



NHS Greater Glasgow and Clyde

Community Pharmacy Business Continuity Plan

Guidance and Business Contingency Plan Template

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Business Contingency Plan

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Action Points

1. Complete the enclosed generic Business Continuity Planning (BCP) template (Section 1 to 5) inserting and deleting information as appropriate.
2. Keep one copy of the BCP in the pharmacy, one copy at the house of the Manager/Owner and one copy at the house of the designated deputy.
3. Complete the emergency scenarios and control measures in Section 3 and identify any action that may be required as a result of the process of completing your plan e.g. confirm contact details and status of patients receiving monitored dosage systems. Agree an action plan and time-scale for completion of any work identified.
4. Familiarise yourself with your HSCP Emergency Planning leads, including your Clinical Pharmacy Lead (Section 5).
5. Monitor accuracy of contents every six months and undertake a full review annually (Section 6).

1. INTRODUCTION

- 1.1 The aim of this Business Continuity Plan is to ensure that there is no significant disruption to the delivery of the health care services provided by your pharmacy and that the pharmacy contributes effectively to civil emergencies where appropriate. ISO 22301 defines business continuity as:

“The capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident”.

For NHS Scotland, interruptions may be defined as:

“Any disruptive challenge that threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal operating functions”.

A business continuity plan (BCP) is a documented set of procedures and information intended to deliver continuity of critical functions in the event of an emergency. The major advantage is that the development of the BCP will allow you to reflect on the current systems and processes in your pharmacy to confirm if they are efficient and robust. Also, as a power failure, flood or other incident could happen at any time, preparing now is essential. Once completed, it serves as a Standard Operating Procedure (SOP) to be adopted by your pharmacy should an emergency situation arise

- 1.2 Business continuity is a statutory requirement placed on the NHS under the Civil Contingencies Act 2004. It is also an integral part of managing records under both the Data Protection Act 1998 and the Freedom of Information Act 2000. It is important to ensure that if an incident does occur that all the information which is required is available.
- 1.3 Development of the BCP should be a team effort and should involve all staff associated with your pharmacy. Incorporation of as much information and detail as possible at the planning phase will lessen the pressure and stress in your normal working day.

2. SCOPE OF THE PLAN

- 2.1 An emergency situation is something which arises unexpectedly and which requires urgent action to resolve. While each separate instance requiring action might in itself be unexpected, emergencies will occur and are an expected characteristic of managing health care services. To provide a basis for emergency planning it is necessary to differentiate between different types of emergencies and the responses requiring to be put into place. The following classification has been used by the Scottish Government and NHS Greater Glasgow and Clyde (NHS GGC):

Level 1 – Routine Emergency

Pharmacies are accustomed to normal fluctuations in daily demand for services. A routine emergency is defined as one which can be met and managed within the normal capacity and procedures of those faced with it (e.g. power failure for two hours or two members of staff phone in sick on a day that you already have one person on holiday leaving you with just two staff). It is where no abnormal demand is placed on health care services and does not significantly affect delivery of these services. The BCP itself and the process of developing it will help you to identify and deal with routine emergencies more efficiently.

Level 2 – Major Emergency

A Major Emergency is defined as a situation either arising or threatened which will have a significant impact on the pharmacy, HSCP to deliver essential Health or Social Care Services and consequentially, places an abnormal demand on Health and Social Care Services (e.g. major flooding which has stopped public transport and caused an area wide power failure). The HSCP will be required to establish a central management team to co-ordinate and manage the situation. A Level 2 Emergency may also require joint working between two or more HSCPs and the Acute Division. You may need to work with other pharmacies to cope with this emergency and your work load may unexpectedly increase.

Level 3 – Major Incident

A Major Incident may be declared by Agency to describe any emergency which requires (and triggers) the implementation of special arrangements by one or more of the Emergency Services, the NHS or Local Authority. HSCPs may be required to establish a central management team to co-ordinate and manage the situation where Health and Social Care Services are affected and will look to the pharmacy service to respond accordingly.

Legislative Changes

Services operating under a Patient Group Direction (PGD) requiring a pharmacist to have submitted a copy of the necessary paperwork to the CPDT in order to legally supply that item may see this requirement being temporarily suspended for the duration of a Level 2 and 3 emergencies. This could also extend to include other areas of pharmacy practice including relaxation of supervision, pharmacy technicians given increased authority, etc. These changes would normally be expected to be incorporated into legislation approved by ministers as part of the contingency arrangements deemed necessary to maintain access to services without the associated administration burden. However, to a lesser extent the situation may arise that a pharmacist is deployed into a pharmacy without having submitted some or any of the PGD's covering key elements of the service, e.g. Urgent Supply. Part of this exercise should be to ensure that current staff have completed all necessary documentation to support these elements and that the copies are available to complete by those not authorised. Authority is approved as soon as the completed form is dispatched to the CPD Team

3. MANAGEMENT ARRANGEMENTS

- 3.1 Unless stated otherwise it will be the named pharmacy lead (pharmacy manager or contractor) and their specified deputy who will be responsible for developing and implementing all or part of the BCP within each individual pharmacy.
- 3.2 The principal objectives and actions of the pharmacy lead will be to:
 - Identify how different common emergencies could cause disruption to services.
 - Identify and assess the potential impact on service delivery and the needs of the people who use the pharmacy.
 - Agree how to manage and minimise the risk to services.
 - Agree the priority of services to be maintained and during disruption and order be restored or provided elsewhere or through another arrangement.
 - Identify and contact relevant staff who can respond to service needs and provide alternative service provision.
 - Restore affected services without delay.
 - Consideration of working with neighboring pharmacies to deliver services

- Agree the extent of communication requirements with -
 - ❖ Host and associated bodies (e.g. Glasgow City Council and NHS Greater Glasgow & Clyde);
 - ❖ Service users, patients and carers;
 - ❖ The general public;
 - ❖ The Board's press and media team.
- Maintain public confidence in services provided by the pharmacy.

