Chapter 8
Health Protection and Emergency Planning

Childhood Immunisation

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Primary Immunisations

Primary immunisations are the group of vaccinations offered to children, which protect against infection with diphtheria, tetanus, pertussis, polio, Haemophilus influenza B, measles, mumps and rubella.

Uptake of primary immunisations in Kingston

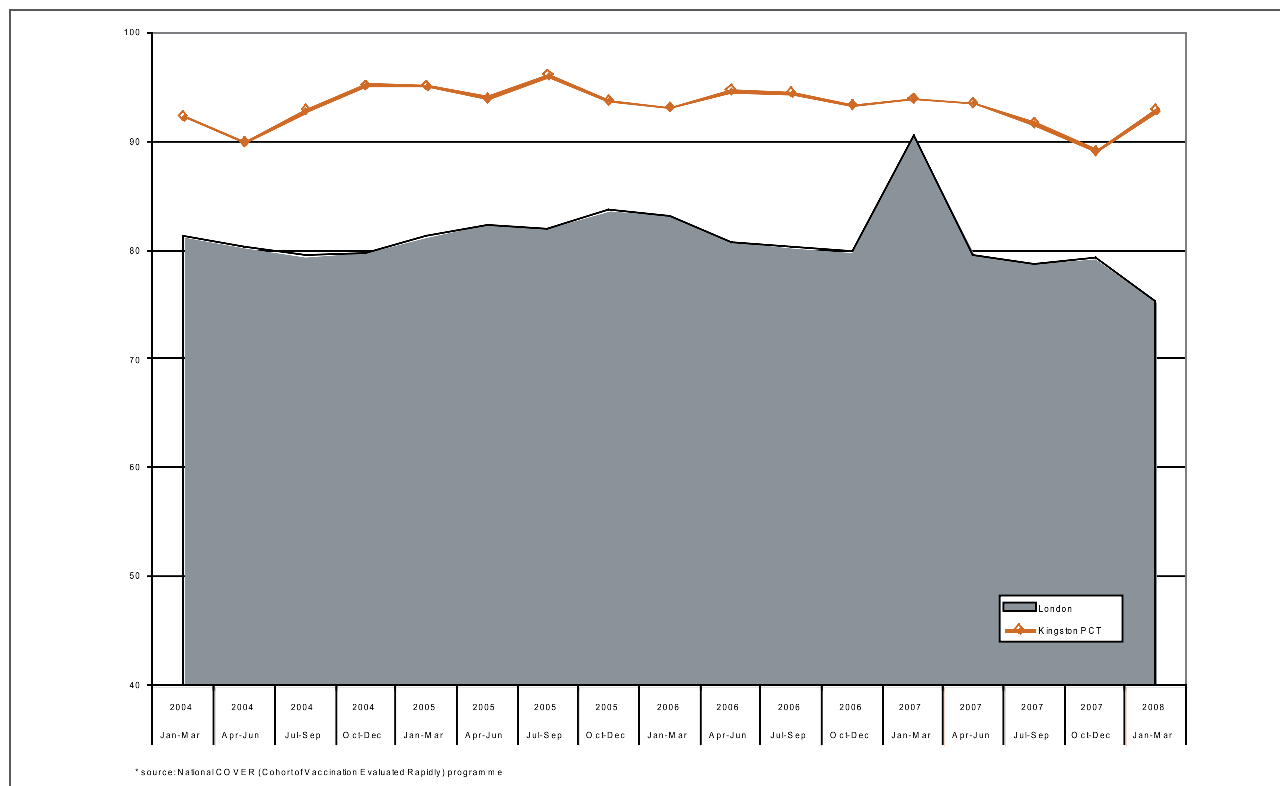
NHS Kingston continues to have high recorded uptake in all primary immunisations compared with other primary care trusts in South West London. Uptake in Kingston is good compared to London, achieving on average 5 - 7% higher uptake rates compared to London as a whole. However, not all immunisation rates are high enough to achieve herd immunity.

During 2007, the reported uptake of all vaccinations fell gradually and then rose slightly in 2008. This may be explained by adjustment of the denominator population and problems experienced with new systems of data collection and recording during 2007.

DTaP/IPV/Hib vaccine

This vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). It is scheduled for all children at two, three, and four months of age. The uptake at 12 months of DTaP/IPV/Hib vaccine (Pediacel), also known as the '5 in 1', has remained fairly consistent with Kingston showing a very slight decline in 2007 (Figure 8.0) but since the middle of 2008 uptake has remained around 90%. The latest data shows that in March 2009 uptake was 90.5%.

Figure 8.0 DtaP IPV Hib Vaccine uptake at 12 months of age.



Source COVER data

Pneumococcal vaccine (PCV) uptake and Meningitis C (Hib/MenC) uptake at 24 months

At the age of two years, the target is for 95% of children to be immunised against pneumococcal infection (the PCV vaccine). Throughout 2008 and into early 2009 this target has been missed, with rates fluctuating around 85%, until March 2009 when the rate rose to 91.6%.

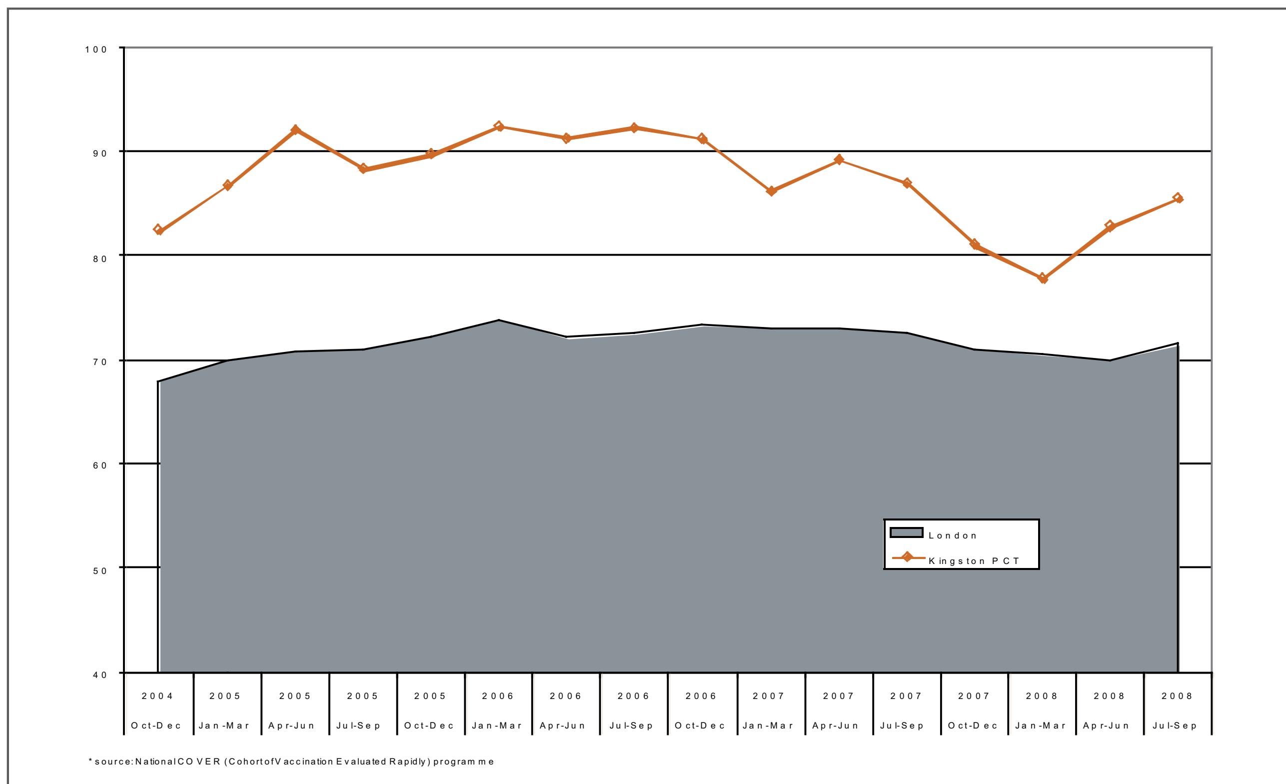
At the age of two years, 95% of children should be immunised with MenC/Hib vaccine. Whilst this target was exceeded in the first quarter of 2008, it has not been met since, although it has remained consistently above 90%.

