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**Gateway reference :**

**TO:**

All Chief Executives in NHS Trusts in England,  
All Chief Executives in Primary Care Trusts in England,  
All Chief Executives in NHS Foundation Trusts in England,  
All Chief Executives in Strategic Health Authorities in England

**CC:**

All Chairs in NHS Trusts in England,  
All Chairs in Primary Care Trusts in England,  
All Chairs in NHS Foundation Trusts in England,  
All Chairs in Strategic Health Authorities in England  
All Flu Lead Directors in Strategic Health Authorities in England  
All Chief Executives in Local Authorities in England  
Monitor  
Care Quality Commission

10 September 2009

Dear Colleague,

**A (H1N1) Swine Influenza: Whole-systems strategy for managing critical care needs relating to swine flu**

I am writing to update you regarding our continued response to the (A)H1N1 swine flu pandemic and to set out my expectations of you and your organisations in relation to surging critical care capacity during a potential second wave of the virus. As you will be aware, we have collectively been working to address this issue and I know that you have contributed to the excellent planning around this.

However, I would first like to thank you again for your continuing hard work in response to the pandemic. Our resilience strategy is working and your ongoing efforts have put us in a good position to respond to a potential second wave this autumn or winter.

Earlier this summer, I was asked by the Secretary of State to review NHS critical care capacity and plans for increasing this to respond to increased demand during a pandemic. I asked all ten SHAs to put plans in place across their regions, to be able to double their critical care capacity. I have today written to the Secretary of State, confirming that based on these plans, I am confident the NHS can double ventilated critical care capacity during the peak weeks of a potential second wave in the months ahead; and sustain this additional capacity for at least 8 weeks. This will help to care for both swine flu and non-flu patients.

With this letter I have enclosed a full critical care strategy, which sets out how the NHS will collectively achieve this increase. Some examples of the measures include:

- Creating additional Level 3 beds by upgrading Level 2 and post-operative surgical beds,
- Specialist medical and nursing staff caring for more patients than usual,
- Staff with experience of working in critical care redeployed to critical care units,
- Redeploying ventilators and other essential equipment,
- Temporary postponement of inpatient elective surgery, and reduction in outpatient activity.

I have impressed on the Secretary of State that identifying this potential increase in capacity is a significant achievement for the NHS and the result of a huge amount of work by doctors, nurses, and managers in every hospital, ambulance trust and PCT in the country. However, there is no room for complacency and it is vital that we all use the time between now and the start of any second attack wave to ensure we are as prepared as possible to respond.

There are some key areas that the Board of every NHS organisation will need to focus upon in order to put themselves in the best possible position should the second wave unfold:

**Firstly**, to ensure staff are enabled to work flexibly and remain resilient. As part of this, effective vaccination programmes for front-line staff will be necessary, to ensure we can continue to deliver high quality patient care without compromising the safety of patients, staff and their families. NHS Boards are accountable for ensuring that these programmes are well run and achieve a good take up. The other key element will be training and support for those members of the workforce who may need to work outside their normal areas of expertise during a surge in capacity.

**Secondly**, to undertake further testing of the local and regional arrangements for the management of critical care beds and transfers with a specific focus on work to maximise paediatric critical care capacity.

**Thirdly**, to further mitigate constraints around equipment and logistics. Regarding ventilators specifically, organisations will need to be prepared to redeploy existing stock from operating theatres or recovery areas, in order to expand critical care capacity during surge conditions. This will reduce the need to purchase new equipment. Of course those organisations who need to purchase new ventilators to deliver their critical care expansion plans should continue to do so and ensure that these are in place in time to deal with any surge in demand.

**Finally**, to recognise that any local spikes in the disease over the coming months may require a further local increase in capacity. I am asking all SHAs to work with local organisations to put regional plans in place, should this arise.

There is no doubt that any surge in demand for critical care could put significant pressure on services. All NHS hospitals will need to work collaboratively across the health economy and with critical care networks at local and regional level to ensure that patients get access to the care that they need. This may require Ambulance Trusts and hospitals having agreed plans for transporting patients to the nearest vacant critical care bed should their local capacity be full. SHAs will oversee the operation of these arrangements to ensure that they operate effectively. The Department of Health will ensure that national co-ordination and support is in place to help regions undertake this.

As well as ensuring that the NHS can significantly increase the supply of intensive care, the strategy includes actions to reduce to a minimum the need for it. Every NHS organisation and individual has a role to play to help minimise demand for critical care. For example:

- Primary Care Trusts are responsible for delivering an effective public vaccination

programme as this will ensure that those vaccinated are completely protected against the swine flu virus,

- Acute Trusts must work collaboratively with Local Authorities and PCTs to minimise delayed discharges to maximise available hospital capacity,
- Frontline staff eligible for swine flu vaccination should protect themselves, their families and their patients through early vaccination and
- The general public can protect themselves from the risk of needing hospital treatment of swine flu by practicing good hand and respiratory hygiene.

This is very much a whole system approach and I would ask that you communicate actions and responsibilities to all staff within your organisations, so that they are well placed to take this work forwards.

To support all of us as we work to deliver the above, I am pleased to inform you that Dr Judith Hulf CBE, President of the Royal College of Anaesthetists, has agreed to chair a new Swine Flu Critical Care Clinical Group, which will offer advice on management, staffing and logistics issues to help manage the increased demand for care. This group will include representation from both the specialist intensive care societies and a number of independent clinical experts in delivering critical care. It will provide a dedicated, expert resource for the NHS for the duration of the swine flu pandemic.

Finally, to further strengthen our resilience, we have today published a consultation on possible temporary changes to the Mental Health Act, 1983. During the peak of a pandemic, when the workforce is likely to be under considerable pressure, these changes would enable SHAs to provide continuity of service as set out by the 1983 Act. They would allow a potentially stretched mental health workforce greater flexibility, in order to balance the best interests of the health and safety of patients and the protection of others. The consultation document will be available on the DH website later today and you are urged to contribute your views.

As usual, please direct any initial questions to your SHA Flu Lead Director. Thank you again for all your work to date.

Yours sincerely,



Ian Dalton  
National Director of NHS Flu Resilience  
Department of Health

## Annex A

### SHA Flu Lead Directors

SHA	Name	Title	Contact Details
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