

This guidance has been drafted by the Company Chemists' Association and the National Pharmacy Association for use by all community pharmacy contractors and is correct at the time of publishing (September 2020).

However, as it is subject to updates, please use the hyperlinks to confirm any information you are disseminating to the public is accurate.

# Continuity of Pharmacy Services Planning Guidance

Providing pharmaceutical care in crisis situations.

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This guidance covers the considerations that can be made when transitioning from business as usual to managed closures.

## Scope of this document

This planning document is intended to provide guidance to support the community pharmacy network to continue to provide pharmaceutical care in crisis situations. It provides a consistent and coordinated approach to dealing with the significantly increased demand and reduced capacity that may be caused by national emergencies and local major incidents.

It supports contractors by setting out the stages of a response to a crisis for both individual pharmacies and for pharmacies working together. This document aims to set out actions that pharmacies may wish to consider taking in preparation and what they can expect to happen at each stage of a crisis.

The guidance may be used in situations which are either gradual in escalation or acute. In such cases, it may be necessary to move between levels in a non-sequential manner.

The guidance in this document will support contractors to respond to any crisis situation. This version of the document is relevant to the COVID-19 pandemic, this may include the potential impact of closures caused by the Test Trace Protect service.

### The triggers for enacting this guidance are outlined below

A major emergency or incident has occurred <b>and</b> ;
The disruption impacts the ability of contractors to deliver pharmaceutical care <b>and</b> ;
The disruption lasts longer than 24 hours.

### The key principles behind the process steps for this guidance are:

This document has been developed to support businesses to provide services during a crisis situation.

- Any contingency plans will be utilised when the triggers for enacting this planning guidance are engaged.
- The appropriate person within each business (e.g. senior leader, Superintendent or Responsible Pharmacist or company business continuity leads, whether local, regional, or national), will need to decide when the triggers are engaged, in consultation with regional and/or national health bodies.
- If applicable, the redeployment of resources such as staff and stock will be agreed:
  - Among contractor businesses (considering any local measures that were agreed before the business continuity leads collectively agreed that the triggers were engaged), and then:
  - With other bodies including your local Health Board.
- Distribution of services will be recorded, and mutual aid agreements and reimbursement agreed (via Community Pharmacy Northern Ireland) at an appropriate opportunity.
- Key staff in each pharmacy must be aware of any contingency plan and the relevant contacts. (See appendix A for contact list template for pharmacies to complete)

- Where applicable, the appropriate person from within each pharmacy (this may be a senior leader, Superintendent or Responsible Pharmacist) will have conversations within their business, to ensure resources (including staff, stock, and goods not for re-sale) are distributed effectively at national, regional and local level.
- A risk assessment should be conducted, and resources shared only where deemed appropriate, and as a last resort.
- When decisions are being made regarding the sharing of resources, consideration should be given to the following:
  - Adequate existing staff levels in receiving pharmacy to support redeployed staff, patient demand and population demographic
  - Location/accessibility of pharmacy for patients
  - Services provided
  - Availability of delivery service and its capacity
  - Patient and staff risk assessment
  - In the case of infectious disease (e.g. COVID-19), any infection control implications of sharing staff and resources across sites
  - Existing ability to communicate with patients efficiently (e.g. by text)
  - Intra and inter organisational sharing of resource were appropriate and applicable

