



Pharmacy Business Continuity Plan

**(Name of Pharmacy)
(Address)**

(Telephone Number(s))

(Fax Number)

(Email)

(ODS code)

**The Superintendent Pharmacist is:
(Name)**

**Business Continuity Lead is:
(Name)**

Date of current plan :
Version Number :
Prepared by :
Authorised by :

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Overview and Purpose of the Plan

Community pharmacies offer a wide range of important services to patients and the general public. It is therefore important that pharmacies endeavour to maintain services at acceptable standards following any type of event that causes a disruption to normal service.

This resource aims to assist in the planning for business continuity by providing guidance and templates. It does not attempt to identify or plan for every eventuality, or replace independent thinking or decision making. However, the resultant plan will be a reference to provide a prompt for action and a summary of priorities and resource requirements that can be adapted and focused for the management of any service disruption. This means that critical services can continue to be delivered with further services recovered to the point that service provision returns to normal.

General Plan Management

Business continuity planning enables identification of key assets and critical activities, assessment of risk of an emergency event occurring, analysis of the impact of the emergency and disruption on the business, planning to reduce the likelihood of an event occurring and planning how to continue to function if an emergency occurs. Business continuity planning helps organisations to continue to operate in the face of disruption and involves the following tasks:

1. Developing the Plan

To develop a plan each pharmacy must consider its own requirements, risks and recovery strategies. To ensure that services can be maintained for as long as possible, they should be prioritised so that in the event of an emergency, when it may not be possible to maintain all services, the decision over which to continue has already been considered and set out in a prioritisation table.

Prioritisation of services and which ones may have to be stopped in order to safely continue to provide the remaining can often only be done at the time of the disruption because the very nature of that disruption will affect who can provide those services and the facilities available to provide them with. The prioritisation table may act as starting point for further deliberations but should not be followed without further careful consideration.

Events that can cause interruptions to its day to day business processes e.g. equipment failure, loss of electricity, also need to be identified and a risk assessment undertaken to determine the impact of those interruptions. Guidance on the development of a plan is set out in this resource.

2. Implementing and Maintaining the Plan

Once the plan is in place, it should be maintained by a formal annual review and updates whenever there is a significant change to working systems and/or service delivery, to ensure its continuing effectiveness. Each time a change is made to the plan, it should be recorded on the front page of the plan and on the Version template (Appendix 1). The new plan should then be re-issued to contacts listed on the Plan Distribution template (Appendix 1). Responsibility should be assigned for regular reviews of the plan.

3. Communicating the Plan

It is important that key stakeholders are provided with a copy of your plan. You may also wish to consider whether any customers or suppliers would need or benefit from holding a copy. The template (Appendix 1) provides a formal record of the plan distribution so that it can be reissued or recalled as necessary and everyone can be confident that they have a current copy.

Pharmacy staff must all be aware of the plan and any designated roles and responsibility within the plan.

4. Testing the Plan

This plan should be regularly tested (once a year as a minimum) to ensure that it fully accommodates the needs of the Pharmacy and that there is confidence that it is fit for purpose. A variety of techniques may be used to test different elements of the plan against a number of possible scenarios in order to provide assurance that the plan will operate in real life. A testing timetable is recommended. Exercises provide demonstrable evidence of business continuity management competence and capability and robust and realistic exercises will identify areas that require amendment. A record of each test should be recorded and a template is provided in Appendix 1.

Plan Development

Prioritising Service Delivery

In the event of an emergency or service disruption the pharmacy will endeavour to maintain services at acceptable standards. In instances when temporary service disruption occurs, the pharmacist or person responsible for business continuity should assess the situation and make appropriate adjustments to ensure that patients and the general public are inconvenienced as little as possible. Should this not become possible, the Responsible Pharmacist will decide which priority services must be continued and which can be reduced or suspended based on the information captured in the template below. The Superintendent Pharmacist should be informed/consulted.

1. List all current services delivered by the Pharmacy as part of normal service provision under the following headings:
 - Essential Services under the NHS Contractual Framework;
 - Advanced Services under the NHS Contractual Framework;
 - Locally commissioned services; and
 - Non-Contractual Services.

2. Prioritisation Table
Prioritise each service using the table below as guidance.

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Core Services	HealthCare Services	Prevention Services	Wellbeing Services	Financial Services
If these cannot be provided, then the pharmacy will be in breach of its Terms of Service or severely hampering patient care.	Additional services for conditions that require more urgent treatment.	Additional services to prevent conditions developing or occurring in the future.	Additional services that improve the health and wellbeing of patients.	Additional services that focus on financial costs, rather than directly on patient care.

List of Pharmacy Services	
List the services provided by the Pharmacy for normal service provision and detail below in order of priority	
Priority 1-5	Specific Service e.g. supervised administration
e.g. 1	Essential Service 1 - Dispensing

Risk Assessment and Business Impact Analysis

To support planning, it is important to identify and assess the potential impact of risks to service delivery. All risks should be considered, for example equipment failure, fire, flood or unplanned staff absences. A template business impact analysis document to support pharmacies in undertaking this analysis is set out in Appendix 2.

For each risk, consider the likelihood and impact of potential hazards and/or threats together with possible risk management options. Considerations should include:

- Is the problem a national or local one?
- How long will it take to resolve?
- What control do I have over it?
- What impact will it have on the patient (urgency of supply etc.)?
- Does the problem impact on staff or customer safety?
- What actions need to be taken as an interim measure?
- What communications will be needed?
- What actions will need to be taken once the problem is fixed?

.For example, when considering actions the options available could include:

- If the incident does not impact on the delivery of patient care or the ability to continue to provide a service, then monitor the situation and only take action if the risk escalates;
- If the incident has a direct but short term impact on the front line services/ business of the pharmacy and minor impact on patient care then action may need to be taken. Can service continue to operate without adjustment, with adjustment within the pharmacy or is outside assistance required?
- If the impact of the incident is such that pharmacy services are disrupted and have a major impact on patient care, the Superintendent Pharmacist will be responsible for assessing the capabilities of the pharmacy and possibly which services will be reduced or through mutual aid arrangements be diverted to other pharmacies by reference to the prioritisation section of this document;
- The withdrawal of Essential Services, with the agreement of the NHS England Area Team (AT), should only be proposed where the risk to patient safety outweighs the risk in providing the services; and
- Staff and customer safety and wellbeing in the pharmacy will also need to be taken into consideration.

All information processing must be fully compliant with existing Information Governance (IG) rules and legal obligations and the impact of some elements, such as critical information systems, data storage, loss of data, data back-up and recovery, will need to be considered for all risk scenarios along with critical response times and process recovery times. Current Service Level Agreements with suppliers should also be checked to make sure terms such as response times are adequate to meet your pharmacy's requirements.

