

CWOP/43/10

Policy & Scrutiny Committee Community Wellbeing and Older People

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Purpose of Report

General Background

Community Wellbeing and Older People Policy and Scrutiny Committee report back on Winter Pressures and Swine Flu

On 11th March 2010, Community Wellbeing and Older People Policy and Scrutiny Committee received a report entitled 'Review of winter pressures and swine flu pandemic on social care'.(Reference CWOP/12/10). The objective of the report was to provide members with an understanding of the measures taken by AH&CW to co-ordinate a response to the issues presented by winter pressures and swine flu, which ensured that the needs of people who require care were addressed.

The Committee considered the report and requested a further report to focus on :

1. Data on the number of trips and falls attributable to the adverse weather across Essex and the cost of this to health and social services.
2. Data on the take-up of the swine flu vaccination across Essex.
3. An update on swine flu and seasonal flu, lessons learned from this year and plans for the next winter.

We were asked to investigate the number of trips and falls attributable to the adverse weather across Essex data and the cost to health and social services.

1. What does the NHS data tell us?

The data, as summarised in Appendices 3 and 4, points to an **increase** in slips, trips and falls involving ice and snow between Winter 2008-2009 and Winter 2009 – 2010, but this data cannot split by age nor is it not possible to know whether people fell indoors or outdoor (nor on private property or on streets managed by ECC)

2. What was the increase in recorded NHS cases and cost of slips, trips and falls involving ice and snow?

For the period January 10 – March 10, for the Essex County Council area, the number of admissions of people to hospital re slips, trips and falls on ice and snow increased from 261 in 08/09 to 344 in 09/10 (+32%)

Indicative-only NHS costs attributed to this based on tariff show an Essex County Council wide cost of

- o 08/09 - £785,533
- o 09/10 - £850,014

The increase in cost year on year was £64,481 (8.2%)

3. Was the winter weather worse?

The CWOP Policy & Scrutiny Committee's attention is drawn to the report "Weathering the storm II - Improving UK resilience to severe winter weather" by the Local Government Group, July 2010 which summarises the situations faced by Local Authorities last winter (see Appendices 1 & 2)

The figures support fact in that there was more snow in 09/10 than 08/09 with the period being generally deemed a harder winter

4. What was the cost to social care?

Our current management information system does not record 'falls' data in a way that we can produce reports on incidents and costs.

We were asked to report back on the take-up of the swine flu vaccination data, across Essex.

5. What was the take up of swine flu vaccination across Essex?

Swine flu vaccines were developed to give recipients protection against the pandemic swine flu virus H1N1 by September 2009. The vaccination programme began in October/ November in UK for the priority groups identified.

The at-risk group includes, in order of priority:

1. Individuals aged between 6 months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
2. All pregnant women
3. Household contacts of immuno-compromised individuals
4. People aged 65 years and over in the current seasonal flu vaccine clinical at-risk groups

Additional funding was however provided for the vaccination programme by the Department of Health (DH). The table below shows data for the swine flu vaccination uptake for clinical risk groups including pregnant women and healthy children under 5 yrs

	% Uptake Clinical Risk Groups, including Pregnant Women, all ages (dose 1 Pandemrix®)	% Uptake Healthy Children Under 5 (dose 1)
England	37.1	20.4
East of England	35.9	22
Mid Essex PCT	33.8	17.4
North East Essex PCT	35.8	27.9
South East Essex PCT	28.1	16.6
South West Essex PCT	30.6	16.8
West Essex PCT	31.6	15

Swine Flu vaccine uptake for front line health care staff in Essex by PCT is shown in table below:

	Number of HCWs with Direct Patient Care	Vaccination of HCWs	
		Number of doses	% Uptake
England	1004789	400509	39.9
East of England	94354	36306	38.5
Mid Essex PCT	1710	861	50.4
North East Essex PCT	1358	610	44.9
South East Essex PCT	1077	266	24.7
South West PCT	1270	494	38.9
West Essex PCT	793	359	45.3

6. What were the other impacts on health & wellbeing?

Data on 'Respiratory Conditions' is presented at Appendix 3, and shows decreased incidents of admissions to hospital for the period November to January in 2009/10, when compared to 2008/9

We were asked for an update on swine flu and seasonal flu, lessons learned from this year and plans for the next winter.