This planning guidance **DOES NOT:**

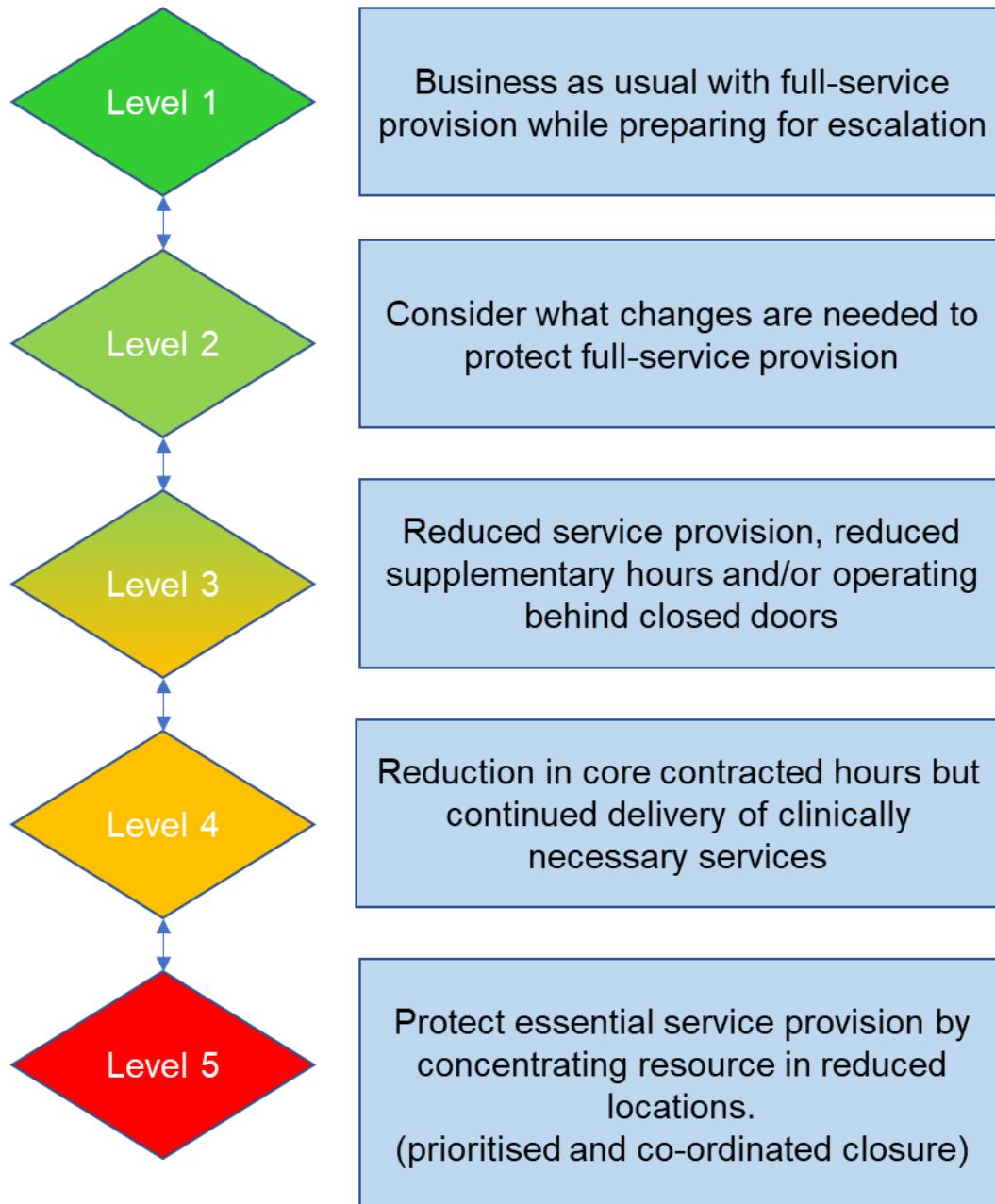
- Replace the need for pharmacy contractors to have and maintain their own Business Continuity Plans.
- Supersede any additional advice and guidance from statutory bodies, e.g. DoH NI, PSNI, HSCB or PHA

As part of any emergency and crisis planning, pharmacies should also consider their obligations under the Regulations relating to provision of pharmaceutical services:

[The Pharmaceutical Services Regulations \(Northern Ireland \) 1997](#)

- Contractors should also consider guidance which is specific to the situation, in the context of a pandemic, the following should be considered.
- Public Health Agency [Guidance for HSC staff, healthcare workers and care providers](#)

## Stages of a crisis response



## Level 1: Maintaining business as usual with full-service provision

At level 1 contractors can operate business as usual with full-service provision. They should undertake actions to ensure they can continue to maintain a full provision of services and make preparations should the incident escalate. The table below highlights areas they may wish to consider.

