**Community Pharmacy - Resilience Planning**

**Temporary suspension of NHS pharmaceutical services without notice (unplanned closure)**

**Pharmacy Checklist-** (additional detail included on page 2, 3 & 4)

If your pharmacy needs to suspend NHS pharmaceutical services unexpectedly during usual contracted hours below are a list of tasks you will need to **ensure** are actioned to minimise disruption for patients and other health care professionals:

* Stakeholders must be kept updated on the status of the pharmacy - ensure your communication plan is clear and include:
* Local GP Surgeries notified
* NHS England notified of suspension of services
* Directory of Services (DoS) updated for all services
* Liaise with and update local opiate replacement service commissioner (Contact daily pick up / supervised clients - make alternative arrangements if necessary).
* Other local pharmacies notified
* Notice for patients is visible, advising of how long the pharmacy expects services to be disrupted and signposting to closest alternative pharmacy that is open (check hours of other local pharmacies)
* Staff available on site at the front door or easily accessible to members of the public, to assist them for full NHS contractual hours
* Plan what needs to be done for patients expecting a delivery and / or a Monitored Dosage System to be supplied on the day
* Identify any urgent/acute prescriptions awaiting processing/collection (see flow chart below)

**Process for managing prescriptions when NHS services disrupted**

**Urgent prescription identified (or patient presents to pick up regular medication)**

**Can the patient wait for supply until services resume?**

**No- give patient paper prescription.**

**If EPS, return to spine**

**Yes- process prescription ready for collection/delivery once services resume**

**No smartcard users available on site - contact patients GP if medication is needed urgently**

**Actions during temporary suspension of NHS pharmaceutical services without notice (unplanned closure)**

**Notifications**

**NHS England**

In the event of an unplanned closure, all contractors should immediately complete the ‘Notification of unplanned temporary suspension of service’ form. The below paper template is the preferred route, this should be submitted to england.pharmacysouthwest@nhs.net:

* [NHS England and NHS Improvement South West » South West Community Pharmacy information](https://www.england.nhs.uk/south/info-professional/pharm-info/sw-pharm/)

**Other providers**

Local GP practices, Community Pharmacies, substance misuse providers contacted and advised of the situation

**Directory of Services (DoS)**

The Directory of Services (DoS) is a central directory of information, maintained by NHS Digital, which provides NHS 111 call handlers and others with real-time information about services available to support patients.

Community Pharmacy services and opening hours are included within the DoS and it is important to the efficient working of NHS 111 and other urgent care providers that information on pharmacy services is accurate to allow patients to be appropriately referred to community pharmacies, such as for the Community Pharmacist Consultation Service(CPCS).

All DoS 4 profiles for CPCS (if registered) and any additional services are to be updated and reactive once services can resume

* Link to amend DOS - <https://dos-profile.service.nhs.uk/#/index>
* Use the NHS Profile Manager tool to up-date both DOS and NHS.UK in relation to hours
* Alternatively, the DoS emergency change number (0300 0200 363) may be used where necessary

**Display Notices and advice to patients**

* Unless unsafe to do so, for example fire/adverse weather event, or impractical, **pharmacy staff should be available on site to assist patients who present for the full NHS contracted hours**
* Notices clearly displayed for the public explaining how long the pharmacy expects services to be disrupted
* Notices include information for the public signposting them to the closest alterative pharmacy that is open - check hours of other local pharmacies here [Find a pharmacy - NHS (www.nhs.uk)](https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy)

**Urgent/Acute Prescriptions**

Identify any urgent/acute prescriptions awaiting processing/collection/delivery (see flow chart page 2).