Measles Mumps Rubella (MMR) uptake

Measles was a significant problem nationally in 2007. London was particularly affected with over 1,200 suspected cases, of which over 420 were confirmed. South West London was significantly affected with 209 suspected measles cases during 2007.

Kingston's immunisation rate for MMR remains below the national targets although local uptake of the vaccine is 85% at two years (Figure 8.1) and 81% at five years. These levels fall short of those needed to reach the herd immunity threshold for measles at 92-95%.

Figure 8.1 MMR first dose at 24 months



Source COVER data

In August 2008, the Department of Health announced a national MMR catch-up campaign to vaccinate every child under the age of 18 years. As part of the catch-up campaign in Kingston, since September 2008, children and young people have been invited to attend their GP practice to receive MMR if they have not previously received any vaccine or have only received one dose of the vaccine. This catch-up programme ran until March 2009.

Haemophilus influenzae Type b (Hib) catch-up campaign

Haemophilus influenza B (Hib) is an infection that can cause a number of major illnesses, such as blood poisoning, pneumonia and meningitis. A Hib catch-up campaign was launched in September 2007 and was due to end in March 2009. The eligible group for this campaign were children born between 13th March 2003 and 3rd September 2005. This campaign ensures that children who were too young to participate in the 2003 catch-up campaign

(those born between 2nd April 1999 and 12th March 2003), and are too old to have received a routine Hib/MenC vaccine at 12 months (those born 4th September 2005 onwards) receive a Hib booster over the age of one year. Thus all children born after 1st April 1999 should have received a dose of Hib vaccine over the age of one year.

Human Papilloma Virus (HPV) Vaccination for Girls in Kingston

Genital infection with Human Papilloma Virus (HPV) is linked to virtually all cervical cancer cases and is the most common viral infection of the reproductive tract. The objective of the HPV immunisation programme is to provide the three required doses of HPV vaccine to females before they reach an age when the risk of HPV infection through sexual contact increases, and they are at subsequent risk of cervical cancer. It should be emphasised that all women, whether vaccinated or not, will continue to be encouraged to attend for cervical screening because current vaccines do not protect against all the types of HPV that are linked to cervical cancer. The cervical screening programme will also provide the means to monitor the long term effectiveness of the vaccine.

The HPV immunisation programme to routinely vaccinate girls aged 12-13 was introduced in September 2008 following advice from the Joint Committee on Vaccination and Immunisation. A two-year catch-up programme will commence in Autumn 2009 for girls up to the current year 13, to ensure all girls aged 14 to 18 years are offered the vaccine.

During 2008/2009 there was a specific catch up programme for 17 to 18 year olds which was mainly carried out via general practice as a significant number of young women within this identified group may have left education.

Future immunisation issues

In London, the quality of immunisation data declined following introduction of a new Child Health System - Child Health Interim Application (CHIA) - in 2005. NHS Kingston was no exception. It is planned that NHS Kingston's child health system will be moved over to the RiO system at the end of 2008 and beginning of 2009. The data is currently under review and is being validated prior to migration. It is anticipated that this will bring improvements to Kingston's immunisation recall and reporting system, including improved quality and accuracy of data.

A Senior Public Health Nurse who leads on immunisation commenced working for NHS Kingston in September 2008. Two school nurses have been employed to support the HPV campaign. In addition, as part of the Choosing Health priorities, three school nurses have been offered posts to assist the immunisation programme for 0 to 19 years olds and it is hoped that the nurses will start these roles in early in 2009.

In the coming year, NHS Kingston plans to reduce inequalities in childhood vaccination, with the support of the South West London Health Protection Unit, to ensure that all children are protected against the most common childhood infections and vaccine preventable diseases. Improving uptake of childhood immunisations, particularly the MMR vaccine, has been identified as a priority for London. NHS Kingston recognises that sustained investment is essential in this area in order to meet national targets and local trajectories for the future.

Recommendations

1 The capacity of the immunisation coordinator should be increased.
2 All local healthcare staff should promote the benefits of immunisation to local people.
3 NHS Kingston should consider campaigns aimed at populations in Kingston where there is a low uptake of childhood vaccinations.
4 NHS Kingston should use the local media to highlight the importance of childhood vaccinations.

Tuberculosis

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Tuberculosis (TB) is a serious but treatable infectious disease and an important public health issue both in London and globally. It is controlled by prompt diagnosis and ensuring that each person completes their treatment course. Treatment of cases is accompanied by the tracing of their close contacts to identify if anyone else also needs treatment for TB. Specialist TB nurses provide rapid access for assessment and treatment, and undertake the contact tracing.

TB is a local priority in London. The pan-London group called 'Stopping TB in London' has developed a number of measures which aim to define and set standards for TB services in London (see Box 8.0). These metrics are being further developed across London.

