

**PUBLIC HEALTH ENGLAND
HIGH CONSEQUENCE INFECTIOUS DISEASES PROGRAMME**

Closedown and Handover Report

1. Purpose

1.1 The purpose of this paper is to document the closedown of the PHE High Consequence Infectious Diseases Programme including:

- Progress made
- Current state of play
- Outstanding activities/issues to resolve
- Governance going forward

2. Background

2.1 Following the West Africa ebola epidemic it was agreed across the UK government that a lasting legacy should be built in order to manage future HCID incidents to protect the UK population. This was agreed as a joint initiative between PHE and NHS England, but because the tasks for each organisation are very different it was agreed to manage this issue as two separate programmes.

2.2 The PHE Programme has largely been focussed on reviewing and documenting our existing processes, though this has involved being clearer on how we respond.

2.3 The key PHE functions are:

- Horizon scanning, risk and threat assessment
- Professional communications
- Enhanced preparedness
- Public Health actions

3. Progress and Current State of Play

3.1 The HCID Pathway and its component parts were tested through Exercise Broad St on 29th January 2018. This was a high level test but it showed that conceptually the pathway and processes were viable. The two case scenarios also tested some specifics which have highlighted some issues that need resolution. However, the conclusion of Exercise Broad St is that the system expected to be in place from 2020 would be ready to identify and manage the risk of an HCID incident (horizon scanning and dynamic risk assessment process) as well as management of an incident of HCID.

3.2 From a PHE perspective the response to HCIDs is a modification of existing plans and processes, but it has been important to ensure that existing processes can manage with an HCID incident and document any differences and therefore changes.

3.3 Specific achievements for PHE have been:

- Clarity on horizon scanning function and a new product - the Monthly HCID Report
- The PHE HCID Alerting Algorithm agreed
- Resolution on the need for sampling in the community
- Contribution to defining the PPE ensemble

- 3.4 Much progress has also been made in the Public Health response workstream but overall the workstream needs some further work.

4. Outstanding Activities

- 4.1 A successful outcome of Exercise Broad St was the identification of issues that still needed further work and resolution. Below is a summary of them from a PHE perspective.

Topic	Specific	Responsibility
Community Sampling	Service specification and contracting for a clinical sampling service	??
Guidance development	System and process for generating guidance during an incident	
Diagnostics and testing	'Who needs to know protocol' in place when tests for HCIDs are being undertaken	ERD/Comms/Labs
Diagnostics and testing	PHE Laboratory turnaround times	
Diagnostics and testing	Reviewing the courier service for HCID samples	
Alerting	Alerting algorithm to be amended to reflect roles rather than people	
Alerting	Post-EU exit arrangements with ECDC	
Alerting	Fir of purpose professional alerting mechanism to replace CAS	
PH response	Develop SOPs based on summary report from workstream	
System	Further detailed testing required before final service in operation from 2020	
System	Agree form and mechanism for a repository to hold all extant work	
Governance	Agree where governance of programme transfer to within the existing EPRR system	

- 4.2 This is an initial list and may not be complete and therefore may be added to at the last Programme Board.

5. Governance

- 5.1 It is essential that the completion of the work continues to be corporately overseen so that it is completed and incorporated into PHE mainstream response systems. The assurance, oversight and accountability functions will be passed to existing key PHE and joint groups.

Organisation/system	Transfers to
Public Health England	PHE EPRR Oversight Group
English Health & Social Care System	EPRR Partnership Group
UK	UK Health Protection Oversight Group

6. Conclusion

The PHE HCID Programme has been in place for just over two years. Whilst the work is not all complete the programme has been successful in terms of partnership working with NHS England and resolving several issues.

gl/ddhp
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