NHS
Sheffield

Primary Care Trust

Pandemic Influenza Plan

August 2009

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Emergency Contact

If you need to contact NHS Sheffield in an EMERGENCY

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Plan Contents Page N°

1. General Information 4

2. Current Context 7

3. Leadership and Co-ordination 9

4. Operational response 12

5. Other Measures 17

6. Business Continuity 18

7. Finance 19

8. Recovery 19

9. Appendices 20

Appendix 1	Roles & Responsibilities
Appendix 2	Impact on Sheffield Population
Appendix 3	Workstreams Roles & Responsibilities
Appendix 4	Terms of Reference, SPFCG
Appendix 5	Antiviral Collection Points
Appendix 6	Dental Influenza Plan, Primary Care Dental
Appendix 7	Pandemic Flu Communications Plan
Appendix 8	Workforce
Appendix 9	Infection Control GP Guidance
Appendix 10	Infection Control Guidance Care Homes/Intermediate Care
Appendix 11	Infection Control Guidance Domiciliary Visits

NHS Sheffield
Pandemic Influenza Plan

1 General Information

New strains or variants of the influenza virus have the potential to affect large numbers of people and produce epidemics and pandemics (worldwide epidemics). Global tourism and air travel can accelerate international spread. In order for a pandemic to occur, a new influenza virus must emerge that is markedly different from recently circulating strains and is able to:

- infect people (rather than – or in addition to – animals or birds)
- spread from person to person in a sustained way
- cause illness in a high proportion of those infected
- spread widely because a high proportion of the population is susceptible, having little or no immunity.

1.1 NHS Sheffield's Responsibilities

This plan has been developed by NHS Sheffield to comply with the requirements of the Civil Contingencies Act 2004, which designates the PCT as a 'Category 1 Responder'. This gives NHS Sheffield a statutory responsibility for planning, coordinating and ensuring business continuity within its field of activity and scope. The plan also takes into account guidance from DH issued November 2007 on Pandemic Flu Planning.

1.2 PCT role and responsibilities in the event of a flu pandemic

The PCT role and responsibilities in the event of a flu pandemic are to:

- act as a focal point, providing a link to and oversight of the local health and social care response;
- monitor and coordinate the overall health response on an integrated, pan-organisational, whole-systems basis;
- support the continuity of general practice, community pharmacy and other primary care services both in and out of hours;
- collect, collate and disseminate information on the local health situation, to inform local and national control measures and response arrangements;
- coordinate the supply of antiviral medicines in the locality, monitor antiviral use, and recommend follow up where local use is not in line with expected take up and use;

- ensure that a pandemic-specific vaccine programme, if and when it becomes available, is coordinated, monitored and effectively delivered across the locality;

- liaise with key partners such as local authorities to ensure a coordinated response;

- liaise with commissioning partners to ensure they are able to deliver their commissioning obligations (as planned for a pandemic situation);

- ensure that local partners such as NHS Direct are fully informed of the arrangements for the management of pandemic influenza in the community, and that they are giving out messages that are consistent with those of other organisations;

- link with social care and other agencies and sectors to support the delivery of care and maintain patients at home;

- provide a health input to Local Resilience Fora (LRFs) (and other multi-agency groups as appropriate), ensuring that their response arrangements maintain and support patients in the community;

- ensure that national messages are cascaded and reinforced and that the public is well informed and advised of local response arrangements – this includes clear and simple information to patients and the public on any changes to access in primary and secondary care, disruptions to services, and what provision is being made for medicines such as antiviral medication and vaccines;

- provide advice and information to staff, primary care contractors and other partners in conjunction with the strategies of national, regional and local stakeholders.

For further information on roles and responsibilities in the pre pandemic phase see Appendix 1.

1.3 Influenza

Influenza is an acute viral infection that can spread rapidly from person to person. It is characterised by:

- sudden onset of fever
- chills
- headache
- aching muscles
- prostration
- cough with or without sore throat
- other respiratory symptoms

The acute symptoms last about a week although full recovery may take longer.