4. PRIORITISING SERVICES

The BCP will identify and define priority services which will continue or could be postponed temporarily in the event of an emergency and how this will be managed. NHS GGC Community Pharmacy Development Team (CPDT) and Community Pharmacy GGC (CP GGC) have devised a list of services currently provided by all or some of the pharmacies in NHS GGC. (Table 1).

NHS Greater Glasgow & Clyde Pharmacy High Level Services Priority Template Table 1

<p>Essential Services - National Contract</p> <ul style="list-style-type: none"> • NHS Pharmacy First • Medicines, Care & Review (MCR) • Acute Medication Service (AMS) • Public Health Service (PHS)
<p>Additional Services</p> <ul style="list-style-type: none"> • Daily dispensing and supervised administration of Opioid Substitution Therapy (OST) • Provision of Injecting Equipment • Palliative Care • Services to Care Homes • Rota and Out of Hours (OOH) • Urgent Supply • Multi-compartment Compliance Aids (MCAs) (specify e.g. weekly dispensing) • Long Term Condition services (medication reviews) • Sexual Health services (Emergency Hormonal Contraception (EHC), C-card, Bridging Contraception) • Smoking Cessation • Local Enhanced Services (LES) (COPD, Medicines Reconciliation and Supply) • Management of Patients with HepC & HIV
<p>Over the Counter (OTC) Sales</p>
<p>Ad hoc Services</p> <ul style="list-style-type: none"> • Prescription collection • Prescription delivery

To help you to prioritise and plan what you will do in an emergency situation in a meaningful way we have adapted the service priority template used by our GP and nursing colleagues. This uses a Category A - E priority rating that is based on what services you will continue and what can be potentially postponed within defined time-scales (Table 2 and Section 2).

NHS GGC Community Pharmacy Service Priority Template

Table 2

Priority	Service examples and suggested actions
Category A - must continue	AMS e.g. dispensing of prescriptions; NHS Pharmacy First, over the counter sales. PHS e.g. EHC. Palliative care. CPUS, Rota and OOH. Will extend waiting times and ask patients to request urgently required prescriptions only
Category B – can be postponed for up to 24 hours	e.g. supervised administration – may postpone supervision for stable (all) patients for 24 hours and will inform Addiction Services and CPDT
Category C - can be postponed for up to 72 hours	e.g. Smoking Cessation, supply only will postpone counselling (could suspend for longer depending on emergency?)
Category D - can be postponed for up to 7 days	MCA's – ordinary dispensing for one week depending on emergency. BP monitoring
Category E - can be postponed for up to 28 days	Re-dispensing of medication into MCA's for Care Homes. Weekly supply of prepared MCA trays for community dwelling patients - will give two or four prepared trays at a time to those patients with a carer only for medicines stable in an MCA for that period

All ad hoc, non-contracted services must be included in your BCP e.g. prescription collection and delivery service etc, as you will have created an expectation and reliance on them that will need to be managed in an emergency. The BCP development process will help you to ensure that your current service is as robust as it can be and it will help to identify any limitations that need to be addressed.

Your response in the event of an emergency will depend on the type of emergency and how long it will take your pharmacy to recover to full capacity. For example:

- A power failure for 2 hours will have a different impact than one that lasts for 24 hours.
- It may take up to one week to recover from severe flooding or fire in your building or in an adjacent building; or a fuel crisis that has adversely reduced the frequency and availability of your wholesaler service and pharmacy staffing levels.
- It will take up to several months to recover from a pandemic flu as this is likely to present in waves.
- The emergency could result from your staff giving out the wrong MCA tray and the need to contact the patient or their carer urgently to retrieve it and you do not have a contact telephone number for them.
- The emergency could be that your delivery driver has gone “absent without leave” and you will be unable to deliver to full capacity for at least two-days but you can deliver to people at greatest need that rely on this ad hoc service. This becomes a real problem if you do not routinely note your delivery patient’s telephone numbers or if the person you deliver to is housebound, lives alone or does not have someone who can collect prescriptions for them.

Action

Go to Section 2 of the BCP and start to transfer the services you provide into the template. Discuss with your staff what you might need to do to maintain services and summarise the details in the template.

It is good professional practice to have the status (lives alone, housebound) and telephone numbers of the patients (and/or carers) that you provide with a compliance aid. Your counter staff can collect the details as people collect these devices over the next couple of months. Transfer the information into your Patient Medication Record and any documentation you hold for that person.

5. DEVELOPING THE BUSINESS CONTINGENCY PLAN

In line with our health and social care colleagues we have developed a BCP template that includes a description of what you will do in different emergency scenarios to minimise risks to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both. (Section 3)

This will be an evolving process and since most of the work is administrative it can be delegated to your support staff. You may have to produce a separate actions sheet or highlight areas of the plan that are still in progress e.g. require contact details for all MCA patients and their carers. If you need to do this, make it easier for yourself and define a time scale for completion.