Service provision: maintain business as usual with full-service provision, whilst preparing for escalation due to incident.	
Staff	Incident specific guidance (COVID-19)
Utilising all staffing resource available to them to deliver services i.e. locum pharmacist, changing days off, changing agreed annual leave, increasing hours.	
<p>Risk assessing pharmacy team based upon knowledge of individual circumstances and latest guidance from DoH NI and HSCB.</p> <ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Disabilities and long-term conditions</li> <li>• Increased working pressures</li> <li>• Illness, holidays, and days off</li> <li>• Travel arrangements</li> </ul>	<p>In the context of COVID-19 this may include:</p> <ul style="list-style-type: none"> <li>• Personal isolation/shielding</li> <li>• Family isolation/shielding</li> <li>• High risk staff</li> <li>• The impact of Test Trace Protect</li> </ul> <p>Resources</p> <ul style="list-style-type: none"> <li>• PHA guidance on <a href="#">Preventing the Spread of Infection</a></li> <li>• <a href="#">NHS employers risk reduction framework</a></li> </ul>
Identifying minimum staffing requirements for the delivery of each level of service provision (essential, advanced and enhanced services) and refer to local guidance where available.	
<p>When reviewing staffing levels in pharmacy, consider how non-frontline staff could be deployed within the business, including:</p> <ul style="list-style-type: none"> <li>• registered pharmacists and pharmacy technicians</li> <li>• other non-registered staff in support roles</li> <li>• other registered health professionals</li> </ul>	
Identifying roles and tasks that may not require the direct input from a pharmacist to allow others to step in, for example, but not limited to:	

<ul style="list-style-type: none"> <li>• Taking in of prescriptions</li> <li>• Over the counter sales</li> <li>• Queue/customer management</li> <li>• Handling of stock delivery</li> <li>• Call handling for non-clinical enquiries</li> </ul>	
<p>Ensuring that the correct training and support is in place to enable staff to deliver tasks identified above.</p>	
<p><b>Operations</b></p>	<p><b>Incident specific guidance (COVID-19)</b></p>
<p>Introducing innovative methods of working, i.e. using appropriate mobile and digital technology to enable the continuity of patient care and the safe and legal supply of medicines.</p>	
<p>Identifying all tasks that are not directly involved in the provision of contracted pharmacy services, which may be temporarily stopped if the situation escalates:</p> <ul style="list-style-type: none"> <li>• Private health services</li> <li>• Routine training (e.g. data protection, health and safety)</li> <li>• Date checking of pharmacy stock</li> <li>• Routine review of SOPs</li> </ul>	
<p>Identifying specific operational measures which may be taken when incident escalates.</p>	<p>In the context of COVID-19 this may include:</p> <ul style="list-style-type: none"> <li>• Social distancing in the pharmacy</li> <li>• Restrictions on the numbers of customers allowed in the premises</li> <li>• Crowd / queue management</li> <li>• Additional specific cleaning products</li> <li>• Additional cleaning procedures</li> <li>• Ensure consultation rooms and counters are clear and regularly cleaned</li> <li>• Protective screens</li> <li>• Identifying an area in the pharmacy where a patient could be isolated if they display</li> </ul>

	<p>symptoms and cannot leave the premises until further assistance is obtained</p> <ul style="list-style-type: none"> <li>• Ensure staff are able to access appropriate PPE</li> </ul>
<b>Communications</b>	<b>Incident specific guidance (COVID-19)</b>
Source clear communications and guidance for customers, in preparation for anticipated operational changes.	PHA have <a href="#">produced</a> resources for resources for pharmacies to download and display.

## Level 2: Implementing changes to protect full-service provision

At level 2 pharmacies should implement changes to allow them to maintain full-service provision of contracted pharmaceutical services. They should undertake action to prepare, should the situation continue to escalate. The table below outlines areas where pharmacy businesses may wish to consider implementing changes.

