



Southside 105 Victoria Street London SW1E 6QT

www.london.nhs.uk

Tel: 020 7932 3717 Fax: 020 7932 3800 Email: simon.tanner@london.nhs.uk

James Cleverly Chair Health and Public Services Committee City Hall The Queen's Walk London SE1 2AA

23 August 2010

Dear James,

Re: Swine flu – the London Response

Thank you for your letter dated 14 July 2010 and the copy of the London Assembly report on the 2009 Swine Flu pandemic.

We have welcomed the report and found it positive, supportive and constructive. With any response there are always things that in hindsight we may have done differently and indeed lessons to take forward.

I can reassure you that our work in pandemic flu planning continues as we work to ensure that the NHS response in London to future pandemics is even more effective, the governance for this is the London Pandemic Flu Steering Group comprising of all London NHS organisations, the Health Protection Agency and representatives from the private healthcare sector.

As requested, please find below our response to the questions posed in you letter:

• 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?

Throughout our planning the NHS in London followed the Department of Health planning assumptions as laid down in their framework document 2007. This document provided a range of possible scenarios ranging from a clinical attack rate of 25% to 50%. The challenge for us in our initial response was to gauge the acuity of the virus when we knew so little about it; therefore our response reflected the worse case scenario, until we knew more.

We are currently awaiting the updated DH planning assumptions which are due early 2011 which will reflect a greater breadth of possible scenarios. In the meantime the SHA is working with the NHS in London via the Pandemic Flu Steering Group to ensure that future planning addresses the need for a greater flexibility in response.

London Strategic Health Authority

• 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?

Much work was undertaken locally during the pandemic to identify and communicate with hard-toreach people in the community. We are now building on this strategy and have already A local authority Director of Adult Social Care to join the London Health Emergency Planning Forum, as well as the Pandemic Flu Steering Group to ensure issues relevant to vulnerable people are considered at all stages of the emergency planning process. Examples of good practice developed and utilised during the pandemic are being shared across the NHS in London. Lessons learnt by individual organisations during the pandemic will also be shared with colleagues and acted upon accordingly.

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

In April 2009, NHS London produced a communications framework which clearly sets out the communication roles and responsibilities for NHS London and the NHS in London pre, during and post pandemic. This framework was put into action with the arrival of swine flu.

The SHA's first priority was to inform and reassure the public, NHS staff, the media and partner organisations about swine flu and the actions people should be taking. Our communication was therefore targeted at reducing anxiety and reminding people of good hygiene practices.

NHS London coordinated all communications activity, working closely with the Department of Health, Health Protection Agency and communications teams in NHS organisations throughout London. Essential communication messages were regularly updated and cascaded to NHS communication leads across London so they could be used in local communications.

In addition, the SHA, London PCTs and HPA worked closely to provide additional communications support to schools to ensure advice was communicated to pupils, parents and teachers.

Once the flu pandemic was identified, NHS London began an advertising campaign to ease pressure on hospitals by reducing the number of people with swine flu inappropriately presenting at A&E. London, along with the West Midlands, experienced significant pressures on NHS services, particularly in A&E departments before the rest of the country. This meant that there was a need for a London-wide advertising campaign earlier than the A&E campaign the DH was planning to run.

The London campaign included a 40 second commercial radio advertisements and print adverts in the Evening Standard, the Metro and over 70 local publications. Specific work was also undertaken to engage with hard to reach groups in London.

NHS London, through the DH, commissioned some evaluation work to measure the effectiveness of the campaign. This included interviews with over 800 people in London to measure awareness of the campaign. The results showed that almost two in five (38%) had seen or heard an advertisement of some kind in the last 10 days of the campaign.

Lessons from all of this activity are being collated to inform any future communications work around pandemic flu.

• 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 coordinated?

It has been acknowledged that at times the requests for data were onerous on both local organisations and NHS London. The majority of these requests were generated by the Department of

Health and NHS London has already raised this with them to consider for future incidents. NHS London is also reviewing technological solutions to ensure future collations are as easy as possible.

• 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?

As part of the post pandemic phase and the continuation of planning, local organisations are reviewing a number of issues, including the operations of the antiviral collection points. Guidance was provided during the pandemic to inform the setting up of the ACPs, including accessible and good transport links. These will continue to be reviewed as we progress our planning.

• 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?

60,000 frontline health and social care staff in London (almost 40 per cent) were vaccinated against swine flu. This was noticeably higher than the 10% of NHS staff who normally accept the seasonal flu vaccination when it is offered to them each year.

Uptake amongst the risk groups in London was comparable to other regions of the country, however we all faced challenges with the generally mild nature of the virus, the timing of the availability of vaccine (after the first peak) and the fact that there was no significant second peak as originally had been anticipated.

The Department of Health undertook a national review of vaccine uptake. Information is being shared with PCT vaccination coordinators to inform local seasonal flu vaccination campaigns.

I hope this response provides you with the information you require. If not, please do not hesitate to get in touch. Thank you again for a helpful report.

Kind regards.

Yours sincerely,

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Dr Simon Tanner Regional Director of Public Health for London Health Adviser to the Greater London Authority