

Department of Health, England and Health Departments of the Devolved Administrations of Scotland, Wales and Northern Ireland

UK Pandemic Influenza Communications
Strategy 2012

DH INFORMATION READER BOX

Policy	Clinical HR / Workforce Management Planning / Performance	Commissioner Development Provider Development Improvement and Efficiency	Estates IM & T Finance Social Care / Partnership Working
Document Purpose	Best Practice Guidance		
Gateway Reference	18415		
Title	UK Pandemic Influenza Communications Strategy 2012		
Author	Department of Health		
Publication Date	December 2012		
Target Audience	Communications Leads		
Circulation List	Communications Leads		
Description	The Department of Health is publishing a communications strategy to assist in planning its response to a potential 'flu pandemic in conjunction with the Devolved Administrations.		
Cross Ref	The UK Influenza Pademic Preparedness Strategy (Nov 2011) Guidance for health and social care community (April 2012)		
Superseded Docs	N/A		
Action Required	N/A		
Timing	N/A		
Contact Details	Rachel Downey Head of Public Health Policy Communications Department of Health Richmond House 79 Whitehall London SW1		
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1 Introduction

Purpose

This strategy provides an updated communications framework for the UK government's response to an influenza pandemic. It builds on the 2008 pre-pandemic strategy and the lessons learned from the evaluation of communications activity during the H1N1 (2009) Influenza Pandemic. It is a companion document to the *UK Influenza Pandemic Preparedness Strategy*, published in November 2011, and guidance for the health and social care community, published in April 2012 by DH (with equivalent future publications by DAs), and should be read alongside these.

This cross-government strategy reflects the experience from the H1N1 (swine flu) pandemic, including the findings of the Independent Review chaired by Dame Deirdre Hine, and the latest scientific evidence. The strategy has been developed jointly and agreed with the Devolved Administrations (DAs).

Scope

This document covers health-related communication in the stages leading up to a UK pandemic, during a pandemic itself, and during the recovery phase, insofar as we can plan this in advance. It therefore provides a high-level strategy as we recognise that some characteristics of the virus will only become known once a pandemic is well underway. This precludes the advance development of some specific messages, for example, exact prioritisation for vaccination.

Government policy on access to health and social care in a pandemic has been developed for the majority of the population. This strategy therefore focuses on mainstream communications channels with targeted elements for specific audiences. It recognises a clear lesson learned from the 2009/10 pandemic, that we need to plan flexibly and proportionately for a variety of possible scenarios, from a mild through a moderate to a severe pandemic, and that there may be differences in the response as some parts of the UK may be affected more than others and at different times.

In planning and preparing for an influenza pandemic, the objective remains to have a UK-wide cross government approach, with all UK governments and DAs (and their partners and stakeholders) operating within a cooperative framework. In line with current policy on paid-for communications, the emphasis will be on maximising the use of Government-owned and earned channels through partnerships, supplemented with paid-for routes where there is evidence that this would be a proportionate response.

2 Roles and responsibilities

Preparing for, responding to and recovering from an influenza pandemic depends significantly on cooperation between central government, the Devolved Administrations, public authorities, businesses, non-governmental organisations, the voluntary sector and individuals.

An effective two-way communications strategy that positively engages each of these key groups before, and during, a pandemic is therefore a major strand of the Government's preparations. An emergency on this scale also needs national direction of public information from the outset, so coordination from the centre is essential.

The information cascade

The Department of Health (DH) is expected to inform the Cabinet Office and the health departments of the DAs if an outbreak involving a novel influenza virus occurs or when the World Health Organization (WHO) declare a pandemic. The Cabinet Office will alert other government departments and work with DH to develop, update and circulate top line briefings via the DH media centre, or if a severe and prolonged event looks likely, the Government News Coordination Centre (NCC). There may also be the need for additional, complementary top line briefings within the DAs if a significant outbreak occurs within their country.

The *UK Influenza Pandemic Preparedness Strategy 2011* emphasises the need for local plans to be in place to respond to a pandemic but with mutual aid arrangements to enable coordination of response. This will also include national and local communications to advise the public on self-care and guidance when their symptoms need further assessment.

In England, responsibilities for pandemic preparedness and response, including communications issues, will change from April 2013. The new arrangements will provide the Secretary of State for Health with a clear line of sight to frontline responders.

Communications to Health and Social Care Organisations

Until the emergence of the new structures outlined above, the Department of Health will alert health and social care organisations and health and social care professionals in England through the structures in place at the time, currently Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), including alert systems via the Chief Medical Officer. From April 2013, the cascade will be via the NHS Commissioning Board to Clinical Commissioning Groups (CCGs).

Similar arrangements will operate in the devolved administrations. In Wales, Local Health Boards and Trusts will be alerted through channels, including the Chief Medical Officer for Wales's Public Health Alert system. The Scottish Government is responsible for alerting health and social care organisations and professionals in Scotland. In Northern Ireland, DHSSPS will alert all HSC organisations and health and social care professionals.