Contact the patients and explain the situation - can they wait until the pharmacy reopens? If so, no further action required

If they need it sooner:

* Paper prescriptions - request that the patient, or their representative, collects the prescription to take this to another pharmacy
* EPS - if a member of staff with a smartcard is present return the script to the spine and advise the patient to contact another pharmacy to pull down and dispense
* If no staff on site can access EPS the pharmacy would need to contact the patients GP practice to advise them accordingly

As above any patients who present for collection of any regular mediations which cannot be supplied should be offered their paper prescription, or EPS returned to the spine, in order to have this dispensed at an alternative pharmacy (see flow chart page 2)

Contact any daily pick up clients and advise them of the situation. If the clients will be unable to have their supply via the pharmacy that day contact must be made with the relevant substance misuse provider to make alternative arrangements. If the pharmacy expects service to resume advise the clients of the best time for them to attend.

If the pharmacy is commissioned to provider other local services, take appropriate action to advice patients and the commissioner of this service.

Contact any patients expecting a home delivery and advise of the situation. Follow process above if items will be required before services resume.

**Community Pharmacy Resilience Planning**

Pharmacies contracted to provide NHS Pharmaceutical services must ensure they have processes in place to maintain access to services with minimal disruption for patients. As pharmacy services are extended i.e. hypertension diagnosis/monitoring, CPCS and PGDs, maintaining delivery of these services though local pharmacies working together, is also critical to local system resilience. It is recognised that it has been a challenging period both in terms of CoViD and in terms of staffing in Community Pharmacy.

To help manage resilience, contractors should ensure they have the following resources available, planning for regular review and updates where necessary.

**Business Continuity Plan (BCP)**

Your BCP should include, but is not limited to, contingency planning relating to buildings (including keys to access the premises), utilities, adverse weather, IT infrastructure, equipment, staffing, supply disruption and communications.

BCPs should be tested and reviewed regularly to ensure they are fit for purpose – including considering any single points of failure (e.g. lone key holders) and key contacts. Useful guidance is available here [Emergency and Business Continuity Planning - PSNC Website](https://psnc.org.uk/quality-and-regulations/clinical-governance/emergency-planning/)

**Contacts**

Ensure your BCP plan includes, but is not limited to, contact information for:

* Local GP surgeries
* Local Community Pharmacies
* Details of how to update the Directory of Services (DoS)
* NHS England regional office
* Your local Out of Hours / Integrated Urgent Care (IUC) providers (for unplanned closures impacting on access between 6:30pm and 8am Monday to Friday or at weekends/bank holidays.
* If you offer opiate replacement / supervision services, contact information for your patients AND contacts for the commissioner of those service so in the event of any disruption you can liaise with patients and commissioner

When contacting local partners of a disruption to service, ensure it is clear which elements of service are impacted.

**Induction**

There should be a defined induction process for all new staff, including locums. The induction process for permanent staff should include a training needs assessment in respect of any role they are asked to perform and aligns their training needs with the needs of the business.

**Locums**

Ideally, an additional locum pack should be available which is readily accessible to the staff and locum on site. The locum pack could include key information the locum may need relating to the premises, emergency contact details for the contractor plus contact details for other local agencies, for example GP surgeries, Community Pharmacies, substance misuse providers and DoS. The pack could either signpost the Locum to the BCP or advise who the locum should contact (on or offsite) when situations arise that trigger use of the BCP.

The locum pack could also include any site-specific information relating to the delivery of pharmaceutical services. This should include any NHS locally commissioned services the locum will be required to provide, for example CPCS, or services commissioned by other providers such as supervised consumption.

Key information should be easily identified in the locum pack, in the event of sickness in the regular team, recognising that there may be few if any, regular staff on duty.

GDPR requirements must be adhered to with regards to noting and sharing any usernames or passwords with locums.

**Team resilience**

To support staff, free coaching is available focusing on wellbeing, managing demands, and developing coping strategies. Staff can access information here:

[NHS England » Looking after you: confidential coaching and support for the primary care workforce](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/looking-after-you-confidential-coaching-and-support-for-the-primary-care-workforce/)

A poster is available on the website which can be downloaded and displayed.