Box 8.0

NHS London Standards for TB Care: TB metrics 2008*

- Prompt diagnosis: All TB samples should be processed using liquid culture technology.
- Prompt diagnosis: all results on sputum smears should be available within 1 working day of the sample reaching the laboratory.
- Identification of those with complex needs: a risk assessment, as defined by National Surveillance Standard, is carried out on each TB patient to identify those at risk of not completing their TB treatment.
- Treatment completion to achieve, as a minimum, 85% treatment completion rate at 12 months after commencing therapy (national target) using WHO equation % = (C/T) x 100 % (percentage TB patients completed treatment) = C (number of TB patients (notifications) completing treatment/T (total number of TB notifications minus de-notifications) x 100.
- Prevention of further infection: all defined contacts of a TB case should be identified and screened as per NICE Guidelines. Services are able to report contact tracing details - specifically numbers seen, numbers offered chemoprophylaxis, numbers offered BCG and numbers diagnosed with TB.
- Workforce: there should be a minimum of 1 specialist TB nurse for every 40 TB notifications per year and full clinic administrative support in place.
- HIV: all TB patients to be offered an HIV test.

* these metrics will be revised for 2009/10

During 2008, the 'Stopping TB in London' group was reorganised into the London TB Commissioning Board and the London TB Clinical Reference Group, with the changes being completed in November 2008.

In the last five years the number of cases of TB in people living in the Royal Borough of Kingston has fluctuated from 22 cases in 2004 to 29 cases in 2007. Table 8.0 shows the number and rate of TB by local authority of residence since 2003.

Kingston residents have a lower rate of TB (18.4 cases per 100,000 people) compared to Croydon, Wandsworth and Merton in South West London. Whilst the Kingston rate is lower than the overall London rate of 43.2 cases per 100,000 people, it is higher than the rate for England of 15.2 cases per 100,000 people.

Table 8.0 Number of TB cases in South West London minus de-notifications from 2004 to 2008* by local authority of residence, and the rate per 100,000 for 2008

Local authority	2004	2005	2006	2007	2008	Rate per 100,000 in 2008*
Croydon	120	113	102	117	112	33.0
Kingston upon Thames	**22**	**29**	**25**	**28**	**29**	**18.4**
Merton	62	61	66	57	64	32.1
Richmond upon Thames	12	19	20	14	13	7.2
Sutton	24	25	27	33	14	7.5
Wandsworth	94	125	82	115	110	39.0
South West London	334	372	322	364	342	25.4
London						43.2**
England						15.2**

*Rates use ONS mid year population estimates for 2004 to 2007, except 2008 which is based on 2007 population data.

Source (Southwest London numbers and rates): London TB Register

**Source (London and England rates) 2007 data, Health Protection Agency

BCG vaccination in Kingston

The current policy in Kingston is to offer BCG vaccination selectively to newborns at high risk of contracting TB, for example to children whose parents come from a country with endemic TB. This policy is based on the rate of TB in the Kingston population being below a threshold of 40 cases per 100,000 population. However, TB rates in Wandsworth have been close to 40 per 100,000 in the last 2 years, which represents high endemicity. The South West London Health Protection Unit is closely monitoring these rates to ensure that appropriate action is taken if the rate exceeds the threshold in one of Kingston's neighbouring PCTs.

Treating TB and treatment targets

All clinics treat patients using guidelines developed by the National Institute for Health and Clinical Excellence (NICE). Tracing of people who are close contacts is undertaken for all cases. Wider screening, if required, is supported or led by the South West London Health Protection Unit in settings such as schools and hospitals.

The London TB standard for treatment completed is for 85% of patients to have completed treatment one year from their treatment start date. NHS London will be monitoring treatment completion by PCT. The overall treatment completion rate for patients from South West London PCTs who were notified in 2007 was 78%, although the rate in Kingston was 57%. Low treatment completion rates in Kingston could be attributed to a transition phase when a new Lead TB Nurse was being recruited to post. Monitoring of activity since 2007 has shown a marked improvement in TB completion rates at the chest clinic. Low treatment completion rates in Kingston may also be affected by deaths during a single year, but may also be related to the smaller numbers of cases, the disproportionate affect of small variations in cases lost to follow-up, patients transferred out to other hospitals without feedback of data on their treatment completion (although this is now being addressed by the London TB Register team), and the fact that some patients may require longer treatment regimens.

Further work is needed to deduce whether there is a problem with the commissioned TB service that is resulting in low treatment completion rates, or whether it is due to incomplete data. Incomplete data can be improved by following up patients whose care has been transferred out to ensure treatment completed elsewhere is captured, and through a robust local process ensuring cases lost to follow-up are kept to a minimum.

A TB network manager has recently been recruited to develop TB services in the region. In partnership with stakeholders, the TB network manager will work towards developing key performance indicators at agreed intervals to deliver on the London TB metrics (Box 8.0).

Improving the diagnosis and referral of TB

An innovative TB assessment tool has been developed by the Lead TB Nurse at Kingston Hospital. The tool will help health care professionals to assess people at high risk of TB and identify those that should be referred on to the TB clinic. The tool is being supported by the South West London Health Protection Unit and will be given to GPs, practice nurses, occupational health professionals, prisons, housing officers and homeless units, drug projects and staff in other settings where people at high risk of TB come into contact with services.

Joint Working and Training

The Kingston TB service has been working jointly with other services such as Kaleidoscope and Housing Services at RBK to ensure people with TB are fully treated and cared for, and able to complete their treatment course with minimal disruption. Jointly agreed activities include offering TB medication in settings other than at the TB Clinic.

The Kingston TB service continues to provide training on TB to a range of professionals working in the Kingston locality.

Recommendations

1. The TB clinic team at Kingston Hospital, the TB Network Manager, Health Protection Unit and NHS Kingston should work collaboratively to improve care pathways and data collection on current services provided through the clinic.
2. The TB Clinic Team at Kingston Hospital and partners should work towards minimising patients lost to follow up by providing an outreach worker resource to link between the chest clinic and the community.
3. The TB assessment tool should be adopted across the borough to enhance the identification and referral of people with TB.

Improving Sexual Health

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Introduction

Sexual health is a key national priority[1,2] for the NHS, and is also a priority for London and Kingston. London has the highest prevalence of sexual ill health in the UK and this has a disproportionate impact on inequalities, public health and use of health services.

A recent London sexual health needs assessment and service mapping project '*Sex and Our City*'[3] was published in 2008 to assist the NHS in London in developing and delivering high quality sexual health services. For the first time, the NHS in London has a baseline mapping of sexual health services and needs. The Sex and Our City report made many recommendations. This chapter looks in more details at the recommendation that

"PCTs should prioritise interventions with the greatest potential for cost effectiveness and impact on health outcomes, including:

- *Improving access to Long Acting Reversible Contraception (LARC) prescribing*
- *Offering Chlamydia screening more widely*
- *Making HIV testing more accessible to avoid late diagnosis"*

Why is this an important public health issue?

