

ANNEX 1

Post-exercise feedback from syndicates

Bristol Local

- Need to be more open with the public re possible quarantine
- More pre-planning on public order control
- Guidelines on ground for public order for quarantine
- Hospital sector: want to think about safety procedures and places for assessing patients
- Staff training on awareness, protective equipment, bed capacity. Even a small number of cases will put pressure on resources.
- Staffing – a huge issue in the hospital and community. How to protect staff from SARS, keep staff coming to work?
- Designation of hospital – do we identify one hospital as an infectious diseases receiving hospital? Should we gear up now?
- Need negative pressure isolation facilities – role of regional resilience.
- Consistency of advice – what are the triggers for a UK-wide response? What about Scotland and NI/Eire cross-borders? Pre-planning required for a sustainable response long term.

PCT/Public Health Community

- Staff issue is critical – the contact tracing will stretch capabilities enormously
- Ambulances and protective equipment
- Link with NHS Direct – PCT ambulance service runs NHS Direct locally. Monitoring call levels and modifying advice. Should people go to hospital or not?
- The HPA hasn't defined its communications role. Best done with local teams.
- Communications with staff and public about no elective or emergency work
- How does communications work with different organisations and levels?
- Levels 1-4 of the Plan are too complicated
- Were the Government Office of the South West and the SHA unified? A single point of contact and approach are required
- Did we communicate enough with Wales?
- Not enough feedback from the top, but do we want a lot of direction from the top? What is the national approach to protective equipment and lines to take?
- ITU bed capacity is an issue
- There need to be clear guidelines on what PPE to wear. Negative pressure isolation is required.