Surrey Heartlands’ CCGs Pandemic Influenza Plan

Policy applicable to:

<table>
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<tr>
<th>CCG</th>
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<tbody>
<tr>
<td>NHS Guildford and Waverley CCG</td>
<td>✓</td>
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<td>NHS North West Surrey CCG</td>
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<tr>
<td>NHS Surrey Downs CCG</td>
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Policy number | N/A
Version       | 1.0
Approved by   | Governing Bodies
Name of originator/author | Head of EPRR, Facilities Management and Business Support, Senior Resilience Manager (Response)
Owner (director) | Accountable Emergency Officer
Date of last approval | July 2019
Next approval due | July 2020
**Purpose**

To set out how NHS Surrey Heartlands CCGs will respond to an influenza pandemic, in line with current guidance and legislation and the requirements of the NHS England Core Standards for emergency preparedness, resilience and response.

**Distribution and Accessibility**

This document will be made available to all staff via the Intranet and Resilience Direct. The document and any revisions will additionally be emailed to all on-call staff. Executive Directors should ensure that relevant staff are aware of the plan and the procedures.

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**INVOCATION OF THIS PLAN**

The Tactical On-Call and/or Strategic On-Call will be responsible for the invocation of this plan.
1. Introduction

1.1 The potential for a new influenza pandemic remains unchanged, although the 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 ongoing 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 the Surrey Heartlands CCGs will prepare for, and respond to, a flu pandemic. However, the principles, systems and processes contained within are transferable to other types of pandemic.

2. Aims and Objectives

2.1 The aim of this plan is to outline the roles and responsibilities of the Surrey Heartlands CCGs in preparing for a pandemic, enabling patients to receive the most appropriate care during a pandemic, and ensuring that staff are supported to carry out their roles.

2.2 The objectives for Surrey Heartlands CCGs in pandemic preparedness are to:

- work with NHS and other 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 response to a pandemic in Surrey, alongside business as usual activities

2.3 The objectives for Surrey Heartlands’ CCGs during, and in the recovery from a pandemic response are to:

- provide support to the NHS England South East team in coordinating and mobilising NHS resources
- use established channels to communicate with providers and the public in an open and timely fashion, appropriate to a major incident response
- provide the public with information regarding accessing NHS services
- provide prophylaxis via vaccination or antiviral agents when deemed necessary and effective
• ensure that treatment and care is provided to patients in Surrey who are suffering from pandemic influenza
• ensure that commissioned services maintain ‘business as usual’ at an appropriate level, as far as is possible during the pandemic
• seek to minimise, in as far as is practicable, the impact of the pandemic on the population and NHS services
• protect the health and safety of staff
• maintain timely and appropriate reporting of the situation throughout the incident
• restore normality as soon as possible after the incident
• implement organisational recovery plans
• evaluate the response and identify lessons to be learnt for subsequent waves or a future pandemic

2.4 Surrey Heartlands will work closely with NHS England, the wider NHS, and multiagency partners to support these objectives.

3. **Associated Documents**

3.1 This plan, as far as reasonably practicable, is based on the assumption that existing systems and processes will be utilised. Routine processes, including those for managing seasonal flu outbreaks, and business continuity plans for responding to other disruptions and pressures, such as severe weather or flooding, are well established and tested. Building on these familiar procedures provides a robust foundation for responding to fluctuations in demand and capacity that may occur during an influenza pandemic.

3.2 With this in mind, this plan should be considered in conjunction with the following documents and guidance:

<table>
<thead>
<tr>
<th><strong>Internal</strong></th>
<th><strong>External</strong></th>
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<tbody>
<tr>
<td>Surrey Heartlands CCGs Incident Management Plan</td>
<td>Surrey Local Resilience Forum Pandemic Influenza Plan (January 2016)</td>
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<td></td>
<td>Surrey Local Health Resilience Partnership Strategic Pandemic Influenza Plan (May 2016)</td>
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<td></td>
<td>Public Health England Pandemic Influenza Response Plan (2014)</td>
</tr>
<tr>
<td></td>
<td>Local Authority Business Continuity and Flu Plans</td>
</tr>
<tr>
<td></td>
<td>UK Pandemic Communications Strategy 2012</td>
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</table>
4. **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 local Influenza Pandemic Coordination Group will be convened by the Director of Public Health to lead the response locally, and implement existing plans and processes.