Many routine emergencies occur in pharmacies because Managers/Owners assume that their staff will know what to do when they are not there. It is essential that you work together to develop the plan to allow you to identify any potential problems before they arise and prevent them happening. Many of you may not have experienced even a routine emergency situation and as a result it may be difficult to start to develop your BCP or even think that it is necessary or required.

To help you to prepare we have summarised some real experiences shared in a workshop with nine Community Pharmacists (Table 3). You will be able to benefit from their hindsight in relation to the events.

NHS GGC Community Pharmacy Lead & Pharmacy Champions Workshop Feedback Table 3

Experience	Hindsight
External power failure one Saturday afternoon, we did not have a torch and neither did any of the local shops. I had to use my mobile phone to go down to the basement to collect our MCA trays. It was really dangerous. I also wasn't sure if the failure would trip the alarm or how long the fridge lines would stay stable for. The alarm company number was in pitch black cupboard where the key pad is kept.	Buy a torch and lanterns now. Put Alarm company number somewhere accessible.
Internal power failure – electric shutters would not open---all phone numbers inside-shutter company would not come out as it was not their problem----contacted owner who had to make the calls. Pharmacy closed for 3 hours, took couple of days to recover from the hassle. Owner was actually going on holiday the next day—it would have been even more difficult if he was not there.	Keep copy of BCP and all utility and staff contact numbers at the home of at least two people and in diary that is carried at all times by the manager. Store manual handle for shutters with neighbouring shopkeeper. Ask the HSCP Clinical Lead Pharmacists to keep a copy of staff and utilities phone numbers.

<p>Owner on holiday and assumed staff knew how to manually open electric shutters in the event of a power failure. The staff didn't know and there was a significant delay in opening the pharmacy</p> <p>We did keep the shutter opening pole in shop next door- which also had an electric shutter--however a power failure hit the area and both units could not open. We now leave it with a shop with manual shutters.</p>	<p>Assume nothing, involve all of the staff in planning for emergencies and test the manual opening of electric shutters regularly.</p> <p>Store manual handle for shutters with neighbouring shopkeeper.</p>
<p>One of the staff gave out the wrong MCA tray to a patient. We didn't have any home contact details and had to phone the GP, who didn't have an up to date number. I was the only one who could drive. One of the district nurses just happened to pop in, visited the patient and retrieved the MCA for us. It was a horrible couple of hours. We have completely changed our systems and Standard Operating Procedures as a result.</p>	<p>Keep home contact details of all MCA patients and their carers in the patient profile.</p> <p>Also note whether the person lives alone and if they are housebound.</p>
<p>The PMR system failed in the health centre on an English bank holiday, I was amazed to discover that the help desk closed on holidays. We had to handwrite labels for 3 hours.</p>	<p>Make sure that your PMR suppliers provide support when you are open and that your wholesalers have a BCP.</p>
<p>In the last year in NHS GGC one pharmacy was closed for 2 days as a result of murder in the adjoining street and another due to an explosion in the shop unit next door.</p>	<p>Some situations are out with your control but 'fail to plan and you plan to fail'.</p>
<p>We have a prescription collection and delivery service for all patients. One of the three drivers just didn't come in, he didn't even phone and we couldn't contact him. We coped on the first day as the other drivers shared his run. Owner/Manager was off the next day (a Friday) and asked her son to deputise, unfortunately he forgot, and the locum and staff were so busy they didn't realise until late in the afternoon.</p> <p>One of the other drivers collected the prescriptions as a favour – but we had no way of prioritising the deliveries- or contacting people to ask them to come in and collect if possible. All the staff had to work late, including the delivery drivers. One has since resigned. We had a few irate phone calls and I was surprised at how unhelpful people were when we explained the situation and asked if they could collect themselves. Of course everyone we spoke to did not have enough medication to last the weekend. We do so much for everyone it was quite upsetting.</p> <p>This above scenario could also happen as a result of a fuel crisis.</p>	<p>Formalise arrangements with delivery drivers and keep contact numbers of all people that you deliver to and their housebound status.</p> <p>Include a disclaimer in any information leaflets that describe the service, including the fact that the person is responsible for ensuring that they have enough medicines at home and that the person should have alternative plans in place if for any reason the pharmacy cannot deliver.</p>

<p>Pharmacy was open for two hours on New Years day. It just happened to coincide with a flu epidemic and we had a large queue of agitated and unhappy people, who filled the pharmacy on opening. One member of staff- called all the staff to ask them to come in to help. The Pharmacist's mother answered the telephone as majority of the calls were for directions. We ran out of paracetamol and the Pharmacist's husband drove to another pharmacy (different ownership) three miles away to borrow some.</p> <p>It was a frightening experience, people became quite aggressive. I might ask for a police presence if this happened again.</p>	<p>Realised that other pharmacies do help out in an emergency.</p> <p>Realised that it does not have to be trained staff that help in this kind of emergency. This is what worried me about the threatened pandemic flu.</p> <p>For example, have someone just welcoming people, advising them of waiting times and suggesting that they call back.</p>
<p>One morning we had this huge influx of people from 9.30am onwards, within an hour we had a load of quite grumpy people who had previously handed prescriptions in to the other pharmacy in the area but couldn't get the prescriptions. People thought we could somehow access the other pharmacies PMR. I phoned to find out what had happened and their Pharmacist had not come in to work and they could not get a locum. It would have been nice if they had phoned us to warn us.</p>	<p>Phone the CPDT/HSCP and local pharmacies if you do not have a Pharmacist as the CPDT might be able to help you.</p> <p>It is courteous to warn other pharmacies that they may have an influx of people.</p>

On reading these scenarios, reflect on what you have currently in place to prevent this happening or at the very least, minimising the risk and reducing the impact on your pharmacy operation when it does happen? Complete Section 3, adding or deleting information as appropriate and noting action required.