Communications to the public

In Scotland and Northern Ireland a similar response is likely, with the Chief Medical Officers (CMOs) and Scottish/NI Ministers being the assumed focal point for pandemic information.

In addition, there is a specific undertaking under the Code of Practice for Official Statistics, to publish weekly epidemiological reports on an appropriately accessible website, such as the one run by the Health Protection Agency (HPA), and equivalent organisations in the DAs - Public Health Wales, and the Public Health Agency, Northern Ireland - to update professionals and the public and allow complex issues to be debated. Health Protection Scotland (HPS) will also produce regular epidemiological reports for Scotland alone.

Other government departments will arrange sector specific briefings, coordinated by Cabinet Office. Similarly, the DAs will arrange sector specific briefings if necessary.

Public communications

During a pandemic, the UK Government and the DAs will use a wide range of media to communicate information effectively to the public, to engage in discussion, and to identify areas of concern. Information may also be made available directly to the public through telephone helplines and other interactive channels. Chief Medical Officers, and other trusted health professionals identified as the most effective spokespeople will issue regular press briefings. Key websites, social media sites and other information channels will be used to reach as wide an audience as possible.

The Department of Health will be the primary source of health-related messages and will work closely with the Cabinet Office, the Devolved Administrations, and other government departments. We will ensure that all direct communications to the public are made available to people with disabilities, for example, by using Braille, audio, and Easy Read versions, and are translated into other languages. We will also ensure that when planning a national advertising campaign, consideration is given as to how we target all sections of the population, using specific targeted channels. At the time of the last swine flu pandemic in 2009/10, information sheets were made available for asylum seekers, refugees and other foreign nationals in the UK in 30 languages.

Effective internal communication will also be vital to an effective response in a pandemic, particularly if it occurs before the process of DH/ Public Health England transition is complete.

In England, SHAs have in the past played a key part in supporting and coordinating the activities of PCTs and other local NHS organisations to deliver locally tailored communications that are consistent with national messages and activity, but that reflect the local experience. Plans will be updated to reflect new structures in the NHS and Public Health England (PHE).

Meanwhile, it is expected that local resilience fora (Strategic Coordinating Groups in Scotland) will continue to plan for how communications will be delivered in their areas. Based on the experience of the swine flu pandemic in 2009, it would be prudent for these local plans to consider a scenario where the outbreak was more severe locally than the national picture. Messages on appropriate use of local services will be key.

In Wales, each Local Health Board and Trust will work with the Welsh Government health communications team to coordinate local health communications requirements. In Scotland, Health Boards will be briefed by the Scottish Government in a similar way and in Northern Ireland, the Public Health Agency will work with the DHSSPS Information Office to co-ordinate regional health communications.

The Chief Medical Officer for England and the CMOs in the Devolved Administrations have an important professional leadership role in a pandemic, a fact borne out during the pandemic. In conjunction with expert groups, professional bodies and health protection agencies, they will provide health advice and information to the Government, the media and the public.

Communications for health and other professionals

Health and social care professionals need access to timely and accurate clinical information and advice to enable them to treat patients appropriately. The Royal Colleges and other professional organisations play an important role in this. The UK Government is working with professional bodies and the DAs to identify the best way for health professionals to have access to direct clinical advice during an influenza pandemic, most likely through the appropriate websites.

To provide clinical information and support, the DH will use its own site within GOV.UK and from April 2013, the PHE site, and the equivalent DA health ministry sites, as well as professional bodies, such as the Royal College of GPs. The DH will agree approved content and the right process for updating or syndication to multiple sites to ensure all information is fully updated, using a daily call with the web leads on all the main sites and the DAs.

For public-facing information, the assumption is that if it is a DH/Government lead, the National Pandemic Flu Service - a system of call centres that provide an authorisation number for people to pick up antivirals on behalf of patients - will be made available via all of the most appropriate channels, including the DH site, the PHE site, and relevant DA websites.

Public-facing information will also need to be available on NHS Choices (which from April 2013 will become a new single portal), the PHE website, and other key health and social care channels (including those owned by the DAs) to ensure as wide dissemination as possible.

The important thing will be to ensure that information for the public is as accessible as possible, and circulated widely, not just through DH owned channels.

We will ensure a full social media strategy is in place as well as coverage on third party / stakeholder websites. The approach should be flexible enough to allow for tailored advice, proportionate to regional or country specific circumstances, to be given.

Health and social care professionals also play an important role in explaining and reassuring the public about the impacts of a pandemic and need to have timely and relevant information. The DH will use NHS communicators to alert health organisations to new developments during a pandemic so they are well placed to deal with enquiries from the media and the public. Similar arrangements may also apply in the DAs. In Northern Ireland, the Chief Medical Officer will write to HSC Chief Executives to communicate changes in protocol and policy, and HSC organisations will then cascade to relevant staff. Information for HSC professionals will also be available on the HSC extranet.