Other features of Influenza include:

- it has an incubation period of 1-3 days
- it spreads from person to person by the respiratory route through droplets and fine aerosols of infected respiratory secretions
- it can also spread by hand/face contact after touching an infected person or a surface contaminated with infected secretions
- estimates suggest that without intervention one infected person is likely to infect, on average, another 1.4 people – more in a closed community

People with influenza are highly infectious for 4-5 days from the onset of symptoms (and around 10% are likely to be infectious for a short time before any symptoms show). Individuals with compromised immune systems may be infectious longer and children can shed the virus from 6 - 21 days after onset of symptoms.

A Flu Pandemic (literally, an epidemic involving the whole world) may occur at any time. In the past they have occurred around every 30 years, and have caused deaths of millions.

Vaccines cannot be developed until the virus has been identified, and it takes months to develop and mass-produce sufficient quantities to protect the whole population.

Up to 50% of the population could become ill, and 25% of these could develop complications. There could be between 1,500 and 7,000 deaths in Sheffield. This will depend on the clinical attack rate and case fatality rate.

Pressures on the health services and the effects on society are likely to be severe. We therefore need to have tested plans to be confident they will work when we need them to respond to the next Pandemic.

1.4 WHO and UK Alert levels

The World Health Organisation (WHO) identifies 6 phases of a pandemic, as follows:

Phase 1 No viruses circulating among animals have been reported to cause infections in humans

Phase 2 An animal influenza virus is known to have caused infection in humans, and is therefore considered a potential pandemic threat

Phase 3 An animal virus has caused disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks

Phase 4	Verified human-to-human transmission of virus able to cause "community-level outbreaks." Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion
Phase 5	Human-to-human spread of the virus into at least two countries in one WHO region. Phase 5 is a strong signal that a pandemic is imminent
Phase 6	Community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way

Once Phase 6 is declared, a 4 stage UK alert level becomes operational, as follows:

Level 1	Virus/cases only outside the UK
Level 2	Virus isolated in the UK
Level 3	Outbreak(s) in the UK
Level 4	Widespread activity across the UK

In August 2009 we are at WHO phase 6, UK alert level 4.

1.5 Plan Objectives

The objectives of this plan are to describe the way in which NHS Sheffield will meet its responsibilities listed in section 1.2, by:

- ensuring all necessary preparation occurs in a pre-pandemic phase;
- ensuring the response during a pandemic is optimised, whilst minimising the impact on health services generally;
- ensuring that all lessons are learnt in order to prepare better for other future emergencies.

The overall aim of the plan is to ensure that the adverse health consequences of a pandemic are minimised.

2 Current Context

2.1 Context in which this update is written

The PCT Interim Pandemic Influenza Plan was presented to the Board in December 2008 and was supported. This updated version of the plan has been prepared in August 2009, 4 months into the 'Swine Flu' H1N1 pandemic,

and focuses therefore on the way in which NHS Sheffield will manage this specific pandemic. It takes account of national planning assumptions

published on 15 July 2009, and was presented to the Board in September 2009.

2.2 Scope of the Plan

The Plan covers the NHS registered population of Sheffield. However it does not exclude any person needing any medical intervention for symptomatic influenza in Sheffield.

2.3 Potential Impact in Sheffield

Based on previous pandemics and advice from the WHO:

- the UK plan assumes 50% of the population could develop clinical influenza over a period of 12-16 weeks
- an equal number of people may have asymptomatic infection
- plans must retain flexibility to cope with any possible attack rate
- for planning purposes, a uniform attack rate and higher mortality rates than normal ‘seasonal’ influenza, must be assumed across all age groups

Previous experience, expert advice and theoretical modelling suggest that a pandemic affecting half of Sheffield’s population could result in at least 1000 additional deaths over one or more waves.

Following the first reported case in the UK, it is likely to take about 10 weeks for influenza activity to rise above the normal baseline threshold (30 new general medical practitioner consultations per 100,000 population per week) and then a further two weeks until high levels become established across the country. Activity is then likely to last for 3 to 5 months depending on season. Subsequent waves are likely. A short sharp epidemic would put even greater strain on services than a lower level but more sustained one.

