

## **Swine Flu**

The London Response

June 2010

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## Health and Public Services Committee Members

James Cleverly Conservative, Chair

Navin Shah Labour, Deputy Chair

Richard Barnbrook BNP

Richard Barnes Conservative

Andrew Boff Conservative

Nicky Gavron Labour

### **Committee contacts**

Susannah Drury, Scrutiny Manager t. 020 7983 4942 e. susannah.drury@london.gov.uk

Dale Langford, Committee Officer t. 020 7983 4415 e. dale.langford@london.gov.uk

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### Chairman's Foreword

Smallpox and the Black Death are often remembered elements in the popular history of our country. The Spanish Flu pandemic of 1918-20 killed between 40-100 million people, dwarfing the numbers lost in the manmade disaster that was the Great War. Less well known in our history classes is the massive depopulation of the South American native civilizations caused by infections carried across the Atlantic by Spanish and Portuguese conquistadors. Against this historic backdrop it is little wonder that the words "global flu pandemic" cause such concern and generally lurid headlines.

In the spring of 2009 the first confirmed case of someone infected by a novel strain of the H1N1 virus was recorded. At that stage the virus was not fully understood, its effects were not yet predictable and its impact could not be assessed. Despite these unknowns London had to prepare and deliver a response which not only protected lives but also ensured that the city did not grind to a halt.

The response to this pandemic was not limited to the Health Service; local and regional government, public and private service providers all found themselves having to deal with a situation that was undefined in terms or severity, scale and duration.

We now know that the H1N1 flu strain that we encountered was highly contagious – with estimates showing around 120,000 Londoners were infected - but for most, was relatively mild in effect. We cannot rely on future strains following this pattern, so it is essential that we learn lessons from this outbreak and our reactions to it. In the past year, our Committee has had regular meetings with and briefings from NHS London, and received views from more than 20 other organisations, helping us collate what was learned by the professionals involved.

There were a number of major challenges during this time: the collation of accurate information about the spread and effect of the virus, coordinating the activities of the network of health professionals across London, distribution of antiviral drugs, and providing public reassurance and information. The geographical scale of London and the size and diversity of its population added a level of difficulty to all of these. In spite of these challenges, there was a clear consensus that, overall, the London response was effectively planned and well managed.

A vaccination introduces a weakened form of a virus into the body to stimulate the body's defences against the full form of the virus. If we learn and properly apply the lessons of this outbreak, we may well have immunised ourselves from a more serious flu outbreak in the future.

James Cleverly, Chairman, Health and Public Services Committee

## Introduction

The swine flu pandemic was a major public health challenge for the NHS and its partners during 2009-10. The first London case of swine flu was confirmed in April 2009. Since then, swine flu is estimated to have affected more than 120,000 Londoners and caused 85 deaths.<sup>1</sup>

The response to the swine flu pandemic in the capital was co-ordinated on a regional basis, with local NHS organisations (Primary Care Trusts and NHS Trusts) implementing their own local plans. The global nature of the pandemic meant that London's response plans were set within a framework of national and international strategies and guidelines from the Department of Health and World Health Organisation.

Swine flu is estimated to have affected more than 120,000 Londoners and caused 85 deaths

Swine flu has been the first real test of NHS and partners' plans to respond to a major pandemic for several decades. It is likely that there will be further major outbreaks of swine flu in the future, as well as other pandemics. It is therefore clear that London's response to the 2009-10 pandemic needs to be assessed and reviewed to support planning for future pandemics.

From the outset of the outbreak, the Health and Public Services Committee provided a public forum for NHS London representatives to discuss the regional response to the pandemic. Through these discussions, and responses to a call for written views and information to a range of health organisations, the Committee built up a picture of the regional response to the swine flu pandemic in 2009–10, what worked well and what lessons needed to be learned. This report provides an overview of the regional response to the swine flu pandemic, to support NHS London's strategic planning for future pandemics. It concludes with a set of questions for NHS London that ask how they will address the key issues in the report. We will follow up on NHS London's response to these questions in the autumn.

Our report finds that overall, the regional response to the swine flu pandemic in 2009/10 was well planned, effectively led, and supported by timely and informative communications between the lead agencies and local NHS organisations. However, some NHS organisations highlighted issues with the response including poorly co-ordinated demands for data and a lack of planning for the full range of possible scenarios regarding the spread and virulence of the virus.

The report is based on information from Committee meetings on swine flu at different stages of the pandemic.

The first meeting with the Regional Director of Public Health was held in May 2009, just before the World Health Organisation declared swine flu a

global pandemic. This session was used to discuss London's plans and preparedness for dealing with swine flu.

The second meeting with the Regional Director of Public Health was held in September 2009, at the end of the first wave of swine flu. This session focused on the impact of swine flu on Londoners so far, and how the pandemic was being handled.