<b>Service provision: implement changes to business as usual to protect full-service provision</b>	
<b>Staff</b>	<b>Incident specific considerations (COVID-19)</b>
Where possible prioritise internal re-deployment of staff to ensure service demand can be met across local communities.	Use risk assessment results to inform decision making.
<b>Operations</b>	<b>Incident specific considerations (COVID-19)</b>
Implement relevant operational measures.	<p>In the context of COVID-19 this may include:</p> <ul style="list-style-type: none"> <li>• Social distancing in the pharmacy</li> <li>• Restrictions on the numbers of customers allowed in the premises</li> <li>• Crowd / queue management</li> <li>• Additional cleaning requirements</li> <li>• Additional specific cleaning products</li> </ul>



	<ul style="list-style-type: none"> <li>• Ensure consultation rooms and counters are clear and regularly cleaned</li> <li>• Protective screens</li> <li>• Identifying an area in the pharmacy where a patient could be isolated if display symptoms and cannot leave the premises until further assistance is obtained</li> <li>• Ensure staff are able to access appropriate PPE.</li> </ul>
Stop/consider stopping the services identified in level 1 that are not directly involved in the provision of contractual services.	
Consider which contractual pharmaceutical services may need to be postponed/reduced should the situation continue to escalate (refer to level 3 guidance and Table A for more details). Conversations with the relevant authority should be initiated so that risks can be identified and, where possible, mitigated against.	
Consider how and which SOPs may need to be amended to support changes.	This may include identifying and amending the SOPs for operational changes identified above.
Engage with local HSCB office in anticipation of changes to service provision including how anticipated changes to services such as OST are impacted	
<b>Communications</b>	<b>Incident specific considerations (COVID-19)</b>
Communicate operational changes to patients, customers, and the public.	
Communicate operational changes to local HSCB office	

### Level 3: Introducing changes to service provision, including operating behind closed doors

At level 3 pharmacies should consider whether they can deliver all services across all contracted hours. They may wish to consider adjusting their supplementary trading hours, working behind closed doors, or changing provision of some services. Any changes to contractual arrangements need to be agreed with HSCB and notified to patients and the public.

- Pharmacies will need to consider which services they continue to provide and which they scale back, based on the nature of the crisis
- Decisions should be made in the clinical interest of their patients. Pharmacists will need to rely on their professional judgement when making such decisions.
- Decisions should be made by local registered pharmacists, in accordance with the business owner/ organisation and NHS guidance.
- The relevant authority **must** be engaged in the decision-making process as any changes to provision of essential services or core hours should be agreed with local Health Boards before being implemented.

Table A

Service Priority	Consideration	COVID-19 specific example services (this list is not exhaustive)
Category A: must continue	Based on: <ul style="list-style-type: none"> <li>• Crisis situation</li> <li>• HSCB guidance</li> <li>• Clinical need based on professional judgement</li> </ul>	<ul style="list-style-type: none"> <li>• Medicine supply</li> <li>• Palliative care services</li> </ul>
Category B: can be postponed		<ul style="list-style-type: none"> <li>• Smoking cessation service</li> <li>• Minor Ailments Scheme</li> <li>• Medicines Use Review</li> </ul>

**Service provision: Partial closures-** pharmacies may need to reduce service provision, reduce supplementary hours, or work behind closed doors. Services should be prioritised based upon clinical need and the nature of the crisis situation as agreed with service commissioners.

Service	Incident specific considerations (COVID-19)
Implement changes to service provision. <ul style="list-style-type: none"> <li>• As part of this pharmacies should liaise HSCB.</li> </ul>	

