

<p>TO: Secretary of State</p> <p>CC: MS(H) MS(PH) CMO David Nicholson</p>	<p><i>Richmond House 79 Whitehall London SW1A 2NS 020 7210 4850 ian.dalton@dh.gsi.gov.uk</i></p>
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10 September 2009

Dear Secretary of State,

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

As part of ongoing NHS preparedness planning, you asked me to review NHS critical care capacity and plans for increasing this to respond to increased demand during a pandemic. I am now in a position to report on this issue.

The NHS ordinarily has 4,010 critical care beds. This number covers:

- Level 3 critical care (1,982) – also referred to as intensive care. The most complex level of care involving multi-organ support and ventilation.
- Level 2 critical care (1,665) – also referred to as high dependency care. This is less complex than Level 3 care but more complex than care provided on hospital wards. This is often used following surgery or for patients who are being ‘stepped down’ from Level 3 care.
- Paediatric critical care (363).

Working with colleagues and clinicians across the NHS, I have looked at how we can significantly increase this capacity.

The NHS is used to flexing critical care capacity and often does so effectively during winter months to respond to increased demand resulting from cold weather and increased numbers of respiratory illness. The NHS routinely increases capacity in critical care by opening additional beds and increasing numbers of nursing staff (by using bank staff for example). Planning for a pandemic this winter builds on this experience.

I have worked closely with the ten Strategic Health Authorities in recent weeks and I am confident that based on their plans, 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.

Working with intensivists colleagues, the NHS has identified a number of measures that contribute to achieving this. I enclose a full critical care strategy, and, some examples of these 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 unit,
- Redeploying ventilators and other essential equipment,
- Temporary postponement of inpatient elective surgery, and reduction in outpatient activity.

These are rare measures that clinicians have been involved in agreeing, and will only be used in the unique circumstances presented by a pandemic. My team has worked closely with the Intensive Care Society and Paediatric Intensive Care Society to develop the strategy and proposals to increase capacity.

Any surge in demand for critical care could put significant pressure on services. All NHS hospitals will work collaboratively across the health economy and with critical care networks at regional level to ensure that patients get access to the care that they need. Strategic Health Authorities 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.

To support all staff who will be involved in providing critical care during this time, I have established the independent *Swine Flu Critical Care Clinical Group*, chaired by Dr Judith Hulf (President of the Royal College of Anaesthetists) which will offer advice on management, staffing and logistics issues to help manage the increased demand for care. This group will include representation from a number of experienced, independent experts in delivering critical care. The group will provide a dedicated, expert resource for the NHS for the duration of the swine flu pandemic.

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 need hospital treatment of swine flu by practicing good hand and respiratory hygiene.

Doubling capacity as part of a whole-system approach to managing swine flu during the months ahead is a proportionate and necessary response based on what the science of H1N1 tells us at the current time. We will continue to keep this under close review as our plans for critical care will always need to reflect the latest scientific advice about the virus and the threat it poses.

SHAs will continue to work with Trusts to explore the potential for critical care services to go even further, should this be necessary in response to a local peak in demand.

This is a major achievement for the NHS and is the result of a huge amount of work by doctors, nurses, and managers in every hospital, ambulance trust and PCT and staff in Local Authorities and social care organisations in the country. However, we must not be complacent. Continuing my work with the NHS, we will use the time between now and the start of any second attack wave to ensure we are as prepared as possible to respond.

I will work with the SHAs across England to ensure optimum preparedness across the Service, including critical care. A key element of this will be to ask every SHA to work with their Primary Care Trusts and hospitals to ensure that they are able to deal with any local spike in demand for critical care that exceeds planned capacity. I will of course update you further as these discussions evolve.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Ian Dalton', is centered below the text 'Yours sincerely,'.

Ian Dalton,
National Director of NHS Flu Resilience