It is important that business continuity planning is done on an individual pharmacy basis to take into account local circumstances, for example when dealing with EPS failure the actions of a pharmacy which has the majority of its patients from one or two local GP surgeries will be different to those of a pharmacy in a city centre mainly dealing with commuters.

Reducing the Likelihood of a Disaster Occurring and Putting in Place Generic Recovery Strategies

Once risks have been identified, it is important to document preventative measures that will reduce the likelihood of a disaster occurring and/or in the event of a disaster, those measures which will reduce the impact on the organisation and support service continuity. Generic strategies are set out below and an Emergency Contact List is available as Appendix 3.

a) Loss of Main Pharmacy Building

If the pharmacy building is uninhabitable for any reason e.g. fire or flood, the services may need to be provided in suitable alternative premises depending on recovery time. The NHS regulations governing the provision of pharmaceutical services allow for relocations that 'do not result in significant change to pharmaceutical services provision'. Any relocation requires approval by GPhC and NHS England Area Team (AT).

The options available may include:

- using premises at the local Medical Centre;
- using premises locally that are currently unoccupied;
- hiring a Portakabin to be sited in the vicinity; or
- provision of alternative accommodation by owner/landlord.

This Pharmacy's recovery strategy would be to: *(insert specific arrangements)*

b) Failure of Electricity Supply

If there is an isolated loss of power for an appliance e.g. computer then:

- Check the plug is securely in the socket;
- Try another appliance in the socket;
- Try another socket.

If there is a wider loss of power within the pharmacy then:

- Establish whether the power failure is on the supply side of your fuse box or within the Pharmacy by inspection of the trip switches on the main fuse box;
- If necessary reset any tripped switch. If the tripped switch does not reset immediately, do not continue to try to reset it;
- If the electrical fault is within the pharmacy contact your chosen electrician. (see Emergency Contact List – Appendix 3);
- If the supply is still interrupted, report a fault to your supplier.

If the disruption to your power supply is going to prevent the pharmacy from safely carrying out its service obligations the Area Team should be advised. Options may include:

- Whether access to generators would be possible;
- If buddying arrangements could be put into place; or
- If relocation to an alternative site will be required to maintain the service.

Various other facilities will be disrupted by the loss of power and must be considered separately, and the relevant plan should be followed:

- *Lighting*

If daylight is sufficient to work by, service may continue without interruption. If not, then temporary lighting may be considered and can be obtained from *(insert details)*

- *IT/ Telephones/Broadband*

See previous section.

- *Fax Machine*

Urgent faxes may be redirected to *(insert current fax number and fax number to be used for redirected faxes)*

- *Heating*

If heating loss occurs that will affect staff comfort or product stability, assess the risk and use gas or oil heaters. If necessary obtain from *(insert name of supplier and contact details)*.

- *Clinical refrigerators*

If failure is for a significant period and is likely to be detrimental to the contents, these should be checked and any temperature critical drugs relocated to other appropriate storage *(insert details)*. Minimise the need to open the refrigerator whilst the power is off in order to try and maintain the internal temperature. The NPA Information Department can provide information on the stability of medicines stored outside recommended temperatures for various periods.

- *Alarm system/CCTV*

Any systems failures should be reported immediately to the supplier (see Emergency Contact List – Appendix 3) for advice/resetting to prevent a security breach.

- *Diagnostic Equipment*

If equipment is dependent on mains electricity, consider under prioritisation of services. If the equipment has internal rechargeable batteries ensure charging periods are known.

c) Failure of Gas supply

Turn off the gas shut off valve (see Emergency Response Guidance p12) and contact your gas supplier to report the failure and obtain an estimated time for repair to assist with planning. If heating loss occurs, assess the risk and obtain electric or oil heaters if necessary from *(insert name of supplier and contact details)*.

d) Failure of Water supply

This may be an individual or wider problem.

Local - In the event of a leakage within the pharmacy,

- Attempt to turn off water flow at the internal shut off valve or alternatively at the external mains stopcock, if possible.
- Contact your local plumber for internal plumbing emergencies,

Wider - if the failure is due to external factors contact your supplier to get a report of the problem and estimated repair completion time (see Emergency Contact List – Appendix 3).

Assess the impact of the failure on the premises and services by considering:

- *Toilets*

Consider use of local public convenience toilets or “buddy” with a neighbouring business.

- *Hand Hygiene*

Use hand cleansing gels that do not require water as an alternative to soap.

- *Drinking water*

Use bottled water or the water in the water cooler (if available) and ensure that sufficient supplies are ordered for the expected period of supply failure, or obtain and use further bottled water.

- *Reconstitution of medicines*

See drinking water.

e) Failure of Telecommunications/Broadband

In all cases of telecommunications failure, actions should be taken to ensure that incoming calls can be received, such as redirecting calls to a mobile phone, preferably to one owned by the company.

- If the phone is not working but the broadband is, then the line is probably intact and the phone can be replaced with another and tested;
- If the cordless phone system is at fault or the electricity supply has failed, a telephone which requires no immediate external power source should be used;
- If an electricity fault is the cause, see failure of electricity supply below;
- Any telephone or broadband fault should be immediately reported to the appropriate supplier (see Emergency Contact List – Appendix 3) and any incident report number recorded.
- Connectivity failures will need to be assessed in greater detail for impact on EPS; fall back options and 3G back-up will need consideration. Urgency of medicines supply should be assessed on an individual patient basis and fall back options may include –
 - Patient to return to the pharmacy at a later time;
 - Delivery of the prescription to the patient when the systems are back up and running;
 - Emergency supply at the request of the prescriber;
 - Paper FP10 prescriptions reprinted by arrangement with the GP surgery (in this case electronic prescriptions would also need to be cancelled to ensure no duplication); or
 - Referral to another pharmacy.

f) Failure of IT Systems

Should the IT system or any stand-alone computer fail, it will be necessary to change to a computer back-up system or a paper based back-up system to capture important information so this can be recorded onto the computer system retrospectively. Templates for recording information when the system is unavailable should be produced and kept in a designated place.

Does the Pharmacy have an uninterrupted power supply?	Yes/No
If Yes, how long will the alternative supply of power last in order to shut down the IT system manually?	

Dispensing Process

➤ *Dispensing system*

If the dispensing system is not working, first check that:

- Other programs work;
- Internet and telephone connections work.

If these are working, then contact the system supplier helpdesk (see Emergency Contact List – Appendix 3) and record the report incident number.