The third meeting was held in March 2010, when the numbers affected by swine flu in London had dropped to low levels, and it was felt to be a useful time to take stock of the effectiveness of London's response to swine flu to date. This meeting was attended by the Chief Executive of the Londonwide Local Medical Committees that represents GPs, the interim Regional Director for Public Health and the Chief Executive of NHS London.

In addition to these three meetings, a request for written views and information was sent to NHS London, primary care trusts, acute trusts, mental health trusts and other health organisations in early 2010 to gauge views on what had gone well with the response to swine flu and what lessons had been learned. In total, 26 written submissions were received. The full list of organisations that submitted views and information can be found in appendix 1. The Committee is grateful for these contributions, and NHS organisations' willingness to share and discuss lessons learned through this review.

## London's experience of swine flu

### The swine flu pandemic in London

Swine flu is a respiratory illness caused by the (H1N1) 2009 influenza virus. Although the illness has been mild for most people, it has been proven to be severe in a small minority of cases. Those most at risk include pregnant women, children under five, people with certain long-term health conditions, older people and people who are immunosuppressed.<sup>2</sup>

The first UK cases of the H1N1 swine influenza virus were confirmed by the Health Protection Agency (HPA) on 27 April 2009, and the first London case was confirmed two days later.<sup>3</sup> A major wave of swine flu in the capital was recorded between June and August 2009, and this was followed by a second wave between October 2009 and January 2010. By the end of March 2010, there had been an estimated 123,100 cases of swine flu in the capital, and to date there have been 85 deaths.<sup>4</sup>

During the first wave of the pandemic, London experienced higher rates of swine flu than other regions and also experienced a larger scale outbreak of swine flu earlier than other regions. It is estimated that between April and September 2009, 30 per cent of cases in England were in London. <sup>5</sup> At one point during the peak of the first wave, London hospitals had 250 inpatients with swine flu, 32 of whom were in critical care. <sup>6</sup> Diagram 1 on page 12 shows a timeline for the pandemic in the capital, including the dates of the two main waves of the illness.

To date, the swine flu pandemic has been less severe than initially feared. In July 2009, the Chief Medical Officer released assumptions for the spread of the disease that showed that up to 30 per cent of the UK population could be infected by the H1N1 virus, causing up to 65,000 deaths. Those assumptions were later revised downwards, but the actual death rate to date has been lower than any of the official estimates – Health Protection Agency figures show that swine flu has caused 359 deaths in England.

However, it is important to note that the virus is still having an impact. The (H1N1) 2009 virus is expected to be around for several years to come, and is expected to be the predominant strain of influenza during 2010/11.9 Swine flu is still affecting Londoners – on 4 June 2010, five people were being treated for swine flu in London hospitals, one of whom was in critical care. Globally, the swine flu pandemic has had a major impact, affecting people in more than 200 countries, overseas territories and communities and causing over 18,000 deaths.

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### How swine flu was managed in London

### Leadership

The Regional Director of Public Health at NHS London and the Health Protection Agency's Regional Director for London led the health response to the swine flu pandemic. NHS London set up a flu resilience team to support local NHS organisations' responses, and to disseminate information about the pandemic to local NHS organisations. The Health Protection Agency and local Health Protection Units provided advice on issues such as school closures and infection control practices.

### The three stages of the response

Containment: Nationally, between April and June 2009, the virus was managed through containment measures, which involved laboratory testing suspected cases, treating cases with antiviral medication and providing preventative courses of antiviral medication (prophylaxis) to close contacts. This containment phase also included some school closures.

Outbreak management: There was also a brief period of outbreak management in London and the West Midlands from 25 June to 1 July 2009. This stage involved health professionals diagnosing cases without the need for laboratory testing, and providing antiviral medication. Swabbing and providing antivirals to close contacts only took place for a small sample of cases.

*Treatment*: The whole country moved to the treatment phase on 2 July 2009. This stage focused on treatment with antiviral medication. During this stage, tracing of contacts and treating people as a precaution stopped. The vaccination programme also took place during this phase.

These stages are included in diagram 1 on page 12 which shows a timeline for the pandemic and the London response.

### The National Pandemic Flu Service

The National Pandemic Flu Service (NPFS) was set up in July 2009 to enable people with swine flu to access antiviral medication without seeing their GP. The NPFS involved a telephone and web based service that people used to find out whether their symptoms matched those of swine flu, and therefore whether they should be given antiviral medication. They would then appoint a 'flu friend' to collect their antiviral medication for them from a specified antiviral collection point.