One Pharmacist completed their BCP over a 2 week period, taking 5 minutes a day in the quiet times whilst another asked students and Saturday staff to do most of the work.

6. SHARING THE PLAN

- 6.1 To enable joint working and to help ensure that no assumptions are being made about what the pharmacy service could do in an emergency that will affect other healthcare or social care services, it is strongly recommended that pharmacy contractors share Section 1 and 2 of their completed BCP with the Lead Pharmacist, Community Pharmacy Development (CPD) who will liaise with HSCP Clinical Pharmacy Leads or HSCP Lead for Emergency Planning.

To enable co-ordination you may also be asked to supply information relating to your pharmacy including;

- Type of computerised Patient Medication Record
- Number of MCA patients
- Number of OST patients
- Number of care homes
- If you have a prescription collection or delivery service

This information will be held in confidence and only used in the event of a declared emergency.

Communication with the CPD Team will allow for integration of plans alongside those for other service providers to maintain current services whenever possible and minimise the level of disruption. This may have a number of added advantages, including:

- Inclusion in the fuel essential users list.
- Access to HSCP support materials e.g. generators – when these are available.
- Allows access to those involved in the joint planning of services, e.g. Home Care Supervisors, Learning Disability Leads in relation to how you will manage the provision of compliance aids you provide to their clients in an emergency.
- Ensures that assumptions are not made about what the pharmacy service will be able to do in emergency situation and lays the foundation for more effective team working and a better level of understanding e.g. GPs may decide to write 3 month prescriptions in a major emergency without realising the impact on pharmacy stock levels or they might assume that you can deal with all repeat prescriptions through CPUS.

- 6.2 If you provide services to Care Homes, discuss how the home would manage if you were unable to provide medication in an MCA for an extended period. Agree solutions now by sharing your plan with Care Home staff and confirming what contingency plans, if any, they have in place.

7. AN EMERGENCY OCCURS

- 7.1 In the event of an emergency or business disruption, the pharmacy will endeavour to maintain services at acceptable standards. If this becomes increasingly difficult or impossible, the Responsible Pharmacist on duty will decide on which priority services must be continued and those which can be reduced or suspended. However, any decisions made to reduce or stop services must be reported to the Lead Pharmacist, Community Pharmacy Development Team, (0141 201 6050).

- 7.2 Mutual Aid can be defined as a reciprocal arrangement with another pharmacy; this may include providing stock to alleviate supply issues or if stock has been damaged through flood or lost through theft, or providing staff. You may already have an informal arrangement with another contractor or branch operating on a local basis. To assist you and others if a major emergency occurs, including a pandemic, these arrangements need to be incorporated into your plan

8. PANDEMIC FLU

- 8.1 The World Health Organisation recommends that all countries should plan for a possible influenza pandemic. The UK is well prepared with overarching plans in place at national level in all four Home Countries. As providers of healthcare, community pharmacies would be expected to be in the front line during any pandemic so it is vital that individual BCPs are in place to enable essential pharmacy services to continue.

As the exact nature of any pandemic is highly uncertain, it is impossible to predict how serious it will be and who will be affected. Therefore when drawing up plans, it is important to ensure that a range of scenarios is addressed. A pandemic may not be a short, sharp, localised disruption, like most emergencies. It could be widespread and may last for several months. Predictions can suggest that at the higher clinical attack rate of 50%, between 15 and 20 per cent of the workforce might be unavailable at the peak of the pandemic and there might be a second or third wave of absenteeism as more people become ill. For smaller organisations with 5-15 members of staff, 30-35 per cent of the workforce may be affected. It is highly likely that the supply chain will also be affected.

Although a pandemic is a serious event, wherever possible, Pharmacists should try to maintain business as usual with the emphasis on ensuring patient safety and the supply of medicines for those with Long Term Conditions. It is also essential to work with the HSCP to ensure service continuity across the locality.

Actions with respect to:

Seasonal Influenza:

- Support seasonal influenza programmes, prioritising advice to at-risk groups.
- Encourage all staff to participate in the immunisation programme.
- Ensure all members of staff are trained and competent in recognising and managing the symptoms of flu.
- Ensure all members of staff are trained and competent in infection control measures.
- Test how your BCP holds up in the event of reduced staffing levels this winter.

Pandemic Planning:

- Ensure that your generic BCP is complete, tested or under development.
- Be aware of the HSCP Pandemic Influenza Contingency Plan and what will be expected of the community pharmacy service and how the HSCP can support you.
- Prepare and maintain staffing lists and identify additional staff resources.
- Share the plan content with adjacent pharmacies and with the CPD team and explore how you will pool resources.
- Understanding your interdependencies arrangements this could be suppliers or other stakeholders

9. ADVERSE WEATHER

Adverse weather causing major disruption to the transport network can have a considerable impact on a community pharmacy's ability to provide the normal range of services. Contingency arrangements to cope with any such disruption should be incorporated into your BCP.

Do you have up to date contact details of staff?

Do you know where staff live – who can walk, who rely on public transport, who use their own transport?

10. QUALITY ASSURANCE

It is important that you test the robustness of your plan through a quality assurance process and by sharing with others. An annual review of the Plan is recommended along with attendance at any planned events related to emergency planning. Use Section 5 to guide you through the quality assurance process noting any exclusions and the reason why.

