

FLU REVIEW AREAS OF INQUIRY

In responding to those questions relevant to Defra below, we noted that inquiry lines do not include Departmental Business Continuity arrangements; particularly in view of our duty of care to staff, the need, as stated by CCC(O), for Departments to be seen as model employers and the considerable effort made within Defra to ensure business continuity. While we appreciate the difficulties involved, we consider that more could have been done to help ensure that cross Whitehall arrangements were consistent.

Our comments on the specific questions posed are provided below:

General

1. What aspects of the Pandemic Flu Response worked well? What would you wish to do differently in another pandemic?

Defra Response:

- Defra's pre planning was based on cross-government work to produce the Department of Health (DH) guidance for pandemic flu. This provided a common understanding on which all departments could base their response.
- Cabinet Office co-ordination was good although the battle rhythm could have been relaxed more quickly.
- Communication elements could have been deployed more quickly.
- The pandemic was not named using the "geographical region" precedent (i.e. should have been named "Mexican flu" rather than "Swine flu").

2. What aspects of the Pandemic Flu Response would have had to change in the event of a more severe pandemic?

Defra Response: No particular comments.

Vaccines

3. What lead to the decision made to opt for 100% rather than 45% coverage of the population, based on two doses per patient?

Defra Response: not applicable.

4. On what grounds was the decision to purchase 30m extra doses of vaccine made?

Defra Response: not applicable.

5. What drove the procurement policy (e.g. number of companies, break points etc)?

Defra Response: not applicable.

6. What were the factors driving the distribution policy of focusing on high risk groups?
Defra Response: not applicable.
7. What was the impact of the WHO alert levels on procurement of vaccines, for example in relation to APAs?
Defra Response: not applicable.
8. Which options were considered for delivering vaccines and what lead to the choice of GPs?
Defra Response: not applicable.
9. Could negotiations with GPs have been initiated in advance of any pandemic emerging?
Defra Response: not applicable.

Containment

10. How were the decisions made on containment? What issues drove the policy?
Defra Response: not applicable.
11. What were the triggers for moving away from containment, and what were these based on?
Defra Response: not applicable.
12. What drove the policy on school closures, and how were individual decisions made?
Defra Response: not applicable.
13. What was the policy on port health inspections, and what issues drove this policy?
Defra Response: not applicable.
14. What was the policy on travel advice, and what issues drove this policy?
Defra Response: not applicable.
15. What was the policy on mass gatherings, and what issues drove this policy?
Defra Response: not applicable.
16. What was the policy on prophylaxis and what issues drove this policy?
Defra Response: not applicable.

Treatment

17. What was the policy on antivirals procurement and distribution, and what factors under-pinned this policy?
Defra Response: not applicable.

18. What issues drove the different implementation decisions across the Four Nations? [NB: we are not seeking to assess the operational decisions in the Four Nations, but rather trying to elucidate how far the UK-wide response facilitated locally-sensitive responses]

Defra Response: not applicable.

Central Government Response

19. What was the central government machinery and decision-making structure? Did the approach differ from other crises?

Defra Response: Defra's view was that the central government response followed standard guidelines, appropriately tailored to the circumstances and proportional (subject to scaling-back issues).

20. What was the rationale for the membership of CCC and CCC(O)?

Defra Response: normal arrangements (i.e. Ministerial membership of CCC for strategic/policy decisions with senior level officials attending CCC(O) and dealing with tactical/operational issues).

21. What was the reason for the introduction of Four Nation Health Ministers meetings? What impact did this have on the response?

Defra Response: not applicable.

22. What were the expectations on DH as lead department? Did these change over the course of the pandemic?

Defra Response: DH led as appropriate/required.

Scientific/Clinical Advice

23. What scientific advice was available to Government, and how was this presented to Ministers?

Defra Response: Decisions on vaccination appeared slow and industry expectations became difficult to manage. It would have been helpful to have had greater clarity on vaccination policy/timescales.

24. What was the balance of expertise on SAGE?

Defra Response: not applicable.

25. How was the relationship between SAGE and JCVI?

Defra Response: not applicable.

26. What was the role of PICO in relation to SAGE?

Defra Response: not applicable.

27. What surveillance systems were in place in April across the different countries of the UK, and how did these develop over the course of the pandemic?

Defra Response: We assume that this question relates primarily to human health surveillance systems, in which case it is not applicable to Defra.

However, Defra and the Veterinary Laboratories Agency have an established and ongoing veterinary surveillance system that looks specifically at influenza in pigs so we can monitor what strains are circulating and whether or not they are changing. Over the course of the pandemic, this was used, along with normal veterinary surveillance to check whether or not pandemic H1N1 got into the pig population.

28. What data was collected and how was it used?

Defra Response: not applicable.

29. What was the role of the Standing Committee on Ethics in decision-making?

Defra Response: not applicable.

Communications

30. Who were with key stakeholders identified in April 2009. What arrangements were in place for engaging them, and how did these develop subsequently?

Defra Response: Defra industries (food, water, agriculture) were all engaged and communications maintained by our policy leads from Day 2 of the outbreak. Some of our policy leads have suggested that they would have found a “public” version of the CRIP helpful in liaising with industry. We used colour coded text to highlight information that could be shared with industry.

31. What arrangements were in place or put in place to ensure a consistent set of messages across the four nations?

Defra Response: The Top Lines Brief proved very useful.

32. How were the media and social networks monitored and engaged?

Defra Response: Defra took a proactive stance – feeding to and from DH/CCS and responding/intervening using agreed lines and protocols where appropriate. Media were regularly briefed on animal health-related developments and inaccuracies were swiftly corrected. Coverage tended to be balanced and appropriate.

33. What evidence is there on public responses to the handling of the pandemic?

Defra Response: not applicable.

34. How was scientific advice communicated to the media and public?

Defra Response: not applicable.

35. What evidence is there on clinical responses to the handling of the pandemic?

Defra Response: not applicable.

36. What evidence is there on the response to the pandemic of other stakeholders?

Defra Response: Positive feedback from industry regarding the Business Advisory Network for Flu (BANF) and Defra communications throughout the pandemic.

Wider Health Issues

37. What work was done on preparing for more deaths? How prepared was the system for the impact of a more severe pandemic?

Defra Response: not applicable.

38. What work was done on preparing emergency legislation? Was everything necessary in place to enable such legislation, had the pandemic been more severe?

Defra Response: not applicable.

39. What work was done on sickness certification? Was everything necessary in place to enable necessary changes to be made, in the event of a more severe pandemic?

Defra Response: not applicable.

Defra Contingency Planning
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