Government News Coordination Centre

The Government News Coordination Centre (NCC) is part of the Cabinet Office Briefing Room (COBR) emergency management model and is set up to manage the communications aspects of a crisis, a major emergency or other disruptive challenges. In any period of increased alert and during a pandemic, the NCC will become operational in support of the DH as the lead Government department and will work to COBR policy direction. DAs have their own emergency management response arrangements so liaison and communication arrangements between the governments should be put in place.

3 Communications objectives and principles

The main aims of the Government's pandemic influenza communications and public engagement strategy remain to:

Explain the outbreak

- Government and NHS organisations are responsible for providing accurate and timely information throughout the course of a pandemic to the public, NHS staff and stakeholders.
- In particular, the Government should ensure that health and social care staff have the right information at the right time to perform their role and to be able to respond to enquiries from the public.
- Explain what flu is, and what a pandemic is. Pandemic flu is not a separate disease but a novel strain of flu against which a vaccine will not immediately be available. Once the pandemic is over, this strain of flu will not disappear. It is likely to continue to circulate as part of seasonal flu.

Establish confidence

- Communications should first and foremost reassure the public. They should also establish and maintain confidence in the ability of the Government and the health and social care services to prepare and manage an effective response and otherwise support the normal running of society as much as possible.

Minimise the risk of infection

- Communications will advise people what to do to protect themselves and others and encourage them to modify their behaviour by:
 - Helping them understand the potential seriousness for themselves, their family and the public, and encouraging them to take positive action through good hygiene behaviour;
 - Helping them to recognise the symptoms of pandemic flu;
 - Helping them to understand what to do if they become infected;
 - Advising them how best to look after themselves and others; and
 - Explaining the role of vaccines and antiviral medicines.

Communications will aim to:

- manage public expectations
- engage the media to ensure timely and accurate information and technical explanations are available to support responsible, informed reporting
- provide open access to various direct sources of accurate information such as an automated telephone helpline and website/s
- deliver research and pre-testing to identify communication priorities and to ensure that messages are clear, effective, and meet public needs
- deliver public information campaigns directly and/or through healthcare and service providers and partners using a variety of media
- provide specialist advice and information for particular settings and sectors.
- encourage ongoing debate about the ethical, professional and practical implications of an influenza pandemic.

When the characteristics of an emerging virus are better known, it should be possible to develop more specific communications objectives, such as increasing levels of awareness of vaccination need among at-risk groups. Until then, communication plans need to remain flexible and pragmatic. They should also be proportionate and straightforward to implement.

During an influenza pandemic, the Government will track public awareness, attitudes and behaviour through social media monitoring, market and other research to find out how effectively messages are working and to measure public engagement.

Tracking surveys, ideally UK-wide or organised in concert between the DAs, will help to ensure the communications messages are reaching all population groups and that those who are particularly vulnerable have access to advice.

Where possible, communication about regular seasonal influenza should be compatible with core objectives of pandemic communication, encouraging positive behaviours such as good respiratory and hand hygiene practices and vaccination uptake.

4 Impact level and phases

The *UK Influenza Pandemic Preparedness Strategy* (November 2011) aims to put in place plans to ensure a proportionate response to a range of scenarios to meet the differing responses to viruses of milder and more severe impact, rather than just focusing on the 'worst case' planning assumptions. This section gives an overview of how communications plans could operate under different levels of severity and throughout the key phases of a pandemic.

Potential channels are listed below as a guide only: shifting trends, such as increased use of social media by the population, will affect media choices in a future pandemic.

Public message maps will be designed incrementally, so at all stages basic information and advice on the importance of good respiratory and hand hygiene will be repeated. This should be read in conjunction with Table 1 of the *UK Influenza Pandemic Preparedness Strategy 2011*.

Summary of communications activity by phase

In addition to considering the effects of different impact levels, a new UK approach to the indicators for action in a future pandemic response has been developed. This takes the form of five phases, named: *Detect, Assessment, Treatment, Escalation* and *Recovery*. The phases are unnumbered as they are not linear and it is possible to move back and forth or jump phases. In a severe situation, it may be even be necessary to activate the phases concurrently.

This section outlines key communication activities during the phases and during the pre-pandemic period.

Preparation and planning

The purpose of the planning phase is to make sure response arrangements are in place and are both proportionate and properly tested.

During the inter-pandemic (planning) period the main tasks are to provide accurate advice and information about flu, engage with stakeholders, encourage the adoption of high standards of personal hygiene and prepare the population for the emergence of an influenza pandemic and its potential impacts.