Section 5 is best used when you are sharing or testing your plan with others in a workshop or meeting, it is included for completion and to help you to complete your BCP.

11. FINANCIAL ARRANGEMENTS

Independent contractors or the Head Office of a Pharmacy multiple should discuss the possibility of extending credit or any other financial arrangements that need to be in place to ensure the staff continue to be paid in the event that may close the pharmacy. This should also extend to include insurance providers in the event of closure or reduced service to minimise the risk to the financial viability of the pharmacy.

In the event of a pandemic flu or other major civil emergency resulting in pharmacy closures, negotiations will occur at a national level between Scottish Government and Community Pharmacy Scotland (CPS) to consider remuneration. This may also involve representatives from the CPDT to inform you from a local perspective.

In the meantime CPS strongly advises contractors to lessen the impact from such events by working with the Board now to complete individual BCPs and implement the relevant pandemic flu guidance.

12. INCIDENT LOG AND DEBRIEF

Following an incident it is important there is a clear record of any decisions taken which should be recorded in a log.

The information will include:

- Date and time
- Incident/event
- The nature of the decision
- The reason for the decision
- Who has taken the decision
- The extent of consultation and advice from any stakeholders
- Who has been notified
- Any review dates

A debrief must be undertaken following an incident or exercise and action taken on the lessons learned. Any changes to Business Continuity Plans will be disseminated from the Board's CPDT.

Guidance

<http://www.readyscotland.org/are-you-ready/>

Business Continuity Plan
Name and Address of Pharmacy

VERSION X
(version will change as you review and amend)

Completion Date	
Review Date	
Review Date	
Test Date	

One copy kept in the Pharmacist and the Deputy's home.

One copy kept in dispensary in business contingency planning folder.

CONTACTS LIST

SECTION 1

<Insert pharmacy name and address & add or delete rows as required>

Activation of the Plan

Primary	<i>(Position or Name)</i>	<i>(Contact Details)</i>
Deputy		

Staff Contacts <add rows as required> (Note key holders with an asterix *)

Name	Position	Contacts

Utilities / Services Contacts

Business	Provider	Contacts
Alarm		
IT PMR systems		
Telecommunications		
Electricity	Scottish Power	http://www.spenergynetworks.co.uk/ 0800 092 9290
Gas	National Grid	http://www.nationalgrid.com/uk/Gas/ 0800 111 999
Water	Scottish Water	http://ww.scottishwater.co.uk/ 0800 0778 778
Local Authority waste	Glasgow City Council	commercialservices@glasgow.gov.uk 0141 287 9700
Landlord (if applicable)		

Tradesmen

Trade	Provider	Contacts
Electrician		
Plumber		
Heating Engineer		

Other pharmacies with whom we have mutual aid arrangements

Mutual aid available	Pharmacy	Contacts
Details of support		

Suppliers of Products / Drugs etc

Product	Supplier	Contacts

This information has been shared with <insert HSCP Lead name and date> to be held in confidence and will only be used in the event of a major emergency or incident being declared.

SERVICES PROVIDED AND PRIORITY TEMPLATE

SECTION 2

Site	xxxxxxx	
Service	Community Pharmacy	
Service Lead	(Senior) Name (Deputy):Name (Owner): Name (Area manager): Name	Contact detail Contact detail Contact detail Contact detail

Service Description Community pharmacy providing national and local enhanced pharmaceutical services x days per week

*Remember services you postpone will become critical after a period of time and will need to be brought back on line

Service Priorities
<insert details and brief summary of how you will continue or postpone services>

Priority A	Staffing levels required:	Must Continue
Service Lead should identify and list all Priority A services & what would be required to deliver these		This identifies requirements and is the plan on how & where Priority A services will be delivered

Priority B	Staffing levels required:	Postpone for up to 24 hours
Service Lead should identify and list all Priority B services & what would be required to deliver these		This identifies requirements and is the plan on how & where Priority B services will be delivered

Priority C	Staffing levels required:	Postpone up to 72 hours
<i>As above</i>		<i>As above</i>

Priority D	Staffing levels required:	Postpone up to 7 days
<i>As above</i>		<i>As above</i>

Priority E	Staffing levels required:	Postpone up to 28 days
<i>As above</i>		<i>As above</i>

This information has been shared with *<insert HSCP Lead name and date>* to be held in confidence and only to be used in the event of a major emergency or incident.

RISKS AND CONTROL MEASURES

SECTION 3

<Add or delete detail to individualise this template for your pharmacy>

Pharmacy Name and Address:	
RISK Utilities WATER	Control Measure
<p>Total loss of fresh water to pharmacy for less than 12 hours</p>	<p>5L bottles stored <insert where>.</p> <p>Purified water for re-constituting antibiotic stored <insert where>.</p> <p>Water in toilet tank for back up for approximately <insert number> hours.</p> <p>Phone Scottish Water (see Contacts list) to identify problem. If not universal – will contact plumber (see Contacts list).</p> <p>Stop cock is located <insert where>.</p> <p>Alcohol gel soaps stored <insert where> to be used to maintain infection control.</p> <p>Do you know how many hours your water tank will support (if applicable).</p>
<p>Total loss of fresh water to pharmacy for more than 48 hours</p>	<p>Purchase bottled water as required.</p> <p>Consider impact on services and staff.</p>
<p>Total loss of hot water to pharmacy for less than 12 hours</p>	<p>Heated water can be provided by other means if required for kitchen areas i.e. kettles.</p> <p>Alcohol gel soaps stored <insert where> to be used to maintain infection control.</p> <p>CO Monitors used for Smoking Cessation cannot be used with alcohol gels – hot water and soap will be used.</p>
<p>Total loss of hot water to pharmacy for 24-48 hours</p>	<p>As above.</p>