Implement changes to supplementary opening hours. As part of this contractors <b>must</b> liaise with HSCB.	
Implement working behind closed doors. As part of this contractors <b>must</b> liaise with HSCB	
Consider how a Responsible Pharmacist could support the provision of care e.g. sequentially in an alternative location. Factors including indemnity insurance should be considered.	
<b>Staff</b>	<b>Incident specific considerations (COVID-19)</b>
Ensure all staff have planned and mandated break periods to allow them to rest and recuperate.	
Consider condensing shifts to provide improved coverage throughout core hours.	
Consider how staff working patterns can be adapted.	Consider partnering staff within the pharmacy so they always work together in agreed teams or groups – this will help reduce infection control risks but will also mitigate against the risk of losing the whole workforce.
Consider sharing staff with other pharmacies where they are needed (See level 5 for more details).	See Appendix B
Consider approaching recent leavers to see if they are able to return on a temporary basis.	See PSNI for information for health professionals considering returning to practice.
Consider recruiting new temporary staff.	
Consider engaging with pharmacy undergraduate students.	.
If appropriate, consider approaching local voluntary groups for support with changes in services, for example deliveries	Consider the use of nationally recognised schemes and consider link with <a href="#">CDHN</a>
Verify the individual indemnity implications of engagement with staff groups identified above, before implementing changes.	See NHS Resolution <a href="#">information on</a> indemnity during the COVID-19 pandemic.

Consider postponing non-critical training.	
<b>Operations</b>	<b>Incident specific considerations (COVID-19)</b>
Consider changing operational hours to enable closed door working. This must be done within current regulations.	
When introducing temporary changes to opening hours or service provision (outside of adjustments formally agreed by the Government) contractors should: <ul style="list-style-type: none"> <li>• Agree those changes with HSCB</li> </ul>	
Inform wholesalers, suppliers, and waste management contractor(s) of changes in opening hours and any access requirements if a delivery is due to arrive outside of new operating hours.	
Amend SOPs where appropriate.	
<b>Communications</b>	<b>Incident specific considerations (COVID-19)</b>
Where supplementary hours have been temporarily adjusted contractors should: <ul style="list-style-type: none"> <li>• Proactively engage with patients, customers and the public to update them on pharmacy trading hours.</li> <li>• Signpost patients and customers to locations where care is available outside of new hours.</li> </ul>	
Where service provision has temporarily changed contractors should: <ul style="list-style-type: none"> <li>• Clearly communicate with patients, customers and the public which services are no longer available.</li> <li>• Signpost to alternative locations for receiving care.</li> </ul>	

### Level 4: Temporarily reducing core contracted hours

When the staffing resource available to a pharmacy business is insufficient to maintain the core contracted hours for the delivery of necessary clinical services, then businesses may wish to consider partial closures.

**Wherever possible, steps must be taken to agree partial closures, outside of core hours, with your Health Board in accordance with normal reporting processes.**

Service provision: Scaled reduction in trading hours but continued delivery of clinically necessary services	
Service provision	Incident specific considerations (COVID-19)
Implement partial closures.	
Consider how a Responsible Pharmacist could support the provision of care e.g. sequentially in an alternative location.	
Staff	Incident specific considerations (COVID-19)
See level 3 recommendations.	
Operations	Incident specific considerations (COVID-19)
Where opening hours need to be temporarily adjusted (outside of adjustments formally agreed by the Government) contractors <b>must</b> agree those changes with local Health Board.	
They should also inform local health networks.	
Inform wholesalers, suppliers, and waste management contractor(s) of changes in opening hours if deliveries are likely to arrive while no-one is at the pharmacy	
Communications	Incident specific considerations (COVID-19)
Where hours have been temporarily reduced contractors should:	

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Proactively communicate with patients, customers and the public to update them on pharmacy trading hours (e.g. set up a voicemail message to inform the public that the pharmacy is closed and signposting to alternative locations)</li> <li>• Contact patients who receive regular deliveries from the pharmacy to confirm any amended arrangements</li> <li>• Signpost patients, customers and the public to locations where care is available outside of new hours.</li> </ul> |  |
|---|--|

## Level 5: Coordinated closures

When a pharmacy can no longer safely provide pharmaceutical services to the public then it is expected that pharmacies within the local area will work together to pool resources of premises, people and products, in order to maintain the provision of essential pharmaceutical services for local communities.

Local pharmacy structures and company field teams should play a coordinating role, in conjunction with Health Board, to ensure that pharmaceutical services can be offered to the local community.