7. What is the latest information on Swine Flu, and lessons learned?

Swine Flu first emerged in Mexico in April of 2009. The World Health Organisation declared a level 6 on 11 June 2009. This required the PCT, as a category 1 responder (as defined by the Civil Contingency Act 2004), to make the necessary arrangements to protect the public from the H1N1 flu virus and to minimise the spread of the virus within the community.

The response to this pandemic came in two phases; containment and treatment.

Containment phase

During the containment phase, swabs were taken by GPs and other health care professionals from anyone presenting with symptoms of swine flu. Antiviral drugs were issued in anticipation of the test results. If a negative result was confirmed antiviral treatment ceased. In a bid to reduce the spread of the virus, antiviral prophylaxis was offered to those in close contact with a confirmed case of swine flu. This included school children within the same class as a confirmed pupil.

Outbreaks were assessed on an individual basis and in the very early stages schools were closed to reduce transmission, within weeks this process was changed and schools were urged to stay open. In a number of cases parents were reluctant to send children to an affected school due to the uncertainty surrounding the virus.

Treatment phase

During the treatment phase swabs were no longer taken unless a patient was admitted to hospital for Influenza like Illness (ILI). Antivirals were only issued to those displaying symptoms, unless in exceptional circumstances where it was beneficial to offer antiviral prophylaxis to close contacts e.g. if a contact was immunocompromised or if the patient was living in a residential care home.

Even though for the majority Swine Flu caused only a mild illness, for a minority of people the virus caused severe illness. Based on the evidence (from the UK and elsewhere), the highest rates for severe disease are in:

- people with underlying health conditions; and
- Pregnant women.

As with seasonal flu, people who have underlying health conditions (in particular people with respiratory disease) were at an increased risk from the complications of swine flu infection and were more likely to be hospitalised.

The response was mainly managed through the

- National Pandemic Flu Service
- Vaccination Programme

Post Pandemic phase

In the UK the virus ceased to cause major outbreaks and illness from March 2010. The Swine Flu pandemic was officially declared over by the WHO in August 2010, although the virus is still causing significant illness in some parts of the world.

Debrief meetings were held at different levels; PCT, County, SHA and National.

The Essex debrief was led by Mid Essex (lead PCT) and included all the partners involved in responding to the Pandemic. The following agencies were represented at the debrief session:

- NHS Mid Essex
- North East Essex PCT
- South East Essex PCT
- South West Essex PCT
- Basildon and Thurrock Hospital
- Princess Alexandra Hospital
- Colchester Hospital
- North Essex Partnership Foundation Trust
- GO East
- Essex County Council
- Essex County Fire & Rescue Service
- East of England Ambulance Service
- Chelmsford Borough Council

The areas covered at the debrief were:

- Preparedness and Flu Planning
- Containment Phase
- National Pandemic Flu Service (NPFs) and NHS Direct
- Critical Care and Surge Planning
- Reporting Processes (including Sitreps & Flucon)
- Vaccination
- Command and Control and Communication

Lessons learned were identified and 22 recommendations made. The detailed debrief report is available from Mid Essex PCT Emergency Planning team. The recommendations will be taken forward by the Pandemic Flu subgroup of the Essex Resilience Forum Health Working Group.

Conclusion

In conclusion Essex achieved great success in the management of the swine flu outbreak at every level. Agencies adapted well to change in planning expectations and ensured the public had access to medication and vaccination in a timely fashion.

The vaccination program amongst staff proved a great success although there is a wide recognition that in future this can be managed differently.

PCTs and Acute Trusts are awaiting the revised national DH planning framework to update the Pandemic Flu plans.

It is likely that the UK will experience a future pandemic, which may be the H1N1 virus or a virus which may be more severe, such as the H5N1 virus. The trust is required by the DH to maintain robust plans to manage a future outbreak.

8. What is the risk of pandemic Flu?

The National Security Strategy (NSS) published in October 2010 lists a flu pandemic as a Tier One threat to the UK. Paragraph 3.38 of the NSS states “The risk of human pandemic disease remains one of the highest we face.”

