

BUSINESS CONTINUITY MANAGEMENT GUIDANCE FOR GENERAL PRACTICE

1. What is Business Continuity Management (BCM) and why is it needed?

Business Continuity Management is the process adopted that assists in the identification of potential impacts that may threaten your practice. It provides the framework for building resilience and capability; to provide an effective response. It safeguards the interests of your patients, commissioners and your reputation along with protecting the continued operation of the services provided,

This process must be owned and fully integrated into practice procedures as an embedded management process.

Effective BCM arrangements should improve the resilience of the practice and prevent inappropriate patient visits to the Accident and Emergency Departments at Nottinghamshire Acute Hospitals. This can be achieved by identifying, in advance, potential impacts to a variety of sudden disruptions. By completing this process the practice will possess the ability to maintain its essential patient services as well as achieving resilience in such areas as security, facilities management and IT.

With effective business continuity plans in place a practice should be able to survive the loss of part or all of its operational capability. It should be able to demonstrate its ability to survive significant losses of resources such as staff or equipment. A robust plan depends on its management and operational staff as well as technology; this resilience must be developed throughout the practice from senior partners to reception staff.

The driver for practice resilience is the responsibility the senior management have for the long-term interests of its staff, patients, commissioners and others who depend on the practice in some way.

Whilst it may be possible to calculate the financial losses of disruption the most significant impact is usually in damaged reputation or loss of trust that results from a mismanaged incident. Conversely a well-managed incident can enhance the reputation of the organisation and its management team.

The following examples in the box below highlights significant learning which can be applied to future business continuity arrangements for GP practices going forward.

Local examples of where business continuity arrangements in place were unable to deliver appropriate responses to incident experienced:

1) Fire in Bulwell which affected the Bulwell Health Centre and two GP Practices.

2) Problems with Severe Weather in the winter of 2011 and GP practices in the North of the County closing early with no contingencies in place for patients with urgent needs. This caused un-necessary patient visits to Accident and Emergency Departments

Essential learning from these local incidents demonstrates the importance of robust plans especially around:

*** Buddy working arrangements across local practices**

*** Clear processes for contacting patients with outstanding appointments that need to be re-arranged due to the incident and prevention of inappropriate patient access to Accident and Emergency Departments**

*** Management of incoming practice calls which need to be diverted to an alternative location or practice**

2. The Case for Business Continuity Management

“It won’t happen to us”, “We will cope – we always do”, “We are too big to fail” and “We are not a terrorist target” are frequent responses by businesses when questioned about their lack of preparedness. Others believe their insurance company will pay for everything. Most think they haven’t got the time to prepare for something that will never happen. The catalogue of businesses that have failed following an incident suggests that these responses are based on false assumptions.

Good local examples of “it cannot happen here” were demonstrated to be far from the truth on Monday 8th and Tuesday 9th August 2011 when riots broke out in Nottingham following similar disruptions in many major cities.

A further incident on the 13th October in Mapperley where a Counter Terrorism response was required; happened within 250 metres of two GP practices. The potential impact had this not been uncovered could have been catastrophic for Nottingham and the potential response required by the NHS.

Concerns for the safety of many staff and patients working in healthcare provision on both occasions including general practice and pharmacies was paramount and the contingencies contained in local business continuity plans for loss of premises or loss of access to premises could have been essential. Guidance on how to lockdown your premises effectively should also be documented in local business continuity plans.

Whilst bombs, fires and floods capture the headlines almost 90% of business-threatening incidents are 'quiet catastrophes' which go unreported in the media but can have a devastating impact.

The successful outcome to a business continuity incident can be measured by both the technical response and the perceived competence of the practice management. Research by Knight and Pretty of Oxford Metrica indicates that organisations affected by catastrophes fall into two distinct groups – "recoverers" and "non-recoverers".

A key feature of successful BCM programmes is that ownership of the various responsibilities has been taken at an appropriate level.

3. How will it benefit my organisation?

The main purpose of BCM is to ensure that your practice has a response in place to deal with major disruptions that threaten its very survival. Whilst this must be worthwhile in itself, there are other benefits that can be gained by embracing BCM as a management discipline.