For nearly two decades there have been changes in sexual behaviour in the UK, with increasing numbers of heterosexual partners, lower age at first sexual intercourse, increase in number of concurrent partnerships, increase in heterosexual anal sex, and payment for sex. These behaviours have contributed to the increase in number of diagnoses of sexually transmitted diseases and to 30% of pregnancies being unplanned. This has been reflected in increasing GUM clinic throughput as well as rising disease prevalence and high teenage pregnancy rates in the community.

1 Department of Health (2004). Choosing Health: making healthier choices easier: Command paper Cm 6374; The Stationery Office, 2004
2 Department of Health (2007) The NHS in England: the Operating Framework for 2007/08, Department of Health; 2007
3 MedFASH (2008) Sex and Our City - Achieving better sexual health services for London. Project findings & recommendations" MedFASH/London Health Observatory/HPA/London SHA report, 2008. Published online at http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf This report has an associated service mapping report and detailed sexual health indicator analyses (data showing Kingston performance in relation to other London PCTs is available) http://www.lho.org.uk/viewResource.aspx?id=14200

Such increases in demand for sexual health services mean it is no longer sensible or economic to deliver sexual health care only in hospital-based specialist services[4, 5, 6]. Kingston is developing an integrated sexual health specification which is due to be implemented from 2010/11.

Local Issues

This section looks in more detail at :

- Contraception - long acting reversible contraceptives
- Chlamydia - Widening access to screening
- HIV - ensuring early diagnosis

Contraception: A move towards long acting reversible contraceptives

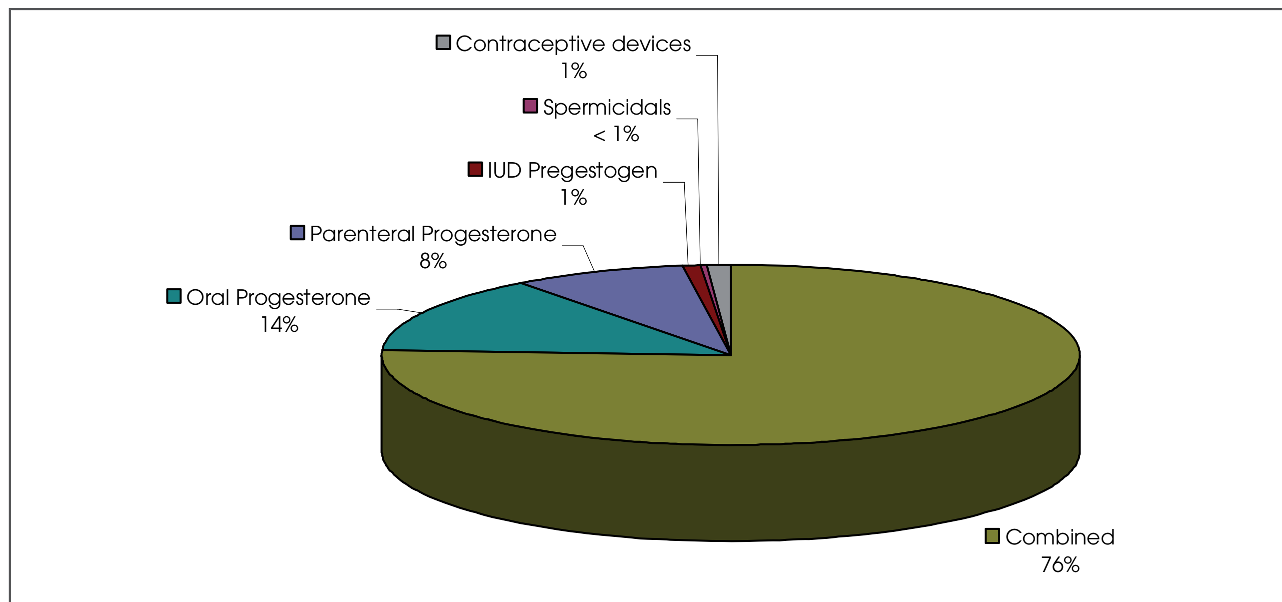
Contraceptive failure may result in unwanted pregnancies, abortion, miscarriage, maternity (live births) and medical conditions such as ectopic pregnancy. In 2005/06 the average cost of a contraceptive failure was estimated to be £1,500.

The abortion rate for NHS Kingston is slightly higher than the national average: 20 per 1,000 women aged 15-44 compared with the national average of 18.5. Furthermore, a quarter of all abortions are to young women under 25 reporting a previous abortion.

In 2007, long-acting reversible contraceptive (LARC) methods made up only 10% of contraceptive prescriptions in Kingston (Figure 8.2), which is significantly lower than the figures for England of 21% and for London of 19%[7]. The group of long acting reversible contraceptives comprises intrauterine devices, the intrauterine system, injectable contraceptives and implants.

4 Department of Health (2001 and 2008) National Sexual Health Strategy (DH, 2001) and review July, 2008.
5 Department of Health (2006) Our health, Our Care, Our Say, Department of Health, 2006.
6 NICE (2007) One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups, National Institute for Health and Clinical Excellence
7 MedFASH (2008) "Sex and Our City Achieving better sexual health services for London. Project findings & recommendations" MedFASH/London Health Observatory/HPA/London SHA report, 2008

Figure 8.2 Percentage of items of contraception prescribed to the GP registered population of Kingston, January-December 2007



These data demonstrates the high use of traditional user-dependent methods such as the pill, compared to the more cost effective non user-dependent LARC methods which have lower failure rates. The National Institute for Health and Clinical Excellence (NICE) recommends that women should have the choice of, and access to, a range of contraceptive methods including LARC, and encourages PCTs to shift to offering LARC methods more widely.

In September 2008 Kingston Hospital Trust's genitourinary medicine department worked with NHS Kingston to start a weekly LARC training clinic. To date, referrals from GPs have been limited and there have been lower numbers than expected of GPs attending the training clinic. Despite this, the number of attendees appropriately attending the LARC clinic has risen, so that clinics soon became booked up and the 16-19 age group is well-represented.

There has also been a relevant change to the Quality and Outcomes Framework (QOF) for GPs. From 2009/10 GPs will be rewarded for giving advice on contraception, particularly long acting methods. It is hoped this will improve access to the full range of contraceptive methods and result in a reduction in unintended pregnancies, particularly teenage pregnancy and abortions. Work will be required to ensure the advice provided in general practice is consistent and of high quality, and to ensure care pathways are in place.

Local action to improve contraceptive choice

The aim in Kingston is to offer convenient access to a range of contraception services (including LARC) from a range of community-based and primary care settings (with under 24

year olds accessing community pharmacies for emergency hormonal contraception), a 5 year target of 100% of sexually active under 24 year olds accessing condom services and a 7% shift from oral contraception to LARC use by 2012 / 2013.

