

**SERVICE CONTINUITY
PLANNING FOR**

PANDEMIC

FLU

ENGLAND



**Royal
Pharmaceutical
Society
of Great Britain**



Introduction

The World Health Organisation (WHO) 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, pharmacy businesses are likely to be in the front line during any pandemic, so it is vital that they also have individual plans in place to enable essential pharmacy services to continue.

As the exact nature of a 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 will not be a short, sharp, localised disruption, like most disasters. It will be widespread and may last for several months. Current predictions suggest that at the higher clinical attack rate of 50%, between 15 and 20% 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% of the workforce may be affected.

Although a pandemic is a serious event, where 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 collaboratively with the Primary Care Trust (PCT) pandemic influenza lead and the Local Pharmaceutical Committee (LPC) to ensure service continuity across the locality.



What is the service continuity plan?

Developing a service continuity plan will help you to act quickly when a pandemic hits and should help you recover quickly as well. A service continuity plan should describe how the pharmacy intends to maintain its critical operations, stores and equipment to minimise the impact of a pandemic emergency. It should specify necessary resources, key contact lists and clear procedures that will be required to be followed by any member of staff during the crisis. One of the most important aspects of a service continuity plan is the delegation of roles and responsibilities. Everyone needs to be sure what he or she will be expected to do in the event of emergency and needs to have had prior training if necessary to meet those expectations.

A service continuity plan cannot be considered robust until it has been exercised and found to be reliable. It is vital to test out the plan beforehand to ensure that it works and to participate in any PCT-led exercises.

1. Assess the likely impact of a pandemic on your business

Consider what is likely to happen if increasing numbers of people start falling ill with flu and the Government declares a pandemic situation in the UK. What will this mean for your pharmacy?

- You are likely to have to deal with a huge increase in the number of phone calls from the 'worried well' and as time goes on, from those who have symptoms and need healthcare advice.
- There may be rumours and misinformation about the disease, attack rate, severity etc. Pharmacists will be a key source of trustworthy advice for the public, so you will need to ensure you can access reliable and up-to-date information.
- Key personnel may be unavailable for lengthy periods. Apart from those falling ill with flu, schools and nurseries may close so lack of childcare could lead to absenteeism. Staff may need time off to care for ill relatives, to deal with bereavement etc.
- At a 50% clinical attack rate, absentee rates of between 15 and 20% are likely during the 2-3 week peak period (greater for smaller companies – see above). At this attack rate, up to 50% of the workforce will, potentially, require time off at some stage over the entire period of the pandemic with individuals absent for an average of 7 to 10 days. At what stage will you decide that it is unsafe to continue operating?
- It will be essential to work collaboratively with other pharmacies and with the PCT to maintain continuity of medicines supply to patients and with other healthcare professionals to ensure cross-working (for example, mutual aid, making the best use of support staff, obtaining supplies etc) and consistency of message to the public.
- Transport systems may be disrupted (fuel shortages, reductions in public transport etc).
- There is likely to be high demand for non-prescription medicines and panic-buying so stock may decline quickly. You may need to consider rationing some items.
- Prescription volume may increase as people suffer complications of flu or exacerbations of underlying conditions.
- Patients may not be able to access the GP so may run out of repeat medicines. Emergency supply requests may increase and emergency legislation may be enacted to allow flexible supply of medicines during the pandemic period.
- Manufacturers may not be able to maintain normal manufacture of medicines and hence may not be able to supply pharmacies with their requirements.
- Suppliers may be forced to reduce the frequency of deliveries or even close.
- Inappropriate stockpiling or hoarding of medicines may take place, creating interruptions in the supply chain and exacerbating shortages.
- You may not be able to send prescriptions to the pricing authority if the post is disrupted and it may not be able to price them as quickly as usual.
- Utilities may be affected (water, electricity, gas etc).
- Waste collections may cease temporarily. How will you deal with waste build-up? Has your PCT got a contingency plan for waste collections?
- People may adopt a siege mentality and the customer base may decline as people avoid populated environments such as shopping centres. You may need to consider expanding the range of products stocked (e.g. household items) if people decide to shop locally.
- There may be widespread panic. Law and order may suffer.
- Pharmacists and their staff may have to take on additional or different clinical roles during a pandemic.

	Not started	In progress	Complete
Have you got a general service continuity plan in place that could be adapted for a pandemic situation?			
Has the plan been tested within the last 12 months?			
Have you identified the critical resources needed to run your business (stock, personnel, equipment, utilities etc)?			
Have you assessed the impact on your business of losing any of these key resources?			
Have you considered how long the business could continue to operate without these resources or with reduced amounts?			
What is the likely impact on your customers? Will you lose business to internet or mail order supply if customers are afraid to leave home?			
How fluid is your cashflow? Will you need to consider talking to your bank manager at an early stage if, for example, there is a delay in prescription payments?			
Check your business insurance. Does it cover business cessation or loss of earnings? Does it cover liability for spread of disease among staff?			
Can you assure the safety of staff and premises if law and order is an issue?			