RISK Utilities DRAINAGE	Control Measure
Loss of drainage to pharmacy for less than 12 hours – Toilets and Sinks	<p>Block off toilet and sink area. Contact plumber to attend and clear blockage.</p> <p>Alternative toilets <insert where>.</p>
Loss of drainage to pharmacy for 24-48 hours	<p>Further investigation by plumber of Water Board.</p> <p>Review effect on staff or public.</p> <p>Consider a porta loo if location allows</p>

RISK Utilities ELECTRICITY	Control Measure
<p>Total loss of electricity to pharmacy for less than 6 hours will affect the following:</p> <ul style="list-style-type: none"> • Lighting • PMR and Printer • Tills • Fridge • Hand-free Phones 	<p>Check electrical fuse box <i><insert where></i>.</p> <p>Phone supplier to establish cause of problem.</p> <p>Phone security alarm company (see Contacts list).</p> <p>Head torches, lanterns and batteries are located <i><insert where></i>.</p> <p>See specific PMR section.</p> <p>Duplicate book for items sold stored <i><insert where></i>. Put signs up to say cash only</p> <p>If pharmaceutical fridge; temperature may be monitored externally. May be satisfactory if interruption is <4h, otherwise validated vaccine porter or alternative monitored fridge to be used <i><insert where></i>.</p> <p>Have stand by plug in phone <i><insert where></i> or mobile phone available.</p>
<p>Total loss of electricity to pharmacy for more than 24 hours</p>	<p>As above – plus review service priorities in light of Health and Safety impact on staff, patients and the public.</p> <p>Contact CPDT and HSCP.</p> <p>Will consider relocation Priority A services depending on anticipated down time.</p> <p>Emergency generators can be obtained from <i><insert where></i>. Do you have a connection for a generator to connect.</p> <p>How will you lock up your facility if you have powered doors or shutters.</p> <p>What will you do with medicines in your fridges have you a reciprocal arrangement with neighboring pharmacies or HB.</p>

RISK Utilities GAS	Control Measure
Total loss of natural gas to pharmacy for less than 6 hours	<p>The gas shut-off valve is located <insert where>.</p> <p>Contact supplier (see Contacts list).</p> <p>Contact heating engineer (see Contacts list).</p> <p>Mobile heaters available from <insert where>.</p>
Total loss of natural gas to pharmacy for less than 24 hours	As above.

RISK Utilities HEATING/VENTILATION	Control Measure
Total loss of heating/ventilation to pharmacy for less than 6 hours depending on weather and time of year	Investigation by heating engineer/plumber (see Contacts list). Possible use of secondary heating if required depending on time of year.
Total loss of heating/ventilation to pharmacy for more than 24 hours	Ongoing assessment/repair of heating and continued use of secondary heating if required depending on time of year.

RISK Utilities TELECOMMS	Control Measure
Total loss of telecommunications to pharmacy for less than 6 hours – External	Will contact BT fault line and take appropriate action. Will divert calls to <insert mobile number>. Alternative arrangements for ordering will be made. Contact CPDT to advise. Re direct landline to mobile phone.
Total loss of telecommunications to pharmacy for less than 12 hours - External	As above – key staff would have access to mobile phones for essential calls.
Total loss of telecommunications to pharmacy for less than 24 hours - External	As above.
Total loss of telecommunications to pharmacy for less than 6 hours – Internal	As above.

RISK Uplift of Domestic Waste	Control Measure
No uplift for more than 24 hours	Review storage area; consider additional secure storage/holding area keeping within H&S, Infection Control and Fire guidelines. If necessary, contact respective local authority (see Contacts list) to investigate the reasons for no uplift and their contingency plans.

RISK Information Technology INTERNET	Control Measure
Loss of system for less than 24 hours	<p>Contact Service Desk to arrange an engineer to call, assess and repair (see Contacts list).</p> <p>Revert to paper system.</p> <p>Make paper copies available to staff- Are staff trained in filling in the paperwork.</p>
Loss of system for more than 24 hours	As above.

RISK Information Technology PATIENT MEDICATION RECORDS SYSTEMS	Control Measure
Loss of system for less than 24 hours	<p>Contact Help Desk (see Contacts list).</p> <p>Quick guide to PMR is stored <i><insert where></i>.</p> <p>Revert to using manual operations and use application specific back up procedures.</p> <p>Advise patients and public of delays in service.</p> <p>Inform GP Practice/s that you are unable to check medication history.</p> <p>Order from wholesalers via telephone.</p> <p>Retain information for entry into system when fully operational.</p>
Loss of system for more than 24 hours	<p>Review impact on delivery of individual services i.e. Care Homes.</p> <p>Supplier to provide replacement system.</p>
GP Repeat Prescription Systems fail	<p>Use Community Pharmacy Urgent Supply forms to maintain continuity of supply.</p> <p>Inform patients re possible extension of waiting times.</p>

RISK Other EQUIPMENT FAILURE	Control Measure
Photocopier/Fax Machine – Loss of equipment for less than 24 hours	<p>Check troubleshooting section in “How to use” booklet stored <insert where> and fix if possible.</p> <p>Report to provider for repair.</p> <p>Communicate to GP Practices, Care Homes and CPDT.</p> <p>Can information be emailed.</p>
Alarm	<p>Report as urgent – to be repaired that day as building cannot be left unsecured.</p> <p>Contact Police Scotland if repair cannot be completed within required timescale.</p>