4.2 **Notification of a pandemic**

- Surrey Heartlands CCGs are most likely to receive notification of a pandemic via NHS England.
- Surrey Heartlands CCGs may also receive notification via Surrey Resilience Forum Partners.

5. **Command and Control**

5.1 Surrey Heartlands CCGs will act on behalf of and in support of NHS England as required. Direction and actions will be set by NHS England and cascaded via the local Influenza Pandemic Coordination Group.

5.2 Surrey Heartlands CCGs will put in place internal command and control structures in line with its major incident response procedures.

6. **National Coordination**

6.1 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.

6.2 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. Primary Care will be coordinated by NHS England as the contract holder. The roles and responsibilities of Primary Care are set out in Appendix C.

6.3 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

6.4 The stages of pandemic are known 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. Details of the five DATER stages can be found in Appendix D.

6.5 The lead agencies for each stage of a pandemic are as follows:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Lead Organisation</th>
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<tbody>
<tr>
<td>Detection</td>
<td>Public Health England</td>
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<tr>
<td>Assessment</td>
<td>Public Health England</td>
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<tr>
<td>Treatment</td>
<td>NHS England</td>
</tr>
<tr>
<td>Escalation</td>
<td>NHS England</td>
</tr>
<tr>
<td>Recovery</td>
<td>Local Authority</td>
</tr>
</tbody>
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7. Local Coordination

7.1 In the event of a pandemic, a local Influenza Pandemic Coordination Group will be convened with the following core membership:

- Director of Public Health
- NHS England representative and/or CCG Pandemic Lead
- Public Health England (PHE)
- Acute Trust Leads
- Community Health Services Leads
- Mental Health Leads
- Chief Pharmacists
- CCG GP Lead
- Local Authority Emergency Planning Leads
- Local Authority Directors of Adult’s Services
- Local Authority Directors of Children’s Services

7.2 The Group will be able to call on other multiagency members if necessary, for example:

- Surrey Police
- SECAmb
- Surrey Fire and Rescue
- Surrey Local Resilience Forum
7.3 This group will coordinate and lead the local response, requesting information and assurance around continuity of healthcare provision, and issues that arise during the response. The group will:

- oversee and coordinate the local NHS response, appropriate to the current and predicted impact
- ensure the NHS and other partners are kept appraised of the evolving situation
- oversee the most effective deployment of available resources
- ensure that NHS organisations enact their business continuity plans and mobilise resources appropriately as necessary
- in collaboration with NHS Improvement, ensure the prompt and timely establishment of Pandemic Influenza Recovery Working Groups (PIRWG) at all appropriate levels to run in parallel with the response
- collate and analyse information related to pressures and capacity, and provide situation reports and assurance as requested regarding the NHS response
- act as a point of contact for stakeholders and partners regarding the NHS response
- 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
- support the local response, facilitating mutual aid if required
- 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

7.4 Surrey Heartlands CCGs Pandemic Response Team

7.5 The Surrey Heartlands CCGs will identify a team to lead their response to the pandemic. This will include the:

- Accountable Emergency Officer (Chair) and Pandemic Flu Lead
- Executive lead for influenza (Seasonal) - ICS Director of Performance or nominated deputy
- GP Lead
- Surrey-wide Services Lead
- Urgent Care Lead
• Head of Emergency, Preparedness, Resilience and Response
• Communications Lead
• Acute, Primary Care, and Community Services commissioning leads – ICP directors or nominated deputy
• Admin support

7.6 This team will have responsibility for ensuring all actions relating to the pandemic are carried out, including reporting, briefing Surrey Heartlands CCGs’ staff, attending local Influenza Pandemic Coordination Group, and participating in health and multiagency teleconferences as necessary.