H5N1 (known as Avian Flu) is considered to be one of the higher risk forms of flu. It does not appear to transmit between humans – currently. All human cases, so far, are believed to have been caught directly from domestic fowl. However, WHO states that the case mortality rate for human H5N1 is 60% (sixty per cent). Whilst this is partially accounted for by the location of many of the outbreaks and UK medical facilities should significantly reduce this rate, it must be remembered that the case mortality rate for H1N1 in the UK was c 0.06% and some areas of the NHS (e.g. ITU) were under pressure at this rate. The risk is that H5N1 mutates to include human-to-human transmission and if this was to happen, the effects could be very serious indeed. For instance, let us assume, for the sake of argument, that the fatality rate of the disease was reduced to 1% of its current level, it would still be 10 x deadlier than H1N1 with the consequent affect on the population, health service and infrastructure.

As stated in the swine flu section above, the differences between swine and seasonal flu are now slight, but as always, the danger is mutation. This is a phenomenon over which we have little control, but we can endeavour to limit mutation by reducing spread of the disease. This is best accomplished through vaccination

9. What are the Department of Health recommendations re seasonal flu for winter 2010/ 11?

The 2010/11 trivalent seasonal influenza vaccine includes the H1N1 swine influenza virus following advice from the WHO on the influenza strains that should be included in this years' Seasonal Flu vaccine. Joint Committee on Vaccination and Immunisation has provided advice on the use of influenza vaccines in the at risk groups for 2010/11.

Target risk groups for seasonal influenza vaccine

The national policy for seasonal influenza vaccine remains the same except for the inclusion of pregnant women who are not in a clinical at risk group and have not previously received the H1N1 swine influenza vaccine.

The seasonal vaccine should be offered to the following groups:-

1. all those aged 65 years and over;
2. all those aged 6 months or over in a clinical risk group
3. those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include for instance prisons, young offender institutions, or university halls of residence;

4. those who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion.

Pregnant Women

Pregnant women have not routinely been offered seasonal influenza vaccine in the past unless they were in a clinical risk group. However, there is good evidence that all pregnant women are at increased risk from complications if they contract the H1N1 swine influenza virus. In light of this, those pregnant women who are not in a clinical risk group and who have not already received a dose of H1N1 swine influenza vaccine will also be offered the trivalent seasonal influenza vaccine.

Front Line Health and Social care workers

The influenza immunisation given to healthcare staff directly involved in patient care and social care workers who are employed to provide personal care acts as an adjunct to good infection control procedures. There is evidence that, as well as reducing the risk to the patient/client of infection, there is reduction of influenza infection among staff, and reduced staff absenteeism.

ECC will again be encouraging and offering to reimburse frontline AH&CW staff to have the seasonal flu vaccination (if they are not eligible for it by virtue of being in one of the NHS "At Risk" groups.)

10. What are the lessons learned Swine Flu from a National Perspective?

On 1st July 2010 Dame Deirdre Hine FRCP published her report on the independent review of the UK response to the Influenza pandemic of 2009. It referred to more than 800,000 cases of swine flu across the UK and 457 deaths, including those of children and pregnant women. The report covers the planning and execution of the government's response to the threat and advent of the H1N1 pandemic last year.

Dame Deirdre's report describes the pandemic response as proportionate and effective. The majority of the evidence revealed as a result of this process led her to judge that, overall, the UK response was highly satisfactory.

The planning for a pandemic was well developed, the personnel involved were fully prepared, the scientific advice provided was expert, communication was excellent, the NHS and public health services right across the UK and their suppliers responded splendidly and the public response was calm and collaborative. She also found the vast majority of the reporting of the outbreak to have been highly responsible. She acknowledged that the H1N1 'swine flu' pandemic virus was milder in its general impact than the H5N1 'bird flu' expected and planned for. Despite this, the relatively few deaths that occurred, including those of otherwise healthy children and pregnant women, were particularly tragic and poignant.

The pandemic and the response it generated have provided confirmation of the value of planning and preparedness. But the danger of another, more severe, pandemic has not gone away. The report contains 28 recommendations for: central government response, scientific advice, containment phase, treatment phase, vaccines and communications

11. What are the Plans for winter 2010?

There are joint plans in place between Adult Social Care, Service Placement Team and the hospitals in respect to winter pressures, staff sickness and increase in hospital discharges.

Adult Social Care has its own business continuity plans per locality and team which were implemented earlier this year e.g. in the snow; social care works with its providers to ensure services continue to be delivered. These plans are regularly reviewed, updated and tested.

