the potential for using the National Pandemic Flu Service (NPFS) if the level of pressures on primary care necessitate this
- enhancement of the health response to deal with increasing numbers of cases
- consider enhancing public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment
- depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available

Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths. When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision is likely to be made at a regional or local level as not all parts of the UK will be affected at the same time or to the same degree of intensity.

Escalation: The focus in this stage would be:

- escalation of surge management arrangements in health and other sectors
- prioritisation and triage of service delivery with the aim to maintain essential services
- resiliency measures, encompassing robust contingency plans
- consideration of de-escalation of response if the situation is judged to have improved sufficiently

These two stages form the **Treatment** stage of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation of the **Escalation** stage at an early part of the **Treatment** stage, if not before.

Recovery: The focus in this stage would be:

- normalisation of services, perhaps to a new definition of what constitutes normal service
- restoration of business as usual services, including an element of catching-up with activity that may have been scaled-down as part of the pandemic response e.g. reschedule routine operations
- post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt
- taking steps to address staff exhaustion
- planning and preparation for a resurgence of influenza, including activities carried out in the Detection phase
- continuing to consider targeted vaccination, when available
- preparing for post-pandemic seasonal influenza

The indicator for this stage would be when influenza activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how services' capacities are able to meet demand will also inform this decision.