In this inter-pandemic phase, preparedness planning will need to consider that:

- Communications planning arrangements are kept under review and updated regularly to ensure they remain fit for purpose, for example in the context of changing health service structures in England
- A communications team can be stood up at activation, channels are in place and contacts are up to date for immediate use on activation. This 'virtual' team structure with defined roles and responsibilities has already been tested during the Olympics period over July-August 2012. It will form the basis of the team that will be stood up in the first days of the activation phase - see **Annex D** for details
- NHS, public health and social care staff, potential marketing partners and the media have been briefed on the severity of the flu virus and the measures that the public will need to take to prepare for a pandemic
- Protocols are in place with Cabinet Office on cross-government communication
- The most up-to-date evidence has been reviewed for communications implications
- A media engagement strategy is in place
- A cross-government digital plan is in place
- Any specific arrangements for vulnerable groups have been considered
- There has been engagement with the Scientific Pandemic Influenza Advisory Committee sub group on Behaviour and Communication (SPI-BC)
- NHS, public health and social care communications colleagues are fully briefed on the communications strategy and have had the chance to input
- Useful documents e.g. message maps for different audience segments are kept up to date
- Contact lists are kept up to date (media lists, NHS and social care stakeholders)
- Where practicable, channels and the means to deliver key communication(s) products will be in place and have been tested.

Suggested key public messages: preparing in advance

A flu pandemic can strike at any time. It is essential that you are prepared to look after yourself and members of your family.

First, if you are in a high risk group, ensure that you are vaccinated routinely against seasonal influenza and pneumonia because you are at greater risk of becoming seriously ill.

To reduce the risk of catching a virus, cover your mouth and nose with a tissue when coughing or sneezing, dispose of tissues quickly, and regularly wash your hands with soap and water, or use a sanitising gel.

Detect and assessment phases

During any period of increased alert and throughout the response, the main objectives are to promote and reinforce individual and collective actions that reduce the speed and spread of influenza and minimise its health and wider impact on the UK.

Establishing a regular communications timetable will be important at this stage so that the media know which organisation will communicate what and when.

There are particular challenges in providing clear information and advice during a pandemic. Scientific knowledge will at first be limited, the pattern of disease spread very variable across the country, with the potential for regional hotspots, and public concern may be high.

Past experience challenged our assumption that we would have weeks to stand our plans up. It took only a few days in the swine flu pandemic to move to the response activation phase from the point when the WHO advised that there was an increased risk of a pandemic.

The DH and the DAs will therefore maintain a plan for standing up a 'virtual' communications team in response to activation.

The role for communications in this phase is to help manage pressure on primary care services by advising people on self-care options and giving clear guidance on when to seek medical help.

At the point of an announcement of a pandemic, we will:

- Review and agree our communications strategy, objectives, and measures of success
- Re-launch a regular public research tracker (this will be done by the Insight team)
- Instigate regular contact with the DAs' communications leads and other partners who have been identified as being crucial to an effective communications response (for example communications planning agencies)
- Review stock public communications so that they are proportionate to the level of risk
- Update content/message maps as necessary
- Policy Comms, working with CMO's office and the Media Centre, will activate regular CMO and other media briefings, the automated information line, and/or national door drop or the most cost and time-effective means of achieving the same objective
- Instigate media engagement with media medics and other key commentators
- Activate the digital strategy, including social media monitoring
- Instigate briefings with SHA communications teams – from April 2013, NHS Commissioning Board communicators. Similar briefings will be made to relevant local health board and public health organisations in the DAs.

- Brief NHS, public health, and social care stakeholders
- Agree resource and role for consumer media/PR
- Ensure that NHS comms channels have the latest information quickly made available
- Exploit all possible channels to communicate developing messages but particularly those that reach emerging at-risk groups
- The Digital, Channels Strategy and Publishing team will coordinate devolved and stakeholder digital teams on content and social media strategy
- Monitor research results
- Monitor social media
- Monitor media coverage.

Suggested key public messages: during a pandemic

Follow public health advice and consider how you and your family might prepare for disruption to schools or childcare facilities due to staff absence or shortages.

Do your best to minimise the spread of infection by maintaining a hand hygiene routine. Make sure you have supplies of over-the-counter cold and 'flu medicines and other basic necessities and that you can care for any existing health conditions.

Familiarise yourselves with local arrangements for accessing health and social care support early should you need them, including getting antiviral medicines if needed.

Support friends and family who are ill. They might need you to pick up medicines for them or help in other practical ways.

Be a good neighbour - you may know of those in your community who are vulnerable or could be made vulnerable due to a pandemic. You can help them by checking if they are all right or need help.

If infected with influenza, stay at home, keep warm and drink plenty of fluids.

If you have influenza and your symptoms are getting worse, or you have a long-term medical condition, you should contact your GP or other health professional for assessment and advice immediately.

Treatment phase

This phase begins when the number of cases means that the initial response plans are no longer appropriate and the NHS moves to full response mode. It lasted for eight months in the H1N1 pandemic.