2. Drafting service continuity plans

Service continuity planning is simply another strand of risk management – reducing the likelihood of an interruption occurring and reducing its impact if and when it does occur. When drawing up your plan, look at the scenarios above and decide how the likelihood of these occurring can be reduced and if they do occur, how their impact can be reduced. Above all, don't assume you will be able to do everything yourself – you may be the first casualty!

Remember to 'look over the fence' when drawing up your plans. Is it something you can do in collaboration with your business neighbours (not necessarily other pharmacies)? Does your local or regional resilience team have guidance that is useful? Can you work together locally with the PCT and/or other pharmacy contractors?



When drawing up your preparedness plan, the following checklist may be a useful starting point.

	Not started	In progress	Complete
General			
Appoint a pandemic co-ordinator or team with defined roles and responsibilities. Make sure there is a designated deputy.			
Involve all staff in drafting the pandemic service continuity plan.			
Identify methods of gathering reliable information on current pandemic status (for example, PCT, World Health Organisation, Health Protection Agency and Department of Health websites).			
Make sure the plan states clearly the triggers for activation and cessation and that all staff are aware of when it will start and when normal business will resume.			
Make sure the plan is easily accessible.			
Ensure the plan is regularly reviewed and updated in the light of changing information and that key personnel are informed when changes to the plan occur.			
Find out about pandemic plans locally, for example, through the LPC, PCT or local resilience forum.			
It is likely that once a pandemic has been declared, legislative changes will be made to allow more flexible arrangements for the prescribing and supply of medicines. Make sure you are aware of what will be allowed under emergency powers.			
Activities			
Identify critical activities that need to continue during a pandemic and rank in order of importance. (Further guidance on what will be considered core work will be issued at a later stage.)			
Agree with the PCT which services need to continue and which can stop.			
Ensure you know what pandemic-specific roles and tasks the PCT expects pharmacy to undertake and include these in the plan.			
If the PCT organises training on pandemic-specific issues (e.g. supply under Patient Group Direction (PGD) make sure the pharmacist and any regular locums attend.)			
Go through your Standard Operating Procedures (SOPs) in detail and decide what may need to change during a pandemic.			

	Not started	In progress	Complete
Plan to restrict the number of non-essential face-to-face meetings with others, for example, training courses, business meetings etc.			
Identify methods of infection control in the pharmacy (for example, extra workplace cleaning, implementation of cough etiquette, asking those with symptoms of flu to stay at home etc). Pharmacists and their staff will also play a vital role in providing messages of cough etiquette and hand-washing to the public.			
Display prominent notices in toilets and staff rooms reminding staff to wash hands thoroughly. Available from Department of Health: www.dh.gov/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063674			
Purchase contingency supplies (alcohol-based hand cleansers, extra hand towels, masks, tissues, bottled water).			
Review and service air conditioning units to ensure premises are well ventilated.			
Staff			
Identify minimum staffing levels needed to continue safe operation (in terms of number of scripts that can be dispensed and staff security).			
Consider keeping details of staff who may be able to help out in an emergency (e.g. former employees, recently retired staff, those on family leave etc). What training might they need?			
Ensure staff contact list is up to date and includes details of next-of-kin and out-of-hours or emergency numbers. Mobile numbers are useful as SMS (text) messages can be sent quickly in a block.			
Ensure staff induction plans and information for locums is up-to-date in case you need to use agency staff.			
For larger companies, make sure staff are confident to work in other branches.			
Identify the course of action to be taken if staff levels fall below the minimum.			
Identify key roles and tasks and allocate staff to these.			
Cross-train staff so that technicians can help out on the medicines counter and vice versa.			
Avoid situations where only one person is trained to carry out a task.			

	Not started	In progress	Complete
Consider flexible working – can any tasks be carried out by staff at home (e.g. end of month procedures, paperwork, ordering etc)?			
Consider working in shift patterns – can repeat prescriptions or monitored dosage system (MDS) trays be prepared out-of-hours?			
Are there arrangements for accessing keys and security codes if usual staff are all absent?			
Establish pandemic-specific human resource policies (for example, cancellation of annual leave, absence arrangements, processes for illness self-certification, quarantine periods, sick pay, bonus payments etc)			
Establish policies for managing illness. Make sure staff are told to stay away from work if displaying symptoms of flu and are aware when they are no longer infectious. Government advice will be provided on such issues at the time.			
Consider setting up a process for tracking health status of employees (i.e. whether they have been ill, when they returned to work, likely immunity etc).			
If a pre-pandemic vaccine is offered to all health and social care workers, contact the PCT to gain confirmation as to how it will be distributed and consider which front-line staff are likely to be a priority. A pandemic-specific vaccine is likely to be administered by primary care to the whole population when it becomes available .			
Consider setting up car-sharing schemes for staff, perhaps with other local businesses in case public transport is affected or fuel is rationed.			
Suppliers			
Review your supply chain arrangements. Consider multiple suppliers for key products.			
Identify vital business consumables (till rolls, CD register inserts, fax paper etc) and consider keeping extra supplies in stock.			
Keep supplier contact details accessible and updated and ensure supplier changes are documented.			
Identify ways of preventing or dealing with stock shortages (for example, rationing of OTC remedies to prevent panic buying, maximum supply of 28 days of medicines).			