➤ *Patient Medication Record (PMR) only*

If the PMR System Server fails, the individual systems should move to stand-alone mode and the system supplier contacted (see Emergency Contact List – Appendix 3). Once restored, the records should be merged back to the server.

➤ *Dispensing Barcode Scanner*

If the scanner is not working then:

- Check the cable;
- Try a different scanner if available;
- Contact the system supplier helpdesk and record the report incident number.
- In the interim, enter barcode(s) manually or enter patient demographics to do a simple Personal Demographic Service (PDS) trace to locate details and prescription.

➤ *Label Printers*

If the label printer is not working then:

- Check the toner, cables and power;
- If available try a different printer;
- Call the system supplier helpdesk and record the report incident number.

➤ *Total Failure*

In the event of total failure, then:

- Labels will need to be typed or hand written if they cannot be printed. All cautionary labels still need to be produced and should be found by reference to the British National Formulary (BNF);
- Prescription forms should be retained separately and full details of the items dispensed annotated to facilitate recording of the dispensing onto PMRs retrospectively.

Theft/Damage/Corruption/Failure of hardware or software

If the pharmacy experiences theft of a computer or damage/corruption/failure of software, then the system supplier helpdesk and insurance broker should be contacted (see Emergency Contact List – Appendix 3) and incident numbers recorded. The number of computers the pharmacy operates and are affected and your supplier's support agreement will determine the impact on service delivery:

- If the pharmacy operates only on one computer, an immediate exchange or engineer visit should be arranged;
- Agreed buddying arrangements to share resources put into place previously (see j) mutual aid arrangements with others) could be used;
- A pharmacy operating on multiple PMR terminals should be able to create a working system with the assistance of the systems helpdesk.

Sales Data/EPoS

In the event of till or EPoS failure:

- Sales should be recorded in sufficient detail to be able to maintain stock records and provide a limited audit trail;
- Initiate a manual fall back system for payment;
- If a manual fall-back system is not supported by your Merchant, card sales will be declined and customers should be directed to the nearest cash point machine. *(insert details)*

Protection of Computers

During periods of extreme hot weather ensure that computers are maintained at a temperature that will not cause overheating and subsequent failure. The Local Authority will issue heat warnings to pharmacies as part of their heat wave planning arrangements.

g) Failure of EPS

The pharmacy will need to consider the external risks and actions required in the event of the failure of the GP IT system, N3 connectivity or where there are problems identified at the aggregator or Spine. Pharmacies can sign up at <http://systems.hscic.gov.uk/eps/library/alertform.doc> for information and to receive SMS or email alerts should the national system be unavailable. These problems are outside the control of the pharmacy, but working closely with GP surgeries will minimise disruption and it may be necessary to contact patients and plan for late deliveries.

In the event of failure of the pharmacy IT system, broadband or electricity supply the pharmacy should:

- Ring their system supplier helpdesk (see Emergency Contact List – Appendix 3), advise them of their internet connection status and record the report incident number so the pharmacy can track the issue;
- Record the name of the person dealing with the issue and ask for an estimated time to resolve it. This will enable you to decide what action to take. For EPS, short term is 1-4 hours, medium term is 2-24 hours and long term over 24 hours;
- Any unresolved issues will be reported by your system supplier to the National Service Desk. Ensure you understand the escalation route;
- Keep a specific log of issues raised;
- Establish whether the medicines supply is urgent or whether the patient could call back at a later time;
- Consider delivery of prescriptions to the patient when systems back up and running;
- Phone the GP Practice and request that they can print paper FP10 hand signed prescriptions for any previously downloaded prescriptions locked in the pharmacy system. These could either be collected from the GP Practice on behalf of the patient or you could request the GP surgery to fax the FP10 prescription to the pharmacy if collection is not feasible. This option should only be considered if the problem cannot be resolved quickly, e.g. within one hour;
- Ask the patient to return to prescriber to obtain paper FP10 prescriptions.
- Depending on the resolution timescale the pharmacy may wish to put into effect previously agreed supply arrangements made with the GP practice e.g. initiation of emergency supply at the request of the prescriber (which could be by token), or pharmacy buddying arrangements if the problem is local; and
- Depending on the status of the prescription, advise the patient to use an alternative EPS Release 2 enabled dispensing contractor if they have a prescription token.

Additional EPS considerations should include planning for failure of Smartcards, Smartcard readers, and printers:

Smartcard or Smartcard readers

If the Smartcard or Smartcard reader fails the options include:

- If available, ask another person to try their Smartcard, or use the fallback Smartcard from your Emergency Pack (p12);
- Try your Smartcard in a different reader if available;
- Refer to the Smartcard Self Service Portal to reset, renew, or unlock passcodes (<https://portal.national.ncrs.nhs.uk/portal>);
- If still failing then call your system supplier (or relevant) helpdesk (see Emergency Contact List – Appendix 3) and record the incident number;
- Examine common issues which may result in a damaged Smartcard reader, and make suitable changes to current practices within the dispensary for example ensuring liquids are kept away from keyboards, Smartcard readers and other equipment; and
- Pre-check what would happen if your card failed and you couldn't contact the helpdesk.

Printers

If the printer/dispensing token printer is not working then:

- Check the toner, cables and power;
- If available try a different printer (second printer or borrowed through previously agreed arrangements);
- Call the system supplier helpdesk and record the incident number;
- Exemption declarations should be captured and options to considered, dependent on individual pharmacy circumstances, include:
 - Signing a printed prescription token
 - Signing a handwritten blank dispensing token or one with relevant labels attached;
 - Recording the patient's exemption details, print the dispensing token later and sign the token on behalf of the patient once it has been printed.

Pharmacies should ensure as preventative measures that they have enough toner, paper and dispensing tokens to avoid running out. Setting up a reminder to re-order when running low, and arrangements to borrow from another pharmacy, or GP surgery in an emergency should be considered.