A key objective will be to maintain public confidence in the Government response by:

- Improving awareness and understanding of the pandemic
- Responding to emerging communications issues being fed back by local NHS and social care colleagues - it is likely that there will be a number of local, regional or country specific hotspots requiring tailored messaging to help manage pressure on local services
- Encouraging use of methods of accessing treatment and advice, such as the National Pandemic Flu Service, and the Scottish Flu Response Centre (SFREC), operated by NHS 24 in Scotland (NPFS only operated in England in the swine flu pandemic). If there is a future UK pandemic, there will be a NPFS for all four countries and there will be a Scottish Flu Response Centre. The latter is unique to Scotland and provides support in both the Initial and Treatment phases of a pandemic but the need for the NPFS to provide supplementary support might still be required in Scotland if the pressures become significant enough
- Promoting good respiratory and hand hygiene and other precautionary methods
- Putting in place plans for a vaccination campaign aimed at frontline staff and specified groups of the public, according to latest scientific advice as this becomes available.

The role for communications in this phase is to help ensure people understand how to access medical treatment quickly if they need it. As before, we would exploit all channels to communicate messages and particularly those that best reach the specified 'at-risk' groups.

The Digital, Channel Strategy and Publishing (DCP) team will be flexible in its approach depending on the specific scenario. It will engender trust through timely publication of authoritative and coordinated information to explain the outbreak and the changing situation and will spread practical public health messages on official DH corporate channels and through NHS Choices, from where content will be syndicated. It will also utilise credible clinical voices in social media - the CMO, Director of Nursing, Director of Immunisation.

It will signpost authoritative content via corporate channels and through coordination/liaison with relevant partner channels, whether national or regional, and lead on monitoring social media, responding to signpost authoritative content and to avoid the spread of false or misleading information. Monitoring social media will also make us aware of people's information needs. Content will then need to be adapted or created as required in response to people's needs in the specific scenario. The team would then identify formal and informal partners for digital engagement work and build relationships with online stakeholders. From this, a social media strategy will be developed.

Additional resource could be drafted in if necessary, depending on size/severity of the outbreak and the resultant information needs. This would be monitored as the situation unfolded. For example, there might be the need to commission an agency to assist with this depending on the scale of the outbreak/task.

A number of data sources, from public opinion tracking, social media/network/buzz monitoring and media monitoring will be used to gauge the public response to communications activity, for example whether they feel well-informed and have confidence in the Government's response to the pandemic. The results of this research will help to inform any adjustments to the overarching strategy or audience-specific plans.

We will work with NHS, public health and social care colleagues and the DAs to develop a vaccination campaign using their local expertise and experiences.

Escalation phase

The communications response in this phase will be determined by a number of variables, including:

- Severity of illness
- Pressure on health services, nationally, country specific, regionally, or locally
- Results from tracking research, buzz monitoring, and media monitoring.
- The availability of a vaccine: pandemic-specific vaccine is likely to become available within four to six months of the pandemic being declared. Depending on the availability of vaccine and scientific advice, any campaign may need to be targeted in the first instance towards priority groups, requiring supplementary messaging to be prepared to reassure those who may be concerned about their own ability to access vaccination, especially if illness is severe.

Our immediate objectives will be to:

- Maintain public confidence in the Government response and the ability of services to cope, including communicating any changes in the delivery of normal health services
- Improve awareness and understanding of the pandemic
- Raise awareness of the NPFS (where it is operating) and/or SFREC in Scotland only, and other ways to access treatment
- Promote good respiratory and hand hygiene and other precautionary methods
- Encourage vaccine uptake, with a phased campaign if necessary
- As before, exploit all channels to communicate developing messages, and particularly those which best reach the specified 'at-risk' groups
- 'Horizon scanning' will remain in place
- Ensure our plan for evaluation and wind down of communications channels is in place.

Recovery phase

At this point, the peak of infections will have passed and clinical evidence would suggest the end of the pandemic is in sight. Communications activities will be gradually wound down in the return to business as usual. This phase could take several months.

During that time, the DH, along with the DAs, will:

- Continue to keep the public informed about the pandemic and correct actions to take (correct path to treatment, hand hygiene practice, encourage vaccine uptake)
- Ensure communications activities are evaluated and smooth wind down achieved
- Continue to use relevant channels to communicate wind down messages, particularly to staff and to people in identified at-risk groups who may still need to take specific action
- Close down the public information line and review and amend digital content
- Commission evaluation of work to prepare for moving back into preparation phase, and identify who will lead any refinement of the strategy.

5 Learning from 'Swine Flu' and other considerations

We have undertaken extensive evaluation of our communication activity during 2009 that has given us insight into how to prepare for a future outbreak, including a more severe one. Key information from this process is given in **Annex C**.

Current public attitudes and awareness

The public attitude towards the swine flu pandemic in the months following the pandemic appeared to be one of semi-apathy. The pandemic left a number of cultural legacies, including a view, evidenced in some of the media and in tracking feedback that 'too much fuss' might have been made and, by inference, a belief that a pandemic is less of a potential threat than had been communicated. However, the Dame Deirdre Hine independent review of the 2009 H1N1 pandemic found the Government response to be proportionate and effective. A future and more severe pandemic remains a very real possibility and a priority for Government preparedness.