Some organisations; Cluster PCTs currently for example have statutory and regulatory requirements for BCM (Civil Contingencies Act 2004). An appropriate business continuity plan will satisfy both the specific requirements and contribute both a response to specific risks and to the overall 'risk awareness' of the organisation. However the primary driver for BCM should always be that it is undertaken because it **adds value** to an organisation and the services it provides rather than because of the regulatory considerations.

A thorough review of the business through the Business Impact Assessment processes, Plan development and BCM exercises can highlight business inefficiencies and focus on priorities that would not otherwise have come to light.

4. Key elements for maintaining effective Plans

Exercising

Business Continuity Management (BCM) capability cannot be considered reliable until it has been exercised. A planned exercise programme is required to ensure that all aspects of the practice plan and personnel have been exercised over a period of time.

Exercising can take various forms, including technical tests; communication cascades; desktop tests; walk-through's and full 'live' exercises. No matter how well designed and thought-out a BCM Strategy or Business Continuity Plan (BCP); a series of robust and realistic exercises will identify issues and assumptions that require attention.

Time and resources spent exercising BCPs are crucial parts of the overall process as they develop competence, instil confidence and impart knowledge that are essential at times of crisis.

Maintenance

Most organisations exist in a dynamic environment and are subject to change in people, processes, risk, environment and business strategy. To ensure that the BCM capability continues to reflect the nature, scale and complexity of the Practice it supports, it must be current, accurate, complete, exercised and understood by all senior management, staff and commissioners. A Business Continuity Maintenance Programme must be established to ensure that all relevant stakeholders have the current and relevant parts of the BCP.

Review

There are several ways to review a BCM programme including:

- External assessment
- Self-assessment

The BCM review process can ensure that a practice has effective Business Continuity Plans in place.

Records will be kept of all business interruptions and incidents experienced by the practice and these will provide support in reviewing and updating business continuity plans.

Assessment has a number of key functions:

- To review the practice BCM solutions.
- To validate the practice Business Continuity Plans.
- To verify that appropriate exercising and maintenance activities are taking place
- To highlight gaps in planning, response capability and ensure their resolution.

The process should be conducted annually or biannually. In the interim, self-assessment or 'Performance Monitoring' may be carried out more frequently, by the owners of the Business Continuity Plans.

5. Specific GP Practice Guidance for Business Continuity Plans

Practices should set up and provide a generic email account to the PCT Primary Care Contracting Team and Emergency Planning Team that can be accessed by all GP and senior members of the Practice staff. This can then be utilised to provide urgent messages to the Practice during incidents or when urgent messages need to be circulated. This should be accessible both from within the practice premises and remotely via a VPN connection.

GP Practices should strive to remain open during usual opening hours with patients having the ability to walk into the practice for advice and support if needed. This should be maintained where possible unless the safety of patients and staff could be compromised. If a practice intends to close before this time, in extreme conditions or circumstances this should be discussed in the first instance with your Primary Care Commissioning Link Manager.

When a GP Practice develops specific contingencies these need to be tested to ensure that the systems work before they are required in an actual incident.

Increased patient demand on practice services

Practices need to consider and document the contingency arrangements they would need to implement to enable them to be able to continue to deliver patients services when demand from patients increased by 5%, 10%, 15% and 20%.

Practices need to consider the contents of the Emergency Care Network Winter Plans 2011/12. There are two versions of these plans one for the North Nottinghamshire Network and one for the Greater Nottingham Network. These can be found on the Local Medical Committee website.

Early practice closure due to Adverse weather conditions or forced evacuation

Practices need to consider the following when putting in place contingencies to cover the above circumstances:

- 1) the acceptable thresholds for early closure (agreed with the PCT Primary Care Contracting teams)
- 2) How the practice will notify the Primary Care Contracting Team, PCT Resilience Manager, other stakeholders and specifically patients with booked appointments which would need to be cancelled.
- 3) Appropriateness of practice messages
- 4) Ensure that practice patients have continuous access to a GP after the practice has closed but before the out of hour's coverage commences.
- 5) If telephones are transferred to the out of hour's service early appropriate measures are in place for patients to access a GP via the out of hour's service. (NEMS only)

For example: If a practice decides to close early or has to evacuate their premises in an emergency, diversions applied to practice phone lines need to be tested before leaving the practice. In the event of phones being diverted practices must supply a mobile phone number of a GP from the practice to deal with urgent enquiries. This number must be provided to NEMS (City and South Nottinghamshire GPs only) or the GP Buddy Practice who is providing call handling cover.