This will be achieved by:

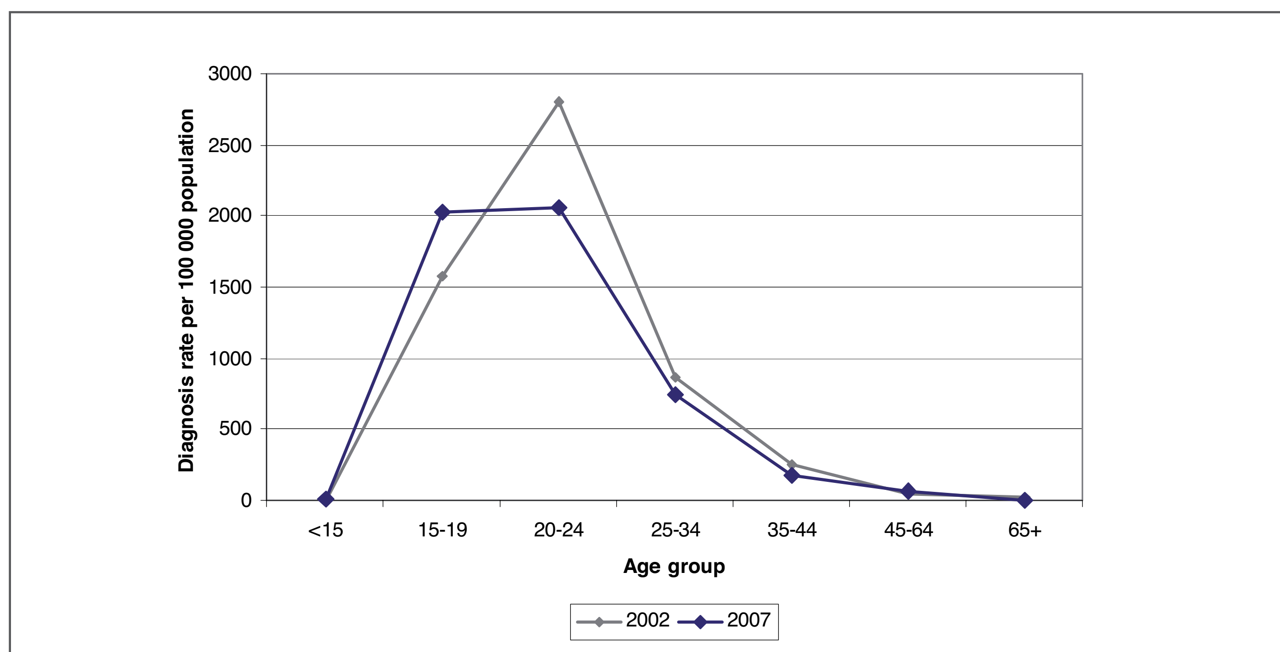
- Re-launching and rolling out the condom distribution scheme in line with pan-London plans (procurement and distribution).
- Ensuring consistent emergency hormonal contraception provision from community pharmacies.
- Expanding school general health drop-ins to include sexual health services.
- Arranging with British Pregnancy Advisory Service (as Kingston's main abortion provider) to provide immediate advice about, and initial supply of, the full range of reversible contraceptive methods, including condoms, and access to permanent methods. This is in line with the Recommended Standards for Sexual Health Services, MedFASH, 2005.
- Enabling ongoing provision of LARC training for general practice staff and contraception service providers as well as genitourinary medicine (GUM) staff.
- Enabling clinical support of provision of LARC from general practice settings.
- Supporting a comprehensive choice of contraception (including LARC) from community contraception sites and termination of pregnancy providers.
- Engaging non-clinical settings to provide clinical sexual health support (through the sexual health promotion nurse post which commenced in January 2008).
- Increasing the capability of school health, local authority, and primary care staff in primary prevention. This will be lead by the new sexual health promotion specialist who joined in November 2008.
- Ensuring the sexual health promotion specialist is actively involved with promoting sexual health services and any related media / publicity developments.
- Making services acceptable and accessible to young people through the use of the 'You're Welcome' criteria (a set of criteria designed for all health services which aim to improve the acceptability, accessibility, quality and choice of services for young people).

Chlamydia

Untreated Chlamydia infection may result in pelvic inflammatory disease (PID), ectopic pregnancies or infertility. These complications are all preventable if the infection is diagnosed and promptly treated. Complications are extremely distressing for women, and cost an estimated £100 million to the NHS every year.

Young people in Kingston aged 15-19 years and 20-24 years have the highest rates of Chlamydia, based on the numbers seen at the Wolverton Centre (Figure 8.3).

Figure 8.3 Age-specific diagnosis rates for Chlamydia at the Wolverton Centre for NHS Kingston patients



Source: K60 GUM data

Notes. The age groups used in this graph are based on available data from the Health Protection Agency and may not represent equal ranges.

The Vital Sign target for 2009/10 is that 25% of 15-24 year olds will be screened for Chlamydia within the South West London screening programme. An integrated approach will be required to utilise outreach and core service providers to achieve this.

Since the South West London Chlamydia Screening Programme commenced in January 2008, Kingston's screening rates improved throughout 2008/09. This increase is mainly due to the commissioning of the Metro outreach organisation. Although outreach screening did well in covering young men, positivity rates remained low because the more vulnerable groups were

not well-targeted. This was highlighted in the Chlamydia Screening Office and National Chlamydia Screening Programme reports.

Local action to improve Chlamydia screening
Screening will be made more available, with particular attention to the 15-24 year age group. This will be achieved by:

- Developing contracting/procurement strategies based on the priorities in the 2008 sexual health needs assessment and best practice service models e.g. for outreach. Collaboration will be considered with neighbouring PCTs to optimise contracts with sites which serve residents from more than one PCT.
- Commissioning to exceed the target to gain maximum value for money (35 - 50% screening coverage being cost-effective in a population with 10% positivity rate).
- Continuing commissioning of primary care through local enhanced services (LES), with Community Pharmacy also providing partner notification and treatment as part of the programme. Screening LES to be based on return rate only with targets for GPs.
- Commissioning provider services to engage in increased outreach work to benefit from the effective model used by existing outreach organisation e.g. engaging schools and youth services.
- Collaborating with RBK on joint planning to ensure Chlamydia screening is prioritised in the Local Strategic Partnership (LSP), the Joint Strategic Needs Assessment (JSNA), and the Local Area Agreement (LAA).
- Improving public awareness of the Chlamydia screening programme by commissioning effective social marketing to ensure the vulnerable sub-groups of the population can access screening.
- Commissioning outreach workers and a new sexual health promotion nurse to specifically undertake screening in areas of vulnerable young people - thus identifying and screening populations with potentially higher positivity rates.
- Developing links between youth services, education and outreach to core services to increase access to existing clinical provision. To be lead by the new sexual health promotion specialist nurse and outreach workforce.
- Improving capability and identifying gaps in provision and training. Resourcing and prioritising the training for staff within core services, especially in relation to treatment and partner notification (by the new sexual health promotion specialist post).
- Seeking young persons' views in developing local publicity (by the new sexual health promotion specialist post).
- Undertaking a capacity analysis of existing services to support service planning for Chlamydia screening.