The key challenge for the communications strategy is to explain that a pandemic is a real threat without generating undue anxiety - to deliver measured engagement. The strategy has to find the most efficient and reliable way of delivering proportionate information to the general public to ensure widespread understanding of the situation and to drive appropriate behaviour changes without prompting widespread panic.

Enabling people

A key learning from swine flu was the potential to use insights from behavioural science better. However well plans for a new pandemic are prepared and implemented by health and social care and other organisations, their overall effectiveness will ultimately depend on the cooperation of individuals and their willingness to follow advice, take personal responsibility for their health, and accept responsibility for supporting each other.

Government alone cannot mitigate the progression and impact of a pandemic - it will require people, communities and government to work together and act appropriately to achieve this.

Research also suggests that people are more likely to take up recommended behaviours when they clearly understand the risk the pandemic poses to them. Alongside understanding the risk, people need to have access to the tools and information to respond to it. Communications are likely to be most effective when they explain clearly why certain actions are protective and why people are being asked to take them. If individuals understand the risk but do not know how to mitigate it, then this is likely to increase the uptake of non-recommended behaviours, such as presenting at a GP surgery for assessment and treatment.

Additionally, behavioural science indicates that communication should not rely upon an overly linear or 'rational' model of human behaviour, where information is provided and people judiciously weigh up the pros and cons of acting on that information. Awareness is not always correlated with action, for example with vaccinations. Demonstrating the normality of having a vaccination could be more effective than focusing on non-compliance as it harnesses the impact of social norms. Messaging should avoid 'one-size fits all' approaches and instead be targeted to segments of the population to achieve the greatest level of engagement with any communications campaign.

Communication of statistical data in an influenza pandemic

Public health services are responsible for the collection and publication of surveillance and other data relating to public health threats such as a pandemic. Transparent, orderly and proportionate release of data is important to update the public and professionals and to enable open and transparent discussion of complex issues. Where possible, this will be on a comparable basis across the four countries, requiring professionals from all four to work closely together.

The principles and practices of the Code of Practice for Official Statistics for the release of data will be followed wherever possible during a pandemic and any necessary exceptions will be outlined. For example, if data needs to be published at a time other than 9.30am (the standard time for release) for practical reasons or to align better with other communications, this will be announced in advance.

The communication of planning assumptions for the response to a pandemic can pose a particular challenge, as they may be perceived, erroneously, to be a prediction of what will happen. They will also change over the course of the pandemic, as they are updated when more information becomes available.

6 Conclusion

The principles and recommendations offered in this document are intended to provide a framework for the planning of public communications and engagement in a future pandemic. They are not overly prescriptive, as a key learning from H1N1 was the need to retain flexibility and proportionality. They should be considered with reference to other key documents, including:

- *Strategic Review of the Department of Health's Swine Flu Communications During the 2009 Pandemic*
- *The UK Pandemic Preparedness Strategy 2011 (published in November 2011)*
- *Health and Social Care Influenza Pandemic Preparedness and Response (published in April 2012) and equivalent DA versions of this document where available*

The strategic communications plan will be subject to revision as the new health structures become fully operational in April 2013.

Annex A: Core set of channels

Public

- Possible respiratory hand hygiene (RHH) advertising
- Paid search to drive public traffic to online sources of information
- CMO briefings: CMO media briefings for the public and alerts to the NHS, including Directors of Public Health (including those in DAs)
- Social media to signpost to online sources of information and to promote news and updates, including monitoring and responding to avoid the spread of false or misleading information
- NHS Choices to syndicate authoritative content wherever possible through partners
- Official channels including DH and DA government/ Assembly websites, bulletins, Facebook pages and Twitter accounts
- Twitter feeds (DH and DAs) to promote messages and drive traffic to online information
- Expert blogs from the 4 countries' CMO, Director of Nursing, and Director of Immunisation

Healthcare professionals

- DH bulletins, CMO letters in Northern Ireland and Scotland, bulletins and professional communications channels in Wales, and NHS Comms Link in England (until the end of March 2013) to specific groups of health and social care professionals
- From April 2013, DH will work with communications colleagues in the NHS Commissioning Board to use their channels to the service
- Encourage other professional organisations to provide/carry content through their online and email channels
- Pandemic Flu mailbox to address issues directly from health professionals
- Regular teleconferences with different parts of the health system and stakeholders
- Toolkits for local NHS organisations, including messages for areas that may be experiencing infection 'hotspots', including materials in different

formats ie easy-read and a selection of languages and products for the visually impaired. It will not be possible to provide printed materials in every language spoken in the UK, so local planners will need to consider the needs of their communities

- Daily briefings for health and social care professionals from experts via audio and/or video on health departments websites
- Specific Pan Flu subsite/s for health professionals with key information, also direct to public facing content e.g. NHS Choices and to other UK countries online information where appropriate/necessary