RISK Loss of all or part of site/pharmacy	Control Measure
<p>(Include limited access due to failure of shutters/police incident)</p> <p>Loss of all or part of site/pharmacy for less than 12 hours due to fire or flood damage</p>	<p>Contact CPDT.</p> <p>Telephones transferred to mobile or other land line and establish contact points to inform patients or contingency plans.</p> <p>Relocate Priority A services to <insert where>. Reduce or cancel non-Priority B – E services as per Site Service Priority Templates, depending on nature of emergency.</p> <p>How will you Communicate to patients /stakeholders to inform them of the situation?</p> <p>Use of social media.</p>
Loss of all or part of site/pharmacy for more than 24 hours	<p>Same as above – as well as full Contingency Plan which will be actioned; alternative premises would require to be found for essential services.</p> <p>Contact GPhC, CPDT and HSCP who will in turn, contact media if appropriate.</p> <p>Alternative site is <insert where>.</p> <p>Consider transfer to an established pharmacy located nearby.</p>

RISK Loss of Supplies/Materials	Control Measure
Loss of clinical supplies up to 24 hours and beyond due to theft or damage as a result of a fire or flood at pharmacy	<p>Contact suppliers to order temporary supplies.</p> <p>Contact 'buddy' to borrow stock through transfer arrangements.</p> <p>Review situation.</p> <p>May limit supply to one month – with balance to follow to maintain stock.</p>
Loss of clinical supplies due to problem at wholesalers	<p>Contact supplier to identify when normal service will resume.</p> <p>Urgent stock ordered from second tier supplier (see Contacts list) or manufacturer.</p> <p>Will inform surgeries if any delay in dispensing and supply.</p> <p>For major disruptions in supply, inform CPDT.</p> <p>Order through 'buddy' with an alternative supplier.</p>

RISK Mail Dispute	Control Measure
Mail dispute lasting more than 24 hours	<p>Contact Royal Mail for contingency plans on 0845-600-3731.</p> <p>Urgent mail could be dropped off at identified Post Offices that are open and non-urgent mail could go every other day to maintain a service.</p> <p>Consider email as a suitable alternative.</p>

RISK Reduced Staff Levels (not related to recruitment)	Control Measure
Reduced staff levels for less than 24 hours	<p>Review staff rotas locally, contact part time staff or extend hours worked for 24 hours.</p> <p>Counter staff and Dispensary staff can cross-cover for certain tasks as specified in Standard Operating Procedures (SOP).</p>
Reduced staff levels for between 24 – 48 hours	<p>Review staff rotas locally, identify minimum staff required to cover essential areas.</p> <p>Consider working in shift patterns; use of non-clinical staff to answer phones, undertake administration.</p> <p>Review prescription collection and delivery service.</p> <p>Contact patients and ask them to collect prescriptions.</p> <p>Ask GP Practice/s to inform patients to collect.</p> <p>Prioritise delivery to the housebound or those living alone.</p> <p>Inform GP Practices that delivery service has been reduced or postponed.</p>
Reduced staff levels for more than 48 hours – or at a minimum level with threat of falling below	<p>Review staff levels and discuss with ‘buddy’.</p> <p>Contact details of any reserve staff <i><insert details></i>.</p> <p>Provide staff induction training for temporary staff - training packs located <i><insert where></i>.</p> <p>Contact CPDT and HSCP.</p>
Staff levels fall below minimum safe level and/or Pharmacist unable to attend	<p>Close pharmacy; relocate staff and stock as appropriate.</p> <p>Contact CPDT, HSCP and GPhC.</p>
Pandemic Flu	<p>As above – with the addition of:</p> <ul style="list-style-type: none"> • Infection Control measures in place including cough etiquette. • Enhanced cleaning schedule initiated. • Cancel non-essential face-to-face meetings. • Support Scottish Government and NHS GGC campaigns. • Use of technology • Approved face masks to be used by appropriate personnel i.e. counter staff if less than 1m separates them from public and delivery drivers if they are likely to enter the home of someone with flu. • People encouraged to call back for prescriptions

RISK Combination Event – Industrial Action (may combine a number of external/internal factors)	Control Measure
Fuel dispute lasting less than 24 hours	Review delivery service. Essential mileage only undertaken.
Fuel dispute has major impact on staff getting to work and ability of wholesalers to provide daily deliveries / Pharmacy delivery service cannot be maintained	Pharmacy delivery service would be part of HSCP group. Fuel cards issued to essential drivers only. If the above is not possible; contact GP Practice/s to advise that delivery service is reduced or postponed. Put poster in window. Phone patients who normally received deliveries to advise them that they will have to rely on alternative arrangements to obtain medicines.
Reduced staff due to adverse weather lasting less than 24 hours	Many pharmacy staff live locally so can walk to their normal base. Some staff may take short notice annual leave.
Reduced staff due to adverse weather lasting more than 24 hours	As above.

