

Fighting the flu in Swindon

Summary

In response to the 2008 NHS Flu Pandemic Planning programme, Swindon Borough Council and Swindon Primary Care Trust (PCT) needed to find a suitable location for a flu contact centre. The site had to fulfil many different sets of criteria. Sharing data and using maps and aerial photography provided by the Mapping Services Agreement, they were able to quickly identify a primary site. The council and PCT could then move on to plan other parts of the flu pandemic programme.

Key learnings

- Joining different organisations data together can quickly and effectively help solve problems.
- Analysing and presenting data geographically can help test which solutions work best.
- Using local data to supplement national data can add greater depth to the solution.

Background to the authority

Swindon is a busy borough benefiting from its location in the M4's 'golden corridor'. It has been identified by central government as a national growth area, and has experienced one of the highest population growths in Europe. It is a unitary council and also holds beacon status in 2007/08.

Who was involved?

The project involved the Geographical Information team, the Disaster Recovery team and the PCT.

The problems and how we tackled them

In June 2008, the NHS issued the Pandemic Influenza Preparedness Programme (PIPP). The purpose of this programme is to support PCTs, should there be a flu pandemic in the UK. The project therefore required PCTs to work, through partnerships, with local councils to deliver a local strategy to this disaster recovery programme.

The goal of the exercise was to decide, as part of the disaster recovery plan, where key flu 'collection point' centres should be located. The collection points serve as centres to distribute drugs to those affected by flu. They should thus be located in demand-led parts of the area. As part of the wider recovery strategy, citizens affected by flu would be diagnosed through a telephone 'flu line' and encouraged to stay at home to reduce the spread of the virus. They would then nominate a 'flu friend' who could collect the required medication from the collection point.

The collection points had to:

- be located in an accessible place to ensure those with mobility problems or no personal transport could easily reach them
- be located near to hard-to-reach groups to encourage use of the centres
- be the only source for flu medication to reduce burdens on GP surgeries and hospital A&E departments
- be a secure site where flu medication could be stored
- provide advice and information for 'flu friends'
- not be located in a traffic no-stopping – red-route – zone.

'Flu friends' would be issued with a unique reference number. This would help the collection points verify that they were supporting someone with flu and acting on their behalf.

Swindon responded by using local geographical intelligence to inform a reliable and comprehensive action plan. Swindon used 2001 census population statistics to create population maps across the area. Due to high population 'churn' in the area however, these statistics could only offer a starting point because they were likely to be outdated.

The PCT supplied their population statistics, which were combined with the original population maps. A combination of data showed that population in one ward had increased from 4,000 people in 2001 to 15,000 in 2008. This incredible population rise would not have been identified using official statistics, unless local data had been used to interrogate the initial findings.

Special focus was placed on reaching hard-to-reach groups who may have access barriers to 'flu line'. This includes non-English speakers, those with no 'flu friends', those with no NHS number or with no telephone or internet access.

The results were cross-referenced to the local street gazetteer (LSG), a record of all streets that holds planned road works data, too. This can be used to verify that the location is not on a red route. It can also in future assist with road-works planning – should a flu pandemic occur – to ensure transport flows freely around the contact centre.

Outcomes and impact

The key contact point location has now been identified. This underpins all other plans as part of the disaster planning, including logistics planning. A practice day is planned to test the procedures in action. The analysis has informed the council's disaster planning, and can be carried out by any council across the country. All councils have access to aerial photography, the national streets gazetteer and mapping data as part of the mapping services agreement. The census can also be accessed free from the National Statistics website.

The skilled staff at Swindon managed to identify the prime location in less than three person hours, because they knew how to use and combine this information. This has allowed the Disaster Planning team to concentrate on solving the actual problem, and not on where they will do it.

What could we have done better?

Swindon has a high population 'churn'. More up-to-date population figures would have greatly assisted in this analysis and planning. Monitoring population, including those in canal boats, students, and others who travel in and out of the area is a problem faced by many councils across the country.

Further information

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