7.7 The Surrey Heartlands CCGs’ Pandemic Response Team will ensure they keep detailed records of all decisions made and actions taken. These records must be stored securely following the pandemic.

7.8 The Surrey Heartlands CCGs Pandemic Response Team will set up regular teleconferences with their commissioned services to assess pressures and other issues.

8. Surrey Heartlands CCGs’ Roles and Responsibilities

8.1 The primary role of the Surrey Heartlands CCGs is to assist provider organisations in managing local pressures during a pandemic, to ensure that patient services remain as unaffected as possible.

8.2 In addition, Surrey Heartlands CCGs may need to represent NHS England at the local Influenza Pandemic Coordination Group, as NHS England may not have sufficient resource to attend every group.

8.3 The Surrey Heartlands CCGs Pandemic Flu Lead (or deputy) may need to attend the Pandemic Influenza Incident Coordination Centre. However, it is most likely that meetings will be held via Teleconference.

8.4 Surrey Heartlands CCGs are responsible for reporting local issues to NHS England, and for distributing NHS messages / information, as directed.

8.5 The detailed roles and responsibilities of the Surrey Heartlands CCGs are set out below.

8.5.1 Before a pandemic Surrey Heartlands CCGs are responsible for:

• identifying an executive lead to be responsible for the CCG’s pandemic preparedness activities. For the Surrey Heartlands CCGs this is the Accountable Emergency Officer.

• undertaking business continuity planning for pandemic influenza, and ensuring that plans are suitable for use in a pandemic to mitigate any shortage of staff that may arise.
• communicating plans to employees, contractors, and affiliated organisations
• participating in relevant groups to discuss, plan, share best practice, and exercise
• having a robust communications plan for managing communications with all stakeholders during a pre-pandemic period
• working with commissioned service providers to plan for surge in relation to elective work, and the possible contractual and financial implications if there is ongoing disruption to normal services during an influenza pandemic (including the recovery phase)
• participating in appropriate assurance processes to ensure commissioned services have adequate plans in place for managing a pandemic
• working with NHS England to support local preparedness activities, including identifying appropriate local providers to support the delivery of a pandemic influenza response, particularly regarding the provision of antiviral collection points through community pharmacies

8.5.2 During an influenza pandemic Surrey Heartlands CCGs are responsible for the following:
• Supporting national pandemic response arrangements as outlined in Department of Health (DH) and NHS England pandemic influenza guidance
• Supporting the NHS England South East team in mobilising local NHS resources
• Participating in multiagency groups as appropriate and agreed with NHS England, to ensure a comprehensive local response
• Ensuring commissioned services have the capability and capacity to fulfil their responsibilities
• Maintaining close liaison with NHS England, NHS Improvement and local providers regarding any proposed or actual changes to services, targets, tariffs, performance standards etc., whilst maintaining safe patient care at the forefront of any decisions
• Implementing a process to collate financial and contractual impact information from commissioned providers
• Completing and submitting relevant situation reports, and participation in teleconferences as required
• Maintaining robust 24/7 on-call arrangements, particularly with respect to surge and responding to major incidents
• Supporting NHS England and providers in the arrangement of mutual aid
• Compiling a list of Out of Hours GPs who may be able to support the local response
• Reviewing the impact on social care (which may affect capacity management) via the local Influenza Pandemic Coordination Group

• Setting up and running a flu buddy service

• Assisting in implementing local pandemic influenza plans, including setting up vaccination arrangements for priority groups (such as frontline workers), setting up Antiviral Collection Points (ACPs), logistical arrangements for antivirals, antibiotics, and vaccines, and vaccinating the CCGs’ own staff.