### Vaccination Programme

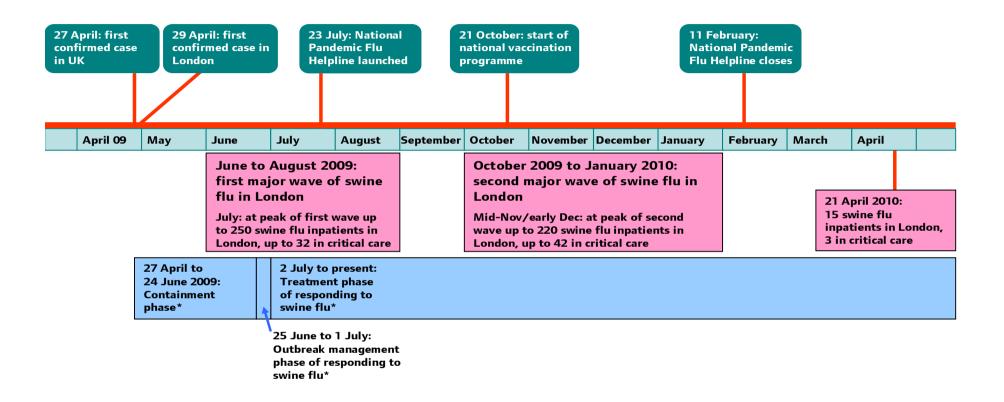
A vaccine for swine flu was first made available in the UK in October 2009. It was initially offered to frontline NHS staff and priority groups such as people with certain long term health conditions and pregnant women. Following this, the vaccine was offered to all children under five.

### The costs of responding to swine flu

According to NHS London, the regional cost of responding to swine flu is estimated at around £19 million. This includes the administrative costs of delivering the vaccine, the costs of the extra activity in acute trusts, the extra staffing costs and communication costs. This figure does not include the costs of the vaccines and antiviral medication which were funded and provided nationally. Questions have been asked about whether the Government ordered too many vaccine doses and courses of antiviral medication, since millions have gone unused. The Government has negotiated with both vaccine companies to reduce the number of doses it had on order, so that it can save some of the money due to be spent on the vaccines.  $^{14}$ 

The regional cost of responding to swine flu was around £19 million

## Diagram 1: Timeline of Swine Flu (H1N1) in London 2009-10



# London's response to swine flu: successes and issues

Overall, NHS London and local NHS organisations felt that the regional response to swine flu in London was effective. In particular they felt the response was well planned, effectively led, and supported by timely and informative communications between the lead agencies and local NHS organisations. However, representatives of health organisations in the capital did highlight some issues with the response, which could usefully be addressed through planning to deal with future pandemics.

### Planning and preparation

London and the UK were well prepared for a flu pandemic. The NHS and partner agencies had been preparing for a major pandemic for many years. This meant that when swine flu hit, the relevant organisations could respond quickly and effectively. <sup>15</sup> Preparations included acute trusts' plans to deal with a surge in patient numbers, through staff training and by having extra staff on standby. In their responses to the Committee, two acute trusts praised the pandemic planning guidance they received from NHS London and the Department of Health. <sup>16</sup>

"All the planning and preparation that we had done in advance really did pay off. We were ready." Professor Lindsey Davies, Interim Regional Director of Public Health<sup>17</sup>

"A&E and Critical Care planning for surge capacity was extremely effective...all acute organisations worked hard to supplement the capacity in key areas such as critical care and acute wards with extensive staff training." Sir Robert Naylor, Chief Executive, University College London Hospitals NHS Foundation Trust<sup>18</sup>

However, the preparations for a flu pandemic had focused on planning for the worst case scenario, rather than planning for a range of potential scenarios. So far, the H1N1 virus has not been as lethal and has not spread as widely as predicted.<sup>19</sup>

"What we had not done is plan for what came. We had planned for something really horrible...killing lots of people and rushing across the country very quickly and, in fact, swine flu was not as lethal and did not spread nearly as quickly." Professor Lindsey Davies, Interim Regional Director of Public Health<sup>20</sup>

Although it was fortunate that the virus was not as virulent as initially feared, a number of organisations felt that the focus on planning for the

London and the UK were well prepared for a flu pandemic... when swine flu hit, the relevant organisations could respond quickly and effectively.

worst case scenario had some drawbacks. The Interim Regional Director of Public Health told us that there was not enough preparation for the containment phase of the pandemic, because the plans had been based on the presumption that the virus would spread incredibly quickly.<sup>21</sup> A representative of NHS Kingston agreed that the planning phase had not fully explored the issues around using containment as a strategy.<sup>22</sup> A representative of NHS Westminster felt that future planning for pandemics should include a stronger focus on the containment phase.<sup>23</sup>

The lack of planning for the containment phase led to problems with communications and logistics

The lack of planning for the containment phase led to problems with communications and logistics, according to some trusts. Staff at a number of trusts were unclear about exactly how they should respond to the virus during this stage, with some confusion about who should be swabbed and who should be treated with antiviral medication. The containment phase also lasted longer than anticipated, which meant that some acute trusts and Primary Care Trusts (PCTs) faced logistical challenges in terms of the staffing and equipment implications of swabbing and laboratory testing samples from patients.<sup>24</sup>

"The most difficult phase of the pandemic was the containment phase...There were real logistic challenges including the availability of swabs and viral transport media – as these are very rarely used in community settings. The containment phase continued for longer than originally anticipated which hindered planning and as London was seeing disproportionate numbers of possible cases compared to most other regions, the burden of this phase fell disproportionately on London." Dr Melanie Smith, Director of Public Health, NHS Kensington and Chelsea.