Stakeholders

- Syndicated content through third parties such as charities, voluntary organisations, local authorities etc to ensure that potentially vulnerable groups are not excluded
- Third-sector/trusted voices partnership briefings
- Regular teleconferences with different parts of the health system and stakeholders
- Use other government departments' stakeholder communications channels

Additional channels to be used if pandemic develops

- National Pandemic Flu Service advertising if appropriate - in Scotland, advertising might focus on SFREC service run by NHS 24.
- OGD and stakeholder communications
- NHS cascade
- Third-sector/trusted voices partnership briefings
- Central Alert Cascade System, if appropriate
- NHS111 or DA equivalent

Annex B: Messages

Initial phase

(Sporadic cases reported by the community, possible limited local outbreaks in schools or care homes, possible increased proportion of critical care cases with influenza)

Core messages:

- Advice on good respiratory and hand hygiene
- Advice about how to obtain further information, e.g. to consult Government, NHS websites, NI Direct and other channels for up to date information
- Establish transparent approach to communicating emerging science, the level of uncertainty about severity and impact, and the likely evolution of the situation.

Low scale

(Similar numbers to moderate or severe seasonal influenza outbreaks and in the vast majority of cases, mild to moderate clinical features)

Core messages plus:

- Information on the pandemic and the clinical effects of infection and what to do
- Advice on how to minimise risks of transmission
- Information about antiviral medicines and tailored messages for children, pregnant women, elderly and other at risk groups (in liaison with expert bodies and support groups)
- How to use your local health and social care service.

Moderate scale

(Higher number of cases than large seasonal epidemic and young healthy people and those in at-risk groups severely affected and/or more severe illness)

Core messages plus:

- Information on the pandemic and the clinical effects of the infection
- Advice on seeking medical assessment when not improving or getting worse
- Information on NPFS where this is in operation – in Scotland this might include information on the Scottish Flu Response Centre (SFREC) run by NHS 24
- Information on collection of medicines
- Infection control and business continuity advice for specific occupations. e.g. funeral directors, registrars, cemetery and crematorium managers, police, prisons etc.

High scale

(Widespread disease in the UK and/or most age-groups affected and/or severe, debilitating illness with or without severe or frequent complications)

- Messages about progress of the pandemic, availability of healthcare and other services
- Continued information on minimising risk of infection, how to access medication if needed
- Information on how to support family members and neighbours
- Advice on where to get help for emergencies
- Accurate information about how services are coping and what they are doing to cope
- Explanation of triage systems to align demand and capacity
- Some civil contingencies advice, including advice to specific occupations, such as paramedics, funeral directors, registrars, cemetery and crematorium managers, and the police.

Annex C: Summary of communications insight from swine flu

Drawn from *A Strategic Review of the Department of Health's Swine Flu Communications During the 2009 Pandemic*

Overview of positive findings

The substantial body of evaluation, research and hands-on experience from the 2009 pandemic swine flu communications response is a legacy that positions the Department of Health well to plan for and cope with any future event.

Specific successes that the evidence identifies include:

- The Government's response to the pandemic, including the communications effort, had *general approval from the public*, who regarded it as calm, sensible and in their interest.
- There is some evidence of *behaviour change*, particularly around respiratory and hand hygiene (RHH), which may have helped contain the spread of the virus and which has potential to provide lasting benefits.
- There was *clear, effective communication on the availability of vaccine and the priority groups* for vaccinations, in direct support of the operational response.
- There was a significantly increased uptake of *vaccination among NHS staff*, from a historic low of 13 per cent for the seasonal flu vaccine to an estimated 57 per cent for the swine flu vaccine.
- RHH and swine flu vaccination *campaigns achieved very high levels of public awareness* of their materials and their messages, with good crossover between media relations work and information from healthcare professionals on the front line.
- The level of *positive and "on message" media coverage* – a message penetration of 43% overall - was a "significant achievement", with particular success in getting across the message around government preparedness.
- There was a good perception of the government's communications, its *competence and transparency* even though it had to counteract some significant criticism
- The decision to have a primarily *clinician-led public face for the government's response was successful*, with media evaluation showing that the then CMO stood out as an authoritative and credible spokesperson. This was a similar outcome for the DAs.
- Campaign visuals such as the "sneezing man" and most of the "see germs" *images were very well recalled and liked* by the public as icons of swine flu communications, as was the "Catch it. Bin it. Kill it" slogan, in relation to good hygiene practices.
- The development of *strong partnerships with the third sector and commercial organisations* extended or reinforced the reach of key messages and materials by millions more opportunities-to-see.
- Digital communications dealt with an *unprecedented demand for online information* and 93% of people surveyed said they would have turned to

the NHS or DH super-sites, and to the NPFS online, if they had experienced swine flu symptoms.

Overview of issues

An overview of the evidence and research available reveals a number of key strategic communications issues, which were barriers to greater effectiveness and which need action in planning for future pandemics.