8 National Chlamydia Screening Programme (2007) 'Men Too…., Department of Health, 2007

- Continuing to foster strong links between NHS Kingston and local surveillance services e.g. local laboratories.
- Ensuring that contraception services contribute substantially to the target by offering Chlamydia screening on a routine opt-out basis only.
- Engaging and commissioning abortion services to provide Chlamydia screening as routine care prior to abortions in all under-25 year olds.

HIV

Early diagnosis of HIV means treatment can begin at an earlier stage, which gives each person with HIV the chance of a better prognosis. Early diagnosis can also prevent onward transmission of HIV to others.

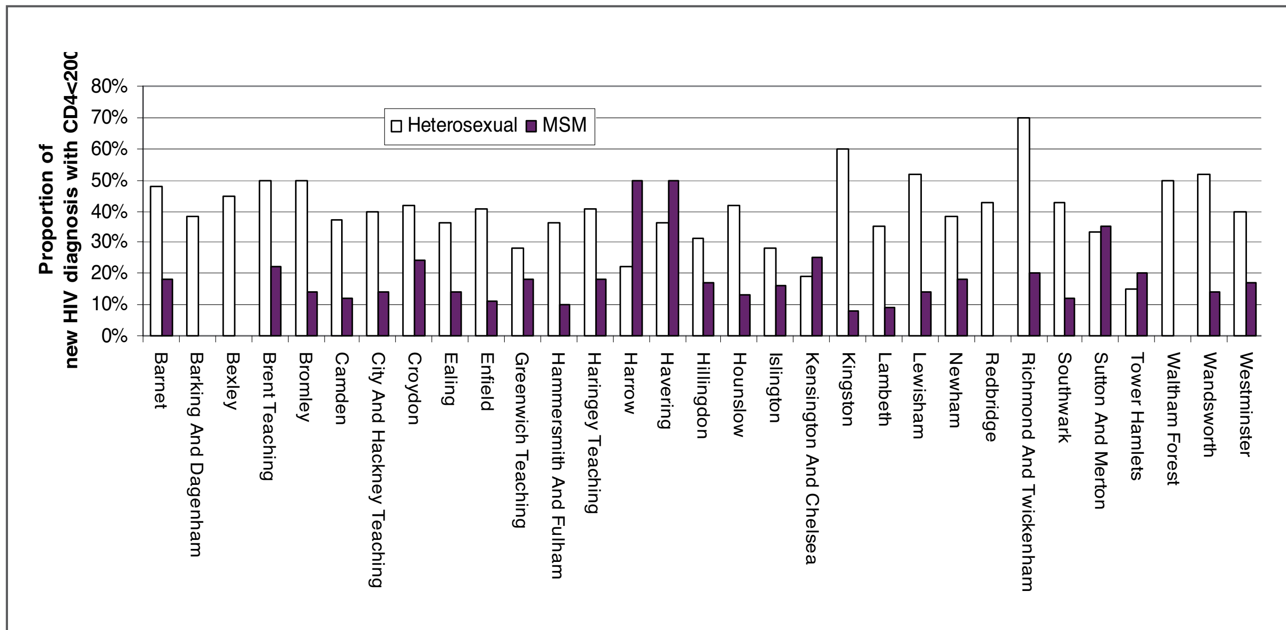
The 2007-2008 NHS London Business Plan made HIV prevention a priority for London PCTs and set a new HIV prevention performance indicator to reduce late diagnoses of HIV on the basis that earlier diagnosis will:

- Reduce the level of undiagnosed HIV in the population
- Enable people to be supported to make behavioural changes to avoid infecting others
- Some people may have their infectivity reduced due to earlier treatment with antiretroviral drugs (ART)
- Reduce lengthy inpatient stays
- Reduce the risk of AIDS/symptomatic HIV (it is estimated that 25% of all HIV related deaths are in patients who presented late)

In Kingston just under a third of all cases are diagnosed late. Late diagnosis is defined as a CD4 count less than 200 cells / mm^3 indicating an average of 8 years of infection prior to diagnosis.

Overall, comparing 2007 data with the baseline 2004/05 data, NHS Kingston ranks 18th best out of 31 of the London PCTs in its proportion of late HIV diagnoses in the whole population. Using the same data comparisons, NHS Kingston ranks 5th best for late diagnoses in Men having Sex with Men (MSM), but is the second worst out of 31 PCTs for new diagnoses being made late in the heterosexual population. (Figure 8.4)

Figure 8.4 Proportion of new diagnoses of HIV that are late diagnoses by PCT and mode of acquisition (heterosexual and MSM), 2007



Source: Health Protection Agency, 2008

Across SW London, most people infected heterosexually were Black African (70%) and most people infected through sex between men were White (76%).

The sexual health needs assessment revealed that in 2006 approximately half of all new diagnoses in Kingston were in Black Africans. The highest rate was in Black African females.

Late diagnoses continue to occur as a result of health care agencies failing to identify symptoms of HIV infection. Many agencies are not adequately aware of the appropriate procedures for pre- and post-test discussion. Symptoms can be identified by taking a risk history and by an up to date awareness of HIV and AIDS related symptoms. Post-test discussion involves providing results, following up and referring people appropriately to medical and social care support.

The sexual health needs assessment (2008) revealed that in Kingston

- there is limited HIV outreach work from African Positive Outlook and with Black Africans, with MSM and with young people.
- HIV testing is offered in only 11 out of the 24 responding GP practices.
- There is very limited access to condoms in GP surgeries.
- GPs and other agencies were not facilitating the early diagnosis of HIV in people of Black African background.

Local action to improve early diagnosis of HIV

In Kingston, the aim is to increase ease of access to HIV testing in the acute sector, primary care, and community settings and to provide better primary and secondary prevention through community organisations so that by 2010/11 only 15% of people receiving new HIV diagnoses have a 'late' diagnosis.

This will be achieved by rolling out the 'You're Welcome' framework and involving young people (including the most socially excluded), MSM, Black African populations, service user groups and expert patient groups in the development of services and related publicity. The main actions will be:

- Strengthen collaborative commissioning to ensure effective support of HIV prevention services from community based voluntary black and ethnic minorities and men who have sex with men (MSM) groups.
- Training general practice staff in HIV testing.
- GP local enhanced service (LES) costs to include HIV testing.