### Question to NHS London:

How is the NHS in London planning for the full range of possible scenarios for future pandemics in terms of the virulence of the disease, and the ability to contain the virus?

### Leadership and joint working

NHS organisations praised NHS London's clear, effective and supportive regional leadership during the pandemic.<sup>25</sup> NHS London set up a Flu Resilience Team which was able to answer a wide range of queries and give clear advice.<sup>26</sup> The Health Protection Agency and Health Protection Units also provided effective leadership on issues such as school closures.<sup>27</sup>

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the pandemic

NHS

"The NHS London command, control and communication...was clear and well established. NHS London provided leadership and regular communication across all organisations." Samantha Jones, Chief Executive, Epsom and St Helier University Hospitals NHS Trust

The swine flu pandemic also resulted in improved local partnerships and joint working. Several acute trusts and one PCT stated that because the planning and response to the pandemic required local and regional agencies to work well together, it helped strengthen and develop existing networks.<sup>28</sup>

"Local partnership working and networks formed during flu are being adopted into plans for incidents internal and external going forward." Ian Jackson, Flu Lead, Imperial College Healthcare NHS Trust

However, a few local NHS representatives felt that closer joint working could have improved the response to vulnerable groups. One NHS representative suggested that a London-wide response to targeting homeless people and some Black and Minority Ethnic communities would have helped ensure these groups were well informed and able to access treatment quickly and easily. Others suggested that charities and local authorities should have been more engaged in efforts to target vulnerable groups.<sup>29</sup>

"It would have been helpful if Social Services colleagues had been involved much earlier in the overall planning process and as such they may have been able to be clearer on what further support they could have brought to the acute hospital to manage admissions and discharges." Samantha Jones, Chief Executive, Epsom and St Helier University Hospitals NHS Trust

### Question to NHS London

What is NHS London doing to ensure better planning on how to communicate with and support vulnerable Londoners such as homeless people during a pandemic?

### **Communications**

Overall, communications during the pandemic were felt to be effective and timely. NHS London acted as the co-ordinating point between local NHS organisations and the Department of Health, feeding up information from frontline services and feeding down information about the national response and situation.

"Communications... was a difficult task given the number of agencies involved and the limited information available – at least initially... Daily briefings by NHS London, supplemented with additional information on the demand for hospital facilities in each area were established very rapidly and were very helpful in managing operational pressures locally." Ian Jackson, Flu Lead, King's College Hospital NHS Foundation Trust

Overall, communications during the pandemic were felt to be effective and timely.

Three aspects of the communications role were particularly praised:

- NHS Trusts and PCTs appreciated the regular noon briefings issued by NHS London which provided up to date information from a range of key sources.<sup>30</sup>
- NHS London held regular teleconferences for PCTs and NHS
   Trusts, which were felt to be a useful source of information and
   clarification, as well as reducing senior staff's need to travel to
   meetings during a very busy time.
- NHS organisations who had specific queries about dealing with swine flu found that the NHS London Flu Resilience Team were well informed and responded to their questions promptly.<sup>32</sup>

Londonwide Local Medical Committees (LMCs) which represents GPs across 26 London PCTs worked closely with NHS London to ensure that GPs, Practice Nurses and Practice Managers received regular information updates directly. Londonwide LMCs also set up a flu helpline which GPs and other practice staff used to get advice and information.<sup>33</sup>

Although PCTs and NHS Trusts felt that overall, communications and guidelines were clear and effective, a number of respondents felt that at times, guidance from different agencies was inconsistent, unclear or too detailed.<sup>34</sup> In particular, representatives of three acute trusts felt that information on mask use, testing suspected cases or the number of vaccination doses required for each patient could have been clearer.<sup>35</sup> One PCT felt that different agencies' roles were not always clear at the start of the pandemic, and two organisations felt that guidance from different agencies could be inconsistent or even conflicting.<sup>36</sup> Communication issues were felt to be a particular issue during the early stages of the pandemic,<sup>37</sup> but improved as key communication systems were introduced and clear guidance emerged on issues such as the virulence of the virus.