Business Consumables		
CONSUMABLE	SUPPLIER DETAILS	NO. OF WEEKS STOCK
1. Till Rolls		
2. Multi-compartment Compliance Aid (MCA)		
3. Fax Paper		
4. Prescription Stationery		
5. CPUS		
6. Prescription and OTC Bags		
7. PPE		

VEHICLES

Please note any vehicles required:

First 24 hours	24 - 48 hours	48hrs - 6 days	1 - 2 weeks	Up to 1 month

SPECIALIST EQUIPMENT

Please note any equipment required:

First 24 hours	24 - 48 hours	48 hours – 6 days	1 - 2 weeks	2 weeks plus

ICT

What software would be required (e.g. what systems does your pharmacy use)?

First 24 hours	24 – 48 hours	48 hours – 6 days	1 – 2weeks	2 weeks plus

How much IT equipment does your pharmacy have?

PCs	Laptops	Printers	Other IT equipment (please describe)

How many of these would be required immediately in an incident and thereafter?

First 24 hours				24 - 48 hours			
PCs	Laptops	Printers	Other	PCs	Laptops	Printers	Other

48 hours – 6 days				1 – 2 weeks			
PCs	Laptops	Printers	Other	PCs	Laptops	Printers	Other

2 weeks plus			
PCs	Laptops	Printers	Other

Is there any other equipment required for your service (e.g. breathalyser)?
(Please note both equipment and amount required)

First 24 hours	24 - 48 hours	48 hours – 6 days	1 – 2 weeks	2 weeks plus

DATA

What information do you need for your pharmacy to operate and where is it held?

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Please state what the data is?

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Essential Documentation

	Importance Definition
A.	Necessary for legal reasons / statutory obligations
B.	Loss would have an unacceptable affect on finances
C.	Necessary for acceptable delivery of service
D.	None of the above
E.	All of the above

Description of data	Format of data: E = Electronic P = Paper	Where is the data stored (please be specific – room and floor where relevant)	How much of this data do you hold (see <i>Definitions above</i>)	If you are not the data owner, who is and how is this managed	What is the importance of this data A, B, C, D or E (see <i>Definitions above</i>)	When would this data be required

<p>Does your pharmacy use particular stationery without which it would be difficult to function? (Examples can include letterhead paper or forms for specific purposes)</p>

SECTION 5

HEALTH BOARD AND COMMUNITY HEALTH AND SOCIAL CARE PARTNERSHIP CONTACTS

Reason for Contact	Department	Contacts
Emergencies	Community Pharmacy Development Team	Alan Harrison 0141 201 6051
Information, Planning & Pandemic Flu	Pharmaceutical Public Health	Liz McGovern 0141 201 4777
OST Service	Glasgow Addiction Service	Carole Hunter 0141 303 8931

HSCP	Lead Clinical Pharmacist	0141 xxx xxxx
	Community Pharmacy Lead	0141 xxx xxxx
	Community Pharmacy Champion	0141 xxx xxxx
	Board's Civil Contingencies Department – Planning Officer	0141 201 4554

CRITERIA	COMPONENTS	Included (please tick) ~~~ Excluded (please explain)
1. External Contacts	Information should be accurate and cross-checked	
	Information should be detailed e.g. name of plumber – “see <i>Yellow Pages</i> ” will not be helpful	
	Include HSCP Emergency Planning Group	
	Include Social Care Services e.g. Home Care Supervisors	
	Alarm Company	
	Care or Nursing Home	
	Utilities	
	Consumables Suppliers	
	Wholesalers	
	IT Helpdesks	
2. Internal Staff Contacts	Include home numbers and mobile numbers	
	Copy kept outwith pharmacy	
	Specifies Owner/Manager/key holders	
	Specifies emergency divert number if phone lines go down	
	Specifies Lead and Deputy	
	Confirms that information has been shared with HSCP	
3. Staffing Levels	Specify normal staffing levels and hours worked (in Service Template)	
	Indicates where extra staff may be pulled from and their contact details or that the HSCP have been informed that you do not have access to extra staff	
	How rotas and workload will be changed	
	Specifies how new staff will be trained Can neighboring pharmacies support	
4. Services	Details all services including ad hoc services (prescription collection and/or delivery)	
	Details how you will contact the public and individual patients if necessary	
	Details how you plan to prioritise services	
	Details Care or Residential Home Services and where dispensing and collection/delivery schedule is	
	Contact details of MCA patients/carers	
	Details where SOPs are kept for all services	
	Details of PGD led services checked against available personnel and copy of paperwork to approve others dispatched to CPDT	
5. Mutual Aid	Names pharmacy and contact details	
	Details what will be shared	
	Confirms that information has been shared with HSCP	
6. Wholesaler	Specifies contact details and what they supply	
	Specifies alternative main wholesaler	
7. Sundries & Equipment	Indicates where torches etc are kept	
	Specifies where any guide to using equipment is kept	
	Indicates that computers are backed up and where back ups are kept	
8. Communication	Details if a message can be left on the pharmacy phone in the event of closure	
	Details if land line calls can be diverted to a mobile	

9. Review	Version and date on front page	
	Review date and any actions required on front page	
	Details how the plan has been tested e.g. attended HSCP event	
10. Interdependencies	Identify your interdependencies to support you in delivering your services	
	Do you know what your interdependencies BCP arrangements are?	
	How will this impact on your services and planning arrangements	
11. In the event of a loss of facility for a period of time.	How will you purchase new equipment?	
	Where would you relocate too does your insurance assist with this?	
	Will your insurance assist with the purchase of sundries/equipment?	
	Do you have your insurance details to hand?	
12. Have you buddy arrangements with neighboring pharmacies- if your part of a chain has priority pharmacies been identified		
13. Financial and reputational considerations		
14. Considerations of impact of loss of service for longer than 1 month		