**[Insert PCN name] PCN Community Pharmacy Business Continuity Support Plan**

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| **Local Pharmaceutical Committee (LPC):** |
| **Contact number:** | **Email:** |
| **NHS England and NHS Improvement Regional Team (Pharmacy Contracts):** |
| **Contact number:** | **Email:** |

In the event of a pharmacy closure:

* The pharmacy contractor will first contact the NHS England and NHS Improvement regional team and the LPC to notify them of the issue. They should also share information on the issue and the length of time the pharmacy is expected to be closed for with the relevant pharmacies and general practices in the PCN.;
* If a pharmacy is closed and no information on this has yet been received from the pharmacy contractor, in the first instance, contact the pharmacy directly. Use the Escalation contact details only if you are unable to get through to the pharmacy via the usual phone number;
* Beyond the first escalation point, please contact the LPC who may be able to assist; and
* As a last resort, contact the NHS England and NHS Improvement regional team.

**Pharmacy details, escalations, plans and potentially impacted organisations**

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| **Pharmacy Details** |
| **Pharmacy Name:** | **ODS Code:** |
| **Address:** | **Postcode:** |
| **Primary contact number in case of closure *(Public):***  |
| **Escalation Contact (*Non-public*):** |
|  |
| **Top level plan or arrangements in case of unplanned closure:** |
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| **Pharmacies that could be affected in the event of an unplanned closure:** |
| Pharmacy name: | Postcode: |
| Pharmacy name: | Postcode: |
| Pharmacy name: | Postcode: |
| Pharmacy name: | Postcode: |
| **Top level plan or arrangements in the event of one or more of the above pharmacies closing:** |
|  |
| **Practices that could be affected in the event of an unplanned closure** |
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| **Top level plan or arrangements in the event of one or more of the above practices closing:** |
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| **Pharmacy Details** |
| **Pharmacy Name:** | **ODS Code:** |
| **Address:** | **Postcode:** |
| **Primary contact number in case of closure *(Public):***  |
| **Escalation Contact (*Non-public*):** |
|  |
| **Top level plan or arrangements in case of unplanned closure:** |
|  |
| **Pharmacies that could be affected in the event of an unplanned closure:** |
| Pharmacy name: | Postcode: |
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| Pharmacy name: | Postcode: |
| Pharmacy name: | Postcode: |
| **Top level plan or arrangements in the event of one or more of the above pharmacies closing:** |
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| **Practices that could be affected in the event of an unplanned closure** |
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| **Top level plan or arrangements in the event of one or more of the above practices closing:** |
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| **Pharmacy Details** |
| **Pharmacy Name:** | **ODS Code:** |
| **Address:** | **Postcode:** |
| **Primary contact number in case of closure *(Public):***  |
| **Escalation Contact (*Non-public*):** |
|  |
| **Top level plan or arrangements in case of unplanned closure:** |
|  |
| **Pharmacies that could be affected in the event of an unplanned closure:** |
| Pharmacy name: | Postcode: |
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| Pharmacy name: | Postcode: |
| Pharmacy name: | Postcode: |
| **Top level plan or arrangements in the event of one or more of the above pharmacies closing:** |
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| **Practices that could be affected in the event of an unplanned closure** |
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| **Top level plan or arrangements in the event of one or more of the above practices closing:** |
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*Copy and paste additional pharmacy details tables as required.*