• Implementing the CCGs’ internal business continuity plans as appropriate to the developing situation, to ensure that critical activities can be maintained

• Sharing communications with locally commissioned healthcare providers via established routes, and participate in wider local communications activities

• Implementing the CCGs internal recovery plans in a timely manner

• Participating in timely and proportionate debriefs to ensure sharing and adoption of best practice

8.5.3 After a pandemic, Surrey Heartlands CCGs will:

• Implement appropriate recovery arrangements to ensure the recovery of their own services and commissioned services as soon as appropriate

• Provide recovery updates to the public and stakeholders through locally coordinated communications activity

• Contribute to local and regional health post-pandemic debriefs as requested, and consider the implementation of recommendations from any subsequent reports into plans, contracts, and other arrangements

• Acknowledge staff contributions

• Assess the impact of the pandemic on the provision of commissioned services and ensure that the ongoing service level is sufficient to meet the demands of the system

• Ensure the recovery of services to business-as-usual as soon as appropriate

• Collate and review financial and contractual impact information from commissioned providers and respond accordingly

• Maintain preparedness for a future wave of pandemic activity, or further significant system activity

8.6 A range of practical support mechanisms are available to Surrey Heartlands CCGs in implementing this guidance. These include:

• Local Health Resilience Partnership (LHRP), a statutory group which oversees health economy-wide pandemic planning activities across the county. The Surrey Heartlands CCGs EPRR team attend this group.
• Local Resilience Forum (LRF), a statutory multiagency forum where NHS England represents local providers, and commissioners of NHS funded care are members

• 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

9. **Surrey Heartlands CCGs ‘On-Call’ Arrangements**

9.1 Surrey Heartlands CCGs have robust on-call arrangements in place. The on-call team will be notified of any issues arising as a result of a pandemic through the normal CCG reporting channels.

10. **Impact in Surrey**

10.1 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.

10.2 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.

10.3 The table below shows the planning assumptions (based on the reasonable worst case scenario) that have been taken into account in Surrey:

<table>
<thead>
<tr>
<th>Planning assumption</th>
<th>Potential number of people affected in Surrey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surrey Heartlands Resident population (Registered Popn)¹</td>
<td>850,000</td>
</tr>
<tr>
<td>Up to 50% of the UK population could experience symptoms of pandemic influenza during one or more pandemic waves lasting 15 weeks (N.B. the nature and severity of the symptoms would vary from person to person)</td>
<td>425,000</td>
</tr>
<tr>
<td>The number of excess deaths if no effective treatment is available could reach up to 2.5% of symptomatic</td>
<td>21,250</td>
</tr>
</tbody>
</table>

10.4 The *UK Influenza Pandemic Preparedness Strategy 2011* recognises that the combination of particularly high attack rates and a severe disease is relatively

¹ According to Commissioning Intentions for Surrey Heartlands CCGs and Surrey County Council 2018/19 published by SCC and NHS
improbable (but unquantifiable), 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.

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, which 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.

11.2 NHS England will lead on health communications messaging, and will coordinate with CCGs to distribute local messages. It is likely that the Surrey Heartlands CCGs will be called upon to support the Local Health Resilience Partnership’s key communications priorities in Surrey. These include, but are not limited to:

- localisation of national messages
- communications across the health and social care community
- supporting operational delivery
- keeping staff well informed
- ensuring that the public know how, where and when to access services
- consideration of hard to reach communities
- reassuring the public to maintain confidence in the NHS, and wider health system’s ability to manage the situation
- communication with regional and national bodies
- communication with multi-agency partners.
- timeliness and accuracy of information.
- managing expectations of the public and partners.
- specialist advice and information for particular settings and sectors.
- out of hours communications arrangements.
- links with Surrey LRF warning and informing plans.

11.3 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.
12. **Situation Reporting and Recording**

12.1 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’, (how frequently these reports are required), and method of reporting will be defined by NHS England at the time of the outbreak, depending on the severity of the pandemic as it progresses.

12.2 The primary purposes of flu data are:

- Monitoring and assessing the progress and impact of the pandemic.
- Assessing the efficacy of interventions.
- Informing decision-making processes, particularly around moving between phases.
- Justification for the release and allocation of resources.
- Invocation of Business Continuity Plans.
- Supporting requests for mutual aid or support.

12.3 Surrey Heartlands CCGs Pandemic Response Team will ensure there are robust processes in place to document and record decisions made and actions taken during the pandemic. Meeting will be minutes, actions recorded, and a decision log will be used to capture decisions made and the rationale behind them.