Total general practitioner consultations for influenza-like illness in Sheffield **could** increase from around 10,000 during a period of ‘seasonal’ influenza to around 80,000 during a pandemic. New consultations can be expected to increase to well over 500 per 100,000 population per week during the main pandemic period and reach up to 15,000 or more for one or two peak weeks.

Hospital admissions for acute respiratory and related conditions are likely to increase by at least 25% with around 2300 new patients a week requiring hospital admission at the peak. Hospitalisations and deaths will be greatest if the highest attack rates are in the elderly and lowest if adults aged 15-64 are most affected (Appendix 2).

Extensive modelling of the likely impact of the H1N1 pandemic has taken place, and has been agreed as a basis on which to plan in the NORCOM (Specialist Commissioning) area.

2.4 Workforce Absence

Staff across the NHS will be affected by the pandemic in a number of ways, including by becoming infected themselves and by close family members becoming ill or even dying. The closure of schools is likely to impact on staff absence, especially as the majority of NHS staff is female and many of them mothers.

The PCT's Business Continuity Plans (BCP) address workforce planning; this is covered in Section 9. Non essential work will be put on hold while essential work continues. This will release staff and allow re-deployment as necessary for the duration of the pandemic. Training will be required in some cases.

2.5 Ethical Framework

The PCT aims to ensure the general public maintain confidence in health services in Sheffield by establishing robust protocols and policies e.g. Admissions and Discharge criteria, to ensure equity in the response to a pandemic. It is important that the public can see there is an open and transparent process in operation ensuring equitable access to medication and treatment.

The overarching ethical principle of equal concern and respect for all persons underpins this plan. The following eight components will be used to guide ethical decision making in the implementation of the plan:

- Respect: people to be kept informed, to have opportunities to express views & to have personal choice respected
- Minimising the harm that a pandemic could cause
- Fairness
- Working together
- Reciprocity
- Keeping things in proportion
- Flexibility
- Good decision making – open & transparent, inclusive, accountable and reasonable

3 Leadership and Co-ordination

3.1 National Response

The Department of Health (DH) has the overall national responsibility for the preparations for a Flu Pandemic and routinely monitors the 'World Health Organisation' (WHO), for updates and information. The DH provides guidance which can be found on the DH website.

3.2 Yorkshire & the Humber SHA

The Yorkshire and Humber Strategic Health Authority will liaise with the DH and Government Office, Yorkshire and Humber, to coordinate the response of

the NHS at regional level. It will ensure effective communication between DH and the NHS within the Region. It will coordinate the strategic response across the Region and ensure the most effective deployment of available resources. The SHA will also provide health advice and information to Regional Civil Contingency Committee (if called), and support media handling and the provision of public information.

3.3 South Yorkshire

As lead PCT for emergency planning in South Yorkshire, NHS Sheffield represents the NHS on the Local Resilience Forum. The operational response across South Yorkshire PCTs and the South Yorkshire Health Protection Unit is coordinated through the South Yorkshire Pandemic Flu Coordinating Group, on which each PCT is represented by their Director of Public Health.

3.4 Leadership

NHS Sheffield's Chief Executive, as accountable officer, reports to the South Yorkshire Local Resilience Forum. The Director of Public Health is the Executive Director with responsibility for NHS Sheffield's overall response to a pandemic. The Deputy Director of Public Health is the pandemic flu co-ordinator, with responsibility for day to day management of the PCT's response.

3.5 Management

The pandemic flu co-ordinator will ensure the coordination of NHS Sheffield's response. During the 2009 pandemic NHS Sheffield has established seven workstreams, each with executive Director and operational lead to do this. These are: (further details available in Appendix 3)

- Leadership, Control & Finance
- Access to Medicines
- Primary Care
- Secondary Care
- Communication and Community Engagement
- Workforce
- Vaccination

3.6 NHS Sheffield

NHS Sheffield will discharge its responsibility for coordinating the NHS's response in the City through the Sheffield Health and Social Care Pandemic Flu Co-ordinating Group (SH&SCPFCG) a sub group of the Sheffield Health and Social Care Emergency Planning Forum (SH&SCF). This group meets as frequently as necessary.