"In the initial phase, some guidance from HPA [Health Protection Agency] and DH [Department of Health] was conflicting, this caused confusion in primary care." Denise Thiruchelvam, Public Health Specialist, NHS Harrow

There were some issues with the clarity and timeliness of communications to the public

There were also some issues with the clarity and timeliness of communications to the public. According to Londonwide LMCs which represents GP Practices, patients and members of the public were not always clear about how to deal with swine flu. <sup>38</sup> One PCT stated that it was difficult to disseminate information quickly to some vulnerable groups, such as people living in residential homes, because contact lists were not always up to date. <sup>39</sup> The Interim Regional Director of Public Health agreed that although information provision worked well during the pandemic, the lines of communication could have been improved further to ensure professionals and the public are kept up to date with the latest

information. So, for instance, in response to a Member's comment that some pharmacies did not know the location of local antiviral collection points, the Interim Regional Director of Public Health stated that the NHS could do better in making sure that pharmacies play a more active role in providing information to the public about how a pandemic is being managed in that local area. <sup>40</sup>

### Question to NHS London

How is NHS London working to ensure that communications with NHS staff and the public are as co-ordinated, timely and informative as possible?

### Requests for data

Many NHS Trusts and a few PCTs felt that the data requests from NHS London, the Department of Health and Health Protection Agency were overly burdensome and sometimes poorly co-ordinated. <sup>41</sup> This meant that staff in PCTs and NHS Trusts had to spend a great deal of time gathering and reporting data to different organisations. Some NHS representatives also felt that the timescales given for returning data were extremely tight and in some cases unrealistic. <sup>42</sup> It should be noted however, that one acute trust stated that reporting requirements became less detailed as the pandemic progressed. <sup>43</sup>

"The requirements for reports from several different organisations, often similar information in different formats, placed serious demands on operational and clinical areas to respond...central coordination of reporting between various umbrella bodies such as DH [the Department of Health], the HPA and NHS London, could have been more effective." Ron Kerr, Chief Executive, Guy's and St Thomas' NHS Foundation Trust

One trust representative suggested that the burden of data reporting could have been reduced through a single web-based data collection system, rather than trusts having to report using different systems.<sup>44</sup>

### Question to NHS London

How is NHS London responding to concerns from PCTs and NHS Trusts that the data requests made of them were overly burdensome and sometimes poorly co-ordinated?

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### **National Pandemic Flu Service**

The National Pandemic Flu Service worked well at relieving pressure from GPs, by enabling people to access antiviral medication without a GP prescription. This service ran between July 2009 and February 2010 and during this time 355,000 London patients contacted the service, 244,000 courses of antivirals were authorised and 156,000 courses were collected. This means that around one in every 50 Londoners received a course of antiviral medication while the NPFS was operating.

However, Londonwide Local Medical Committees stated that the geographical spread of antiviral collection points across London was not consistent, which meant that patients' "flu friends" sometimes had to travel a long way to pick up prescriptions. <sup>47</sup> NHS Kingston also stated that the inconsistent opening times of antiviral collection points across the capital led to extra demand on their collection points over the weekends. <sup>48</sup>

### Question for NHS London

How are the locations of antiviral collection points across London being reviewed to ensure that if they are required again, they are evenly spread across all areas?

### **Vaccination Programme**

NHS London's active engagement with Londonwide Local Medical Committees and other Local Medical Committees in the capital meant that London was one of the first areas to reach a regional agreement with GPs on the delivery of the vaccine programme to children under 5.<sup>49</sup> NHS London also ensured that there was a vaccine logistics lead in every PCT and at NHS London to coordinate deliveries of the vaccine to GPs.<sup>50</sup>

London had the lowest vaccination uptake rates in the country for at risk groups and under 5s

In the London region 40 per cent of frontline staff had been vaccinated against swine flu by the end of February 2010, which is in line with the national average staff vaccination rate. <sup>51</sup> However, London had the lowest vaccination uptake rates in the country for 'at risk' groups and under 5s. The vaccination programme initially focused on clinical 'at risk' groups including pregnant women and people with certain long-term health problems. By the end of February 2010, Department of Health data shows that just 30.5% of clinical at risk groups and 13.4% of under 5s in London had been vaccinated, compared to 37% and 20.4% nationally. <sup>52</sup> The interim Regional Director of Public Health expressed particular concern about the low rate of immunisation among young children at the Committee's March 2010 meeting:

"Just focusing on the under 5s for example. I am very worried about that at the moment. Only 13.5 per cent of our under 5s have been vaccinated... Yet the under 5s have really quite high admission rates, per population, and, when they do come in, some of them are very severely ill indeed. There is an opportunity. It is preventable." Professor Lindsey Davies, Interim Regional Director of Public Health

The low uptake of swine flu vaccinations among young children in the capital mirrors the low uptake for other childhood vaccinations – an issue that the Health and Public Services Committee has previously highlighted.<sup>54</sup> Although the most recent infant immunisation figures for 2008-09 show that infant immunisation rates in the capital have increased slightly since the previous year, London's rates are still significantly lower than other regions.<sup>55</sup> Developing understanding of any barriers to vaccination in London, and plans to tackle these barriers, is therefore vital if rates are to be improved.