Communications are sent to social care providers promoting flu vaccination and robust business continuity planning to ensure services continue to be provided to vulnerable people. Carers and service users are encouraged to take up flu jabs via their GP.

Close liaison with our PCT partners in respect to joint working during high pressure periods which includes a drop off list when only priority situations are ensured an immediate service

Arrangements are in place with 'Essex Cares' to ensure reablement functions are available for appropriate people not only for hospital discharge but also for the community based older person to become independent as quickly as possible.

We have the services of Rapid Response technicians who can input equipment to assist in independence as well as a telecare solution where appropriate linked to a call centre for immediate response.

Access to service users and vulnerable people in winter conditions is a priority area and Highways have a specific plan for keeping thoroughfares open as much possible via gritting etc

There are also contingency options such as calling out, via Emergency Planning, members of Rover Rescue who supply highly trained and equipped volunteers whose vehicles can tackle extreme conditions eg heavy snow

There are plans worked out with WRVS to support provision of meals on wheels.

We also looking to the community to assisting in accessing remote areas where known vulnerable people live to ensure their safety and well being e.g. Farmers/tractors, business who have heavy duty vehicles etc

There are a number of initiative such as the Village Agents who can support - and report if necessary - vulnerable people during winter pressures

Safeguarding vulnerable people takes priority and Adult Safeguards Unit reiterate to residential and care homes the importance of robust business continuity plans.

Appendix 1

Local Government Association poll on attitudes to winter weather

[Source: “Weathering the storm II - Improving UK resilience to severe winter weather” Local Government Group, July 2010]

The Local Government Association commissioned a ComRes poll to look into people’s attitudes about the winter weather experienced in 2009/2010. They interviewed 1004 UK adults by telephone between 15th and 17th January 2010. The results of the survey are as follows:

- 61 per cent do not want to pay more council tax to pay for larger stockpiles of salt and grit
- 45 per cent do not want other council services to receive less money to pay for larger stockpiles of salt and grit
- 57 per cent agree that Britain rarely sees winters as severe as the current one and that it would be inappropriate to spend more money preparing
- 68 per cent think businesses should have better plans in place to help people work from home during severe weather
- 66 per cent think the priority during bad weather is to keep priority routes open, compared to 11 per cent for motorways
- 59 per cent would support a law to require people to clear snow outside their home
- 73 per cent also support a separate law to protect people from any subsequent litigation from people who slip over
- 80 per cent thinks the government is too reliant on the existing salt suppliers,
- 87 per cent believe a wider range of suppliers should be invested in.

Appendix 2

Winter weather timeline January – March 2010

[Source: “Weathering the storm II - Improving UK resilience to severe winter weather” Local Government Group, July 2010]

17 Dec	First heavy snowfalls affected eastern parts of UK
18–21 Dec	Dec Eurostar affected by weather
22–23 Dec	Dec UK airports experience closures
Jan	Most exams go ahead despite weather
5 Jan	1,000 motorists stranded on A3
6 Jan	Coldest night so far. Salt cell convenes
7 Jan	25000 homes lose electricity
7 Jan	Councils asked to reduce salting by 25%
8 Jan	Relaxation of drivers’ hours starts
12 Jan	Councils asked to reduce salting by 40–50%
14–15 Jan	Salt Union experiences technical problem, production stops
19–20 Jan	Cleveland Potash output decreases after breakdown in machinery
20 Jan	The LGA raised the need to improve the process by which councils are notified of expected deliveries by Salt Cell. As a result, a better system of reporting established.
26 Feb	Cleveland Potash negotiated extra production for customers on a one-off basis to address the short term problems in some areas. Salt was purchased outside of existing contractual arrangements.
16 March	Final Salt Cell

Appendix 3

CWOP PSC

NHS Winter Data 2008/9 v 2009/10

Caveats -

This data is based on primary diagnosis codes - Respiratory conditions within ICD10 codes J00-J99
Influenza is included within the grand total
The previous caveats also applies to this data

08-09 Respiratory Conditions

	SE	W	NE	Mid	SW	Total
0-18	91	125	136	105	119	576
19-65	316	287	243	258	333	1437
Over 65	642	597	460	523	583	2805
Total	1049	1009	839	886	1035	4818

Of these, 7 cases were admitted due to influenza, data cannot be split down further due to confidentiality.