At August 2009 members of the SH&SCPFCG include: -

Member	Deputy	Organisation
Director of Public Health	Deputy Director of Public Health	Sheffield PCT
Emergency Planning Manager	Assistant Emergency Planning Officer	Sheffield PCT
Director of Communications		Sheffield PCT – Communications
Director of Operations, Provider Services	Associate Director of Provider Services	Sheffield PCT – Provider Services
Director of Dental Public Health	Spr in Dental Public Health	Sheffield PCT - Dental
CCDC	-	South Yorkshire Health Protection Agency
Director of Nursing & Clinical Operations A&E Consultant	Major Incident Co-ordinator	Sheffield Children's Hospital NHS Foundation Trust
Director of Clinical Operations	Deputy Director of Operations	Sheffield Teaching Hospitals NHS Foundation Trust
Lead Nurse		Sheffield Health and Social Care NHS Foundation Trust
Contingency Planning Manager Neighbourhoods and Community Care, Sheffield City Council	(others as available)	Sheffield City Council
Emergency Preparedness Manager	(others as available)	Yorkshire Ambulance Service
Representative		LMC
Clinical Manger	Clinical Manager	Primecare
SCC, Children & Young People's Directorate	(others as available)	Children's Directorate, LA
General Manager	Operations Manager	NHS Direct GP Collaborative

(see appendix 4 for contact information and ToR)

4 Operational response

Plans for NHS Sheffield's operational response to the flu pandemic are drawn up and delivered through the 7 workstreams described in section 3.5 above.

4.1 Leadership, Control & Finance

The leadership arrangements are as described above. The Head of Public Health Development Nursing has been appointed as 'Chief Operational Officer' for the NHSS response to the pandemic. The workstream meets as frequently as necessary (currently weekly). Communications from the SHA are managed through a single point of contact (emergency.planning@sheffieldpct.nhs.uk).

4.2 Access to Medicines

The NHS Sheffield Medicines Management Team has led a Sheffield Health & Social Care Pandemic Flu Antiviral Sub-Group which has addressed access to medicines. Community Pharmacies will act as antiviral distribution points for the City. 18 Pharmacies have been selected; all meet the criteria set out in the national guidance with regard to infrastructure, experience and knowledge and they are geographically positioned to serve the population of Sheffield.

Currently 8 of these 18 pharmacies have been recruited to distribute antivirals. The details of these pharmacies have been notified to the National Pandemic Flu Service (NPFS). Information provided to the NPFS is checked and updated daily. The remaining 10 pharmacies constitute a reserve provision that can be utilised if necessary.

In addition to the pharmacy provision an NHS antiviral collection point has been established. Staff have been trained to operate the facility so that this additional resource can be stood up when required. Sites for further NHS antiviral collection points have been identified, and will be set up as required.

Hospitals also hold antiviral medication for in-patient administration. They will not provide antiviral medication for patients who have not been admitted.

One pharmacy holds additional stocks to supply at short notice to GPs and any other healthcare professionals as necessary.

The re-stocking of antivirals to the local distribution centre is automated via the National FluLine system, but allows for intervention at local level where necessary.

People who consider they may have flu should contact the National Pandemic Flu Service (NPFS) either via https://www.pandemicflu.direct.gov.uk or via the telephone **0800 1 513 100.** NHS Sheffield is discharging its responsibility to those people who do not have a 'flu friend' (someone to pick up antiviral medication on their behalf) through a dedicated phone line and arrangements for staff to take medication to those people's houses.

GPs can prescribe antivirals, either using FP10 forms or using the designated antiviral authorisation forms (vouchers).

These arrangements are in accordance with: Functions of Primary Care Trusts (Antiviral Distribution for Pandemic Influenza) Directions 2009. Further details are available in appendix 5.

4.3 Primary Care

NHS Sheffield is supporting and guiding general practitioners in their planning processes; this is informed by the RCGP/ BMA Guidance document published in December 2008.