Conclusion

Kingston's plans are compatible with the recent sexual health intelligence gained from the pan-London 'Sex and the City' survey which highlights improving access to long acting reversible contraceptives, offering Chlamydia screening more widely, and making HIV testing more accessible to avoid late diagnosis.

Effective commissioning of a responsive and innovative sexual health service is essential if the vision of an effective and personalised world class service is to be realised.

Recommendations

1 NHS Kingston and partner organisations should work together to implement the recommendations set out by the sexual health needs assessment.

2 NHS Kingston and partners should work together to commission effectively to address further improvements to LARC provision, the Chlamydia Screening Programme, and the identification and care of people with HIV.

Emergency Planning and Preparedness

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Introduction

The Civil Contingencies Act 2004 requires NHS Kingston to prepare for major incidents and other civil emergencies which may affect the borough and its population. NHS Kingston is classified as a Category 1 responder, which places a number of statutory duties on the Trust. Other Category 1 responders include NHS Acute Trusts, Local Authorities and the Emergency Services.

NHS Kingston is required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and to maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other responders to enhance co-ordination and efficiency

This year, the emergence of swine flu has tested local emergency planning and has led to a strengthening of planning for, and response to, a pandemic. Other than this, Kingston has been fortunate in the low number of incidents in the borough this year.

This chapter considers the current situation with swine flu, the frameworks for emergency planning and preparedness, and briefly reviews the main non-flu incidents and risks to the population of Kingston.

Swine flu H1N1

Swine flu is a respiratory illness caused by the type A influenza (H1N1) virus, which emerged in Mexico in April 2009. Transmission of this virus is thought to occur in the same way as seasonal flu. The infection can be treated with antiviral medication. To date, most reported cases outside of Mexico have been mild and people have recovered fully after treatment.

What is the national picture?

Swine flu is a pandemic influenza. A pandemic influenza is a type of influenza that occurs every few decades and which spreads rapidly across the world. The symptoms of pandemic flu are similar to those of 'ordinary' flu but are usually, but not always, more severe. Groups at particular risk will not be known until the disease has been in circulation for many months, but it is likely that at least a quarter of the population may be affected by the end of a pandemic.

Due to the significant impact of a flu pandemic the Government, led by the Department of Health, has produced a national influenza pandemic plan. Each PCT across the country has developed local plans in accordance with national guidance.

The World Health Organization (WHO) raised its pandemic alert level to Phase 6 on Thursday 11th June 2009, having been at Phase 5 since Tuesday 29 April 2009. The Director-General of WHO is the decision-maker in terms of elevating the global stages of pandemic alert. Experts from around the world are working in close collaboration with WHO to help determine what risk this situation poses to global public health.

Phase 6 is characterised by 'human-to-human spread of the virus into at least two countries in one WHO region plus at least one country in a different WHO region'. The declaration of Phase 6 is a signal to be ready to operationalise plans if and when the pandemic reaches Kingston.

What is the local picture?

The Health Protection Agency is monitoring this situation closely. Testing has shown that human swine influenza H1N1 can be treated with the anti-virals oseltamavir (Tamiflu) and zanamivir (Relenza). However, earlier reported swine influenza cases recovered fully from the disease without requiring antiviral medication.

The confirmed cases (to date) within South West London sector have mainly been connected to outbreaks in schools, but this is likely to change during the coming months.

Comprehensive advice on swine flu is published on the Health Protection Agency website www.hpa.org.uk.

Local response

Since the beginning of the swine flu outbreak in April 2009, the local Health Protection Unit has been working closely with NHS Kingston, primary care colleagues and patients to collect samples, conduct testing and provide advice on medication and other public health activities.

Following revised Department of Health guidance, NHS Kingston has been finalising operational plans in anticipation of the situation potentially escalating in the near future.

Advice for the public on swine flu is shown in Box 8.1. The virus spreads through the air when people cough and sneeze. Basic hygiene measures, including good hand hygiene, will help reduce the chance of infection.

Lessons learnt to date

A number of issues and recommendations have been raised since the start of the swine flu outbreak. New procedures for dealing with suspected cases have been agreed and original Department of Health guidance has been updated. As a result local plans have been revised to incorporate new procedures and recommendations.

One of the key aspects to the response has been good communication links with both staff and key stakeholders. Regular updates provide individuals with the reassurance and knowledge for dealing with patients and the general public.

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

NHS

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Box 8.1

**Current advice to the public about Swine Flu
(June 2009)**

Patients with flu-like symptoms should follow these steps:

- Stay at home
- Visit the NHS Choices website (www.nhs.uk) for information and frequently asked questions about Swine Flu. Use the online flu symptom checker on www.nhs.uk or the NHS Direct website www.nhsdirect.nhs.uk
- If people living in Kingston do not have access to the internet, they can call the Swine Flu Information line on 0800 1 513 513 to hear the latest advice.
- If people with flu-like symptoms have taken these steps and are still concerned, they can call the NHS Direct Telephone Service 0845 46 47 or they should call their GP. They will be able to discuss their symptoms and agree the next steps to take.
- People should not go into their GP surgery or local Accident and Emergency department unless advised to do so or if they are seriously ill, because they might spread the illness to others. They should ask their 'flu friend' to go out for them.

General infection control practices and good respiratory hand hygiene can help to reduce transmission of all viruses, including the human swine influenza. This advice is:

- Cover your nose and mouth when coughing or sneezing, using a tissue when possible.
- Dispose of dirty tissues promptly and carefully.
- Maintain good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to face, or to other people.
- Clean hard surfaces (e.g. door handles) frequently using a normal cleaning product.
- Make sure your children follow this advice.

Ensuring NHS Kingston is compliant with its emergency planning and preparedness duties

The duties of NHS Kingston under the Civil Contingencies Act are encompassed within the NHS Emergency Planning Guidance (2005) and reinforced by the Standards for Better Health (Public Health Core Standard C24) which states that:

> *''Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which affect the provision of normal services"*

The five main areas of work that have been undertaken to achieve and maintain compliance are:

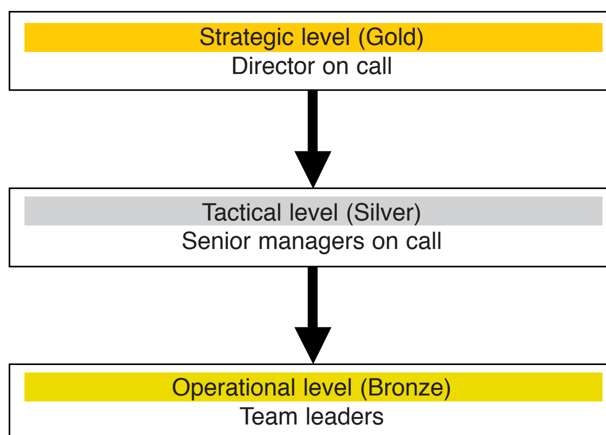
1) Risk assessments
The Local Resilience Forum has in place a robust system for the identification of risks and has created a local risk register. To date, the risk register* identifies pandemic flu, flooding, and terrorism as the highest risks to the South West London sector.