### Question to NHS London

What is NHS London doing to better understand the reasons behind the capital's low vaccination rates for 'at risk' groups and under-5s, and ensure any barriers to vaccination are effectively tackled?

## **Conclusion and next steps**

The regional response to the swine flu pandemic in 2009/10 was well planned, effectively led, and supported by timely and informative communications between the lead agencies and local NHS organisations. However, we have highlighted some issues with the response such as insufficient planning for the containment phase, and poorly co-ordinated and burdensome demands for data from local NHS organisations.

The main issues raised in the report have led to a series of questions that the Committee will ask NHS London to respond to. These questions capture the key areas for future development in London's preparedness for a pandemic, based on the lessons to be learned from the response to the swine flu pandemic. The Committee will follow up on NHS London's response to these issues in autumn 2010.

- How is the NHS in London planning for the full range of possible scenarios for future pandemics in terms of the virulence of the disease, and the ability to contain the virus?
- What is NHS London doing to ensure better planning on how to communicate with and support vulnerable Londoners such as homeless people during a pandemic?
- How is NHS London working to ensure that communications with NHS staff and the public are as co-ordinated, timely and informative as possible
- How is NHS London responding to concerns from PCTs, and NHS Trusts that the data requests made of them were overly burdensome and sometimes poorly co-ordinated?
- How are the locations of antiviral collection points across London being reviewed to ensure that if they are required again, they are evenly spread across all areas?
- What is NHS London doing to better understand the reasons behind the capital's low vaccination rates for at risk groups and under-5s, and ensure any barriers to vaccination are effectively tackled?

# **Appendix 1 How we conducted this review**

### Meetings

The report is based on information from Health and Public Services Committee meetings on swine flu at different stages of the pandemic.

- The first meeting with the Regional Director of Public Health was held on May 6 2009, just before the World Health Organisation declared swine flu a global pandemic. This session was used to discuss London's plans and preparedness for dealing with swine flu.
- The second meeting with the Regional Director of Public Health was held in September 2009, at the end of the first wave of swine flu. This session focused on the impact of swine flu on Londoners so far, and how the pandemic was being handled.
- The third meeting was held in March 2010, when the numbers affected by swine flu in London had dropped to low levels, and it was felt to be a useful time to take stock of the effectiveness of London's response to swine flu to date. This meeting was attended by the Chief Executive of the Londonwide Local Medical Committees that represents GPs as well as the interim Regional Director for Public Health and the Chief Executive of NHS London.

### Request for written views and information

A request for written views and information was sent to NHS London, primary care trusts, acute trusts, mental health trusts and other health organisations such as the Royal College of GPs and Londonwide Local Medical Committees in early 2010 to gauge views on what had gone well with the response to swine flu and what lessons had been learned. In total, 26 written submissions were received. These responses will be available on the following website <a href="http://www.london.gov.uk/who-runs-london/the-london-assembly/publications">http://www.london.gov.uk/who-runs-london/the-london-assembly/publications</a> Responses were received from the following organisations:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Barnet and Chase Farm Hospitals NHS Trust
- Bexlev Care Trust
- Central and North West London NHS Foundation Trust
- Ealing Hospital NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Guy's and St Thomas' NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King's College Hospital NHS Foundation Trust
- Kingston Hospital NHS Trust
- Lewisham Primary Care Trust
- Londonwide Local Medical Committees
- NHS Barking and Dagenham
- NHS Barnet
- NHS Bromley
- NHS Enfield
- NHS Harrow

- NHS Kingston
- NHS London
- NHS Westminster
- North East London NHS Foundation Trust
- Richmond and Twickenham Primary Care Trust
- The Royal College of General Practitioners
- The Hillingdon Hospital NHS Trust
- The North West London Hospitals NHS Trust
- University College Hospitals NHS Foundation Trust

## **Appendix 2 Orders and translations**

### How to order

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### Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện từ theo địa chỉ ở trên.

### Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

### Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

### Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई भेल पते पर हम से संपर्क करें।

### Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে যো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

### Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

### Arabic

الحصرول على ملخص ل هذا المستند بل غتك، فرجاء الانتصال برقم ال اسف أو الانتصال على العنوان البريدي العادي أو عنوان البريد الإلكتروني أغلاه.

### Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંભર પર ફોન કરો અથવા ઉપર આપેલ ૮પાલ અથવા ઈ-મેઈલ સરનામા પર અમારો સંપર્ક કરો

## **Appendix 3 Principles of scrutiny page**

### An aim for action

An Assembly scrutiny is not an end in itself. It aims for action to achieve improvement.

### Independence

An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.