12.4 Alongside flu reporting, Surrey Heartlands CCGs will maintain their usual incident reporting mechanisms for non-flu related incidents to ensure these continue to be managed during a pandemic. Flu related incidents will report into the CCG Pandemic Response Team.

13. **Mutual Aid**

13.1 Mutual aid may be varied in nature, including but not exclusively confined to personnel and materials. 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 will act as a broker both within the county and with other NHS England Regions.

13.2 Surrey Heartlands CCGs 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 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. The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue, and continuing supply chain difficulties.

14.2 Health and social care may experience persistent secondary effects for some time. The focus at the recovery 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 and the possible increased demand for services that it may bring

14.3 Surrey Heartlands CCGs 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 available to all Surrey Heartlands staff via the intranet, and will be placed in the on-call pack for use by the on-call teams. Training will be provided on request and the plan will be updated on an annual basis.

15.2 Surrey Heartlands CCGs Leads will participate in local and national exercises and workshops where possible.
16. Appendix A: Pandemic Alerting Structure

- GPs & Pharmacies
- NHS England
- NHS Clinical Commissioning Group (Via usual surge management routes)
  - Community Services provider (Surge management leads)
  - Acute services providers (Surge management lead)
  - Care & Nursing Homes (via the Local Authority)
  - Children's Services
  - Adult Services
  - Learning Disabilities
  - Weather Warning Lead
  - Housing
  - Comms Team
- Surrey County Council (Emergency Planning Team & Public Health Team)
- Public Health England
- Community Wardens & on call staff

- Pandemic Alert
- NHS England
- Comms Team
- All staff
- Intranet
- Website
- Media updates and events
17. **Appendix B: Combined response to an Influenza Pandemic**

**Case Management**
- Detection
  - Spread and impact monitored
  - Testing and rapid treatment of cases
  - Distribution of PPE to health and social care considered
- Assessment
  - Setting up anti-viral collection points (NHSE)
  - National Pandemic Flu Service Activated
  - Rapid access to treatment for those requiring it
  - Priority groups for vaccination
  - Management of excess deaths
- Treatment
  - IPC meets regularly to ensure close situation monitoring
  - CCG and NHS response coordinated by NHSE
  - Local Authority response coordinated by SCC
- Escalation
  - Service resilience group meeting in council
  - IPC meets less regularly. Continues to provide SitReps
  - Monitor further pandemic waves
- Recovery
  - Monitor excess deaths
  - Management of excess deaths

**Response Coordination**
- IPC convened – chaired by DPH
- Resources and plans reviewed
- Coordination through existing structures

**Business Continuity**
- Business as Usual
- Business Continuity Plans Reviewed
- Consider stopping non-urgent services
- Monitor staff absence and capacity
- Monitor provider service capacity
- Escalating pressure on all services
- Reintroduction of BAU services
- Plan for staff fatigue and resource depletion

**Communications**
- Regular updates/advice from NHS E, PHE, LLACC
- Public “flu friend” communications
- Public expectation management
- Debrief, thanks to staff and lessons communicated
18. **Appendix C: Primary Care**

18.1 Primary care across the whole of Surrey Heartlands is commissioned by Surrey Heartlands CCGs, who will take the lead in coordinating the primary care response, in line with national guidance.

18.2 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, they should separate that patient *if it is possible to do so*. Usual cleaning and infection control procedures should apply.

18.3 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.

18.4 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’). Surrey Heartlands CCGs would not coordinate or direct this.

18.5 Communications to practices would go through the usual routes – Central Alerting System (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.
19. **Appendix D: DATER Stages**

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

19.2 **Detection:**

19.2.1 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 World Health Organisation. 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

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

19.3 **Assessment:** The focus in this stage would be:

19.3.1 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

19.3.2 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

19.3.3 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.

19.3.4 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.
19.4 **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

19.4.1 Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths.

19.4.2 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.

19.5 **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

19.5.1 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.

19.6 **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

19.6.1 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.

19.6.2 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.