It is essential that all system problems, however minor, are reported to pharmacy system suppliers. In some cases, the problem may be resolved over the phone, for example if it is a training or local system configuration problem. In other cases, the supplier may need to add it on to their work plan as a future development. Where the supplier can't resolve a problem, for example, if it is an issue with the GP system, the pharmacy supplier can escalate the issue to a national helpdesk to co-ordinate resolution. Remember to obtain a helpdesk reference number. If the supplier does not resolve the problem in a satisfactory way, having the reference number is essential so that the problem can be escalated via other routes.

h) Fuel Shortages

All pharmacies are dependent on fuel and, in the event of a national or local supply disruption, pharmacies will need to consider the impact on service delivery and how they can ensure effective use of what may be limited fuel supplies. The National Emergency Plan (Fuel) (NEP-F) is very much an option of last resort and the first line of defence is for all organisations' business continuity planning to consider what can be done to cut down on fuel usage. Each area will have a fuel crisis contingency plan, which will be integrated with the multi-agency plans. In a severe fuel shortage, designated filling stations will be allocated fuel for defined critical functions. These include pharmacy home delivery of medicines, but not travelling to and from work. The ability to maintain services may be affected by:

- staff unable to travel to the pharmacy
- staff unable to carry out services such as the delivery of medicines, home visits,
- Suppliers unable to make deliveries

Options to consider include:

Staff (see j)

- How do staff travel to work? If staff live near to the pharmacy then the impact is low, as they will be able to walk to work, but if most staff live a distance away, then alternative transport or car sharing may be possible;
- Allow staff time to obtain fuel. NEP-F has a maximum purchase scheme allowing a set numbers of litres per visit to ensure motorists have access to some fuel; and
- Is working from home or staying temporarily nearer the pharmacy possible?

Deliveries

- As an initial action consider making home deliveries only to those with clinical need and using the most efficient routes.
- If the shortage becomes more severe, check that the pharmacy vehicles display an NHS logo and the 'Providing NHS services' descriptor line (used in line with the NHS identity guidelines for community pharmacy - www.nhsidentity.nhs.uk/). If not they will require a temporary logo so that they are entitled to use designated filling stations to obtain fuel for delivery services. The arrangements for obtaining fuel supplies in these circumstances will be negotiated by the LPC with the AT and communicated by the AT. Act as soon as communication is received.

Disruption of supplies (see k)

All suppliers/wholesales should have their own business continuity plans in place, to ensure supplies can continue to be made. Suppliers such as wholesalers and manufacturers may have to limit deliveries but will communicate arrangements with their customers

- Local fuel supply disruption may result in limited supply e.g. once a day delivery; and
- If NEP-F is triggered, the commercial scheme prioritises diesel supply to commercial filling stations to support the continuation of critical supply chains.

i) Loss of Security

Pharmacies are protected by alarms and CCTV may also be installed. All systems should be regularly serviced and procedures should be in place in the event of a fire, break in or incident such as window breakage which may result in loss of security.

j) Staff Shortages

There may be occasions when individual staff members may be incapacitated for a variety of reasons. Their absence will have a variable effect depending on the role they play. In some cases these roles can be covered by other staff by ensuring that knowledge and skills are shared between groups of staff. Other roles may be highly specialised and cover will need more thought and planning especially if a service depends on that person alone.

There may also be a scenario when several members of staff are all incapacitated at the same time such as during a pandemic or during severe adverse weather conditions.

The Superintendent Pharmacist is responsible for assessing the impact on the business of the pharmacy, the minimum number of staff and staff mix required to enable the pharmacy to continue to provide services and the contingency to be employed to maintain continuity of service.

Options for consideration include:

- If the absence of staff for a short period does not have a significant impact on the business of the pharmacy – monitor the situation only;
- If the absence of staff will have direct impact on the front line services/ business of the pharmacy - divert workload to or between other staff that are capable of covering;
- If the absence of staff will have a direct impact on the front line services/ business where there is no other employee who is able to cover the role(s). Seek appropriate alternative staff to cover, e.g. from other branches or pharmacies where a mutual aid arrangement is in places;
- If the impact of one or a number of staff being incapacitated is such that the pharmacy is unable to continue services, the Superintendent Pharmacist will be responsible for assessing the capabilities of the pharmacy and possibly which services will be reduced or through mutual aid arrangements be diverted to other pharmacies by reference to the prioritisation section of this document. If there is any reduction in patient services the AT should be informed; and
- The withdrawal of Essential Services, with the agreement of the AT, should only be proposed where the risk to patient safety outweighs the risk in providing the services.

k) Mutual Aid Arrangements with others

You may wish to discuss your plan with local pharmacies, GP practices or other retailers to explore the opportunity of sharing resources in the event of an emergency including the failure of EPS. Arrangements can be recorded below:

Mutual aid available	Organisation	Contacts
e.g. Printer and accessories	GP Practice (next door)	Practice manager Tel. No. xxxx

l) Disruption to Supplies

During a major emergency there may be interruptions in the supply of stock, consumables and equipment required by the pharmacy. This may be a primary cause of an incident, e.g. a supplier factory fire, or disruption to the transport network such as in a fuel crisis. In such an event, the pharmacist in charge will be responsible for assessing the impact on the business of the pharmacy. If there is a need to obtain supplies from another source the options are:

- mutual aid from another pharmacy;
- from the hospital pharmacy network co-ordinated by the relevant Primary Care Organisation (PCO) – caution should be exercised as a percentage on-cost may not be reimbursed by the NHS;
- contact alternative suppliers or direct from the manufacturer or agent; and
- National arrangements e.g. supply of antivirals in a pandemic.

Pharmacy Specific Information List key supplies critical to providing the service		
Equipment/Supplies	Supplier	Recovery/Replacement options or arrangements in place

m) External Adverse Events

These may include:

- *Adverse Weather Conditions*

Gales, severe storms, flooding and snow can all cause problems to business continuity along with excessive cold or heat.

- *External events such as terrorist attacks, major transport accidents or explosions or fires within the vicinity*

These may cause considerable disruption and create a surge in demand for assistance.

Considerations will need to be made about:

- Ability for staff to get to the pharmacy;
- Ability for the responsible pharmacist to get to the pharmacy;
- Ability for the patients and customers to access the pharmacy;
- Ability for suppliers to access the pharmacy;
- Whether the pharmacy can continue to provide services;
- Whether buddying arrangements need to be activated;
- Whether the pharmacy will need to close;
- Agreed activities as part of wider business continuity planning.

Depending on the severity of the adverse event, it may be a single pharmacy that is affected, which will need to activate its own plan, or a widespread area, in which case a regional plan will be activated.

Roles and responsibilities

It is important that there is a clearly identified individual or team responsible for business continuity management and that this role is included in the organisational structure of the business. An Accountable Emergency Officer for each provider of NHS care should be identified and it is the contractor's responsibility to ensure business continuity plans are in place. For community pharmacies, the Superintendent Pharmacist has overall responsibility for ensuring that the business continuity plan and its contents are developed, regularly maintained, updated and tested to provide assurance regarding the pharmacy's readiness and resilience to respond to any unexpected disruption event that requires the plan to be activated. It is essential that all pharmacy staff are aware of any responsibilities allocated to them, the contents of the plan and what actions are involved. Specific training for staff may be required to enable them to fulfil their responsibilities in an emergency situation.

