



CABINET
OFFICE

UK RESTRICTED
CIVIL CONTINGENCIES SECRETARIAT

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DATE ■ 28th April

Dear Colleague

Re: SARS Forward Planning Scenario Modelling

As you may know, the Civil Contingencies Secretariat ran a short Forward Planning Scenario Modelling event last Friday. The aim of the event was to ensure the readiness of the central response for SARS and SARS-like challenges. We were looking in particular to gather the information that will inform decision-taking and in advance of such a disruptive challenge and assist our plans for response.

A small sample of Departments thought to be key to the issue were invited. As the event proceeded, however, our view was confirmed that the consequences of SARS demanded the involvement of a wider range of Departments. I am writing to ask for your assistance in completing a template that we began populating on Friday. This template aims to identify Issues, Implications, Response (Assets and Capacity), Planning Assumptions and Constraints pertinent to Decision Points / options and Forward Planning.

This template will today be sent to all who attended (list given at Annex A) as well as to colleagues in other government departments. We would be very grateful if you could enter responses into the attached template. Please feel free to comment on any material already recorded. In order to aid your thinking, we attach a copy of the two scenarios that drove thinking at Friday's event and an example of a completed row in the spreadsheet.

As participants agreed last week, an interim finding is that the importance of Communications – especially pre-emptive activities – can hardly be over-emphasised. Consequently, you may wish to consult GICS personnel in your Department in relation to returns you provide.

The final version of this template, reflecting all contributions, will be circulated by the end of this week. We hope that will inform you in your planning; we believe it will certainly provide a good starting point for any CCS contribution to meetings of the Civil Contingencies Committee, should they be required.

With apologies for the short deadline, we would ask that returns are received in electronic format by midday Wednesday 30th April, and not later than COP Wednesday. Can we emphasise that if you are not the appropriate addressee for this letter, please pass to the appropriate person or let us know as early as possible.

If you have any questions, please do not hesitate to contact either myself (0207 276 5063) or my colleague Jas Mahrra (0207 276 0388).

Mils Hills

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INVESTOR IN PEOPLE

Annex A

Dr Mayon White	DoH
Angus Nicoll	DoH
Jane Leese	DoH
Martin Gooday	HO
*Kevin Odell	DfE
Paul Morrison	DfE
Katherine Morgan	HMT
Rebecca Bowden	OST
Martin Leppert	DfT
Lyn Salisbury	GICS
Susan Scholefield	CCS
Sue Ambler-Edwards	CCS
Jamie MacIntosh	CCS
Mils Hills	CCS
Dominic Fagan	CCS
Matt Bruce	CCS
Tom Hardie-Forsyth	CCS
Frances Tammer	CCS
John Fuller	CCS
Liz McIntosh	CCS
Greg Marshall	CCS
Mina Patel	CCS



SARS Evidence Template - EXAMPLE

SARS Arrives in Force - EXAMPLE						
Issue	Implications	Response – Assets & Capacity ¹	Capabilities		Decisions & Fwd Planning	
			Contacts ²	Planning Assumptions & Constraints ³	Decision Points / Options ⁴	Forward Planning ⁵
EXAMPLE Supply of masks to NHS	1. What are the current stock levels for masks in hospitals?	c.2000 in each major hospital	Dr Peter Smith, Central Procurement	Require each hospital to have sufficient masks to deal with 'x' patients with a SARS-like infection Lag time of 2 weeks for new supplies	At which point are more masks ordered and from whom? If other customers & governments also ordering, normal lag time may not be accurate	Check supplier's capacity & establish additional MoUs now. Stockpile 'x' masks Pre-empt possible increased unit costs Government looks prepared at central & local levels.

Identify resources (people, money, equipment, facilities) needed to deliver the Response.

Points-of-Contact for identifying and monitoring Response Assets and Capacity.

What assumptions and limitations do we know / need to be aware of? E.g. 3 is an adequate number of isolation units in area 'x'.

What decisions – and when – should be made? E.g. activation of Departmental BCPs; SAPER; COBR; MoUs.

What could be done to anticipate potential response(s) and decision(s) required and generate options. E.g MoUs with substitute providers.

SARS Effects Increase 29th April 2003**Phase One***Levels of infection increase*

The spread of SARS has accelerated. Along with Hong Kong and Canada, India and Dubai now have significant levels of infectivity. The number of cases of confirmed SARS in the UK continues to increase. Some 20 individuals have now been confirmed as infected. Several are seriously ill.

Public concern mounts

Public concern is mounting, along with media coverage, even though few are yet seriously ill. Attention is focusing on consequence management planning by the government - especially DoH. GPs report a significant increase in the number of patients attending clinics and surgeries or telephoning NHS Direct for advice, believing they may have contracted SARS. Differing expert voices confuse government message, some re-iterating assessment that 'SARS could be worse than AIDS'.