### Holding the Mayor to account

The Assembly rigorously examines all aspects of the Mayor's strategies.

### **Inclusiveness**

An Assembly scrutiny consults widely, having regard to issues of timeliness and cost.

### Constructiveness

The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.

### Value for money

When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.

## **Endnotes**

<sup>1</sup> Data on number of deaths in London provided by Private Secretary to the Chief Medical Officer by email on 9 June 2010; Data on number of cases (estimated at 123,100 with a possible range of 57,200- 253,400) provided by the Health Protection Agency by email on 9 June 2010 based on data up to 28 March 2010

<sup>3</sup>http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SwineInfluenza/SIPressmedia/influswpressrelease archive/

<sup>4</sup> Data on number of deaths in London provided by Private Secretary to the Chief Medical Officer by email on 9 June 2010; Data on number of cases (estimated at 123,100 with a possible range of 57,200- 253,400) provided by the Health Protection Agency by email on 9 June 2010 based on data up to 28 March 2010

<sup>5</sup> Transcript of Health and Public Services Committee meeting 16 March 2010; Pandemic (H1N1) 2009 in England: an overview of initial epidemiological findings and implications for the second wave, Dec 2009, Health Protection Agency http://www.hpa.org.uk/web/HPAwebFile/HPAweb\_C/1258560552857

<sup>6</sup> NHS London written response to inform the Committee's 9 March 2010 meeting

<sup>7</sup>http://www.guardian.co.uk/uk/2009/jul/16/swine-flu-cases-rise-britain; http://www.independent.co.uk/life-style/health-and-families/health-news/nhs-prepares-for-65000-deaths-from-swine-flu-1750091.html

<sup>8</sup> HPA Weekly National Influenza Report, 3 June 2010, Health Protection Agency. Figures for deaths in England are up to 15 April http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1243928258560

<sup>9</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010; Department of Health Press Release 4 March 2010

http://nds.coi.gov.uk/content/detail.aspx?NewsAreald=2&ReleaseID=411844&SubjectId=16&AdvancedSearch=true

 $^{10}$  Email from NHS London representative on 9 June 2010

11 http://www.who.int/csr/don/2010\_05\_14/en/index.html

 $^{12}$  NHS London's response to inform the Committee's 9 March meeting, 5 March 2010. The actual estimation for the costs incurred in London from swine flu were £18,731,000

 $^{13}$  http://www.timesonline.co.uk/tol/news/uk/health/Swine\_flu/article6981545.ece ; http://www.guardian.co.uk/society/2010/apr/06/swine-flu-vaccine-stockpile-glaxosmithkline ; http://www.telegraph.co.uk/health/healthnews/7559663/Swine-flu-vaccine-orders-cancelled.html

 $^{14}$  http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100406/wmstext/100406m0002.htm ; http://www.bmj.com/cgi/content/full/340/apr09\_1/c1946

<sup>15</sup> Written responses from Guy's and St Thomas' NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, North West London Hospitals NHS Trust, Barnet and Chase Farms Hospitals NHS Trust, Kingston Hospital NHS Trust; and transcript of Committee meeting on 16 March 2010

<sup>16</sup> Written responses from Kingston Hospital NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust

<sup>17</sup> Transcript of Committee meeting on 16 March 2010

<sup>18</sup> UCL Hospitals NHS Foundation Trust response to the Health and Public Services Committee, 15 February 2010

<sup>19</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010

<sup>20</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010

<sup>21</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010

<sup>22</sup> Written response from NHS Kingston

<sup>23</sup> Written response from NHS Westminster

<sup>24</sup> Transcript of Health and Public Services Committee meeting 16 March 2010, Responses from NHS Kensington and Chelsea, NHS Richmond and Twickenham, Northwest London Hospitals NHS Trust and Kingston Hospital NHS Trust

<sup>25</sup> Written responses from Epsom and St Helier Hospital NHS Trust; Hillingdon Hospital NHS Trust; Richmond and Twickenham Primary Care Trust, Barking, and Havering and Redbridge University Hospitals NHS Trust

<sup>26</sup> Written responses from NHS Bromley, Richmond and Twickenham Primary Care Trust, NHS Kingston, NHS Westminster, Guy's and St Thomas' NHS Foundation Trust, North East London Foundation Trust, UCL Hospitals NHS

<sup>&</sup>lt;sup>2</sup> Health Protection Agency information www.hpa.org.uk

Foundation Trust, North West London Hospitals NHS Trust, Barking, and Havering and Redbridge University Hospitals NHS Trust,