	Not started	In progress	Complete
Ask wholesalers and suppliers whether they have robust business continuity plans in place to maintain the supply chain.			
Contact companies with which you have maintenance agreements (e.g. PMR system, utilities and so on) to check they have business continuity plans in place.			
Develop a plan with your PCT to avoid dangerous levels of waste building up in the pharmacy.			
Financials			
Assess likely financial impact and revise business forecasts. Contact creditors at an early stage if necessary.			
Consider changing your business models. Would customers value a delivery system so they can avoid leaving home? Can you maintain supply of MDS trays to care homes?			
Consider the change in the level of demand of products and services (e.g. hygiene supplies and OTC medicines are likely to be in demand as well as goods that people would normally purchase in a supermarket).			
Will you have access to extra finance if needed to purchase additional supplies or if shortages increase market value of goods?			
Can you continue to pay staff and essential suppliers?			
Communications			
Ensure the PCT has up-to-date contact details for the pharmacy so that messages and alerts can be communicated quickly.			
Consider the primary method of communication with the PCT, staff, customers etc. Will you need extra phone lines or mobile numbers?			
Develop a protocol for disseminating information about the pandemic to staff during different phases, for example, symptoms of illness, transmission, prevention etc.			
Establish a SOP to communicate with staff so that information from the PCT and other bodies is disseminated quickly.			
Ensure the SOP specifies methods of contacting staff who are off work through illness, bereavement, family obligations etc.			

	Not started	In progress	Complete
Establish plans to communicate with customers, especially if opening hours change.			
Consider recorded messages to deal with common queries and how national messages such as 'remain at home if you are symptomatic to limit infection spread' can be supported.			
Communicate changes in services, for example, cessation of any non-essential services.			
Consider using technology such as SMS (text) messaging, email or websites to communicate with staff and customers.			
Contact the PCT and RPSGB immediately if the pharmacy needs to shut.			
Security			
Can you secure your premises if they need to close for a long period?			
If you use a security company (for example, an alarm system linked to a company) will the supplier be able to fulfil its contract?			
Ensure keyholder details are up-to-date.			
Ensure your plan contains details of how you will assure safety and security of staff and customers.			

Resources

General information on business continuity plans for pharmacists

Royal Pharmaceutical Society of Great Britain

www.rpsgb.org/pdfs/servcontplanguid.pdf

www.rpsgb.org/pdfs/servcontplantemplate.doc

Pharmaceutical Services Negotiating Committee

www.psn.org.uk/uploaded_txt/LPC%20BRIEFING%20FLU%20PANDEMIC.pdf

General information on drawing up business continuity plans

British Standard BS 25999-1:2006, Business Continuity Management – Part 1: Code of Practice

Cabinet Office advice on business continuity planning for a possible pandemic

http://www.ukresilience.info/upload/assets/www.ukresilience.info/060710_revised_pandemic.pdf

<http://www.ukresilience.info/upload/assets/www.ukresilience.info/060516flubcpchecklist.pdf>

Health Protection Agency

The HPA website has a wide range of information and guidance on pandemic influenza, including surveillance, emergency planning, exercises and training, as well as contact details for local health protection units and regional and national centres.

www.hpa.org.uk

Department of Health

A national framework for responding to an influenza pandemic (draft)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073174

Guidance on the provision of healthcare in a community setting

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4137794

The ethical framework for the response to pandemic influenza

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073179

Some professional bodies have also developed infection control guidance, such as the RCGP and BMA at www.rcgp.org.uk/service_continuity/service_continuity_home.aspx

World Health Organisation

www.who.int/en/

Acknowledgements

This document has been developed jointly by the National Pharmacy Association, Pharmaceutical Services Negotiating Committee, Company Chemists' Association and the Royal Pharmaceutical Society of Great Britain with input from the Department of Health.

National Pharmacy Association

Mallinson House
38-42 St Peter's Street
St Albans
Herts AL1 3NP

t 01727 832161
f 01727 840858
e npa@npa.co.uk
w www.npa.co.uk

© NPA July 2007



**Royal
Pharmaceutical
Society**
of Great Britain