Tripling in sample processing requested

Whilst few of those seeking advice or treatment have any grounds for concern, there has been a tripling in the normal level of sample testing requested by GPs and hospitals as those who have visited SARS infected areas - or who have atypical symptoms - report to healthcare providers. There are now long delays at some high-profile Accident and Emergency units, where following infection control measures, queues of patients - following triage - wait in the car parks and temporary shelters of A&E units.

Ill arriving at airports

Unwell passengers - foreign nationals and UK expatriates - have begun to arrive at the UK's major airports in some numbers, some because they openly seek standards of healthcare unavailable or untrusted in their countries of origin or residence.

Self-protection growing

Anecdotal evidence from suppliers suggests that the sales of facemasks are rising - perhaps indicating a deeper sense of unease across the general public. Although they remain an uncommon sight on the streets and public transport, they are not unknown. Chemists and supermarkets report increased levels of sales of vitamins and minerals as people seek to boost their immune systems.

Resistance to quarantine measures

Popular concerns and rumours grow about the mechanics and acceptability of any enforced quarantine. Websites co-ordinate planning to resist any attempts to quarantine. Measures taken in Singapore and China regarded as unacceptable to a substantial proportion of UK citizens.

Business impact

Conference organisers and others report growing numbers of cancellations for both intra-company business meetings and industry conferences.

SARS Effects Increase 5th May 2003**Phase Two***Five deaths in the UK*

The number of confirmed SARS infections in the UK is increasing, as well as in several new global hot spots. The virus is also becoming more deadly. Two Britons have now died. In the UK, infections are clustered in relatively contained areas, but local transmission has shut down entire teams in some businesses.

Social tensions increase

The Chinatowns in London and Manchester suffer a massive decrease in restaurant trade. Restaurants around the country (Chinese, Thai, Vietnamese) claim to have vastly reduced numbers of customers. Theatres and cinemas also report reduced custom. Early calls for compensation from across the service sector (e.g. country B&Bs, restaurants and entertainment facilities). Elsewhere, SARS spreads to Montreal and has crossed to Seattle.

Workplace absenteeism & HMP Wormwood Scrubs badly affected

An increasing number of those in customer-facing jobs - especially in the public sector and public transport - refuse or are unwilling to work because of the fear of contracting SARS. HMP Wormwood Scrubs has become an early institutional victim of the infection, following the return from holiday in India of a prison officer later found to be infected with SARS. Large numbers of prisoners at Wormwood Scrubs report SARS-like symptoms, and numbers of staff reporting for duty are dramatically down. It has not yet been established how many transferred prisoners may have carried infection to other prisons, courts or beyond (e.g. on release).

Critical level of emergency service cover

In a few metropolitan and rural areas, Police and Ambulance cover is said to be at a critical level due to staff absence due both to suspected SARS infection and fears of contracting it. Concern in the media and Backbenches that electricity and water supplies could fail because of several clusters of infection at power stations, water treatment plants and in key engineering teams.

Delivery targets, Recession & negative equity

In the face of heavy pressure from the Opposition, Ministers are keen to be reassured that adequate forward planning has occurred in assuring a robust central response. One of the chief concerns is the effect of SARS on key delivery targets and implementation of the Budget. The financial pages speculate that the seeming global drift to recession - spurred by SARS - risks the Euro decision being a default "no". Also, the likelihood of a severe property price correction in the next 12 months is raising the temperature in key marginal constituencies.

Transport network affected

Difficulties in the transport sector are being compounded. Airlines are rapidly cutting capacity on routes to South East Asia and some North Atlantic routes. A cluster of suspected SARS cases in the Caribbean, Indian Ocean and Florida hits both risks and mass tourism. The transport network is disrupted. Some mainline train services have already

<i>Medical services stretched</i>	hits both niche and mass tourism. The transport network is disrupted. Some mainline train services have already been cut by a third, causing uncomfortable overcrowding on commuter and other services.
<i>Infection of Livestock with SARS</i>	GP's surgeries, A&E units and NHS Direct are inundated with calls and self-referrals. Parents have begun to keep their children home from school, and are organising childcare co-operatives so that they can get to work. There have been small occurrences of panic buying in shops, as some families make plans to quarantine themselves from the risk of infection. Panic buying has been exacerbated by low inventories of some products caused by absenteeism in logistics companies contracted to supermarkets. Despite invoking penalty clauses, a limited number of agency drivers have led to re-stocking taking days longer than normal.
<i>Stock markets & business affected</i>	Questions are being raised as to whether SARS could pass into livestock and the potential effects that could have (e.g. a re-run of FMD?).
<i>Critical tone of media</i>	Stock market confidence is being severely hit, with concerns about the effects of SARS on the service sector, growth targets, inward investment and invisible earnings. In contrast, shares in some vaccine and protective materials companies rocket. The ongoing fall in South East Asian stock markets is affecting European arms of companies based in SE Asia as well as knock-on effects on European markets. British companies concerned that orders placed for a range of supplies from China will be delayed.
	Sections of the mass media are claiming that the government is massively under-prepared to handle SARS and SARS-like diseases despite having seen the effects of SARS on other countries. Call for cancellation of major sporting and other events where crowds gather.