Emergency pack

One of the most useful actions to cope with an incident is to prepare an emergency pack in advance which will assist in implementation of your plans. The emergency pack should include the essential items listed below. All these items should be stored in a waterproof and easily identifiable bag. The pack should be stored in a convenient place accessible to all the members of your pharmacy team. An additional emergency pack should be retained off site by a known 'key' individual in case it is not possible to access the pharmacy. Items should be checked regularly, kept up to date and in working order.

The emergency pack should contain:

- Copy of your business continuity plan – this will contain all necessary emergency contact details; for example:
 - List of employees with contact details and next of kin information;
 - Contact details of IT providers;
 - Contact details for pharmacy equipment providers and suppliers of stock;
 - Contact details for all utility suppliers;
 - Contact details for local emergency tradesmen e.g. glazier, plumber, locksmith;
 - Contact details for your insurance company;
 - Contact details for local GP surgeries and other community pharmacies; and
 - Contact details for NHS and other commissioners e.g. LATs, CCGs, and Local Authorities.
- Site plan of the building including gas, electricity and water shut off points, fire escapes, sprinklers and other safety equipment;
- Hi visibility vests;
- Spare keys/security codes;
- First aid kit;
- Torch and spare batteries;
- Pens and paper (ideally to include some headed paper) and marker pens; and
- Spare self service fallback Smartcard.

The additional items listed below should also be considered:

- Dust masks and protective gloves;
- Disposable camera;
- Mobile telephone (charged and with credit); and
- Cash or credit card for emergency expenditure.

Emergency Response Guidance

Pharmacy Specific Information	
The emergency pack/ torch is stored:	
The mains switch and fuse box are located:	
The stopcock is located:	
The main gas supply switch is located:	

Fire and/or Explosion

1. Every business must carry out a fire risk assessment and adopt policies that satisfy health and safety legislation. All pharmacies should therefore already have a fire planning and action procedure that should be followed in the event of a fire.
2. If you discover a fire immediately raise the alarm by breaking the glass of the nearest fire alarm call point.
3. If safe to do so, try to extinguish the fire using the nearest appropriate type of fire extinguisher – DO NOT TAKE PERSONAL RISKS OR PUT YOUR OWN OR OTHER PEOPLE'S LIVES IN DANGER.
4. Call 999 clearly stating the full address and the type of emergency, if the fire alarm does not automatically notify the fire service.
5. At all times, be prepared to evacuate the building in accordance with the local Fire Alarm procedures, ensuring that all customers are assisted via the identified fire exits and all persons congregate at the designated assembly point.

Gas Leak

1. DO NOT ACTIVATE OR SWITCH OFF ANY ELECTRICAL CONTROLS IN THE VICINITY OF THE SUSPECTED GAS LEAK.
2. Do not enter the area of the suspected leak. Leave the immediate vicinity and request colleagues to do the same.
3. Switch off power supply into the affected area at a mains switch, if safe and feasible.
4. Shut off gas supply, if safe and feasible.

Bomb Threat

1. On receiving a bomb threat telephone call, try to glean as much information from the caller as possible, taking written notes.
2. If possible, get a colleague to notify the Police whilst you are talking.
3. No attempt should be made to find a bomb.
4. Once Police/Emergency Services are on site agree a plan of action i.e. evacuation of building if Police deem desirable and practical or building search.

Suspicious Packages and/or Letters

1. If a letter or a package is discovered that appears suspicious (see list below), alert the Police.
 - Grease marks on the envelope or wrapping
 - Unusual odour (marzipan, machine oil)
 - Visible wiring or tin foil, especially if package is damaged
 - Envelope or packet may feel very heavy for its size
 - Delivered by hand from an unknown source or incorrectly addressed
 - Posted from an unexpected/unusual place
 - Excessively or poorly wrapped or too many stamps for the weight of the package
 - Poor handwriting, spelling or typing
 - The suspicious package should not be touched or moved.
2. Leave the immediate vicinity and request colleagues to do the same.
3. Ensure no-one enters the area until the Police have arrived.
4. Anyone who may have handled the package should wash hands and exposed skin with soap and water.
5. Be prepared to evacuate the building in accordance with the Fire Alarm procedures, as instructed by the Police.

Flood

1. The pharmacy should be aware of the planning done at regional resilience forum level as part of a co-ordinated response to widespread flooding and where their services fit into the overall plan.
2. Risk assessment for individual premise flooding will be required e.g. is the pharmacy on a flood plain?
3. Other flood issues may be covered under loss of main building/electricity etc.

Plan Activation and Business Recovery

Incident Alert

In the event that any member of staff becomes aware of a disruption event that might affect normal service delivery they should:

- Ensure any relevant emergency procedures are followed, e.g. building evacuation;
- Gather as much information as is quickly available and develop a situation report; and
- Ensure that the Responsible Pharmacist is notified and provided with a situation report, so that relevant action, if any, can be taken and the Superintendent pharmacist informed if necessary.

Incident Assessment

The Responsible Pharmacist will:

- Assess the context of the disruption incident based on the most up to date information available and determine if the severity of the impact requires activation of the Business Continuity Plan, or whether the impact can be managed as business as normal;
- Liaise with the Superintendent Pharmacist and agree actions to adjust service delivery where the context make this necessary;
- Manage internal and external communications; and
- Liaise with the local Emergency Planning Officer/Local Resilience Forum in the event of a declared major emergency.

Activation of the Plan

The Superintendent Pharmacist will confirm if the plan needs to be activated. If it does, then the person allocated responsibility for activating the plan (see Emergency Contact List – Appendix 3) will then be informed and the plan activated. Based on the context of the disruption incident they will also undertake the following tasks as part of ongoing management of the disruption:

- Monitor progress and determine problem areas;
- Readjust priorities, resources and staffing;
- Conduct debriefing sessions;
- Use the Recovery Checklists and Decision Log (Appendices 4 and 5) to manage and maintain a record of decisions and actions taken as part of the recovery; and
- Provide reports to the local Emergency Planning Officer/Local Resilience Forum in the event of a major emergency.

Staff Communication

The template shown as part of the Emergency Contact List (Appendix 3) must be maintained to ensure that all pharmacy staff can be contacted by the Superintendent Pharmacist or a nominated individual and instructed on where they need to be, what they need to do in the event of a service disruption and the activation of the business continuity plan, and allocated roles and responsibilities.