The Interim PCT Pandemic Influenza Plan was approved by the Professional Executive Committee (PEC) in November 2008.

4.3.1 General Practice

There are 404 doctors, currently working in 92 practices within Sheffield PCT. There are 6 retainer doctors working in general practice, and 140 doctors on the locum list. This makes a total of 550 GPs available in Sheffield. There are 92 main sites and 22 branch sites across the city.

As a Category 1 Responder, the PCT must ensure that GPs and Pharmacists have Business Continuity Plans (BCP). NHS Sheffield has involved both groups in the planning process from the outset, and has advised they should have a BCP in place that takes account of guidance issued by the BMA and RCGP (issued by them at the request of the DH). The Sheffield Local Medical Committee has also advised general practices they should follow this guidance. The PCT has asked for copies of all BCPs from general practices, and where appropriate has indicated where they might be improved. Practices have been invited to ‘buddy up’ with each other to improve resilience as part of their plans.

Of the 92 practices, 52 have been data accredited for the IM&T Enhanced Service. Part of the accreditation requires they can demonstrate they have a BCP that includes planning for a pandemic outbreak.

Agreement has been reached between NHS Employers and the BMA's General Practitioners Committee (GPC) to ensure that GP practices are not disadvantaged financially by their involvement in responding to an influenza pandemic.

4.3.2 Pharmacy

There are 113 community Pharmacies across the city. Of these, 18 have been identified as potential antiviral distribution points, of which 8 are currently operating as such.

Most pharmacists in Sheffield are part of national chains and have corporate plans for business continuity, and are actively engaged with the PCT through its Medicines Management Team.

4.3.3 Dentists

There are 96 Dental Practices across the city. However, these are unlikely to be heavily involved in the management of a pandemic. The PCT's Dental Public Health Team has developed an Action Plan for Dental Services in Sheffield. This work covers emergency dental services in addition to independent contractors and links to the Dental Hospital which is part of the Sheffield Teaching Hospital Foundation Trust (see Appendix 6).

Agreement has been reached between NHS Employers and the BMA's General Practitioners Committee (GPC) to ensure that GP practices are not disadvantaged financially by their involvement in responding to an influenza pandemic. This is in line with the principle set out in the pandemic influenza guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting, which states that *"The Department of Health does not intend any general practice to be disadvantaged financially by its participation in responding to an influenza pandemic".*

4.4 Secondary Care

The secondary care workstream is responsible for the coordination of the responses of all secondary and tertiary care providers to the flu pandemic, as well as community services providers including the PCT provider arm and social care. An operational response forum (see below), on which all are represented, has been established to effect this.

Plans for coping with increased demand are informed by *Pandemic Flu: Managing Demand and Capacity in Health Care Organisations (Surge)* released by DH in April 2009.

The projected increases in clinical cases in the peak week(s) of a pandemic are likely to overwhelm health and social care services unless steps to preserve the provision of essential care are taken, as well as measures to control access to such care.

The response to increases in demand will be underpinned by seven guiding principles:

1. Maximising the care that can be given when resources are stretched
2. The need to preserve and maintain essential healthcare services
3. Changes to services to be incremental and reflect changes in local demand and available resources
4. Changes to be consistent with established ethical principles
5. A system-wide approach to be taken to encompass primary, community and secondary care
6. Supporting the attainment of strategic objectives
7. Coordination at a strategic level in a health economy to ensure consistency of interpretation and effect.

It is likely that there will be two steps to the response:

- initially expanding capacity, cancelling elective procedures, dealing with emergencies only, early discharge and redeployment of staff. This is likely to offer increased capacity for only a few days

- secondly introducing (for as short a period as possible) prioritisation criteria and restrictions on treatment options, when deemed necessary locally

The Paediatric and Adult Critical Care Networks are actively ensuring that plans are place to increase Critical Care Capacity in line with the most recent DH guidance *Pandemic Flu: checklists to support resilience planning for critical care capacity*.