When a pharmacy is closed, for any significant period of time (>24hrs) consideration should be given to making provision for the existing business and resource to be transferred, temporarily, to another contractor. This transference will include staff, stock, and data.

<b>Service provision: coordinated closures</b>	
<b>Decision making</b>	<b>Incident specific considerations (COVID-19)</b>
<p>Discussions about which pharmacies should lend staff and which should receive staff should involve both pharmacies, businesses, and HSCB.</p> <p>A fair criterion should be used. This should consider:</p> <ul style="list-style-type: none"> <li>○ Adequate existing staff levels in receiving pharmacy to support redeployed staff</li> <li>○ Patient demand and population demographic</li> <li>○ Location/accessibility of pharmacy for patients</li> </ul>	<p>A fair criterion will include requirement to self-isolate as a result of the Test Trace Protect system.</p> <hr/> <p>See Appendix B</p>

<ul style="list-style-type: none"> <li>○ Capacity of branch to meet demand of patients</li> <li>○ Services provided</li> <li>○ Availability of delivery service and its capacity</li> <li>○ Patient and staff risk assessment</li> <li>○ In the case of infectious disease (e.g. COVID-19), any infection control implications of sharing staff and resources across sites</li> <li>○ Existing ability to communicate with patients efficiently (e.g. by text)</li> <li>○ Intra and inter organisational sharing of resource were appropriate and applicable</li> </ul> <p>It should also include a start date and periodic review points (recognising it is a short term, worst case scenario), including identifying what conditions will be necessary for any closed pharmacies to reopen.</p>	
<p><b>Closing pharmacy</b></p>	<p><b>Incident specific considerations (COVID-19)</b></p>
<p>If it is agreed that a pharmacy will close, they should follow a pharmacy closure checklist. This should include:</p> <ul style="list-style-type: none"> <li>● Working with your HSCB to ensure continued patient access to pharmaceutical services in the area</li> <li>● Restriction of access</li> <li>● Informing wholesalers and suppliers</li> <li>● Informing relevant patient groups of any alternative arrangements</li> <li>● Contacting patients who require their nomination to be changed temporarily to an alternative pharmacy</li> <li>● Checking shared BSO Pharmacy Portal for urgent actions</li> </ul>	
<p><b>Receiving pharmacy</b></p>	<p><b>Incident specific considerations (COVID-19)</b></p>
<p>If it is agreed that a pharmacy will receive resource, there are numerous employment and operational considerations which will need to be considered.</p>	<p>See Appendix B</p>

<p>Employment considerations</p> <ul style="list-style-type: none"> <li>• Indemnity</li> <li>• HR policies</li> <li>• Health and safety policies</li> <li>• Uniforms</li> <li>• SOPs</li> <li>• Goods not for resale</li> <li>• Contractual arrangements, including any changes to employment terms and conditions</li> </ul>	<p>Operational considerations</p> <ul style="list-style-type: none"> <li>• Access to the site</li> <li>• Access to Locum handbook which should include all necessary operational information.</li> </ul>	
<b>Stock</b>		<b>Incident specific considerations (COVID-19)</b>
Consider the managed and accounted re-distribution of stock either intra or inter organisation		
<b>Communications</b>		<b>Incident specific considerations (COVID-19)</b>
Where a pharmacy is closing, contractors should liaise with HSCB		
<p>Where a pharmacy is temporarily closing contractors should:</p> <ul style="list-style-type: none"> <li>• Proactively communicate with patients, customers and the public to update them on pharmacy trading hours</li> <li>• Signpost patients, customers and the public to locations where care is available outside of new hours.</li> </ul>		

## Appendix A: Decision making – contact list

For all movement between the stages as illustrated above, from ‘business as usual’ to ‘coordinated closures’, there need to be clear lines of delegated decision making. For some pharmacy contracts the business owners (contractors) work directly on their premises, for other contracts the owner or delegated decision maker can be remotely located.

For national/regional operators a single point of contact could be shared across the network.



Pharmacy Name	Pharmacy owner	Decision maker name/position	Contact details