Customer Communication

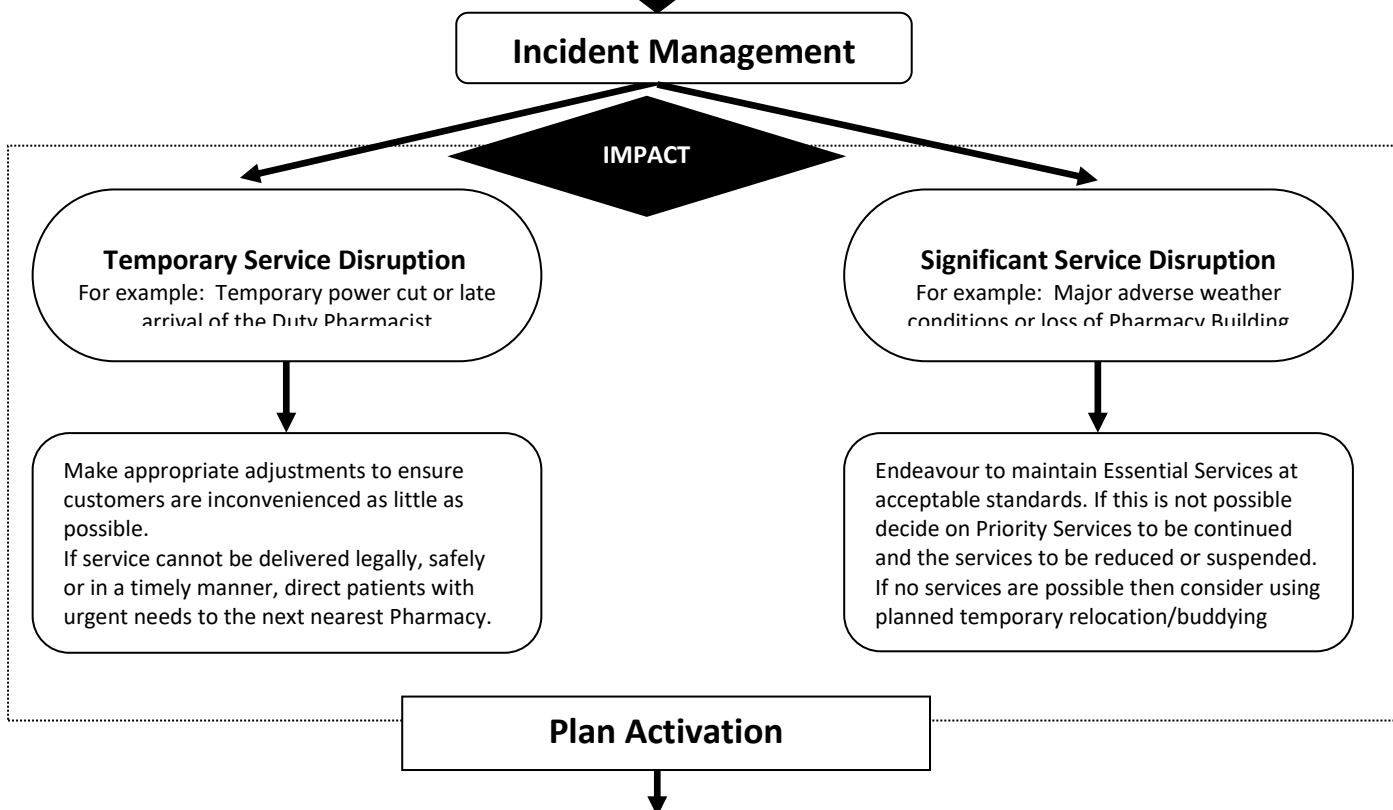
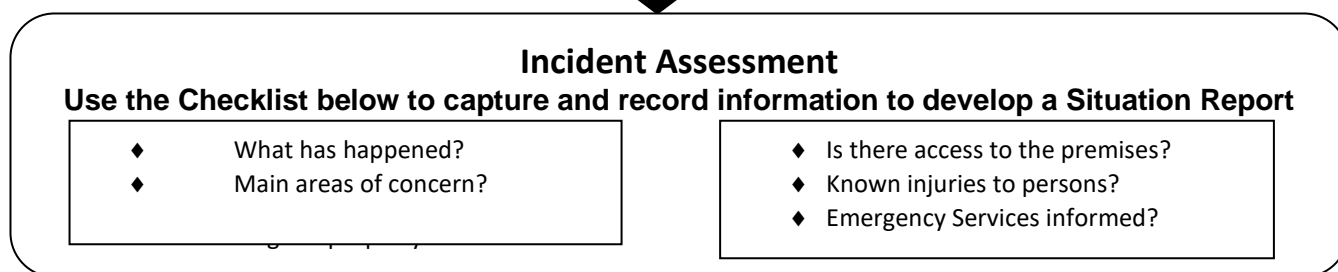
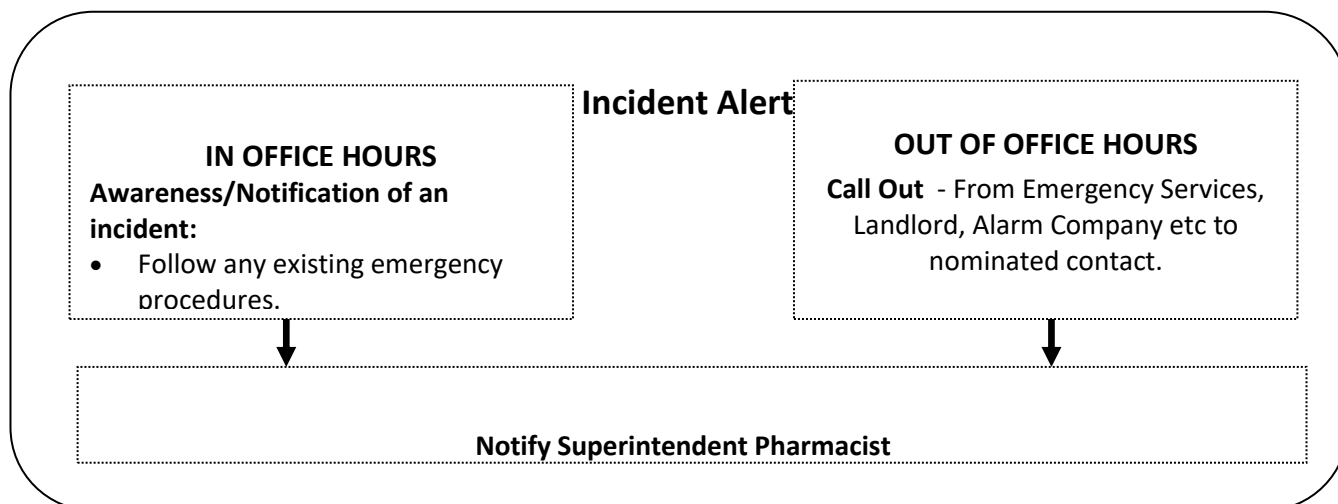
In the event that business interruption event is so severe that alternative arrangements for the provision of care need to be communicated to the customers of the Pharmacy, this should be done in collaboration with the AT. In the event that support from the AT is required in publicising the alternative arrangements, the Responsible Pharmacist or Senior Member of Staff will make contact with the Community Pharmacy Contracts Lead at the earliest opportunity to allow sufficient time to communicate changes to patients. A template is provided to capture key customers as part of the Emergency Contact List (Appendix 3).