NHS Sheffield has established a Sheffield Pandemic Flu Operational Response Forum to manage demand and capacity across the health and social care and third sector economy during a surge period. All health and social care organisations have assured NHS Sheffield that they have detailed plans to manage demand and capacity during such a period, in line with the DH guidance on Surge Management. The Operational Response Forum is tasked to ensure that planning and decisions are coordinated and made on a sound contractual, clinical and defensible ethical basis (see Section 2.5).

The key objectives of the Operational Response Forum are:

- to allow providers to work through scenarios and their dependent consequences for managing increased clinical demand with in the Sheffield health (and social care) system, including independent and third sector organisations
- to seek contractual advice from NHS Sheffield on the implications of any agreed actions
- to ensure that planning and response to the pandemic is coordinated across Sheffield and where necessary across clinical networks outside of Sheffield (such as ICU/ITU) and across DGHs outside of Sheffield where that would have a material impact on Sheffield preparedness
- to ensure that the broader Pandemic Flu planning is part of any discussions to allow integration in the whole of the system response

Meetings of the Operational Response Group can be called by any Sheffield provider where demand is rising and creating pressures. Plans that are in place to respond to this will be activated by the provider and the Operational Response Group can review any decisions, mutual aid, and/or impact on other providers, including primary care and the independent sector.

4.5 Communication and Community Engagement

4.5.1 Communications

A comprehensive communications plan has been developed for the PCT (see Appendix 7), updated in line with the most recent DH guidance.

A pandemic flu briefing is published frequently (currently daily) on the NHS Sheffield intranet, and is used as the primary means of communication with

General Practitioners and other health professionals within the City. A dedicated support line for health professionals is also available and staffed during office hours.

4.5.2 Community Engagement

NHS Sheffield has developed comprehensive links with various communities within the City, in particular various ethnic minority communities through the Patient and Public Involvement (PPI) team and Enhanced Public Health programmes and networks. These links are being used to communicate relevant messages to those communities.

4.6 Workforce

NHS Sheffield and Sheffield PCT have undertaken extensive planning in relation to Pandemic Flu impact on workforce. Workforce issues are seen as central to the overall planning process and there is a dedicated work stream in place to carry out this work. These plans are consistent with

Pandemic Influenza Human Resources Guidance for the NHS

Pandemic flu: Managing Demand and Capacity in Health Care Organisations (surge) Guidance

Pandemic influenza: Surge capacity and prioritisation in health services.

Pandemic Influenza: Guidance for PCTs and primary care professionals on the provision of health care in a community setting in England

The Workforce Work-stream is chaired by the Head of HR, and has as member's colleagues from Public Health, Learning and Development, and Clinical Services. A senior Human Resources Manager is also a member of the group who in turn chairs the South Yorkshire HR Flu Pandemic Planning Group, which has representation from all NHS organisations and local authorities in South Yorkshire.

Work undertaken has been specifically mapped to the guidance contained within the *Pandemic Influenza Human Resources Guidance for the NHS* issued in August 2008.

Full details of work done to date and future plans are included as appendix 8.

4.7 Vaccination

Vaccination Programme

Plans for the vaccination cover the following aspects:

- Logistics around ordering, storage and distribution of vaccines, needles and syringes.
- Front-line health and social care workers vaccinations
- Vulnerable people vaccination
- Mass vaccinations

Plans are in place to manage the logistics around the storage and distribution of vaccines, ensuring that the cold chain is maintained. Distribution plans for of syringes and needles are also in place.

Based on the guidance released by the DH on the 13th August, work is well advanced on the identification of front-line staff. Plans for the vaccination of these staff are being finalised, however schedules for clinics cannot be confirmed until the vaccine achieves its licence, which is expected to be in the middle of October.

The initial priority groups for swine flu vaccinations, as set out in guidance released by the DH on the 13th August are:

I. Individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
II. All pregnant women, subject to licensing conditions on trimesters
III. Household contacts of immunocomprised individuals
IV. People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups

Given the experience that practices have in running seasonal flu campaigns, there is a high degree of confidence that the swine flu campaign can be run on the same basis.

