will make greater demands on health services, and health planning concentrates on these people. A general lesson from the past is to prepare for the worst and hope for the best. It is then surprising that planning for pandemic flu in the UK is based on the death rate seen in the modest 1957 pandemic (0.37% of those affected), rather than the more severe 1918 pandemic, when mortality may have been 2.5% and even higher in some subgroups, such as pregnant women. The need to plan across the range is recognised, and in London the NHS is now planning for this higher death rate. However, the draft national clinical guidelines may only be practicable at the lower mortality rate,⁷ when it should still be possible to use normal civilian ethics of priority for people in the greatest clinical need. The recommended scoring system gives priority to people over 65 as the most vulnerable group at any particular severity of symptoms. But at the higher rate of severity and mortality, considerable rationing of resources such as ventilators would have to take place, and a more military style of triage might be needed. This would give priority to those most able to benefit. These are the sort of difficult decisions for which advance preparation and national plans would ease the burden for health workers at the front line.

Being open with the public

The main message from the inquiry on BSE was the importance of being honest with the public about uncertainty.⁸ The Food Standards Agency was set up as part of the response, and it has many lay members on its board and regular meetings in public, with open disclosure of papers. The UK National Influenza Pandemic Committee, however, has many civil servants as regular members and scientists and advisers as observers or people who have been co-opted. The need for input from relevant charities, non-governmental organisations, or patients' organisations has received only minor recognition. The scientific advisory group that will act as a subcommittee has no lay members. Neither of these committees is expected to meet in public. The Health Protection Agency, which has a key role in formulating advice on pandemic flu, has no members of the public on its board and has few public meetings. When it formulated advice on SARS, its SARS subcommittee met in private. History shows that the credibility of public health messages depends on a more open approach.

A recommendation from experience with foot and mouth disease was that an independent "senatorial group," not involved in the emergency response, should independently inform the prime minister and

UK government response to Hilary Pickles

David Salisbury

After national and international consultation, the Department of Health relaunched its pandemic plan in late 2005. It provided additional information, particularly on the expected burdens on the NHS, and outlined the actions the government and authorities are taking to ensure that the United Kingdom is as prepared as possible.¹ Its key objectives are to maintain a strong surveillance and alert system, reduce illness and deaths, develop preparedness in the NHS, ensure the continuation of essential services, and ensure the availability of comprehensive information.

Cross government work

Managing the impact of an influenza pandemic will require a coordinated response across government. The Department of Health is coordinating the work as the lead department with the help of the Cabinet Office Civil Contingencies Secretariat. Since 2005, Patricia Hewitt, secretary of state for health, has chaired a cabinet committee on pandemic influenza planning.

Cross government work has made good progress in enhancing preparedness on non-health issues including social interventions (such as travel screening and school closures), maintaining essential services, dealing with deaths, ensuring business continuity, and advice for British nationals overseas. The Cabinet Office, for example, recently published guidance for local authorities and regional resilience planners on preparing for a pandemic. In addition, regional workshops on business continuity have been held with delegates drawn from local authorities, health, and other sectors.

Preparedness in the NHS

The Department of Health issued specific guidance in May 2005 to help NHS organisations prepare contingency plans to respond to pandemic influenza. A recent audit confirmed that local plans are in place and preparedness has been strengthened. Most primary care and NHS trusts reported that they now consider they have resilient and sustainable contingency measures in place.

The results are being shared with NHS organisations through strategic health authorities. The audit is being analysed to

identify where further work is required and if revised guidance would be helpful.

Communications

Public communication is one of the essential elements in dealing with an influenza pandemic. Much work has already been done to investigate the public understanding of pandemic influenza, as opposed to seasonal and avian influenza, and to share communications materials with the public during the materials' development. Information materials have been developed that reflect each stage of the World Health Organization levels of alert, up to and including phase 6, the pandemic period. These materials include leaflets, posters, radio material, television advertisements, and arrangements for a mail drop to all households, giving information on antiviral drugs and managing illness. Public involvement has helped to inform and shape the advertising campaign that is being developed for a pandemic.

International cooperation

The government has been working closely with our international partners, including the G7 and G8 countries, WHO, and the European Union, to enhance international cooperation and compare national plans. International exercises have been run to test the different stages of evolution of a pandemic and communications between countries.

Continual review

Our pandemic planning is reviewed as new information becomes available. Action is taken as necessary to improve our preparedness so that any effects on the ability of the NHS to cope are minimised and business and essential services can be sustained.

Competing interests: None declared.

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1 Department of Health. *UK health departments' influenza pandemic contingency plan (October 2005 edition)*. www.dh.gov.uk (search for 4615).