

To: SHA Flu Lead Directors  
Cc: SHA Flu leads  
SHA Medical Directors  
SHA Nurse Directors

26 November 2009

Gateway reference [tbc]

Dear Colleague,

### **Advice from the H1N1 Critical Care Clinical Group**

As part of the work to help the NHS in England respond to the demands placed on it by the H1N1 pandemic, a Critical Care Clinical Group (CCCG) was set up chaired by Dr Judith Hulf, CBE the former president of the Royal College of Anaesthetists. The other members of this group include medical, nursing and NHS management colleagues as well as representatives of the British Association of Critical Care Nurses, the British Association of Perinatal Medicine, the Paediatric Intensive Care Society and the Intensive Care Society.

The terms of reference of this group include offering advice on how the NHS should best surge adult and paediatric critical care capacity, as well as considering and advising on management, staffing, equipment, medicines and consumables issues associated with the increase in demand for critical care services to help front line staff deliver these services in a surge situation.

The Group has received feedback on the extensive work that has been done already by individual organisations, critical care networks and Strategic Health Authorities to develop and refine plans to surge critical care capacity, if required, during the pandemic. I also recognise that a great deal of effort has been put into to preparing the NHS for what would be extraordinary circumstances. You and your colleagues are to be congratulated on this.

The current wave of the pandemic, although putting pressure on services, has not required us to implement plans to surge critical care capacity. However, we still need to prepare for how the pandemic may develop in 2010 as well as the impact of winter on critical care services.

A doubling of capacity would be unusual circumstances and the Clinical Group continues to receive representations from clinical colleagues on issues associated with support to staff, triage and the role that can be played by extracorporeal membrane oxygenation (ECMO). In addition the Group has discussed the importance of ensuring adequate supplies during a surge situation.

Attached to this letter are four documents prepared by the Clinical Group that address these issues. These documents have been developed to support the

NHS in ensuring that critical care arrangements are strengthened during both the current H1N1 pandemic and any future, potentially more serious, pandemic strain. The Group acknowledges that much detailed planning will already have been undertaken but these documents may provide a useful cross reference for local clinicians and managers. They should be seen and used in this context, both to refine as appropriate existing H1N1 critical care surge plans and to look to develop future critical care pandemic surge plans in the light of this clinical and logistical advice.

The attachments are:

Annex A: a note on principles for nurse staffing within critical care. A surge may require changes to the traditional methods of staffing ICUs and PICUs and the note seeks to provide guidance for nursing staff on the professional issues that may need to be addressed in a surge period;

Annex B: a note on triage. that sets out the importance of distinguishing between normal clinical decision making and triage, emphasising that the latter should only be undertaken after the steps to surge capacity set out in local plans have been taken. Key elements are providing advice within clinical networks, setting up multi-speciality and team decision making arrangements and rehearsing these ahead of a surge.

Annex C: a note on the role that extracorporeal membrane oxygenation (ECMO) can play in the current pandemic. Additional context on the therapies available to local and regional ICUs is included and so this note now replaces the one emailed to you on 11 November 2009.

Annex D: a supplies checklist which sets out the issues the Group believe should be addressed by individual units to prepare themselves to double capacity if needed, including the issue of caring for children on adult ICUs.

I would be grateful if you could arrange for these documents to be circulated quickly to critical care networks and lead critical care contacts within your local provider organisations as well as to NHS Medical and Nursing Directors within your SHA. I must emphasise that the supplies checklist is a reference document for use locally, there is no need for any reports back to SHAs or the Department of Health against it. This would of course not stop any colleagues feeding back their comments on any of these documents if they wished.

In addition we have been discussing the issue of ensuring the resilience of national and local supply chains during the pandemic. The fifth attachment to this letter, at annex E, is a short note on ensuring supplies resilience. It asks for confirmation that there is a strategy developed within your SHA for engagement with the supplier network and that a dialogue with suppliers is in hand to ensure that the implications of a doubling of critical care capacity has

been addressed I would be grateful if you could respond on the issues raised in Annex E to Ed Blight by Friday 17 December 2009.

If you have any issues on annex E then please raise them with Ed Blight ([ed.blight@dh.gsi.gov.uk](mailto:ed.blight@dh.gsi.gov.uk)) in the first instance and if there are issues with the four products from the Critical Care Clinical Group then please raise them with Colin McIlwain ([colin.mcilwain@dh.gsi.gov.uk](mailto:colin.mcilwain@dh.gsi.gov.uk))

Yours faithfully,

Ian Dalton  
National Director  
NHS Flu Resilience