09-10 Respiratory Conditions

	SE	W	NE	Mid	SW	Total
0-18	119	110	156	140	183	708
19-65	314	305	295	288	402	1604
Over 65	562	473	356	401	554	2346
Total	995	888	807	829	1139	4658

Of these 41 cases were admitted due to influenza, data cannot be split down further due to confidentiality.

Source: North East Essex PCT Public Health Information and Research on behalf of all 5 Essex PCTs

Appendix 4 Hospital Admissions due to Slips, Trips and falls involving Ice & Snow - Case Numbers

Local Authority Analysis

		Southend														Grand Total Inc SE & Thurrock	Grand Total Excl SE & Thurrock
		Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	on Sea	Tendring	Thurrock	Uttlesford		
2007	Jan	4	7	7	2	7	10	6	2	1	0	7	6	5	2	66	54
	Feb	4	7	3	6	6	3	4	4	2	1	12	5	7	2	66	47
	Mar	8	1	5	2	7	3	6	4	1	2	8	4	4	2	57	45
2007 Total		16	15	15	10	20	16	16	10	4	3	27	15	16	6	189	146
2008	Jan	4	9	2	3	6	9	8	3	1	4	10	5	5	3	72	57
	Feb	5	4	4	6	5	5	3	4	3	3	4	2	7	1	56	45
	Mar	6	2	2	7	6	4	2	4	4	6	14	3	4	1	65	47
2008 Total		15	15	8	16	17	18	13	11	8	13	28	10	16	5	193	149
2009	Jan	8	11	5	6	8	8	11	4	5	6	15	9	4	6	106	87
	Feb	18	12	3	10	31	11	13	11	6	18	15	1	16	9	174	143
	Mar	3	1	4	2		3	3	1	1	4	10	3	4	6	45	31
2009 Total		29	24	12	18	39	22	27	16	12	28	40	13	24	21	325	261
2010	Jan	26	22	6	17	16	20	20	12	7	13	43	24	16	8	250	191
	Feb	11	9	7	3	14	8	12	6	4	5	13	7	10	6	115	92
	Mar	6	6	3	3	12	5	6	3	2	4	4	5	3	6	68	61
2010 Total		43	37	16	23	42	33	38	21	13	22	60	36	29	20	433	344
Grand Total		103	91	51	67	118	89	94	58	37	66	155	74	85	52	1140	900

PCT Analysis

		Mid Essex PCT	North East Essex PCT	South East Essex PCT	South West Essex PCT	West Essex PCT
2007	Jan	15	16	9	16	10
2007	Feb	15	8	19	14	10
2007	Mar	9	7	12	17	12
2007 Total		39	31	40	47	32
2008	Jan	16	14	17	11	14
2008	Feb	12	7	13	16	8
2008	Mar	12	7	27	12	7
2008 Total		40	28	57	39	29
2009	Jan	24	17	27	17	21
2009	Feb	49	12	43	37	33
2009	Mar	2	6	16	11	10
2009 Total		75	35	86	65	64
2010	Jan	45	44	73	48	40
2010	Feb	27	15	21	28	24
2010	Mar	20	10	11	12	15
2010 Total		92	69	105	88	79
Grand Total		246	163	288	239	204

Appendix 4 Hospital Admissions due to Slips, Trips and falls involving Ice & Snow - Indicative Costs based on Tariff