It is important to keep patients informed of the situation during any period of business interruption; the aim of the pharmacy will be to reassure the customers with regular updates on the progress made in returning to normality and patients will need to be informed about the buddying arrangements if these are put into effect.

GP Communication

If the pharmacy works closely with one or more GP surgeries in the local area then the practice(s) should be informed if the incident is severe enough to disrupt business e.g. EPS failure.

Incident Alert, Assessment and Plan Activation



Report the following to the Community Pharmacy Contracts Lead:

- Any reduction or suspension of contractual services as soon as possible to the appropriate AT contact
- Any relocation requiring approval by the GPhC or AT
- Where incidents are known to be affecting more than one pharmacy in the area
- Where emergencies or major incidents have the potential to place unprecedented demands on local pharmacies.

Maintenance Templates

Version Template

This should be used for recording any changes to the plan either after a review or an incident.

Version Number	Date of Amendment	Reason

Distribution Template

This should be used for recording key stakeholders who have been issued with a plan.

Copy No.	Name	Organisation	Contact details
01			
02			
03			
04			
05			
06			

Testing Template

The Business Continuity Plan should be tested on a regular basis even if the business has not undergone any significant changes and should ensure that all pharmacy staff and any other relevant persons are aware of the plan, and their roles and responsibilities. Incidents that would cause most disruption and that are most likely to happen to your business should be considered and the plan should cover each of the identified risks. Results of any test should be considered for further planning and may result in a review of the Plan.

Several types of exercise are available for ensuring each plan is reliable, for example:

1. Testing: some aspects of a plan are able to be tested easily, such as fire alarms or contacts lists;
2. Discussion: this involves communicating plans to colleagues, discussing how they will work and addressing any concerns raised or problems identified;
3. Tabletop exercises: these are usually scenario-based exercises and may involve responding to a theoretical (but realistic) incident to see how it is managed based on your pharmacy's plan;
4. Walk throughs, such as validation for data back-ups.

This template can be used for recording any testing of the plan.

Date	Aspect/Description Tested	Outcome

Insert Pharmacy Name & Address:				INSERT YOUR LOGO HERE	
Business Impact Analysis					
Record the likelihood and impact of potential hazards and/or threats together with the risk management options					
Hazard or threat	Likelihood Score	Impact Score	Risk Management Option 1 (2 Hours)	Risk Management Option 2 (24 hours or more)	Risk Management Option 3 (5 days or more)
Loss of main pharmacy premises					
Failure of IT Systems/equipment					
Failure of electricity supply					
Failure of telephone/broadband system					
Failure of gas supply					
Failure of water supply					
Fuel shortage					
Loss of Security					
Incapacity of pharmacist					
Staff shortage					
Disruption to supplies					
Other e.g. fire					
Adverse weather conditions e.g. flood					
			Option 1 (1 – 4 hours)	Option 2 (4 - 24 hours)	Option 3 (over 24 hours)
Failure of EPS					

The following descriptors should be used when assessing the LIKELIHOOD of a potential risk event					
	5	4	3	2	1
Descriptor	Probable	Possible	Unlikely	Rare	Negligible
	More likely to occur than not	Reasonable chance of occurring	Unlikely to occur	Will only occur in rare circumstances	Will only occur in exceptional circumstances
Likelihood of occurrence	>50%	>5%	>0.5%	>0.05%	>0.005%
	>1 in 2 chance	> 1 in 20 chance	>1 in 200 chance	>1 in 2000 chance	>1 in 20,000 chance

The following descriptors should be used when assessing the IMPACT of a potential risk event

5	4	3	2	1
Catastrophic	Major	Moderate	Minor	Insignificant
Permanent loss of core service or facility	Sustained loss of service which has serious impact on delivery of patient care	Some disruption in service with unacceptable impact on patient care. Non-permanent loss of ability to provide a service	Short term disruption of service with minor impact on patient care	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide a service

Appendix 3

Emergency Contact List

Service	Provider	Account Number	Contact dept/name	Contact Tel	SLA in place Y/N	Estimated response time
IT System supplier helpdesk						
Broadband System						
EPS system						
Telecommunications						
Electricity						
Gas						
Water						
Alarm System						
CCTV						
Plumber						
Electrician						
Locksmith						

Emergency glazier						
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Emergency Contact List (cont)

Utilities/Services (cont)

Service	Provider	Account Number	Contact	Contact Tel
CCG	NHS Co Durham CCG		Medicines Optimisation Team Cdccg.meds@nhs.net	Team Mobile: 07767005815
	NHS TV CCG		Necsu.medicinestees@nhs.net	
NHS England and NHS Improvement Area Team	NHS E & I		Email: England.pharmacyandoptometry@nhs.net	Clair Dodds mobile: 07730382122
Local Authority	Durham County Council		Claire Jones Public Health Pharmacist (4 days a week – Mon, Tues, Thurs, Fri) Public Health Team Children & Adult Services Room 3/56 – 71 Durham County Council County Hall DH1 5UJ Email: Claire.jones2@durham.gov.uk	Tel: 03000 267 662 Fax: 0191 5801 601 Mob: 07795 805 956
	Darlington Borough Council		Ken Ross Public Health Principal Public Health Darlington Borough Council Town Hall Feethams Darlington DL1 5QT Web: www.darlington.gov.uk Email: ken.ross@darlington.gov.uk	Tel: 01325 406 200 Internal Ext. 6200 Mob: 07500 992 123

Service	Provider	Account Number	Contact	Contact Tel
Community Pharmacy Contracts Lead	NHS England		Clairdodds@nhs.net	Direct Dial: 07730382122
Local Resilience Forum lead	NHS Co Durham CCG		Clair White Head of Commissioning NHS County Durham CCG Clairwhite1@nhs.net	Mob: 0797 1895097
Local EPS Lead	NECS		Email: necs.servicedesk@nhs.net	Tel: 0300 555 0340
Local Registration Authority Smartcard coordinator	NECS		Email: necs.servicedesk@nhs.net	Tel: 0300 555 0340
Premise registration	GPhC			
Insurance Broker				
Local GP surgeries				
Other local pharmacies	LPC Website Find a Pharmacy - NHS		Web: www.durhamlpc.org.uk Web: Find a Pharmacy – NHS	

Staff Contact List

Named Business Continuity Lead -

Name	Keyholder	Home Telephone Number	Mobile Number

Staff responsible for Plan Activation

Name of contact	Position	Contact details

Primary		
Deputy		

Key Customer/Supplier Contact List

Internal and external customers and suppliers with whom contact would be essential in the event of an interruption to service provision, e.g. wholesalers, care homes.