2) Planning and Preparedness - Major Incident Plan
NHS Kingston has a Major Incident Plan which is the overarching plan that is intended to support and guide staff in the event of a major incident. It is supported by a number of specific emergency plans such as a heat wave plan, a mass vaccination plan and a mass casualty plan. In addition, NHS Kingston has a separate pandemic flu plan.

These plans are reviewed regularly and updated as required. In the past year, NHS Kingston has assessed the impact of the separation from NHS Kingston of a group of staff (comprising district nurses, health visitors and related staff) to form a social enterprise organisation 'Your Healthcare'. These staff will form an important part of the response team in a major incident. NHS Kingston has considered what needs to be put in place to retain an effective response capacity.

3) Command and Control Structure in an Emergency
In the event of an emergency NHS Kingston has a nominated emergency control room which provides a single focal point for managing the response to an incident. To ensure the incident is managed efficiently NHS Kingston has agreed a Strategic (Gold), Tactical (Silver) and Operational (Bronze) level of command to any response. (Figure 8.5)

Figure 8.5 Command and control structure for NHS Kingston



* The public version of the risk register can be accessed at http://www.london-fire.gov.uk/Documents/local-resilience-forum-southwest-london.pdf

NHS Kingston continues to maintain a senior manager on call rota, which ensures the organisation can be alerted of an incident 24 hours a day. The on call manager (silver) will notify the director (gold) on call of any incidents that occur within the borough.

4) Business Continuity Planning

The NHS Kingston business continuity plan is now in place and the resilience of a number of systems is due to be tested. Depending on the nature of the incident, the recovery phase may be managed by normal procedures, or if the incident has a major impact on services then the continuity plans will also provide guidance on returning to business to normal.

NHS Kingston will support GPs and other independent contractors to develop their own continuity plans.

5) Training and Exercise

The NHS Emergency Planning Guidance 2005 requires NHS organisations to participate in a live exercise every three years, a tabletop exercise every year and a six monthly communications test. During the period April 2008 to March 2009 NHS Kingston participated in:

- Two communication exercises
- Two table top exercises and
- Participated and umpired in a number of external multi-agency exercises.

In addition to the exercises, the emergence of swine flu in April 2009 has tested many aspects of the emergency plans in a real situation.

The Emergency Planning Committee

The Joint Director of Public Health (DPH) is the NHS Kingston lead for emergency planning supported by the dedicated emergency planning manager. The DPH chairs the multi-agency emergency planning and influenza pandemic committee. The emergency planning team liaises with all the relevant agencies in the borough which includes representatives from the London Borough of Kingston, Kingston Hospital Trust, Police, London Ambulance Service, Health Protection Unit and South West London & St Georges Mental Health Trust, to ensure the effective co-ordination of NHS Kingston plans. In addition, the team is responsible for ensuring NHS Kingston is aware of, and implements, any changes in emergency planning guidance or standards.

NHS Kingston specific planning

Over the last year NHS Kingston has finalised a number of specific emergency plans. The pandemic flu and mass vaccination plan have been completed which involved consultation with a number of different agencies. Both plans will continue to be updated following the publication of national guidance and lessons learnt from future exercises.

Non-flu incidents and the main risks to the Kingston population

The recent emergence of swine flu, and the declaration of a pandemic, has been the most important incident in the last year. Otherwise, in recent years the borough has been fortunate with the small number and low severity of incidents that have occurred. The most significant non-flu events within the borough have involved fluvial flooding and severe weather (Box 8.2), but these have only resulted in a moderate impact on services.

Risk of Terrorism

The London Bombings was the most recent terrorism attack experienced in the UK. Hundreds of people were directly injured by the attacks but many more were affected by their experiences that day and in the days that followed.

Whilst much is being done to minimise the risk of future attacks on the country, if one was to be successful, the impact may be catastrophic. Lessons identified in the investigations following the London Bombings allowed all organisations to improve their emergency preparedness and cohesion. Some of the keys areas identified for improvement included better support to the bereaved and survivors, providing timely information to the public and keeping London moving safely. It is important these lessons are incorporated into plans to improve the response to future major incidents.

Risk of Flooding

The likelihood of tidal flooding in Kingston is very low but the impact on the community and infrastructure would be catastrophic. As a result, the local authority in partnership with all Category 1 responders is developing local plans. The flood plans will list roles and responsibilities for each organisation to ensure a coordinated response. The local authority will take into consideration the river flooding incidents that have occurred recently in Kingston.

The greatest health risks with flooding are drowning, accidents and injuries due to moving water and concealed hazards, and carbon monoxide poisoning. The main area of concern for NHS Kingston is to ensure patients continue to have access to health services in their time of need.

The Environment Agency provides further details on flood warnings and offers practical advice on preparing your home or business for flooding.

Box 8.2

Severe Weather Incident: Snow

Heavy snow fell throughout the Sunday night and settled across South East England on the morning of the 2nd February 2009. The conditions caused major disruption to public transport and road traffic. This resulted in large numbers of NHS staff being unable to attend work which increased the pressures on health services. Those who were able to make it to work found it increasingly difficult to travel to see patients at home.

The severe weather affected the whole of London therefore the difficulties faced by individual primary care trusts were very similar. In particular, staff shortages, reduction in public transport and poor communications between organisations were the main issues faced by services. The snow incident did not warrant the declaration of a major incident but most organisations within the borough invoked their business continuity plans which helped prioritise their response.

Since the severe weather incident the South West London emergency planning sector has developed a list of actions following lessons learnt. These will all be incorporated into local emergency and business continuity plans.

During any local incident the best advice for the general public is to 'stay-in' and 'tune-in' to either local radio and television or visit the NHS Kingston and NHS Direct websites for accurate and timely information.

Future priorities

The priorities for the next year for emergency planning are to focus on responding to and recovering from the swine flu pandemic, and to develop specific emergency plans which will include 'flooding' and 'mass casualties'. In addition, NHS Kingston will focus resources towards the training and exercising of staff to help improve NHS Kingston's response and cohesion to all future incidents. Training is key to the successful implementation of emergency plans and is an essential part of NHS Kingston's emergency planning process.

Recommendations

1 NHS Kingston, Royal Borough of Kingston and partners should continue to develop and adjust plans for responding to an influenza pandemic, using lessons learnt from the ongoing swine flu outbreak.
2 NHS Kingston should deliver comprehensive emergency planning training to all staff on a rolling basis.
3 NHS Kingston and Royal Borough of Kingston should develop severe weather plans taking into account the recent lessons from recent flooding and severe weather incidents.