These included:

- Public perceptions of swine flu – Significant misunderstanding of the differences between different types of influenza and their risks/effect;
- Prevention and treatment issues – Misconceptions and confusion about the difference between anti-virals and vaccines, their safety and side effects;
- Contact issues – Confusion about the correct way to contact services for information or diagnosis and treatment, compounded by the existence of two separate public helplines;
- Perceptions of the National Pandemic Flu Service – A lack of clarity about its role and lingering reputational problems, despite its apparent success in diverting significant demand from the NHS and providing treatment to many people;
- Terminology – Confusion over commonly used terminology such as “pandemic”, “virulent” and “contagious”, causing a potential barrier to getting information across clearly.
- Media coverage – Public cynicism about the media’s “hyped” coverage of the pandemic, which undermined the credibility of content, potentially including that from the Department of Health, for whom the media is an important channel to the public;
- Digital communications – Complexity caused by publishing information across multiple sites; minimal input to social networking.

Summary of recommendations

- Future seasonal and pandemic flu communications should give a higher priority to achieving greater public *understanding of the different types of flu*, the risks they pose and the nature of pandemics.
- They should also aim to *educate the public more effectively about anti-virals and vaccines* and provide greater science-led reassurance about their safety and impact.
- Pandemic, and seasonal, communications should use only *simplified public-facing language* and avoid the use of “jargon” and scientific language wherever possible so that messages get through more clearly.
- A *visual identity strategy* could be created for use in a future pandemic and this should draw on the considerable research into the effectiveness of the visual imagery used during the 2009 experience.
- There should be a review of the provision of telephone helpline information to the public during a pandemic, particularly on whether a single point of contact is best able to satisfy the public’s needs and expectations and what the line/s should be called.

- There should be rigorous pre-testing of future telephone and web-based NPFS services to ensure they meet public expectations on quality and clarity of questions asked and information given so that public satisfaction with the service, and operational effectiveness, is maximised.
- The Communications Directorate should initiate post-pandemic dialogue with key media organisations/contacts about public cynicism of media coverage of the pandemic and work with them on ways to build confidence in their reporting of official content during any future incident.
- The media centre should undertake confidence-building publicity, “one year on”, to emphasise the good news and lessons learned from government handling of the 2009 pandemic. In particular, it should aim to build confidence in the National Pandemic Flu Service through positive PR about its important role in relieving hard-pressed NHS services during a time of crisis.
- The media centre should review ways to improve the media’s signposting of swine flu information lines and websites.
- The Directorate should consider the benefits of including a specific “horizon scanning” capability in its pandemic communications response, particularly to support the media centre. This would strengthen work on spotting emerging issues and influencing appropriate strategic and policy change.
- The media team and stakeholder relationship leads should work together to identify and engage those influential individuals who could be supporters rather than “discordant voices” in any future pandemic, such as opposition parties’ health spokespeople and independent experts.
- There is a need for more research on the relative benefits of a single website versus multiple websites for clear government communication during a public health emergency and this research should be used to help influence Transformational Government policy as appropriate.
- The digital communications team should continue to expand the use of social media, including identification and engagement of key spokespeople and establishing pathways for proactive participation in online forums, message boards and so on.
- Digital communications arrangements need to ensure that online content and usability is evaluated continuously, via site user feedback processes, so that there are ongoing checks on effectiveness.
- Strategic planning should formalise the role of the NHS communications team as the primary interface for communications from the directorate to health sector staff so that benefits can be maximised.
- Future planning on social care communications needs to focus on building a more robust network of contacts and channels that support the speedy and flexible dissemination of information in a pandemic.
- Visual branding for the social care sector should align with mainstream branding, though segmented messaging should continue.
- Further work should be done to identify the return-on-investment from legacy benefits from the 2009 pandemic communications, specifically attitudinal and behavioural change.
- More specific objectives and numeric targets should be set for communications during any future pandemic once virus characteristics are better known.

Annex D: Checklist for emergency action

In normal working hours

Emergency Preparedness Communications lead will alert:

- on-duty EPRR SCS (see attached rota)
- Director of Comms
- DH Comms SMT
- on-duty media officer, who contacts duty minister
- the Health Protection Agency
- DA contacts as appropriate

Out of hours

The Health Protection Agency (HPA) will alert:

- on-duty media office, who contacts DH Comms Director and duty minister
- EP Comms lead who alerts DH Comms SMT
- DA contacts as appropriate

We will develop content and brief the COBRA (Cabinet Office Briefing Room) Comms group and share our public facing messages, which will have been cleared through the usual internal clearance process

A virtual EP team was established in advance of the Olympics in July/Aug 2012 and this is on standby in the event of a pandemic flu emergency.

There is a two-hour turnaround for the team to turn existing key messages into content for NHS Choices site, the DH site, emergency staff bulletins etc and for media team to produce media briefing, working closely with HPA as required.

Additional clearance protocols

Lines for briefing the national media should be cleared by the duty ministers or the CMO. This will be done by the Media Centre through private office in accordance with the agreed DH protocols. They should also be drafted in conjunction with the duty EPRR SCS and any relevant policy officials.