Customer/Supplier	Service/Goods	Telephone	E-Mail

Business Continuity Recovery Checklist

Appendix 4

Pharmacy:			Date & Time:	
Staff Members in Attendance:				
	Task	Status	Time	
Incident Overview	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain a Decision Log <input type="checkbox"/> What has happened? Are there any specific urgent problems/immediate needs? <input type="checkbox"/> Who needs to be notified? Does the Business Continuity Plan need to be invoked: fully or partially? <input type="checkbox"/> Should alternative accommodation be used – if so where? Establish operations at recovery location as necessary 			
Personnel Status	<ul style="list-style-type: none"> <input type="checkbox"/> Are all staff/third parties accounted for? <input type="checkbox"/> Any casualties – who are they? How many? Where are they? <input type="checkbox"/> Do additional staff need to be called in? <input type="checkbox"/> Do staff need to be sent home? <input type="checkbox"/> Are there any additional welfare needs? 			
Impact Assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Identify which critical service are disrupted and any damage to premises and critical resources <input type="checkbox"/> How long will disruption last? Estimate time required to achieve service as normal <input type="checkbox"/> How long will building/system/resources be unavailable? 			
Recovery	<ul style="list-style-type: none"> <input type="checkbox"/> Establish the priorities for Service Recovery within the context of the disruption/damage and time of year etc. <input type="checkbox"/> Prioritise immediate actions and commence resumption of services <input type="checkbox"/> Have any contingency arrangements been implemented? <input type="checkbox"/> Is any specialist equipment and/or assistance required? <input type="checkbox"/> Assess staff workload, identify any reallocation required? <input type="checkbox"/> Do staff know what their roles and responsibilities are? 			

Pharmacy:			Date & Time:	
Staff Members in Attendance:				
	Task	Status	Time	
Communications	<input type="checkbox"/> What message will be issued and by whom? <input type="checkbox"/> When is next incoming/outgoing message or update due? <input type="checkbox"/> What information have you requested? <input type="checkbox"/> What information has been requested from you? <input type="checkbox"/> Have all staff been informed? are they aware of the priorities for the service and any corporate priorities? <input type="checkbox"/> Have stakeholders been informed?			
DEBRIEF	<input type="checkbox"/> FOLLOWING the recovery process bring the team together and other key parties involved to debrief and identify what went wrong and what went right to update the Business Continuity Plan.			

Decision Log

The person responsible for business continuity in the pharmacy should ensure that this decision log is used to record key decisions and subsequent actions taken during any recovery process. This will provide vital information for any potential recovery of losses and/or post-recovery review.

Name of Pharmacy:			
Superintendent Pharmacist:			
Person maintaining this record:			
Date	Time	Decision	Action/Owner

References

The Cabinet office website

www.cabinetoffice.gov.uk/ukresilience

The Cabinet Office – Local Resilience Forums

<http://www.cabinetoffice.gov.uk/content/local-resilience-forums>

The Cabinet Office - Emergency preparedness guides

<http://www.cabinetoffice.gov.uk/resource-library/emergency-preparedness>

The Cabinet Office – Risk Assessment

<http://www.cabinetoffice.gov.uk/content/risk-assessment>

The Cabinet Office – Resilience in Society: Infrastructure, communities and businesses

<https://www.gov.uk/resilience-in-society-infrastructure-communities-and-businesses>

HM Government Business Continuity Management Toolkit – How prepared are you?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137994/Business_Continuity_Managment_Toolkit.pdf

The Cabinet Office – Business Continuity Management (revised)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61029/Chapter-6-Business-Continuity-Management_amends_04042012.pdf

The Cabinet Office - Expecting the unexpected: Business continuity in an uncertain world.

www.cabinetoffice.gov.uk/sites/default/files/resources/expecting-the-unexpected.pdf

The Cabinet Office - Business Continuity Management for Fuel Shortages - Guidance for Organisations

<http://www.cabinetoffice.gov.uk/sites/default/files/resources/business-continuity-plan-fuel-nov2008.pdf>

Environment Agency – Flood Preparation guide for your business

<http://www.environment-agency.gov.uk/business/topics/32354.aspx>

The Cabinet Office - Pandemic Influenza, checklist for businesses

<http://www.cabinetoffice.gov.uk/sites/default/files/resources/060516flubcpchecklist.pdf>

The Cabinet Office - Civil Contingencies Act and emergency planning

<https://www.gov.uk/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

The Cabinet Office - National Risk register

www.cabinetoffice.gov.uk/resource-library/national-risk-register

How to deploy BS25999

<http://www.talkingbusinesscontinuity.com/downloads/pdf/BCM-how-to-deploy-BS-25999.pdf>

BS25999 has been superseded by BS ISO 22301:2012 Societal security – Business continuity management systems – Requirements, with guidance documents available at

www.bsigroup.co.uk/

<http://www.bsigroup.co.uk/en-GB/iso-22301-business-continuity/Maintaining-ISO-22301/>

Resources to help identify risks to your business and tools to help business continuity planning

<http://www.talkingbusinesscontinuity.com/useful-documentation/bcm-tools.aspx>

DH - Arrangements for health emergency preparedness, resilience and response from April 2013

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133597.pdf

DH – Information Governance Toolkit Requirement Details for 10:319

<https://www.igt.connectingforhealth.nhs.uk/RequirementQuestionNew.aspx?tk=412066236519206&Inv=2&cb=d746362e-74dd-4521-905b-7b8fb9330de9&sViewOrgType=17&reqid=2295>

Connecting for Health - IT Troubleshooting Guide

<http://systems.hscic.gov.uk/eps/library/disptsguide.pdf>

PSNC – EPS Contingency Arrangements

<http://psnc.org.uk/dispensing-supply/eps/contingency-arrangements/>

CPPE – Business Continuity Management – A CPPE Guide

<http://www.cppe.ac.uk/learning/Details.asp?TemplateID=PUBLICHEALTH-G-00&Format=G&ID=118&EventID=41995>

This document has been developed in 2014 by