- <sup>27</sup> Written response from Hillingdon Hospital NHS Trust, Richmond and Twickenham Primary Care Trust, and NHS Kingston
- <sup>28</sup> Written responses from Hillingdon Hospital NHS Trust, Epsom and St Helier Hospital NHS Trust, Imperial College Healthcare NHS Trust, NHS Richmond and Twickenham, and Barnet and Case Farm Hospitals NHS Trust
- <sup>29</sup> Written responses from UCLH NHS Foundation Trust, Epsom and St Helier Hospital NHS Trust, and Richmond and Twickenham PCT
- <sup>30</sup> Written responses from NHS Bromley, NHS Richmond and Twickenham, NHS Kingston, NHS Westminster, Guy's and St Thomas' NHS Foundation Trust, Northeast London Foundation Trust, UCL Hospitals NHS Foundation Trust, Northwest London Hospitals NHS Trust, and Barking, Havering and Redbridge University Hospitals NHS Trust,
- <sup>31</sup> Written responses from Barking, Havering and Redbridge University Hospitals NHS Trust, Central and North West London NHS Foundation Trust, Imperial College Healthcare NHS Trust, Northeast London NHS Foundation Trust, UCL Hospitals NHS Foundation Trust, NHS Barking and Dagenham, NHS Westminster, NHS Bromley, Barking, Havering and Redbridge University Hospitals NHS Trust,
- <sup>32</sup> Written responses from NHS Bromley, NHS Harrow, NHS Kingston, NHS Richmond and Twickenham, and Guy's and St Thomas' NHS Foundation Trust
- <sup>33</sup> Written response from Londonwide LMCs; transcript of Health and Public Services Committee meeting on 16 March 2010
- <sup>34</sup> Written responses from NHS Bromley, Kingston Hospitals NHS Trust, UCLH NHS Foundation Trust, Lewisham Primary Care Trust; Barking, Havering and Redbridge University Hospitals NHS Trust, NHS Harrow, and Imperial College Healthcare NHS Trust
- <sup>35</sup> Written responses from, Kingston Hospitals NHS Trust, University College Hospitals NHS Foundation Trust and Hillingdon Hospitals NHS Trust
- <sup>36</sup> Written responses from Lewisham Primary Care Trust, NHS Harrow and Imperial College Healthcare NHS Trust
- <sup>37</sup> Written responses from Central and North West London NHS Foundation Trust, Lewisham Primary Care Trust, NHS Harrow, Transcript of Health and Public Services Committee meeting 16 March 2010
- 38 Written response from Londonwide LMCs
- <sup>39</sup> Written response from NHS Harrow
- <sup>40</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010
- <sup>41</sup> Written responses from Barnet and Chase Farm Hospitals NHS Trust, Guy's and St Thomas' Foundation Trust, NHS Westminster, NHS Kensington and Chelsea, NHS Harrow, North West London Hospitals NHS Trust, Kings College Hospital NHS Trust, University College London Hospitals NHS Foundation Trust; Barking, Havering and Redbridge University Hospitals NHS Trust, and Kingston Hospitals NHS Trust
- <sup>42</sup> Written responses from NHS Bromley, North East London NHS Foundation Trust, and Kingston Hospitals NHS Trust
- <sup>43</sup> Written response from Northeast London NHS Foundation Trust
- <sup>44</sup> Written response from UCLH NHS Foundation Trust
- <sup>45</sup> NHS London's response to the Committee, 5 March 2010 the actual number of antiviral courses collected win London during this period as 155,892; Transcript of Committee meeting on 16 March 2010
- <sup>46</sup> Focus on London, GLA, 2009 <a href="http://www.london.gov.uk/focusonlondon/">http://www.london.gov.uk/focusonlondon/</a> estimates London's population at 7.56 million. This would mean that one in every 48.5 Londoners received a course of antiviral medication
- <sup>47</sup> Written response from Londonwide LMCs
- <sup>48</sup> Written response from NHS Kingston
- <sup>49</sup> http://www.hsj.co.uk/news/primary-care/two-shas-secure-swine-flu-jab-deals/5009651.article
- <sup>50</sup> Written response from NHS London to inform the 9 March 2010 Committee meeting, 5 March 2010
- <sup>51</sup>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_114203;
- <sup>52</sup>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_114203; Transcript of Health and Public Services Committee meeting on 16 March 2010
- <sup>53</sup> Transcript of Health and Public Services Committee meeting on 16 March 2010

### **Greater London Authority**

City Hall The Queen's Walk More London London SE1 2AA

### www.london.gov.uk

Enquiries 020 7983 4100 Minicom 020 7983 4458

<sup>&</sup>lt;sup>54</sup> Infant Immunisation in London, London Assembly Health Committee, 2003; Still Missing the Point, London Assembly Health and Public Services Committee, 2007; Transcripts of meetings of the Health and Public Services Committee, 20 June 2008 and 22 October 2008

 $<sup>^{55}</sup>$  Source – Information Centre for Health and Social Care Immunisation Statistics 2007-08 and 2008-09 available from www.ic.nhs.uk