Practice Buddying arrangements are in place for GP practices to "buddy-up" in order to ensure continuity of services to patients in the event of bad weather, flu pandemic or such other events. Further roll-out of training and scenario planning will be undertaken.

Patients with booked appointments which have been made for later that day need to be contacted as a matter of urgency if possible. If this is not possible a member of the practice team must remain at the scene to deal with arriving patients. Where possible the PCT communications team will contact the local media to advise the public of the practice closure/ ensuing emergency at the site of their practice to try to prevent patients making unnecessary journeys.

Nottingham City and Nottinghamshire County

In all incidents before GPs and Practice staff leave the premises it is essential that the following departments at the PCT are informed of the closure and what contingencies have been applied for patients to access essential services whilst the practice premises are closed:

- Primary Care Commissioning Link Manager for your practice or if unavailable any member of the PCT Primary Care Commissioning Team at Standard Court or Birch House
- Emergency Planning Department – (City) 0115 883 9407 – (County) 01623 673168 or email debbie.brown@nottspct.nhs.uk using the situation report attached at Annex A.

The PCT Resilience Manager and Primary Care Commissioning team (City or County – whichever is relevant) will ensure the following PCT departments are made aware of the Practice closure:

- Communications Team in respect of the information for the media if the practice is to be closed for a period of longer than 1 day
- Patient Advice Liaison Service Team (PALS)
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Utility Issues – Telecoms/Power failure/Water supply unavailable

If the incident involves the failure of telephony/ power or water outage at the practice it is essential this is communicated to the PCT as soon as possible via a mobile to the following:

- Primary Care Commissioning Link Manager
- Emergency Planning Team – 0115 883 9407 (City) or 01623 673168 (County) or email debbie.brown@nottspct.nhs.uk (County) using the situation report attached at Annex A.

In the case of a power failure or water supply being cut it may also be necessary to close the practice or certain appointments will need to be cancelled. This will require the practice to follow the guidance for practice closure in some cases but in all please notify the PCT identified above.

Additional Information for Telecoms Failure

The practice will need to identify in their plan who is responsible for returning to the Practice when full telephony service is established to ensure the practice phone system is switched over to the Out of Hours message unless this has been established in a way that this may be carried out remotely.

It is the duty of each and every practice to ensure that they are able to provide essential patient services during their core operational hours. Under this responsibility a practice does not have to provide these services from the practice building but these could be provided with the support of a buddy practice from their premises this should have been identified as part of your buddy up planning arrangements.

If the incident is sufficiently widespread and affects all of your buddy practices it may be possible for practices to contact their Out of Hours provider or another identified provider to request the use of their premises to deliver urgent patient services whilst the incident is ongoing. If access is compromised within a specific area and GPs are unable to attend their practices or access the Out of Hours location it may be possible with prior agreement with

the Out of Hours provider for them to provide an urgent patient service on behalf of an individual practice or group of practices. This service would have to be funded directly with the Out of Hours provider by the practices concerned.

6. Situation Reporting

During a prolonged incident e.g. severe weather, flooding, permanent damage to the practice premises, prolonged staff practices affected should provide a daily situation report to the Emergency Planning Team whilst the incident is ongoing and there is an impact on the services they provide or the practice infrastructure. These situation reports should be submitted to Debbie.brown@nottspct.nhs.uk each day whilst the incident is ongoing. Practices should report on the template contained in Annex A of this document.

7. Training and Awareness

The Business Continuity lead for the Practice will ensure that all staff who has been assigned responsibilities in the business continuity plan are competent to perform these roles and all other practice staff are familiar with the contents of the practice plan.

The Practice will undertake a test of their business continuity plan on an annual basis to ensure the plan has been validated.

Annex A

Daily Situation Report – *Insert Name of Practice*

Date	
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Please send **each day whilst the incident is ongoing and the Practice has significant service disruption**

Please send for the attention of the Resilience Manager

Emergency.planning@nottinghamcity.nhs.uk – NHS Nottingham City

Staffing Issues	
Patient Service issues	
Premises issues	
Access issues	

This will then be forwarded to:

Debbie.brown@nottspct.nhs.uk

Resilience Manager

For sharing across:

Primary Care Contracting

Communications Department

Out of Hours providers (CNCS/NEMS)