LA Analysis

		Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Southend on Sea	Tendring	Thurrock	Uttlesford	Grand Total Inc SE & Thurrock
2007	Jan	£11,446	£14,745	£12,697	£3,918	£22,006	£20,172	£5,607	£6,884	£2,521	£0	£28,012	£13,875	£12,495	£6,012	£160,389
	Feb	£20,500	£28,659	£7,309	£22,367	£21,763	£5,294	£7,372	£20,726	£8,290	£1,274	£57,808	£17,658	£21,453	£6,313	£246,784
	Mar	£12,461	£4,777	£5,971	£4,938	£14,321	£9,149	£12,978	£10,215	£1,723	£6,689	£20,377	£4,718	£7,685	£1,460	£117,463
2007 Total		£44,407	£48,181	£25,977	£31,223	£58,090	£34,614	£25,957	£37,825	£12,533	£7,963	£106,198	£36,251	£41,633	£13,785	£524,636
2008	Jan	£7,901	£15,694	£7,349	£4,040	£24,112	£21,875	£27,377	£2,907	£2,533	£15,362	£18,701	£16,546	£8,557	£18,267	£191,221
	Feb	£7,506	£13,530	£7,454	£13,521	£16,248	£20,276	£4,040	£15,352	£12,252	£17,005	£5,232	£1,559	£9,697	£3,564	£147,236
	Mar	£6,219	£5,042	£650	£21,580	£12,188	£8,226	£5,460	£12,460	£7,145	£15,970	£37,256	£5,553	£10,784	£4,964	£153,496
2008 Total		£21,625	£34,266	£15,453	£39,141	£52,548	£50,377	£36,877	£30,719	£21,930	£48,336	£61,190	£23,658	£29,038	£26,796	£491,953
2009	Jan	£20,029	£38,937	£10,830	£21,317	£24,442	£32,570	£29,198	£10,897	£13,539	£20,129	£39,751	£40,134	£2,720	£18,997	£323,490
	Feb	£42,718	£44,721	£4,811	£32,689	£112,134	£26,993	£33,239	£21,559	£22,457	£52,462	£29,631	£1,199	£36,259	£21,831	£482,703
	Mar	£11,441	£2,458	£5,604	£6,871		£8,053	£9,129	£1,007	£10,165	£7,571	£14,956	£8,918	£8,601	£16,484	£111,257
2009 Total		£74,188	£86,116	£21,245	£60,876	£136,576	£67,616	£71,566	£33,463	£46,161	£80,162	£84,338	£50,251	£47,580	£57,313	£917,451
2010	Jan	£97,292	£61,418	£26,527	£35,952	£43,830	£45,964	£54,286	£24,681	£15,644	£30,698	£126,352	£68,297	£51,302	£29,228	£711,471
	Feb	£23,271	£27,003	£19,412	£2,982	£35,263	£18,156	£24,456	£12,418	£4,951	£12,215	£38,436	£17,552	£28,256	£12,128	£276,499
	Mar	£4,247	£15,411	£6,878	£8,278	£21,347	£5,822	£11,809	£3,796	£1,662	£7,190	£12,128	£10,151	£3,708	£9,799	£122,226
2010 Total		£124,810	£103,832	£52,816	£47,213	£100,441	£69,942	£90,552	£40,895	£22,256	£50,103	£176,916	£96,000	£83,266	£51,155	£1,110,196
Grand Total		£265,030	£272,395	£115,491	£178,453	£347,655	£222,549	£224,952	£142,902	£102,880	£186,563	£428,640	£206,160	£201,517	£149,048	£3,044,236

PCT Analysis

		Mid Essex PCT	North East Essex PCT	South East Essex PCT	South West Essex PCT	West Essex PCT
2007	Jan	£39,272	£34,047	£31,929	£36,637	£18,503
2007	Feb	£58,711	£22,951	£81,449	£49,262	£34,410
2007	Mar	£20,821	£13,867	£32,004	£26,118	£24,653
2007 Total		£118,804	£70,865	£145,383	£112,017	£77,566
2008	Jan	£42,339	£38,420	£38,103	£23,807	£48,551
2008	Feb	£42,030	£21,835	£35,758	£24,657	£22,957
2008	Mar	£24,374	£13,779	£74,807	£17,652	£22,884
2008 Total		£108,743	£74,034	£148,667	£66,116	£94,392
2009	Jan	£76,918	£72,705	£81,197	£33,579	£59,092
2009	Feb	£179,312	£28,192	£114,782	£83,787	£76,629
2009	Mar	£12,622	£16,970	£29,397	£25,647	£26,621
2009 Total		£268,853	£117,867	£225,376	£143,013	£162,342
2010	Jan	£120,892	£114,261	£193,001	£175,121	£108,195
2010	Feb	£67,217	£35,708	£53,633	£70,939	£49,002
2010	Mar	£38,420	£15,973	£27,597	£14,832	£25,404
2010 Total		£226,529	£165,942	£274,231	£260,892	£182,601
Grand Total		£722,930	£428,709	£793,656	£582,039	£516,902