A key difference between seasonal flu and swine flu is the patient groups most affected. The uptake of seasonal flu in the over 65 group averaged at over 75% in 2008, but on average only 24% of under 16s identified as at risk receiving seasonal flu vaccinations. Work is being undertaken to maximise the uptake of swine flu vaccination amongst younger people.

At this stage it is not clear if there will be a requirement to vaccinate the whole population. Some preliminary work is being done on this, but detailed plans will only be developed if required, based on the existing mass treatment plans.

5 Other measures

5.1 Infection control

Four Infection Control documents have been produced specifically addressing pandemic Flu covering General Practice premises, Care Homes, Domiciliary Visits and Dental Practices. These also cover decontamination issues, and refer to the PCT policy on Blood and Body Fluid Spillage management and the DH Pandemic Influenza guidance for infection control in hospitals and primary care settings (Nov 2007).

The documents are attached to this plan (see Appendices 6, 9-11).

5.2 Personal Protective Equipment

Purchase and stockpiling of disposables commenced with the bulk buy of surgical masks on a regional basis. The stock is held at Normanton in West Yorkshire and is managed by the Y&HSHA. This is being distributed to

Sheffield (and other places) for onward distribution to provider organisations including primary care.

5.3 Dealing with Death

Sheffield City Council has lead responsibility for cremation and burial services in the City and is working in conjunction with the City's coroner. The City Council's Emergency Planning lead officer chairs a city wide group which includes PCT representation which has plans for dealing with excess deaths.

South Yorkshire has four local authorities with responsibilities for dealing with death: see: '*South Yorkshire Local Resilience Forum, Pandemic Influenza Management of Excess Deaths, Multi Agency Protocol'.*

5.4 Domiciliary Oxygen

In Sheffield domiciliary oxygen is supplied by Air Products on contract to NHS Sheffield. Air Products is required to that ensure continuity of provision and contingencies are planned for within their BCP.

In addition, NHS Sheffield maintains an up to date register of all patients requiring domiciliary oxygen and has ensured that the majority of patients on long term oxygen are using concentrators and therefore not dependant upon regular oxygen deliveries.

6 Business Continuity

The PCT has developed Business Continuity Plans (BCPs) across the organisation in each of the Directorates and ownership remains with each Directorate. These are reviewed annually. Following changes in the organisational structure and moves to new premises in the summer 2008, all plans have been reviewed and updated. A copy of the BCP for the PCT can be obtained via the intranet or by contacting the PCT's Emergency Planning office.

As part of this process, each directorate has compiled a staff register which lists all members of staff, their job roles and any additional skills and contact details they may have. A table top business continuity exercise ran in July 2009. Following this a new template for Directorate BCPs has been developed and issued, all Directorates are revising their plans, and an exercise is being undertaken to ensure consistency and complementarity between plans. The outcome will be reported to the Executive Team in September 2009.

6.1 Independent contractors

See above in section 3

6.2 Suppliers

Each directorate has been asked to seek assurance from key suppliers that they have BCPs in place and will continue to be able to provide supplies and services for a 16 week period during a pandemic.

Through the NHS Supplies Chain confirmation has been received that BCPs are in place for all major suppliers for goods and medical supplies to the PCT.

7 Finance

A budget of £500,000 has been identified to pay for the operational response, including the cost of antiviral drug distribution and the vaccination programme. It does not, however, cover the potential additional cost of increased admissions to hospital, which could be considerable.

8 Recovery

The recovery phase will commence once the incidence of new cases starts to fall and will be a staged process. Of the areas of non essential work that previously stopped, some will be more urgent, becoming business critical and will need to be addressed first.

Many staff will be exhausted and serious consideration will need to be given to their welfare. Some will have returned to work having had the flu themselves or having suffered family bereavement and may need the support of the PCT.

Staff holiday entitlements will be outstanding and will need to be managed. BCPs and workforce planning will need to continue and be applied for a period following the first wave.

Members of the public may need support in coping with emotional problems following their experiences.

Preparations will need to be developed based on experiences gained, ready to deal with a probable second wave.